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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 07-01-2020 , and ending 06-30-2021

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

C Name of organization
THE JOHNS HOPKINS HOSPITAL

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3910 KESWICK RD S BLDG NO 4300A

City or town, state or province, country, and ZIP or foreign postal code
BALTIMORE, MD 21211

F Name and address of principal officer:
KATINA WILLIAMS
3910 KESWICK RD S BLDG NO 4300A
BALTIMORE, MD 21211

D Employer identification number
52-0591656

E Telephone number
(443) 997-5771

G Gross receipts \$ 3,202,662,864

H(a) Is this a group return for subordinates?
☐ Yes ☒ No
H(b) Are all subordinates included?
☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.HOPKINSMEDICINE.ORG/HOPKINSHOSPITAL

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1867

M State of legal domicile:
MD

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
FOR MORE THAN 125 YEARS, THE MISSION OF THE JOHNS HOPKINS HOSPITAL HAS BEEN TO LEAD THE WORLD IN THE DIAGNOSIS AND TREATMENT OF DISEASE AND TO TRAIN TOMORROW'S GREAT PHYSICIANS, NURSES AND SCIENTISTS. ABOVE ALL, WE AIM TO PROVIDE THE HIGHEST-QUALITY HEALTH CARE AND SERVICE TO ALL OUR PATIENTS.

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

3 Number of voting members of the governing body (Part VI, line 1a) 3 17

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 15

5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 12,900

6 Total number of volunteers (estimate if necessary) 6 187

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 86,868,276

b Net unrelated business taxable income from Form 990-T, line 39 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior Year

Current Year

82,885,299 87,374,692

2,075,040,293 2,353,829,577

21,990,177 50,256,376

462,710,777 513,488,453

2,642,626,546 3,004,949,098

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

7,968,598 98,937,096

0 0

881,592,282 885,390,581

0 0

1,732,252,806 1,783,845,535

2,621,813,686 2,768,173,212

20,812,860 236,775,886

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

Beginning of Current Year

End of Year

3,263,863,937 3,635,984,385

2,128,426,166 1,893,417,362

1,135,437,771 1,742,567,023

Part II

Signature Block

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

Sign Here

Signature of officer

KATINA WILLIAMS VP FINANCE AND CFO

Type or print name and title

2022-05-12

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P01866796

Firm's name ▶ ERNST & YOUNG US LLP

Firm's EIN ▶ 34-6565596

Firm's address ▶ 1101 NEW YORK AVENUE NW

WASHINGTON, DC 20005

Phone no. (202) 327-6000

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2020)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

SEE SCHEDULE O

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 ☒ No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a	(Code:) (Expenses \$ 395,811,164 including grants of \$ 0) (Revenue \$ 497,942,950)
See Additional Data	

4b	(Code:) (Expenses \$ 118,476,395 including grants of \$ 0) (Revenue \$ 134,865,502)
See Additional Data	

4c	(Code:) (Expenses \$ 89,178,893 including grants of \$ 0) (Revenue \$ 164,342,823)
See Additional Data	

(Code:) (Expenses \$ 1,634,806,418 including grants of \$ 98,937,096) (Revenue \$ 1,980,854,364)

4d Other program services (Describe in Schedule O.)
(Expenses \$ 1,634,806,418 including grants of \$ 98,937,096) (Revenue \$ 1,980,854,364)

4e Total program service expenses ▶ 2,238,272,870

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
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	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
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	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
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 Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
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	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
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 Yes	
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	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	533
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

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

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	12,900			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Yes		
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		Yes		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a				No
b If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a				No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b				No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a				No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a				No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c				No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8				
9 Sponsoring organizations maintaining donor advised funds.					
a Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10 Section 501(c)(7) organizations. Enter:					
a Initiation fees and capital contributions included on Part VIII, line 12	10a				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11 Section 501(c)(12) organizations. Enter:					
a Gross income from members or shareholders	11a				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a				
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c Enter the amount of reserves on hand	13c				
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a				No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b				
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 720, Schedule N.	15				No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16				No

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in 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
1a Enter the number of voting members of the governing body at the end of the tax year	1a 17		
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 in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 15		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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	No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
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	Yes
13 Did the organization have a written whistleblower policy?	13	Yes
14 Did the organization have a written document retention and destruction policy?	14	Yes
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	Yes
b Other officers or key employees of the organization	15b	Yes
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	Yes
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	Yes

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 Form 1023 (or 1024-A if applicable), 990, and 990-T (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 in Schedule O)

19 Describe in 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:
 ▶KATINA WILLIAMS 3910 KESWICK RD SOUTH BLDG 4TH BALTIMORE, MD 21211 (443) 997-5724

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 ☐

a 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, or 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.

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

[illegible]

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 dotted 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								3,405,564	12,585,474	2,966,388

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 ▶ 1,590

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
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>	4 Yes	
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>	5	No

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
POOLE AND KENT CORP 4530 HOLLINS FERRY RD BALTIMORE, MD 21227	MECHANICAL CONSTRUCTION	20,176,775
WHITING TURNER CONTRACTING CO 300 EAST JOPPA RD BALTIMORE, MD 21286	CONSTRUCTION	10,302,203
BROADWAY SERVICES INC 3709 EAST MONUMENT ST BALTIMORE, MD 21205	CONTRACT MANAGEMENT	9,832,458
DELOITTE CONSULTING LLP 1040 HULL ST STE 100 BALTIMORE, MD 21230	CONSULTING	8,612,901
AYERS SAINT GROSS INC 1040 HULL ST STE 100 BALTIMORE, MD 21230	ARCHITECT	7,251,326

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 ▶ 121

Form 990 (2020)		Page 9						
Part VIII		Statement of Revenue						
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>								
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	8,349,895				
	e	Government grants (contributions)	1e	69,105,006				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	9,919,791				
	g	Noncash contributions included in lines 1a - 1f:\$	1g					
	h	Total. Add lines 1a-1f ▶	87,374,692					
Program Service Revenue			Business Code					
	2a	NET PATIENT SRV	622110	1,556,678,302	1,556,162,927	515,375		
	b	ONCOLOGY REVENUE	622110	497,942,950	497,942,950			
	c	TRANSPLANT REVENUE	622110	164,342,823	164,342,823			
	d	NEUROSURGERY REVENUE	622110	134,865,502	134,865,502			
	e						
	f	All other program service revenue						
g	Total. Add lines 2a-2f. ▶	2,353,829,577						
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts) ▶	27,036,693		5,797	27,030,896	
	4		Income from investment of tax-exempt bond proceeds ▶					
	5		Royalties ▶					
	6a	Gross rents	(i) Real	(ii) Personal				
			6a	1,364,644				
			b	Less: rental expenses				6b
	c	Rental income or (loss)	6c	1,364,644				
	d	Net rental income or (loss) ▶	1,364,644				1,364,644	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			7a	220,178,000				
			b	Less: cost or other basis and sales expenses				7b
	c	Gain or (loss)	7c	23,495,495	-275,812			
	d	Net gain or (loss) ▶	23,219,683				23,219,683	
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18						
								8a
	b	Less: direct expenses	8b	23,296				
	c	Net income or (loss) from fundraising events ▶	76,836				76,836	
	9a	Gross income from gaming activities. See Part IV, line 19						
								9a
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities ▶							
10a	Gross sales of inventory, less returns and allowances							
							10a	1,740,585
b	Less: cost of goods sold	10b	732,153					
c	Net income or (loss) from sales of inventory ▶	1,008,432				1,008,432		
Miscellaneous Revenue		Business Code						
11a	PHARMACY REV.	446110	474,347,815	388,000,711	86,347,104			
b	MISCELLANEOUS REV.	900099	31,720,351	31,720,351				
c	SEMINAR & INST FEE	611710	2,844,148	2,844,148				
d	All other revenue		2,126,227	2,126,227				
e	Total. Add lines 11a-11d ▶	511,038,541						
12	Total revenue. See instructions ▶	3,004,949,098				2,778,005,639	86,868,276	52,700,491

Form 990 (2020)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	98,937,096	98,937,096		
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	1,179,387		1,179,387	
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	678,678,111	558,469,455	120,208,656	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	46,624,084	38,329,465	8,294,619	
9 Other employee benefits	99,466,223	81,724,884	17,741,339	
10 Payroll taxes	59,442,776	48,832,793	10,609,983	
11 Fees for services (non-employees):				
a Management				
b Legal	4,599,344		4,599,344	
c Accounting	5,361,296		5,361,296	
d Lobbying	187,356		187,356	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,363,820		1,363,820	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	235,419,969	31,540,973	203,878,996	
12 Advertising and promotion	778,597	60,655	717,942	
13 Office expenses	24,876,379	8,804,514	16,071,865	
14 Information technology	12,309,751	10,112,575	2,197,176	
15 Royalties				
16 Occupancy	8,329,871	6,843,071	1,486,800	
17 Travel	620,731	313,726	307,005	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	849,105	697,548	151,557	
20 Interest	6,802,135	6,802,135		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	117,955,414	96,901,470	21,053,944	
23 Insurance	57,191,216	54,255,192	2,936,024	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	771,147,352	771,147,117	235	
b PURCHASED SERVICES	424,798,442	316,985,466	107,812,976	
c ORGAN PROCUREMENT	70,571,540	70,571,540	0	
d SWAP INTEREST	18,840,626	18,840,626	0	
e All other expenses	21,842,591	18,102,569	3,740,022	
25 Total functional expenses. Add lines 1 through 24e	2,768,173,212	2,238,272,870	529,900,342	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		41,115,399	1	134,724,042
	2	Savings and temporary cash investments		264,673	2	265,734
	3	Pledges and grants receivable, net		601,587	3	601,587
	4	Accounts receivable, net		277,897,606	4	345,892,745
	5	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			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net		198,916,947	7	180,287,895
	8	Inventories for sale or use		76,891,242	8	79,506,578
	9	Prepaid expenses and deferred charges		7,803,002	9	6,951,407
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,414,451,497		
	b	Less: accumulated depreciation	10b	1,294,258,972		
				1,190,426,698	10c	1,120,192,525
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11		1,160,077,927	12	1,434,781,987
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
15	Other assets. See Part IV, line 11		309,868,856	15	332,779,885	
16	Total assets. Add lines 1 through 15 (must equal line 33)		3,263,863,937	16	3,635,984,385	
Liabilities	17	Accounts payable and accrued expenses		285,000,910	17	251,112,466
	18	Grants payable		2,320,752	18	2,507,136
	19	Deferred revenue		345,162	19	2,631,956
	20	Tax-exempt bond liabilities		19,531,692	20	8,365,823
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		1,821,227,650	25	1,628,799,981
	26	Total liabilities. Add lines 17 through 25		2,128,426,166	26	1,893,417,362
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions		1,127,114,590	27	1,734,209,991
	28	Net assets with donor restrictions		8,323,181	28	8,357,032
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		1,135,437,771	32	1,742,567,023
33	Total liabilities and net assets/fund balances		3,263,863,937	33	3,635,984,385	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,004,949,098
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,768,173,212
3	Revenue less expenses. Subtract line 2 from line 1	3	236,775,886
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,135,437,771
5	Net unrealized gains (losses) on investments	5	197,666,679
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 in Schedule O)	9	172,686,687
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,742,567,023

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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 in Schedule O.	Yes	
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?	Yes	
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 in Schedule O and describe any steps taken to undergo such audits.	Yes	

Additional Data

Software ID:

Software Version:

EIN: 52-0591656

Name: THE JOHNS HOPKINS HOSPITAL

Form 990 (2020)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

Form 990, Part III, Line 4b:
SEE SCHEDULE O
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Form 990, Part III, Line 4c: <u>SEE SCHEDULE O</u>
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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
KEVIN W SOWERS MSN RN FAA CORPORATE VICE CHAIRMAN	18.00 42.00	X		X				0	1,672,257	221,428
FRANCIS X KNOTT TRUSTEE	1.00 2.00	X						0	0	0
JAMES T DRESHER JR TRUSTEE	1.00 2.00	X						0	0	0
PAUL B ROTHMAN CORPORATE VICE CHAIRMAN	1.00 4.00	X		X				0	0	0
CHRISTOPHER W KERSEY MD TRUSTEE	1.00 0.00	X						0	0	0
ROBERTA FLICKE MD TRUSTEE	1.00 0.00	X						0	0	0
TRACI S LERNER TRUSTEE	1.00 0.00	X						0	0	0
COLLEEN KOCH MD TRUSTEE	1.00 0.00	X						0	0	0
MICHAEL KLAG TRUSTEE	1.00 0.00	X						0	0	0
IRA T FINE MD TRUSTEE	1.00 0.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
MILTON H MILLER JR TRUSTEE	1.00	X						0	0	0
WILLIAM E CONWAY JR TRUSTEE	1.00	X						0	0	0
REED CORDISH TRUSTEE	0.00	X						0	0	0
MARJORIE RODGERS CHESHIRE TRUSTEE	1.00	X						0	0	0
MAYO A SHATTUCK III CHAIRMAN	1.00 2.00	X						0	0	0
REDONDA G MILLER MD PRESIDENT, TRUSTEE	60.00 0.00	X		X				0	1,177,523	178,754
GEORGE L BUNTING JR TRUSTEE	1.00 2.00	X						0	0	0
JAMES POTASH MD TRUSTEE	1.00 0.00	X						0	0	0
SAMUEL H CLARK JR ASSISTANT SECRETARY	9.00 51.00			X				0	367,202	56,540
GREGORY MILLER ASSISTANT TREASURER	15.00 45.00			X				0	271,950	60,967

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
APRIL TAYLOR VICE PRESIDENT FOR QUALITY	60.00 0.00			X				0	49,913	508
KRISTENA LUKISH VP HUMAN RESOURCES	60.00 0.00			X				0	462,474	21,112
PETER B MANCINO SECRETARY	5.00 55.00			X				0	385,786	96,077
DWIGHT RAUM INTERIM VP MGMT SYSTEMS & INFO SYS	5.00 5.00			X				0	0	0
MELISSA RICHARDSON VP CARE COORDINATION	60.00 0.00			X				0	281,689	217,199
G DANIEL SHEALER JR VP & GEN COUNSEL, VP CORP COMPLIANCE	20.00 40.00			X				0	1,362,700	135,256
DANIEL B SMITH VP FINANCE & CFO	60.00 0.00			X				0	944,605	186,936
PETER HILL MD VP MEDICAL AFFAIRS	60.00 0.00			X				0	787,571	100,385
SALLY W MACCONNELL VP FACILITIES	57.00 3.00			X				0	780,036	48,212
CHARLES REULAND SCD EXECUTIVE VP & COO	42.00 18.00			X				0	798,577	113,012

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
THOMAS TRZCINSKI TREASURER	13.00 47.00			X				0	377,465	151,709
RENEE DEMSKI VP QUALITY	60.00 0.00			X				0	357,094	147,014
DEBORAH J BAKER VP NURSING & PATIENT CARE	60.00 0.00			X				0	611,756	173,026
KATHY SMITH VP MKTG & COMMUNICATIONS	60.00 0.00			X				0	306,569	71,326
EDWARD B CHAMBERS ADMINISTRATOR PEDIATRICS	60.00 0.00				X			343,651	0	20,615
ALLEN VALENTINE SR ADMINISTRATOR LAB & PATHOLOGY	60.00 0.00				X			244,690	0	186,845
JOHN HUNDT CAO SURGERY	60.00 0.00				X			299,662	0	101,712
ELIZABETH AMBINDER ADMINISTRATOR	60.00 0.00				X			192,621	0	131,693
JAMES SCHEULEN CAO EMERGENCY MEDICINE	60.00 0.00				X			340,342	0	170,177
MARK MARCANTANO CAO PEDIATRICS	40.00 0.00					X		426,556	0	26,456

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
ANDREW MENARD EXECUTIVE DIRECTOR RADIOLOGY	60.00 0.00					X		376,172	0	27,360
STACEY BALDWIN RADIOLOGY ADMINISTRATOR	40.00 0.00					X		336,144	0	20,310
WALKER WYLIE EXECUTIVE MANAGEMENT	20.00 40.00					X		439,595	0	195,437
KANIKA KHANNA SR DIRECTOR INTERNAT. PLANNING	40.00 0.00					X		406,131	0	94,442
RONALD R PETERSON FORMER OFFICER, TRUSTEE	0.00 0.00						X	0	1,275,825	0
KAREN B HALLER PHD FORMER OFFICER	0.00 60.00						X	0	314,482	11,880

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
THE JOHNS HOPKINS HOSPITAL

Employer identification number
52-0591656

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

Part II

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

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

Section A. Public Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6	Public support. Subtract line 5 from line 4.						
Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage							
14	Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))					14	
15	Public support percentage for 2019 Schedule A, Part II, line 14					15	
16a	33 1/3% support test—2020. 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 ▶ <input type="checkbox"/>						
b	33 1/3% support test—2019. 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 ▶ <input type="checkbox"/>						
17a	10%-facts-and-circumstances test—2020. 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 ▶ <input type="checkbox"/>						
b	10%-facts-and-circumstances test—2019. 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 ▶ <input type="checkbox"/>						
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 ▶ <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

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included 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 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. ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2020. 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—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <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>		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <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>		
2		
3a 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>		
3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c 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>		
3c		
4a 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>		
4a		
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>		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
4c		
5a 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>		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
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? <i>If "Yes," provide detail in Part VI.</i>		
9b		
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? <i>If "Yes," provide detail in Part VI.</i>		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10a		
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>		
10b		

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (<i>explain in Part VI</i>). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<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	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by Line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required-- explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020:		
a	From 2015.		
b	From 2016.		
c	From 2017.		
d	From 2018.		
e	From 2019.		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016.		
b	Excess from 2017.		
c	Excess from 2018.		
d	Excess from 2019.		
e	Excess from 2020.		

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).

Facts And Circumstances Test

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

- Section 501(c)(3) organizations: Complete Parts I-A and 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 the organization THE JOHNS HOPKINS HOSPITAL	Employer identification number 52-0591656
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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 (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	\$
3	Volunteer hours for political campaign activities (see instructions)	

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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-.
1				
2				
3				
4				
5				
6				

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
If the amount on line 1e, column (a) or (b) is:	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.	
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		187,356
j	Total. Add lines 1c through 1i			187,356
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1:	THE JOHNS HOPKINS HOSPITAL PAID ITS PARENT CORPORATION, JOHNS HOPKINS HEALTH SYSTEM CORPORATION \$137,806 DURING FISCAL YEAR ENDED JUNE 30, 2021 TO SUPPORT THEIR LOBBYING ACTIVITIES. JOHNS HOPKINS OFFICE OF GOVERNMENT AND COMMUNITY AFFAIRS (GCA) SERVES JOHNS HOPKINS UNIVERSITY AND MEDICINE, JOHNS HOPKINS HEALTH SYSTEM AND AFFILIATES. THE PRIMARY PURPOSE OF THIS DEPARTMENT IS TO MAINTAIN CONTACT WITH ELECTED AND APPOINTED STATE OFFICIALS, AND OCCASIONAL FEDERAL OFFICIALS, REGARDING ISSUES WHICH IMPACT JOHNS HOPKINS HEALTH SYSTEM AND ITS AFFILIATES AS WELL AS THE HEALTHCARE INDUSTRY IN GENERAL. THE ORGANIZATION ALSO PAID CERTAIN DUES OR MEMBERSHIP FEES TO VARIOUS PROFESSIONAL ASSOCIATIONS, STATE HOSPITAL ASSOCIATIONS, AND OTHER PROFESSIONAL MEDICAL SOCIETIES WHO ALLOCATE A PORTION OF THOSE DUES TOWARDS LOBBYING EXPENSES. FOR FY21, THE ORGANIZATION HAS CONFIRMED THAT \$49,550 OF SUCH DUES WERE ALLOCATED TOWARDS LOBBYING ACTIVITIES.

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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

2020

Open to Public Inspection

Name of the organization
THE JOHNS HOPKINS HOSPITAL

Employer identification number
52-0591656

Part I

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

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

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

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included 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, released, extinguished, or terminated by the organization during the tax year ►

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

Part III

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2020

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 are a 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 programs

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:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

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

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

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

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

3a

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

(i) Unrelated organizations

(ii) Related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
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		10,151,616		10,151,616
b Buildings		1,073,411,303	495,645,624	577,765,679
c Leasehold improvements		5,474,559	3,793,283	1,681,276
d Equipment		1,206,567,100	745,008,095	461,559,005
e Other		118,846,919	49,811,970	69,034,949
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,120,192,525

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) OTHER INVESTMENTS	1,331,512,102	F
(B) INVESTMENTS IN JOINT VENTURES	103,269,885	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	1,434,781,987	

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)		
(10)		
Total. (Column (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) DUE FROM OTHERS	54,090,728
(2) DUE FROM AFFILIATES	27,606,707
(3) CASH CAPITAL PROJECTS	1,031,814
(4) SPECIAL INV. FUND	110,340,659
(5) OTHER ASSETS	130,358,027
(6) FINANCE LEASE RIGHT-OF-USE ASSETS	5,753,187
(7) OPERATING LEASE RIGHT-OF-USE ASSETS	3,598,763
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	332,779,885

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	1,628,799,981

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 FIN 48 (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.

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 52-0591656
Name: THE JOHNS HOPKINS HOSPITAL

Form 990, Schedule D, Part X, - Other Liabilities

1. (a) Description of Liability	(b) Book Value
ADVANCES FROM THIRD PARTY	83,228,471
DUE TO AFFILIATES	40,597,454
OTHER LIABILITIES	931,549,767
WORKERS COMP TAIL LIABILITY	11,575,825
POST RETIREMENT BENEFITS	1,067,549
EST. MALPRACTICE COSTS	204,533,931
PENSION LIABILITY	347,076,008
FINANCE LEASE LIABILITIES	5,492,834
OPERATING LEASE LIABILITIES	3,678,142

Supplemental Information

Return Reference	Explanation
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. THERE WAS NO IMPACT ON THE JOHNS HOPKINS HOSPITAL'S FINANCIAL STATEMENTS DURING THE YEARS ENDED JUNE 30, 2021 AND 2020.

Form 990, Schedule D, Part X, - Other Liabilities

1. (a) Description of Liability	(b) Book Value
ADVANCES FROM THIRD PARTY	83,228,471
DUE TO AFFILIATES	40,597,454
OTHER LIABILITIES	931,549,767
WORKERS COMP TAIL LIABILITY	11,575,825
POST RETIREMENT BENEFITS	1,067,549
EST. MALPRACTICE COSTS	204,533,931
PENSION LIABILITY	347,076,008
FINANCE LEASE LIABILITIES	5,492,834
OPERATING LEASE LIABILITIES	3,678,142

SCHEDULE G (Form 990 or 990-EZ)	<div>Supplemental Information Regarding Fundraising or Gaming Activities</div> <div>Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.</div>	OMB No. 1545-0047
		2020
		Open to Public Inspection

Name of the organization THE JOHNS HOPKINS HOSPITAL	Employer identification number 52-0591656
--	--

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

b ☐ Internet and email solicitations

c ☐ Phone solicitations

d ☐ In-person solicitations

e ☐ Solicitation of non-government grants

f ☐ Solicitation of government grants

g ☐ Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events
		<u>GOLF CLASSIC</u> (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	100,132			100,132
	2 Less: Contributions	0			
	3 Gross income (line 1 minus line 2)	100,132			100,132
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	23,296			23,296
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				23,296
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				76,836

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11	Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
13	Indicate the percentage of gaming activity conducted in:							
a	The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">13a</td> <td style="width: 80%;"></td> <td style="width: 10%; text-align: right;">%</td> </tr> <tr> <td style="text-align: center;">13b</td> <td></td> <td style="text-align: right;">%</td> </tr> </table>	13a		%	13b		%
13a		%						
13b		%						
b	An outside facility							
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:							
	Name ► Address ►							
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?							
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$							
c	If "Yes," enter name and address of the third party:							
	Name ► Address ►							
16	Gaming manager information:							
	Name ► Gaming manager compensation ► \$ Description of services provided ►							
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor							
17	Mandatory distributions:							
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?							
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$							

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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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/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
THE JOHNS HOPKINS HOSPITAL

Employer identification number
52-0591656

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes
b	If "Yes," was it a written policy?	1b	Yes
2	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		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? 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 _____ % b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? 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 50000.0000000000 % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care. 4 Did the organization's 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"?	3a	Yes
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	3b	Yes
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	4	Yes
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5a	Yes
6a	Did the organization prepare a community benefit report during the tax year?	5b	No
b	If "Yes," did the organization make it available to the public?	5c	
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.	6a	Yes
		6b	Yes

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			45,177,106	0	45,177,106	1.630 %
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			45,177,106		45,177,106	1.630 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			57,063,123	4,295,083	52,768,040	1.910 %
f Health professions education (from Worksheet 5)			203,703,173	0	203,703,173	7.360 %
g Subsidized health services (from Worksheet 6)			0	0		
h Research (from Worksheet 7)			75,000	0	75,000	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			2,262,763	0	2,262,763	0.080 %
j Total. Other Benefits			263,104,059	4,295,083	258,808,976	9.350 %
k Total. Add lines 7d and 7j			308,281,165	4,295,083	303,986,082	10.980 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			0	0		
2 Economic development			50,999	0	50,999	0 %
3 Community support			1,865,081	4,195	1,860,886	0.070 %
4 Environmental improvements			236,400	1,560	234,840	0.010 %
5 Leadership development and training for community members			4,278	0	4,278	0 %
6 Coalition building			348,299	0	348,299	0.010 %
7 Community health improvement advocacy			383,450	0	383,450	0.010 %
8 Workforce development			174,863	27,445	147,418	0.010 %
9 Other			176,137	0	176,137	0.010 %
10 Total			3,239,507	33,200	3,206,307	0.120 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		No
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2		
	26,535,742		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		
	0		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	629,905,518
6 Enter Medicare allowable costs of care relating to payments on line 5	6	543,273,358
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	86,632,160
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes

Part IV Management Companies and Joint Ventures

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
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9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

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

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

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

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)
THE JOHNS HOPKINS HOSPITAL**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____**1****Community Health Needs Assessment**

	Yes	No
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	No
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	No
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. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
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>20</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	Yes
6 a 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	Yes
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	Yes
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SUPPLEMENTAL INFORMATION</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>SEE SUPPLEMENTAL INFORMATION</u>		
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	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>20</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>SEE SUPPLEMENTAL INFORMATION</u>	10	Yes
a		
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	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on 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)

THE JOHNS HOPKINS HOSPITAL

Name of hospital facility or letter of facility reporting group		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP: <div><div>a</div><div><input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.000000000000% and FPG family income limit for eligibility for discounted care of 500.000000000000%</div><div>b</div><div><input type="checkbox"/> Income level other than FPG (describe in Section C)</div><div>c</div><div><input checked="" type="checkbox"/> Asset level</div><div>d</div><div><input checked="" type="checkbox"/> Medical indigency</div><div>e</div><div><input type="checkbox"/> Insurance status</div><div>f</div><div><input type="checkbox"/> Underinsurance discount</div><div>g</div><div><input checked="" type="checkbox"/> Residency</div><div>h</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>	13	Yes
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? 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): <div><div>a</div><div><input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</div><div>b</div><div><input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</div><div>c</div><div><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</div><div>d</div><div><input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</div><div>e</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>	15	Yes
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply): <div><div>a</div><div><input checked="" type="checkbox"/> The FAP was widely available on a website (list url): SEE SUPPLEMENTAL INFORMATION</div><div>b</div><div><input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): SEE SUPPLEMENTAL INFORMATION</div><div>c</div><div><input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): SEE SUPPLEMENTAL INFO</div><div>d</div><div><input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>e</div><div><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)</div><div>f</div><div><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)</div><div>g</div><div><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</div><div>h</div><div><input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</div><div>i</div><div><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 LEP populations</div><div>j</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>	16	Yes

Part V Facility Information (continued)**Billing and Collections**

THE JOHNS HOPKINS HOSPITAL

Name of hospital facility or letter of facility reporting group

	Yes	No
17 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?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <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		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
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)		
20 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

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 Yes	
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)

THE JOHNS HOPKINS HOSPITAL

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☒ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

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.

[illegible]

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

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

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C:	SEE DETAILS IN SCH H, PART V, SECTION B, LINE 13.

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
PART I, LINE 7G:	THE JOHNS HOPKINS HOSPITAL DOES NOT HAVE ANY SUBSIDIZED HEALTH SERVICES.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES:	IN FY 2021, THE JOHNS HOPKINS HOSPITAL'S COMMUNITY BENEFIT PROGRAMS INCLUDED NUMEROUS INITIATIVES THAT SUPPORT THE HOSPITAL'S EFFORTS TO MEET THE NEEDS OF THE COMMUNITY. THESE INITIATIVES ARE DECENTRALIZED AND USE A VARIETY OF METHODS TO IDENTIFY COMMUNITY NEEDS. THESE INITIATIVES ARE ACCOUNTED FOR IN PART I LINES 7E THROUGH 7I AND PART II ACCORDING TO SPECIFIC SCHEDULE H GUIDELINES. IN TOTAL OVER 300 PROGRAMS AND INITIATIVES WERE CARRIED OUT OR SUPPORTED BY ADMINISTRATIVE, CLINICAL, AND OPERATIONAL DEPARTMENTS AT THE JOHNS HOPKINS HOSPITAL.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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, JOHNS HOPKINS HOSPITAL, INC (JHH) CANNOT DETERMINE THE AMOUNT THAT REASONABLY COULD BE ATTRIBUTABLE TO PATIENTS WHO LIKELY WOULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S CHARITY CARE POLICY.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4:	THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION AND AFFILIATES AUDITED FINANCIAL STATEMENTS PAGES 17.

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2:	<p>COMMUNITY BENEFIT PLANNING IS AN INTEGRAL PART OF THE JOHNS HOPKINS HOSPITAL AND JOHNS HOPKINS BAYVIEW MEDICAL CENTER'S STRATEGIC PLAN THROUGH AN ANNUAL STRATEGIC OBJECTIVES PLANNING PROCESS THAT INVOLVES EVALUATING THE HOSPITAL'S PROGRESS AT MEETING TWO COMMUNITY HEALTH GOALS AND DEFINES METRICS FOR DETERMINING PROGRESS. THE COMMITMENT OF JOHNS HOPKINS' LEADERSHIP TO IMPROVING THE LIVES OF ITS NEAREST NEIGHBORS IS ILLUSTRATED BY THE INCORPORATION OF COMMUNITY ENGAGEMENT INITIATIVES AT THE HIGHEST LEVEL IN THE JOHNS HOPKINS MEDICINE STRATEGIC PLAN. JHM CONSISTS OF THE JHU SCHOOL OF MEDICINE AND THE JOHNS HOPKINS HEALTH SYSTEM, WHICH INCLUDES EDUCATION AND RESEARCH IN ITS TRI-PARTITE MISSION (EDUCATION, RESEARCH AND HEALTHCARE). EVEN AT THIS CROSS-ENTITY LEVEL (JHU AND JHHS) COMMUNITY BENEFIT ACTIVITIES AND PLANNING GO BEYOND HOSPITAL REQUIREMENTS AND EXPECTATIONS AND ARE A CORE OBJECTIVE FOR ALL DEPARTMENTS, SCHOOLS AND AFFILIATES. THE JOHNS HOPKINS MEDICINE INNOVATION 2023 STRATEGIC PLAN INCLUDES COMMUNITY SUPPORT AS ONE OF ITS SIX CORE AREAS. ALL HOSPITALS MUST SUBMIT STRATEGIC GOALS WITH ACCOMPANYING METRICS THAT MEET THE DIRECTIVE TO "SUPPORT THE WELL-BEING OF OUR PEOPLE AND OUR COMMUNITIES AND "GROW OUR LOCAL COMMUNITY-ENGAGEMENT TO ADDRESS IDENTIFIED NEEDS TO IMPROVE HEALTH"SENIOR LEADERSHIP DIRECTS, OVERSEES AND APPROVES ALL COMMUNITY BENEFIT WORK INCLUDING THE ALLOCATION OF FUNDS THAT SUPPORT COMMUNITY OUTREACH DIRECTED AT UNDERSERVED AND HIGH-NEED POPULATIONS IN THE CBSA. THIS HIGH-LEVEL REVIEW AND EVALUATION SETS THE PRIORITIES OF THE HOSPITAL'S OUTREACH WORK AND ENSURES THE EFFECTIVE, EFFICIENT USAGE OF FUNDS TO ACHIEVE THE LARGEST IMPACT IN IMPROVING THE LIVES OF THOSE WHO LIVE IN THE COMMUNITIES WE SERVE. THIS GROUP CONDUCTS THE FINAL REVIEW AND APPROVAL OF THE FINAL REPORT'S FINANCIAL ACCURACY TO THE HOSPITALS' FINANCIAL STATEMENTS, ALIGNMENT WITH THE STRATEGIC PLAN, AND COMPLIANCE WITH REGULATORY REQUIREMENTS. INDIVIDUAL CLINICAL LEADERS ALONG WITH ADMINISTRATORS MAKE DECISIONS ON COMMUNITY BENEFIT PROGRAMS THAT EACH DEPARTMENT SUPPORTS/FUNDS THROUGH THEIR BUDGET. CLINICAL LEADERS WILL ALSO IDENTIFY AND CREATE STRATEGIES TO TACKLE COMMUNITY HEALTH NEEDS THAT ARISE IN THE CBSA AND OVERSEE DEPARTMENT PROGRAMS FOR CONTENT ACCURACY, ADHERENCE TO DEPARTMENT PROTOCOLS AND BEST PRACTICES. POPULATION HEALTH LEADERSHIP WAS INVOLVED IN THE PROCESS OF PLANNING THE 2021 JHH COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY BY PROVIDING INPUT, FEEDBACK AND ADVICE ON THE IDENTIFIED HEALTH NEEDS AND HEALTH PRIORITIES. THE JHH COMMUNITY BENEFIT TEAM INTERACTS WITH ALL GROUPS IN THE HOSPITAL PERFORMING COMMUNITY BENEFIT ACTIVITIES. THEY EDUCATE, ADVOCATE AND COLLABORATE WITH INTERNAL AUDIENCES TO INCREASE UNDERSTANDING, APPRECIATION AND PARTICIPATION OF THE COMMUNITY BENEFIT REPORT PROCESS AND COMMUNITY OUTREACH ACTIVITIES. TEAM MEMBERS COLLECT AND VERIFY ALL CB DATA, COMPILE REPORT, PROVIDE INITIAL AUDIT AND VERIFICATION OF CBR FINANCIALS AND WRITE CBR NARRATIVE. THROUGHOUT THE YEAR, THE CB TEAM ATTENDS LOCAL AND REGIONAL COMMUNITY HEALTH CONFERENCES AND MEETINGS, REPRESENTS THE HOSPITAL TO EXTERNAL AUDIENCES, AND WORKS WITH COMMUNITY AND JHH CLINICAL LEADERS TO IDENTIFY PROMISING PROJECTS OR PROGRAMS THAT ADDRESS CBSA COMMUNITY HEALTH NEEDS. THE JHHS COMMUNITY HEALTH IMPROVEMENT STRATEGY COUNCIL (JCHISC) CONVENES MONTHLY TO BRING COMMUNITY HEALTH/COMMUNITY BENEFIT GROUPS TOGETHER WITH TAX, FINANCIAL ASSISTANCE, AND HEALTH POLICY STAFF FROM ACROSS THE HEALTH SYSTEM TO COORDINATE PROCESS, PRACTICE, AND POLICY. JCHISC MEMBERS DISCUSS ISSUES AND PROBLEMS THEY FACE IN COMMUNITY BENEFIT REPORTING, REGULATORY COMPLIANCE TO STATE AND FEDERAL COMMUNITY BENEFIT REQUIREMENTS, AND TECHNICAL ASPECTS OF ADMINISTERING AND REPORTING COMMUNITY BENEFIT SYSTEMS. WHEN NEEDED, A DESIGNATED REPRESENTATIVE FROM THE GROUP CONTACTS THE GOVERNING AGENCY FOR CLARIFICATION OR DECISION REGARDING THE ISSUES IN QUESTION TO ENSURE THAT ALL HOSPITALS REPORTS ARE CONSISTENT IN THE INTERPRETATION OF REGULATIONS.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3:	JHH WILL PUBLISH THE AVAILABILITY OF FINANCIAL ASSISTANCE ON A YEARLY BASIS IN THEIR LOCAL NEWSPAPERS, AND WILL POST NOTICES OF AVAILABILITY AT PATIENT REGISTRATION SITES, ADMISSIONS/BUSINESS OFFICE, THE BILLING OFFICE, AND AT THE EMERGENCY DEPARTMENT WITHIN JHH. NOTICE OF AVAILABILITY WILL BE POSTED ON THEIR WEBSITE, WILL BE MENTIONED DURING ORAL COMMUNICATIONS, AND WILL ALSO BE SENT TO PATIENTS ON PATIENT BILLS. A PATIENT BILLING AND FINANCIAL ASSISTANCE INFORMATION SHEET WILL BE PROVIDED TO INPATIENTS BEFORE DISCHARGE AND WILL BE AVAILABLE TO ALL PATIENTS UPON REQUEST. JHH HAS STAFF AVAILABLE TO DISCUSS AND ASSIST PATIENTS AND/OR THEIR FAMILIES WITH THE AVAILABILITY OF VARIOUS GOVERNMENT BENEFITS, SUCH AS MEDICAID OR STATE PROGRAMS, AND ASSISTS PATIENTS WITH QUALIFICATION FOR SUCH PROGRAMS, WHERE APPLICABLE.

Form and Line Reference	Explanation
PART VI, LINE 4:	<p>IN 2015, THE JOHNS HOPKINS HOSPITAL (JHH) AND JOHNS HOPKINS BAYVIEW MEDICAL CENTER (JHBMC) MERGED THEIR RESPECTIVE COMMUNITY BENEFIT SERVICE AREAS (CBSA) IN ORDER TO BETTER INTEGRATE COMMUNITY HEALTH AND COMMUNITY OUTREACH ACROSS THE EAST AND SOUTHEAST BALTIMORE CITY AND COUNTY REGION. THE GEOGRAPHIC AREA CONTAINED WITHIN THE NINE ZIP CODES INCLUDES 21202, 21205, 21206, 21213, 21218, 21219, 21222, 21224, AND 21231. THIS AREA REFLECTS THE POPULATION WITH THE LARGEST USAGE OF THE EMERGENCY DEPARTMENTS AND THE MAJORITY OF RECIPIENTS OF COMMUNITY CONTRIBUTIONS AND PROGRAMMING. WITHIN THE CBSA, JHH AND JHBMC HAVE FOCUSED ON CERTAIN TARGET POPULATIONS SUCH AS THE ELDERLY, AT-RISK CHILDREN AND ADOLESCENTS, UNINSURED INDIVIDUALS AND HOUSEHOLDS, AND UNDERINSURED AND LOW-INCOME INDIVIDUALS AND HOUSEHOLDS. THE CBSA COVERS APPROXIMATELY 27.9 SQUARE MILES WITHIN THE CITY OF BALTIMORE OR APPROXIMATELY 34% PERCENT OF THE TOTAL 80.94 SQUARE MILES OF LAND AREA FOR THE CITY AND 25.6 SQUARE MILES IN BALTIMORE COUNTY. IN TERMS OF POPULATION, AN ESTIMATED 295,169 PEOPLE LIVE WITHIN CBSA (2020 SG2 MARKET DEMOGRAPHICS TOOL). BETWEEN 2017 AND 2020 THERE HAS BEEN A 3.7 PERCENT DECLINE IN THE CBSA POPULATION. WITHIN THE CBSA, THERE ARE THREE BALTIMORE COUNTY NEIGHBORHOODS - DUNDALK, SPARROWS POINT, AND EDMERE. BALTIMORE CITY IS TRULY A CITY OF NEIGHBORHOODS WITH OVER 270 OFFICIALLY RECOGNIZED NEIGHBORHOODS. THE BALTIMORE CITY DEPARTMENT OF HEALTH HAS SUBDIVIDED THE CITY AREA INTO 23 NEIGHBORHOODS OR NEIGHBORHOOD GROUPINGS THAT ARE COMPLETELY OR PARTIALLY INCLUDED WITHIN THE CBSA. THESE NEIGHBORHOODS ARE BELAIR-EDISON, CANTON, CEDONIA/FRANKFORD, CLAREMONT/ARMISTEAD, CLIFTON-BEREA, DOWNTOWN/SETON HILL, FELLSPPOINT, GREATER CHARLES VILLAGE/BARCLAY, GREATER GOVANS, GREENMOUNT EAST (WHICH INCLUDES NEIGHBORHOODS SUCH AS OLIVER, BROADWAY EAST, JOHNSTON SQUARE, AND GAY STREET), HAMILTON, HIGHLANDTOWN, JONESTOWN/OLDTOWN, LAURAVILLE, MADISON/EAST END, MIDTOWN, MIDWAY-COLDSTREAM, NORTHWOOD, ORANGEVILLE/EAST HIGHLANDTOWN, PATTERSON PARK NORTH & EAST, PERKINS/MIDDLE EAST, SOUTHEASTERN, AND THE WAVERLIES. THE JOHNS HOPKINS HOSPITAL IS IN THE NEIGHBORHOOD CALLED PERKINS/MIDDLE EAST, AND THE NEIGHBORHOODS THAT ARE CONTIGUOUS TO PERKINS/MIDDLE EAST INCLUDE GREENMOUNT EAST (INCLUDING OLIVER, BROADWAY EAST, JOHNSTON SQUARE, AND GAY STREET), CLIFTON-BEREA, MADISON/EAST END, PATTERSON PARK NORTH & EAST, FELLSPPOINT, CANTON, AND JONESTOWN/OLDTOWN. RESIDENTS OF MOST OF THESE NEIGHBORHOODS ARE PRIMARILY AFRICAN AMERICAN, WITH THE EXCEPTIONS OF FELLSPPOINT, WHICH IS PRIMARILY WHITE, AND PATTERSON PARK NORTH & EAST, WHICH REPRESENTS A DIVERSITY OF RESIDENT ETHNICITIES. WITH THE EXCEPTIONS OF FELLSPPOINT, CANTON, AND PATTERSON PARK N&E, THE MEDIAN HOUSEHOLD INCOME OF MOST OF THESE NEIGHBORHOODS IS SIGNIFICANTLY LOWER THAN THE BALTIMORE CITY MEDIAN HOUSEHOLD INCOME. MEDIAN INCOME IN FELLSPPOINT, CANTON, AND PATTERSON PARK N&E SKEWS HIGHER, AND THERE ARE HIGHER PERCENT AGES OF WHITE HOUSEHOLDS HAVING HIGHER MEDIAN INCOMES RESIDING IN THESE NEIGHBORHOODS. IN SOUTHEAST BALTIMORE, THE CBSA POPULATION DEMOGRAPHICS HAVE HISTORICALLY TRENDED AS WHITE MIDDLE-INCOME, WORKING-CLASS COMMUNITIES, HIGHLANDTOWN, SOUTHEASTERN, ORANGEVILLE/E. HIGHLANDTOWN; HOWEVER, IN THE PAST FEW DECADES, SOUTHEAST BALTIMORE HAS BECOME MUCH MORE DIVERSE WITH A GROWING LATINO POPULATION CLUSTERED AROUND PATTERSON PARK, HIGHLANDTOWN, ORANGEVILLE/E. HIGHLANDTOWN. MEDIAN INCOMES IN THESE NEIGHBORHOODS RANGE FROM SIGNIFICANTLY BELOW THE CITY MEDIAN IN SOUTHEASTERN TO WELL ABOVE THE MEDIAN IN HIGHLANDTOWN. IN BALTIMORE COUNTY, LARGELY SERVED BY JHBMC, DUNDALK, SPARROWS POINT, AND EDMERE HAVE BEEN PREDOMINANTLY WHITE WITH INCREASING POPULATIONS OF HISPANIC AND AFRICAN AMERICAN RESIDENTS. NEIGHBORHOODS FARTHER NORTH OF THE JOHNS HOPKINS HOSPITAL INCLUDE BELAIR-EDISON, CEDONIA/FRANKFORD, CLAREMONT/ARMISTEAD, CLIFTON-BEREA, GREATER CHARLES VILLAGE/BARCLAY, GREATER GOVANS, HAMILTON, LAURAVILLE, MIDTOWN, MIDWAY-COLDSTREAM, NORTHWOOD, AND THE WAVERLIES. RESIDENTS OF THESE NEIGHBORHOODS ARE RACIALLY MORE DIVERSE THAN IN THE NEIGHBORHOODS CLOSEST TO JHH AND MEDIAN HOUSEHOLD INCOMES RANGE FROM SIGNIFICANTLY ABOVE THE MEDIAN TO CLOSE TO THE MEDIAN HOUSEHOLD INCOME FOR BALTIMORE CITY. SINCE THE END OF THE SECOND WORLD WAR, THE POPULATION OF BALTIMORE CITY HAS BEEN LEAVING THE CITY TO THE SURROUNDING SUBURBAN COUNTIES. THIS DEMOGRAPHIC TREND ACCELERATED IN THE 1960S AND 1970S, GREATLY AFFECTING THE NEIGHBORHOODS AROUND JHH AND JHBMC. AS THE POPULATION OF BALTIMORE CITY DROPPED, THERE HAS BEEN A CONSIDERABLE DISINVESTMENT IN HOUSING STOCK IN THESE NEIGHBORHOODS. ECONOMIC CONDITIONS THAT RESULTED IN THE CLOSING OR RELOCATION OF MANUFACTURING AND INDUSTRIAL JOBS IN BALTIMORE CITY AND BALTIMORE COUNTY LED TO HIGHER UNEMPLOYMENT IN THE NEIGHBORHOODS AROUND THE JOHNS HOPKINS HOSPITAL AND JOHNS HOPKINS BAYVIEW MEDICAL CENTER, AND SOCIAL TRENDS DURING THE 1970S AND 1980S LED TO INCREASES IN SUBSTANCE ABUSE AND VIOLENCE.</p>

Form and Line Reference	Explanation
PART VI, LINE 4:	<p>NT CRIME AS WELL. GREATER HEALTH DISPARITIES ARE FOUND IN THESE NEIGHBORHOODS CLOSEST TO T HE HOSPITALS COMPARED TO MARYLAND STATE AVERAGES AND SURROUNDING COUNTY AVERAGES. THE JUNE 2012 CHARTS OF SELECTED BLACK VS. WHITE CHRONIC DISEASE SHIP METRICS FOR BALTIMORE CITY P REPARED BY THE MARYLAND OFFICE OF MINORITY HEALTH AND HEALTH DISPARITIES HIGHLIGHTS SOME O F THESE HEALTH DISPARITIES INCLUDING HIGHER EMERGENCY DEPARTMENT VISIT RATES FOR ASTHMA, D IABETES, AND HYPERTENSION IN BLACKS COMPARED TO WHITES, HIGHER HEART DISEASE AND CANCER MO RTALITY IN BLACKS THAN WHITES, HIGHER RATES OF ADULT SMOKING, AND LOWER PERCENTAGES OF ADU LTS AT A HEALTHY WEIGHT.</p>

Form and Line Reference	Explanation
PART VI, LINE 5:	<p>IN ADDITION TO THE 300 COMMUNITY ENGAGEMENT OUTREACH EFFORTS INCLUDED IN THE COMMUNITY BENEFIT REPORT, JHH SEARCHES FOR ADDITIONAL INNOVATIVE OPPORTUNITIES TO SUPPORT COMMUNITY HEALTH. OVER THE PAST THREE YEARS, JHH ESTABLISHED KEY PUBLIC AND PRIVATE INSTITUTIONAL PARTNERSHIPS TO CREATE NEW OUTREACH INITIATIVES ADDRESSING CHNA PRIORITIES INCLUDING A PILOT PROGRAM TO PROVIDE STABLE HOUSING, HEALTHCARE AND SUPPORTIVE SERVICES FOR 200 INDIVIDUALS AND FAMILIES IN BALTIMORE WHO WERE HOMELESS OR AT RISK OF BECOMING HOMELESS. A COMPREHENSIVE STUDY IS UNDERWAY TO DOCUMENT AND VALIDATE THE INITIAL IMPRESSIVE RESULTS SHOWING RESIDENTS REMAIN IN STABLE HOUSING WITH REDUCED EMERGENCY ROOM VISITS AND IMPROVED HEALTH. THE HOSPITAL IS ALSO WORKING WITH PUBLIC AND PRIVATE SECTOR PARTNERS ON ESTABLISHING A CITYWIDE BEHAVIORAL HEALTH CRISIS CALL CENTER WHICH CONNECTS CITY RESIDENTS TO CARE WITHIN 24 HOURS. ANOTHER NEW PROGRAM IS THE "BREAK THE CYCLE A VIOLENCE INTERVENTION PROGRAM" WHICH PROVIDES COMPREHENSIVE CASE MANAGEMENT AND SUPPORT SERVICES TO VICTIMS OF GUNSHOTS AND STABBINGS AND THEIR FAMILIES. THESE THREE PROGRAMS ARE EXAMPLES OF HOW THE HOSPITAL ADDRESSES THE TOP NEEDS IDENTIFIED IN THE LATEST CHNA (2021) BY THE RESIDENTS IN THEIR SURROUNDING COMMUNITIES. THE TOP IDENTIFIED NEEDS WERE NEIGHBORHOOD SAFETY, HOUSING AND BEHAVIORAL HEALTH. IN ADDITION, THE JHH AND JHMC COVID-19 PANDEMIC RESPONSE EFFORTS INCLUDED SUPPORT OF VULNERABLE EAST BALTIMORE RESIDENTS OUTSIDE THE BOUNDARIES OF THE HOSPITAL BUILDINGS IN ADDITION TO THE EXTENSIVE CRITICAL CARE RESPONSE FOR PATIENTS. EXAMPLES INCLUDE QUICKLY CREATING A COMMUNITY MOBILE CLINIC PROGRAM TO VACCINATE OLDER ADULTS LIVING IN SENIOR HOUSING, LOCAL TESTING AND VACCINATIONS FOR THE LATINO COMMUNITY IN AN AREA WHERE COVID-19 POSITIVITY RATES WERE FOUR TIMES HIGHER THAN IN THE GENERAL POPULATION, CREATING A TEMPORARY HOUSING FACILITY FOR LATINO RESIDENTS AND OTHERS LIVING IN CONGREGANT HOUSING WHO TESTED POSITIVE FOR COVID, PROVIDING MEALS TO CITY RESIDENTS IN FOOD DESERT AREAS ETC. SINCE MAR 2020, OVER 291,000 COVID TESTS HAVE BEEN PERFORMED, MORE THAN 400 VACCINE CLINICS HELD, OVER 42,000 VACCINES ADMINISTERED, OVER 100,000 MASKS AND 3,000 TEST KITS DISTRIBUTED, AND MORE THAN 6.6 MILLION MEALS DISTRIBUTED IN CONJUNCTION WITH COMMUNITY PARTNERS. AN EXTENSIVE COMMUNICATIONS CAMPAIGN WAS CREATED AND IMPLEMENTED TO CONNECT COMMUNITY MEMBERS TO CARE INCLUDING WEEKLY ZOOM INFORMATION SESSIONS, COVID-19 INFORMATIONAL WEBSITES AND DISTRIBUTED MATERIALS, MASKING CAMPAIGNS INCLUDING A PARTNERSHIP WITH THE NAACP TO CANVAS THE NEIGHBORHOOD WITH A SOUND TRUCK AND LOCAL DJS TO BRING MUSIC TO THE NEIGHBORHOODS ALONG WITH PUBLIC HEALTH MESSAGING. - PLEASE SEE FORM 990, SCHEDULE O FOR A DESCRIPTION OF SIGNIFICANT COVID-19 RESPONSE ACTIVITIES. -ALTHOUGH SURPLUS FUNDS ARE VERY LIMITED AT JHH IN PART DUE TO THE UNIQUE HOSPITAL COST REVIEW RATE SETTING MODEL IN MARYLAND, THE HOSPITAL INVESTS SIGNIFICANTLY IN MULTIPLE AREAS OF FACILITIES AND EQUIPMENT, PATIENT CARE, MEDICAL TRAINING, EDUCATION, AND RESEARCH THAT ARE NOT NECESSARILY REFLECTED IN THE SCH. A FEW EXAMPLES INCLUDE THE FOLLOWING PROGRAMS. IN THE AREA OF EDUCATION, THE JOHNS HOPKINS HOSPITAL INVESTS HEAVILY IN MEDICAL TRAINING AND EDUCATION WITH PROGRAMS TO HELP INTERNAL STAFF PROGRESS TO HIGHER PAYING POSITIONS AND/OR OFFER EXTERNAL COMMUNITY MEMBERS TRAINING TO QUALIFY FOR HEALTH CARE POSITIONS INVOLVING SPECIFIC KNOWLEDGE, TRAINING AND/OR CERTIFICATION. ONE EXAMPLE IS SOARING PROGRAM. OFFERED IN COOPERATION WITH SEVERAL BALTIMORE-AREA COMMUNITY COLLEGES, THE JOHNS HOPKINS DEPARTMENT OF NURSING'S SOARING PROGRAM ENABLES ENTRY-LEVEL PATIENT CARE WORKERS SUCH AS CERTIFIED NURSING ASSISTANTS (CNAS) TO TAKE ON HIGHER-LEVEL TASKS AS CLINICAL TECHNICIANS. AFTER TRAINING AT A COMMUNITY COLLEGE, PARTICIPANTS COMPLETE A 10-WEEK, FULL-TIME PAID INTERNSHIP (OFFERED THREE TIMES EACH YEAR) AT JOHNS HOPKINS. MANY OF THOSE WHO COMPLETE THE PROGRAM ARE SUBSEQUENTLY HIRED AT A HEALTH SYSTEM HOSPITAL. IN COLLABORATION WITH THE COMMUNITY COLLEGE OF BALTIMORE COUNTY (CCBC), THE HOSPITAL ALSO OFFERS TRAINING IN ANESTHESIA TECHNOLOGY. THE PROGRAM COMBINES CLASSROOM LEARNING IN ANATOMY, PHYSIOLOGY, PHARMACOLOGY AND ANESTHESIA WITH SIMULATIONS AND HANDS-ON CLINICAL TRAINING AT THE HOSPITAL. STUDENTS WHO COMPLETE THE PROGRAM EARN AN ASSOCIATE DEGREE FROM CCBC AND A CERTIFICATE FROM JOHNS HOPKINS, AND AFTER PASSING A NATIONAL CERTIFICATION EXAM, BECOME CERTIFIED ANESTHESIA TECHNOLOGISTS. TO SUPPORT COMMUNITY PATIENT CARE, THE JOHNS HOPKINS HOSPITAL PROVIDES A \$5 MILLION COMMUNITY BENEFIT GRANT TO THE EAST BALTIMORE MEDICAL CENTER TO ASSIST WITH THEIR OPERATIONS IN A MEDICALLY UNDERSERVED COMMUNITY. IN THE AREA OF RESEARCH AND FACILITIES, THE HOSPITAL BEGAN A MAJOR MULTIYEAR PROJECT IN 2022 TO RENOVATE THE FORMER JOHNS HOPKINS HOSPITAL CHILDREN'S MEDICAL AND SURGICAL CENTER (CMSC) AND CONSTRUCT A 12-STORY TOWER TO PROVIDE MUCH-NEEDED SPACE TO HOUSE STATE-OF-T</p>

Form and Line Reference	Explanation
PART VI, LINE 5:	<p>HE-ART RESEARCH LABS. - FOR THE LAST 30 YEARS, 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, COMMERCIAL LY INSURED, OR SELF-PAYOR CHARGED THE SAME PRICE FOR SERVICES AT ANY GIVEN HOSPITAL. 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 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.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6:	THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION (JHHS) IS INCORPORATED IN THE STATE OF MARYLAND TO, AMONG OTHER THINGS, FORMULATE POLICY AMONG AND PROVIDE CENTRALIZED MANAGEMENT FOR JHHS AND AFFILIATES. 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.JHHS 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 FLORIDA ACADEMIC CHILDRENS HOSPITAL.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	MD

Additional Data

Software ID:**Software Version:**

EIN: 52-0591656

Name: THE JOHNS HOPKINS HOSPITAL

Form 990 Schedule H, Part V Section A. Hospital Facilities[illegible]

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
THE JOHNS HOPKINS HOSPITAL	<p>PART V, SECTION B, LINE 5: THE CHNA PROCESS FOR JOHNS HOPKINS HOSPITAL (JHH) AND JOHNS HOP KINS BAYVIEW MEDICAL CENTER (JHBMC) INCLUDED THE COLLECTION AND ANALYSIS OF PRIMARY AND SECONDRY DATA. BOTH PUBLIC AND PRIVATE ORGANIZATIONS (SEE ATTACHED CHNA APPENDIX H), SUCH AS FAITHBASED ORGANIZATIONS, GOVERNMENT AGENCIES, EDUCATIONAL SYSTEMS, AND HEALTH AND HUMAN SERVICES ENTITIES WERE ENGAGED TO ASSESS THE NEEDS OF THE COMMUNITY. IN TOTAL, THE EXTENSIVE PRIMARY DATA COLLECTION PHASE RESULTED IN MORE THAN 1,700 RESPONSES FROM COMMUNITY STAKEHOLDERS/LEADERS AND COMMUNITY RESIDENTS. THE 2018, 2016 AND 2013 CHNAs SERVED AS A BASELINE TO PROVIDE A DEEPER UNDERSTANDING OF THE HEALTH AS WELL AS THE SOCIOECONOMIC NEEDS OF THE COMMUNITY AND EMERGING TRENDS. PRIMARY DATA IN THE FORM OF AN ELECTRONIC SURVEY GATHERED FEEDBACK FROM COMMUNITY RESIDENTS AND HEALTH SYSTEM STAFF ON THE PREVIOUS CHNA AND IMPLEMENTATION STRATEGY (COLLECTION PERIOD AUGUST THROUGH NOVEMBER 2020). INFORMATION ON CURRENT COMMUNITY NEEDS AND PRIORITIES WAS COLLECTED VIA SEVERAL COMMUNICATION TOOLS INCLUDING A SURVEY, FOCUS GROUPS, KEY STAKEHOLDER INTERVIEWS AND A TOWN HALL MEETING. THE ONLINE SURVEY WAS SENT TO OVER 30,000 BALTIMORE RESIDENTS THROUGH THE HELP OF 105 COMMUNITY ORGANIZATION PARTNERS VIA NEWSLETTERS, EMAIL LISTSERVS, COMMUNITY MEMBERSHIP LISTS AND A SOCIAL MEDIA CAMPAIGN. HAND DELIVERED PAPER COPIES OF THE SURVEY WERE USED TO REACH KEY VULNERABLE POPULATIONS WITH LITTLE TO NO INTERNET ACCESS. OUTREACH EXAMPLES AT EAST BALTIMORE LOCATIONS INCLUDE: SUBSTANCE USERS AT DEE'S PLACE, 200 HOMELESS MEN AT THE HELPING UP MISSION, LATINO COMMUNITY MEMBERS ON SITE AT COMMUNITY COVID TESTING LOCATIONS, HOMELESS COMMUNITY MEMBERS VISITING THE BEANS AND BREAD MEAL SHELTER AND MORE. STAKEHOLDER INTERVIEWS (SEPTEMBER THROUGH DECEMBER 2020) AND FOCUS GROUPS WERE CONDUCTED WITH INDIVIDUALS WHO REPRESENTED A) BROAD INTERESTS OF THE COMMUNITY, B) POPULATIONS OF NEED, OR C) PERSONS WITH SPECIALIZED KNOWLEDGE IN PUBLIC HEALTH. SIX FOCUS GROUPS (BETWEEN THE MONTHS OF OCTOBER AND NOVEMBER 2020) WITH VULNERABLE POPULATIONS (LATINO/HISPANIC, LGBTQ, SUBSTANCE USERS, HOMELESS) WERE CONDUCTED BY JHH/JHBMC, AND ANOTHER TWELVE FOCUS GROUPS (DURING THE MONTHS OF AUGUST AND DECEMBER 2020) WERE CONDUCTED BY OTHER BALTIMORE CITY COALITION HOSPITALS. A SURVEY (EARLY SEPTEMBER THROUGH LATE NOVEMBER 2020) WHICH GATHERED A WIDE RANGE OF INFORMATION WAS DISTRIBUTED BY THE COALITION HOSPITALS CITYWIDE AND RESULTED IN 1,122 RESPONSES FROM RESIDENTS OF THE JHH/JHBMC COMMUNITY BENEFIT SERVICE AREA (CBSA). A TOWN HALL WAS CONVENED BY THE BALTIMORE CITY COALITION HOSPITALS VIA TELEPHONE (OCTOBER 22, 2020) WITH 4,100 BALTIMORE CITY RESIDENTS, 2,800 OF WHICH STAYED ON THE CALL AND NEARLY 100 ASKED QUESTIONS. A SECONDARY DATA PROFILE WAS COMPILED WITH LOCAL, STATE, AND FEDERAL FIGURES TO PROVIDE ESSENTIAL INFORMATION, INSIGHT, AND KNOWLEDGE ON A BROAD RANGE OF HEALTH AND SOCIAL ISSUES. COLLECTING AND EXAMINING INFORMATION ABOUT</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
THE JOHNS HOPKINS HOSPITAL	OUT DIFFERENT COMMUNITY ASPECTS AND BEHAVIORS THAT CAN HELP IDENTIFY AND EXPLAIN FACTORS T HAT INFLUENCE THE COMMUNITY'S HEALTH. DATA COLLECTED ENCOMPASSED SOCIOECONOMIC INFORMATION , HEALTH STATISTICS, DEMOGRAPHICS, CHILDREN'S HEALTH, MENTAL HEALTH ISSUES, ETC. THE DEVEL OPMENT OF THE CHNA AND IMPLEMENTATION STRATEGY WAS LED BY THE OFFICE OF GOVERNMENT AND COM MUNITY AFFAIRS, JHH PRESIDENT, JHBMC PRESIDENT, AND INVOLVED THE CONTRIBUTIONS OF OVER 1,7 00 INDIVIDUALS THROUGH DIRECT INTERVIEWS, SURVEYS, FOCUS GROUPS, AND A TOWN HALL. KEY STAK EHOLDER GROUPS INCLUDED, BUT WERE NOT LIMITED TO, COMMUNITY RESIDENTS, MEMBERS OF FAITHBAS ED ORGANIZATIONS, NEIGHBORHOOD ASSOCIATION LEADERS, STATE AND LOCAL PUBLIC HEALTH PROFESSI ONALS, OTHER NON-PROFIT AND COMMUNITY BASED ORGANIZATIONS, ACADEMIC EXPERTS, LOCAL GOVERNM ENT OFFICIALS, LOCAL SCHOOL DISTRICT REPRESENTATIVES, HEALTH CARE CONSUMERS AND PROVIDERS, MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS IN THE COMMUNITY SE RVED BY THE HOSPITALS, JOHNS HOPKINS MEDICINE LEADERSHIP, AND OTHER EXPERTS, BOTH INTERNAL AND EXTERNAL TO JOHNS HOPKINS.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
THE JOHNS HOPKINS HOSPITAL	PART V, SECTION B, LINE 6A: JHH CONDUCTED ITS CHNA WITH JOHNS HOPKINS BAYVIEW MEDICAL CENTER AND COLLABORATED WITH ALL NON-PROFIT HOSPITALS IN BALTIMORE CITY THROUGH A JOINT COMMUNITY BENEFIT COALITION.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
THE JOHNS HOPKINS HOSPITAL	PART V, SECTION B, LINE 6B: JHH AND A CONSORTIUM OF BALTIMORE CITY NONPROFIT HOSPITALS COLLABORATED WITH THE BALTIMORE CITY DEPARTMENT OF HEALTH WHEN CONDUCTING THE MOST RECENT CHNA.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
THE JOHNS HOPKINS HOSPITAL	PART V, SECTION B, LINE 7D: A PAPER COPY IS AVAILABLE AT NO CHARGE UPON REQUEST AT THE JOHNS HOPKINS OFFICE OF GOVERNMENT & COMMUNITY AFFAIRS BY CALLING 443-997-5999 OR BY EMAILING GCA@JHU.EDU.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
THE JOHNS HOPKINS HOSPITAL	<p>PART V, SECTION B, LINE 11: THE JHH/JHBMC IMPLEMENTATION STRATEGY FOR THE CHNA SPELLS OUT IN CONSIDERABLE DETAIL WAYS THAT JHH INTENDS TO ADDRESS THE MULTIPLE NEEDS OF OUR COMMUNITY IN OUR TEN PRIORITY AREAS ENCOMPASSING BOTH DIRECT HEALTH AND SOCIOECONOMIC NEEDS. THE IDENTIFIED NEEDS ARE DEFINED BROADLY TO REFLECT ALL THE NEEDS IDENTIFIED BY THE COMMUNITY. THEREFORE, THERE ARE NO IDENTIFIED NEEDS THAT AREN'T BEING ADDRESSED EITHER DIRECTLY BY THE HOSPITAL OR THROUGH COLLABORATION WITH A COMMUNITY PARTNER OR ANOTHER HEALTH CARE PROVIDER. FOR EXAMPLE, A COALITION OF HOSPITALS IN BALTIMORE CITY AGREED TO WORK TOGETHER ON ADDRESSING BEHAVIORAL HEALTH NEEDS AND TO LOOK AT OPTIONS TO ADDRESS HOMELESSNESS IN THE CITY. AS A RESULT, A NEW PILOT PROGRAM WITH MULTIPLE PUBLIC AND PRIVATE PARTNERS WAS IMPLEMENTED TO PROVIDE 200 NEW PERMANENT HOUSING OPPORTUNITIES FOR BALTIMORE RESIDENTS WHO WERE HOMELESS OR AT RISK OF BEING HOMELESS. EARLY ASSESSMENTS SHOW VERY POSITIVE RESULTS. A FULL EVALUATION STUDY IS IN PROGRESS. ALL OF THE IDENTIFIED NEEDS WILL BE MET EITHER WITH EXISTING PROGRAMS (E.G., BALTIMORE POPULATION HEALTH WORKFORCE COLLABORATIVE, THE ACCESS PARTNERSHIP (TAP), AND HOPKINS COMMUNITY CONNECTION) AND WITH NEW CREATIVE SOLUTIONS (E.G., BREAK THE CYCLE INTENTIONAL VIOLENCE INTERVENTION PROGRAM, EXPANDED NALOXONE ACCESS AND EDUCATION, AND SAFE AT HOME.) THE IMPLEMENTATION STRATEGY ITSELF SHOULD BE CONSIDERED A DYNAMIC DOCUMENT AND MAY CHANGE AS JHH GAINS EXPERIENCE IN IMPLEMENTING PROGRAMS AND MEASURING OUTCOMES AND AS NEEDS SHIFT IN PRIORITY DUE TO UNFORESEEN CIRCUMSTANCES (FOR EXAMPLE, RESPONSE TO THE COVID PANDEMIC). IN ADDITION TO THE HOSPITAL DIRECT ACTIONS DESCRIBED ABOVE, AN INTERACTIVE RESOURCE INVENTORY WAS CREATED TO HIGHLIGHT AVAILABLE PROGRAMS AND SERVICES WITHIN THE JHH AND JHBMC CBSA. THE INVENTORY IDENTIFIES ORGANIZATIONS AND AGENCIES IN THE COMMUNITY THAT ARE SERVING THE VARIOUS TARGET POPULATIONS OFTEN IN PARTNERSHIP WITH THE HOSPITALS, WITHIN EACH OF THE PRIORITY NEEDS.</p> <p>HTTPS://WWW.HOPKINSMEDICINE.ORG/ABOUT/COMMUNITY_HEALTH/JOHNS-HOPKINS-HOSPITAL/_DOCS/RESOURCE-INVENTORY-CBSA-JHH-JHBMC.PDF</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
PART V, SECTION B, LINE 7A	HTTPS://WWW.HOPKINSMEDICINE.ORG/ABOUT/COMMUNITY_HEALTH/JOHNS-HOPKINS-HOSPITAL/COMMUNITY_HEALTH_NEEDS_ASSESSMENT.HTML

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
PART V, SECTION B, LINE 7B	HTTPS://WEB.JHU.EDU/ADMINISTRATION/GCA/PROJECTS/PUBLICATIONS-AND-REPORTS/

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 10A	HTTPS://WWW.HOPKINSMEDICINE.ORG/ABOUT/COMMUNITY_HEALTH/JOHNS-HOPKINS-HOSPITAL/COMMUNITY_HEALTH_NEEDS_ASSESSMENT.HTML

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 16A	HTTPS://WWW.HOPKINSMEDICINE.ORG/PATIENT_CARE/BILLING-INSURANCE/ASSISTANCE-SERVICES/ASSISTANCE_POLICIES.HTML

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 16B	HTTPS://WWW.HOPKINSMEDICINE.ORG/PATIENT_CARE/BILLING-INSURANCE/ASSISTANCE-SERVICES/ASSISTANCE_POLICIES.HTML

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
PART V, SECTION B, LINE 16C	HTTPS://WEB.JHU.EDU/ADMINISTRATION/GCA/PROJECTS/PUBLICATIONS-AND-REPORTS/

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
THE JOHNS HOPKINS HOSPITAL

Employer identification number
52-0591656

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.

(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
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 8

3 Enter total number of other organizations listed in the line 1 table 0

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	AS PART OF THE COMMUNITY BENEFIT REVIEW PROCESS, THE JOHNS HOPKINS 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.

Additional Data

Software ID:
Software Version:
EIN: 52-0591656
Name: THE JOHNS HOPKINS HOSPITAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
JOHNS HOPKINS HEALTH SYSTEM 3910 KESWICK RD S BLDG STE 4300A BALTIMORE, MD 21211	52-1465301	501(C)(3)	32,273,984				SUPPORT HEALTH CARE PUBLIC CHARITY
SISTERS TOGETHER AND REACHING INC 901 N MILTON ST STE 260 BALTIMORE, MD 21205	52-1772563	501(C)(3)	406,250				SUPPORT PUBLIC CHARITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
MEN AND FAMILIES CENTER INC 2222 JEFFERSON ST BALTIMORE, MD 21205	52-2091706	501(C)(3)	93,777				SUPPORT PUBLIC CHARITY
BALTIMORE CONNECT 2222 JEFFERSON ST BALTIMORE, MD 21205	81-4696688	501(C)(3)	100,000				SUPPORT PUBLIC CHARITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS PO BOX 38061 BALTIMORE, MD 21297	52-0807628	501(C)(3)	10,000				SUPPORT PUBLIC CHARITY
GILCHRIST CENTER 11311 MCCORMICK RD SUITE 350 HUNT VALLEY, MD 21031	52-1851251	501(C)(3)	35,000				SUPPORT PUBLIC CHARITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
JOHNS HOPKINS UNIVERSITY 3910 KESWICK RD NO N4327B BALTIMORE, MD 21211	52-0595110	501(C)(3)	66,000,000				CLINICAL FACULTY RECRUITS CONTRIBUTION

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2020
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization THE JOHNS HOPKINS HOSPITAL		Employer identification number 52-0591656

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input checked="" 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 type="checkbox"/> Tax idemnification 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 (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		2 Yes	
3 Indicate which, if any, of the following the filing 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?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
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 in lines 5 and 6? If "Yes," describe in Part III.		7 Yes	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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 are not 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.

[illegible]

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.

Return Reference	Explanation
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, A HIGHEST PAID EMPLOYEE OF THE ORGANIZATION RECEIVED A GROSS UP PAYMENT. THIS BENEFIT WAS TREATED AS TAXABLE COMPENSATION TO THE LISTED INDIVIDUALS.
PART I, LINE 4B	A SELECT GROUP OF SENIOR LEADERS OF THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION (JHHSC) PARTICIPATE IN SUPPLEMENTAL RETIREMENT/DEFERRED COMPENSATION PROGRAMS, INCLUDING SOME LEGACY ARRANGEMENTS THAT ARE NO LONGER AVAILABLE TO NEW HIRES. PRE-2011 PARTICIPANTS RECEIVE CASH PAYMENTS EACH YEAR DETERMINED WITH REFERENCE TO THEIR SERVICE WITH JHHSC AND THEIR FINAL AVERAGE COMPENSATION. AS OF JANUARY 2019, FUTURE CASH PAYMENTS ARE MADE ACCORDING TO A FIXED SCHEDULE FOR THESE PARTICIPANTS. POST-2011 PARTICIPANTS ACCRUE BENEFITS UNDER A DEFINED CONTRIBUTION FORMULA WHERE CONTRIBUTIONS ARE TIERED BY POSITION LEVEL. CONTRIBUTIONS MADE IN 2018 AND PRIOR YEARS GENERALLY VEST AFTER THE LATER OF FIVE YEARS OF SERVICE WITH JHHSC OR THREE YEARS OF PLAN PARTICIPATION; CONTRIBUTIONS MADE IN 2019 AND FUTURE YEARS VEST THREE YEARS AFTER EACH CONTRIBUTION IS MADE, WITH FULL VESTING ON THE LATER OF AGE 65 OR THREE YEARS OF PLAN PARTICIPATION. ALL CONTRIBUTIONS VEST ON DEATH, DISABILITY OR INVOLUNTARY TERMINATION WITHOUT CAUSE. IF A PARTICIPANT VOLUNTARILY TERMINATES EMPLOYMENT OR IS TERMINATED BY THE EMPLOYER FOR CAUSE PRIOR TO THE APPLICABLE VESTING DATE, THE PARTICIPANT'S ENTIRE NON-VESTED BENEFIT IS FORFEITED ALL OF THESE ARRANGEMENTS WERE APPROVED, IN ADVANCE, BY AN INDEPENDENT COMPENSATION COMMITTEE, WHICH BASED ITS DECISION ON DATA PROVIDED BY AN INDEPENDENT COMPENSATION CONSULTANT. PARTICIPANTS' INTERESTS UNDER THESE ARRANGEMENTS ARE NOT GUARANTEED OR SECURED 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 2020 BUT REPORTED AS DEFERRED COMPENSATION IN COLUMN (C) IN PREVIOUS YEARS IS REPORTED IN SCHEDULE J, PART II, COLUMN (F). THE AMOUNTS BELOW MAY REFLECT ANNUAL CASH PAYMENTS OR MULTIPLE YEARS OF ACCRUALS THAT VESTED IN 2020. KAREN HALLER \$36,575; DANIEL SMITH \$332,227; SALLY MACCONNELL \$111,161; CHARLES REULAND \$76,804; G. DANIEL SHEALER \$498,492; WALKER WYLIE \$51,105; JOHN HUNDT \$18,276; JAMES SCHEULEN \$15,012; AND EDWARD CHAMBERS \$83,612. 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 2020, 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	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. DEPENDENT TUITION REIMBURSEMENT: DUE TO THEIR CLOSE COLLABORATION WITH THE JOHNS HOPKINS UNIVERSITY (JHU), JHHSC PROVIDES LEADERS WITH DEPENDENT TUITION REIMBURSEMENT ON A SIMILAR BASIS AS THEIR JHU COUNTERPARTS. DEPENDENT TUITION REIMBURSEMENT IS TAXABLE FOR JHHSC EMPLOYEES. THE DEPENDENT MUST BE ENROLLED FULL TIME AT AN APPROVED, ACCREDITED COLLEGE OR UNIVERSITY AND IN GOOD ACADEMIC STANDING. PAYMENT IS LIMITED TO FOUR YEARS OF FULL TIME, UNDERGRADUATE STUDY PER DEPENDENT CHILD. TUITION REIMBURSEMENT: TUITION REIMBURSEMENT IS AVAILABLE TO EMPLOYEES THAT WORK 20 HOURS OR MORE A WEEK FOR UP TO A MAXIMUM BENEFIT OF \$10,000 PER ACADEMIC YEAR. TO RECEIVE REIMBURSEMENT, ELIGIBLE EMPLOYEES MUST PURSUE A COURSE OF STUDY AT AN ACCREDITED UNIVERSITY OR COLLEGE THAT LEADS TO A LICENSURE, DEGREE, OR MEETS THE NECESSITY RELATED TO CURRENT POSITION OR ANOTHER POSITION WITHIN THE ORGANIZATION.

Additional Data

Software ID:
Software Version:
EIN: 52-0591656
Name: THE JOHNS HOPKINS HOSPITAL

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC 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 MSN RN FAA CORPORATE VICE CHAIRMAN	(i)	0	0	0	0	0	0	0
	(ii)	1,159,544	501,563	11,150	208,657	12,771	1,893,685	0
1G DANIEL SHEALER JR VP & GEN COUNSEL, VP CORP COMPLIANCE	(i)	0	0	0	0	0	0	0
	(ii)	688,090	156,508	518,102	121,263	13,993	1,497,956	0
2 REDONDA G MILLER MD PRESIDENT, TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	898,151	272,168	7,204	150,815	27,939	1,356,277	0
3 RONALD R PETERSON FORMER OFFICER, TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	0	0	1,275,825	0	0	1,275,825	0
4 DANIEL B SMITH VP FINANCE & CFO	(i)	0	0	0	0	0	0	0
	(ii)	502,331	92,642	349,632	163,956	22,980	1,131,541	0
5 CHARLES REULAND SCD EXECUTIVE VP & COO	(i)	0	0	0	0	0	0	0
	(ii)	552,575	112,944	133,058	83,262	29,750	911,589	0
6 PETER HILL MD VP MEDICAL AFFAIRS	(i)	0	0	0	0	0	0	0
	(ii)	615,834	140,392	31,345	70,680	29,705	887,956	0
7 SALLY W MACCONNELL VP FACILITIES	(i)	0	0	0	0	0	0	0
	(ii)	512,021	130,903	137,112	29,557	18,655	828,248	0
8 DEBORAH J BAKER VP NURSING & PATIENT CARE	(i)	0	0	0	0	0	0	0
	(ii)	472,909	109,261	29,586	140,508	32,518	784,782	0
9 WALKER WYLIE EXECUTIVE MANAGEMENT	(i)	294,465	72,892	72,238	165,615	29,822	635,032	0
	(ii)	0	0	0	0	0	0	0
10 THOMAS TRZCINSKI TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	303,522	65,732	8,211	131,081	20,628	529,174	0
11 JAMES SCHEULEN CAO EMERGENCY MEDICINE	(i)	266,402	51,645	22,295	148,938	21,239	510,519	0
	(ii)	0	0	0	0	0	0	0
12 RENEE DEMSKI VP QUALITY	(i)	0	0	0	0	0	0	0
	(ii)	294,388	53,705	9,001	124,603	22,411	504,108	0
13 KANIKA KHANNA SR DIRECTOR INTERNAT. PLANNING	(i)	206,809	70,209	129,113	64,554	29,888	500,573	0
	(ii)	0	0	0	0	0	0	0
14 MELISSA RICHARDSON VP CARE COORDINATION	(i)	0	0	0	0	0	0	0
	(ii)	225,935	46,921	8,833	190,731	26,468	498,888	0
15 KRISTENA LUKISH VP HUMAN RESOURCES	(i)	0	0	0	0	0	0	0
	(ii)	374,638	75,945	11,891	9,287	11,825	483,586	0
16 PETER B MANCINO SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	317,075	61,679	7,032	74,381	21,696	481,863	0
17 MARK MARCANTANO CAO PEDIATRICS	(i)	364,679	60,587	1,290	0	26,456	453,012	0
	(ii)	0	0	0	0	0	0	0
18 ALLEN VALENTINE SR ADMINISTRATOR LAB & PATHOLOGY	(i)	211,211	31,638	1,841	176,296	10,549	431,535	0
	(ii)	0	0	0	0	0	0	0
19 SAMUEL H CLARK JR ASSISTANT SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	287,503	66,251	13,448	28,892	27,648	423,742	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC 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				
21ANDREW MENARD EXECUTIVE DIRECTOR RADIOLOGY	(i)	313,298	60,864	2,010	9,287	18,073	403,532	0
	(ii)	0	0	0	0	0	0	0
1JOHN HUNDT CAO SURGERY	(i)	249,300	28,171	22,191	87,786	13,926	401,374	0
	(ii)	0	0	0	0	0	0	0
2KATHY SMITH VP MKTG & COMMUNICATIONS	(i)	0	0	0	0	0	0	0
	(ii)	229,229	45,531	31,809	39,585	31,741	377,895	0
3EDWARD B CHAMBERS ADMINISTRATOR PEDIATRICS	(i)	155,049	40,972	147,630	0	20,615	364,266	0
	(ii)	0	0	0	0	0	0	0
4STACEY BALDWIN RADIOLOGY ADMINISTRATOR	(i)	244,430	86,214	5,500	8,735	11,575	356,454	0
	(ii)	0	0	0	0	0	0	0
5GREGORY MILLER ASSISTANT TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	237,397	33,227	1,326	34,664	26,303	332,917	0
6KAREN B HALLER PHD FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	191,842	74,583	48,057	0	11,880	326,362	0
7ELIZABETH AMBINDER ADMINISTRATOR	(i)	167,571	20,748	4,302	116,368	15,325	324,314	0
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
THE JOHNS HOPKINS HOSPITAL

Supplemental Information on Tax-Exempt Bonds

- Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
- Attach to Form 990.
- Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Employer identification number

52-0591656

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MHHEFA - 2012B	52-0936091	574218GQ0	05-03-2012	111,453,965	CONSTRUCT & EQUIP MED. TOWERS	X			X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	26,895,000							
2	Amount of bonds legally defeased	62,435,000							
3	Total proceeds of issue	111,453,965							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	883,808							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	110,570,157							
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2015							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)?		X						
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

				A		B		C		D	
				Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?				X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?			X							

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c Are there any research agreements that may result in private business use of bond-financed property?	X							
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X							
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %							
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %							
6 Total of lines 4 and 5	0 %							
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?	X							
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Return Reference	Explanation
SCHEDULE K, PART I, LINE A:	MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
THE JOHNS HOPKINS HOSPITAL

Employer identification number
52-0591656

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) PAUL ROTHMAN	TRUSTEE, OFFICER	36,497,893	SEE PART VJHHS AND ITS SUBSIDIARIES PAID \$36,497,893 TO MCKESSON FOR THE PURCHASE OF PHARMACEUTICALS INDIRECTLY FROM MERCK. DR. ROTHMAN IS A DIRECTOR OF MERCK. DR. ROTHMAN DID NOT PARTICIPATE IN ANY PRICING NEGOTIATIONS WITH MERCK OR MCKESSON.		No
(2) HANNAH REULAND	FAMILY MEMBER OF OFFICER	11,373	SEE PART VHANNAH REULAND IS EMPLOYED BY JHH AS A NURSE EXTERN.		No
(3) JULIA KLAG	FAMILY MEMBER OF TRUSTEE	76,158	SEE PART VJULIA KLAG IS EMPLOYED BY JHH AS AN OCCUPATIONAL THERAPIST.		No

Part V Supplemental Information

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

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization
THE JOHNS HOPKINS HOSPITAL**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

2020**Open to Public
Inspection****Employer identification number**

52-0591656

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 8	PURSUANT TO THE CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY (CARES) ACT, THE JOHNS HOPKINS HOSPITAL RECOGNIZED \$67,581,136 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 FY21. THIS AMOUNT HAS BEEN RECOGNIZED AS GRANT REVENUE ON PART I, LINE 8 OF THE ORGANIZATION'S FORM 990.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 1	<p>THE JOHNS HOPKINS HOSPITAL, FOUNDED IN 1889, AND THE JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE, CREATED IN 1893, FORM THE NUCLEUS OF JOHNS HOPKINS MEDICINE, ONE OF THE WORLD'S PREMIER, INTEGRATED HEALTH SYSTEMS. AS THE TEACHING HOSPITAL AFFILIATED WITH THE JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE, THE JOHNS HOPKINS HOSPITAL IS A WORLD-RENOWNED ACADEMIC MEDICAL CENTER THAT PROVIDES A COMPREHENSIVE RANGE OF STATE-OF-THE-ART TERTIARY AND QUATERNARY CARE. THE JOHNS HOPKINS HOSPITAL PROVIDES QUALITY MEDICAL HEALTH CARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE, OR ABILITY TO PAY. IN KEEPING WITH THE HOSPITAL'S COMMITMENT TO SERVE ALL MEMBERS OF ITS COMMUNITY, FREE CARE AND/OR SUBSIDIZED CARE, CARE PROVIDED TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST, AND HEALTH ACTIVITIES AND PROGRAMS TO SUPPORT THE COMMUNITY MEMBERS WILL BE CONSIDERED WHERE THE NEED AND/OR AN INDIVIDUAL'S INABILITY TO PAY COEXISTS. JHH PROVIDES CARE TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST. RECOGNIZING ITS MISSION TO THE COMMUNITY, SERVICES ARE PROVIDED TO BOTH MEDICARE AND MEDICAID PATIENTS. TO THE EXTENT REIMBURSEMENT IS BELOW COST, JHH RECOGNIZES THESE AMOUNTS AS CHARITY CARE IN MEETING ITS MISSION TO THE ENTIRE COMMUNITY.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>ONCOLOGY SINCE ITS INCEPTION IN 1973, THE SIDNEY KIMMEL COMPREHENSIVE CANCER CENTER AT THE JOHNS HOPKINS HOSPITAL HAS BEEN DEDICATED TO BETTER UNDERSTANDING HUMAN CANCERS AND FINDING MORE EFFECTIVE TREATMENTS. FOR OVER FORTY YEARS THE KIMMEL CANCER CENTER HAS BEEN TURNING RESEARCH INTO RESULTS. FROM THE BEGINNING, KIMMEL CANCER CENTER LEADERS HAD A UNIQUE VISION OF WHAT OUR CANCER CENTER SHOULD BE. ITS HALLMARKS WERE INTERDISCIPLINARY COLLABORATION AND INNOVATION THAT TRANSCENDED THE ARTIFICIAL BOUNDARIES OF INDIVIDUAL DEPARTMENTS, LABORATORIES, AND CLINICS. OUR MISSION WAS TO RAPIDLY TRANSFER DISCOVERIES ABOUT CANCER FROM THE BENCH TO THE BEDSIDE. THAT FOCUS AND MISSION REMAINS UNCHANGED TODAY. WITH THE CONVERGENCE OF TECHNOLOGY, BRILLIANT SCIENTIFIC MINDS, AND THE COMMITMENT OF THOSE WHO HAVE FUNDED THESE DISCOVERIES, WE HAVE COME TO A TIME WHEN WE CAN BEGIN TO ALTER THE COURSE OF CANCER IN WAYS WE COULD ONLY IMAGINE FOUR DECADES AGO. THE JOHNS HOPKINS KIMMEL CANCER CENTER IS ONE OF THE NATION'S 41 COMPREHENSIVE CANCER CENTERS DESIGNATED BY THE NATIONAL CANCER INSTITUTE, AND ONE OF THE FIRST TO EARN THAT STATUS. RESEARCH LED BY ITS FACULTY IS AMONG THE MOST HIGHLY-CITED IN CANCER RESEARCH AND CLINICAL CARE. THE STRENGTH OF OUR RESEARCH AND TREATMENT PROGRAMS WAS RECOGNIZED EARLY ON BY THE NATIONAL CANCER INSTITUTE, BECOMING ONE OF THE FIRST TO EARN COMPREHENSIVE CANCER CENTER STATUS AND RECOGNITION AS A "CENTER OF EXCELLENCE." HOPKINS HAS PIONEERED FIELDS SUCH AS CANCER GENETICS, BONE MARROW TRANSPLANT MEDICINE AND CANCER IMMUNOTHERAPY. THE KIMMEL CANCER CENTER IS THE ONLY COMPREHENSIVE CANCER CENTER IN THE STATE OF MARYLAND. IT ENCOMPASSES A WIDE SPECTRUM OF SPECIALTY PROGRAMS FOR BOTH ADULTS AND CHILDREN COPING WITH CANCER, INCLUDING BONE MARROW TRANSPLANTATION AND NEW DRUG DEVELOPMENT. PATIENTS WHO VISIT THE KIMMEL CANCER CENTER HAVE ACCESS TO SOME OF THE MOST INNOVATIVE AND ADVANCED THERAPIES IN THE WORLD. BECAUSE KIMMEL CANCER CENTER RESEARCH SCIENTISTS AND CLINICIANS WORK CLOSELY TOGETHER, NEW DRUGS AND TREATMENTS DEVELOPED IN THE LABORATORY ARE QUICKLY TRANSFERRED TO THE CLINICAL SETTING, OFFERING PATIENTS CONSTANTLY IMPROVED THERAPEUTIC OPTIONS. THE KIMMEL CANCER CENTER'S BONE MARROW TRANSPLANT PROGRAM (BMT), HAS BEEN AN INTERNATIONALLY RENOWNED PROGRAM IN THE AREA OF BLOOD AND MARROW TRANSPLANTATION FOR MORE THAN 30 YEARS. IN THAT TIME, BMT HAS BECOME AN ACCEPTED, CURATIVE THERAPY FOR A BROAD RANGE OF DISEASES, INCLUDING MALIGNANT DISEASES THAT INVOLVE THE BONE MARROW SUCH AS LEUKEMIA AND LYMPHOMA, NONMALIGNANT DISEASES THAT INVOLVE THE BONE MARROW SUCH AS APLASTIC ANEMIA AND A VARIETY OF INHERITED DISEASES. TO DATE, MORE THAN 5,000 BONE MARROW TRANSPLANTS HAVE BEEN PERFORMED AT JOHNS HOPKINS, A NATIONAL CANCER INSTITUTE-DESIGNATED COMPREHENSIVE CANCER CENTER THAT IS FULLY ACCREDITED BY THE NATIONAL MARROW DONOR PROGRAM AS AN UNRELATED DONOR TRANSPLANT CENTER. AS A NATIONAL REFERRAL CENTER FOR BMT, HOPKINS PERFORMS AROUND 300 TRANSPLANTS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>TS EACH YEAR. THE WORK BY CENTER INVESTIGATORS IN CANCER GENETICS AND EPIGENETICS IS RECOGNIZED AS THE CLASSIC MODEL FOR DECIPHERING THE MECHANISMS OF CANCER INITIATION AND PROGRESSION. THE PIONEERING RESEARCH THAT DEFINED CANCER AS A GENETIC DISEASE WAS DONE AT OUR CENTER. THESE DISCOVERIES LED TO THE FIRST GENETIC TESTS FOR A HEREDITARY CANCER AND A SCREENING STOOL TEST FOR COLON CANCER. OUR INVESTIGATORS WERE THE FIRST TO MAP A CANCER GENOME, DECIPHERING THE GENETIC BLUEPRINTS FOR COLON, BREAST, PANCREATIC, AND BRAIN CANCERS. OF THE 75 CANCERS FOR WHICH ALL GENES HAVE BEEN SEQUENCED, 68 HAVE BEEN DONE AT THE KIMMEL CANCER CENTER. THESE DISCOVERIES HAVE PAVED THE WAY FOR PERSONALIZED THERAPIES WITH OUR INVESTIGATORS UNDERTAKING THE FIRST USE OF PERSONALIZED GENOME SCANNING TO REVEAL THE GENE MUTATION THAT CAUSED A PERSON'S INHERITED FORM OF PANCREATIC CANCER.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B	<p>NEUROSURGERY THE DEPARTMENT OF NEUROSURGERY AT THE JOHNS HOPKINS HOSPITAL ("JHH") CONTINUE S ITS MISSION TO IMPROVE THE LIVES OF PATIENTS BY BUILDING UPON A TRADITION OF DEEP COLLAB ORATION. THE DEPARTMENT IS COMPRISED OF OVER 20 FULL TIME CLINICAL NEUROSURGEONS THAT PROV IDE CARE TO OUR PATIENTS WITH THE HELP OF SPECIALIZED NURSES AND OTHER HEALTH CARE PROVIDE RS IN THE OPERATING ROOMS, OUTPATIENT CLINICAL BUILDING, AND OUR INPATIENT CRITICAL CARE A ND ACUTE CARE UNITS. THE SHEIKH ZAYED TOWER AND THE CHARLOTTE R. BLOOMBERG CHILDREN'S CENT ER OFFER ENHANCED LEVELS OF NEUROLOGICAL AND NEUROSURGICAL CARE. THE OPENING OF THESE FACI LITIES ENABLES JHH TO PROVIDE PATIENT-FOCUSED NEUROLOGICAL SERVICES INCLUDING STATE-OF-THE -ART ADULT AND PEDIATRIC OPERATING ROOMS THAT INCLUDE INTRA-OPERATIVE MRI MACHINES THAT PR OVIDE REAL-TIME IMAGES OF THE BRAIN DURING SURGERY. IN ADDITION, OUR NEUROLOGICAL CRITICAL CARE UNIT ("NCCU") PROVIDES COMPLETE INTENSIVE CARE MANAGEMENT TO PATIENTS ADMITTED FROM NEUROSURGERY, NEUROLOGY, ORTHOPEDIC/SPINE, OTOLARYNGOLOGY AND PLASTIC SURGERY. OUR SURGEON S ARE ABLE TO BRING NEW AND EXCEPTIONAL TREATMENTS TO OUR ADULT AND PEDIATRIC PATIENTS FAS TER BECAUSE OF OUR TIGHT NETWORK OF EXPERTS WHO SPECIALIZE IN CONDITIONS SUCH AS BRAIN TUM OR, CEREBROVASCULAR DISEASE, FUNCTIONAL DISORDERS, PERIPHERAL NERVE CONDITIONS, SPINAL DEFO RMITY, TUMORS AND REPAIR AND TRAUMA. WE OPERATE SEVERAL NEUROLOGICAL CENTERS OF CARE AT JO HNS HOPKINS HOSPITAL INCLUDING THE EPILEPSY CENTER AT JOHNS HOPKINS WHICH EVALUATES AND CA RES FOR PATIENTS WITH SEIZURE DISORDERS FROM INFANTS THROUGH THE ELDERLY. A UNIQUE ASPECT OF OUR EPILEPSY CENTER IS THAT WE PROVIDE A CONTINUUM OF CARE FOR OUR PATIENTS ACROSS THE AGE SPECTRUM MAKING USE OF ENHANCED EPILEPSY MONITORING EQUIPMENT THAT IS SPECIFICALLY DES IGNED FOR THE EVALUATION OF ADULT AND PEDIATRIC SEIZURE DISORDERS. OUR COMPREHENSIVE BRAIN TUMOR CENTER IS ONE OF THE LARGEST BRAIN TUMOR TREATMENT AND RESEARCH CENTERS IN THE WORL D. WE TREAT AN EXTREMELY LARGE NUMBER OF PATIENTS AFFECTED BY ALL TYPES OF BRAIN TUMORS. W E TAILOR THE BEST AND MOST ADVANCED THERAPIES THAT EACH UNIQUE TUMOR DEMANDS. OUR TEAM CON SISTS OF SKILLED SURGEONS, NEUROLOGISTS AND ONCOLOGISTS THAT CAN PROVIDE THE MOST EFFECTIV E AND SAFEST TREATMENT EVEN ON THE MOST CHALLENGING TYPES OF TUMORS. PATIENTS COME TO JOHN S HOPKINS FOR NEUROLOGICAL CARE FROM THE LOCAL BALTIMORE COMMUNITY AND THE MID-ATLANTIC RE GION AS WELL AS FROM AROUND THE NATION AND THE WORLD TO RECEIVE THE MOST CUTTING-EDGE CARE , AND FIND THAT WE ARE A PLACE OF HOPE AND CARE. EACH YEAR, WE PROVIDE OVER 30,000 OUTPATI ENT CONSULTATIONS AND PERFORM MORE THAN 4,000 BRAIN, TUMOR, VASCULAR AND PERIPHERAL NERVE OPERATIONS IN THE JOHNS HOPKINS OUTPATIENT CENTER. IN OUR HOSPITAL, WE ALSO PROVIDED CARE TO OVER 3,000 ADULT AND 500 PEDIATRIC PATIENTS WITH NEUROSURGICAL DISEASES. JOHNS HOPKINS HAS EMERGED AS ONE OF THE MOST COMPREHENSIVE NEUROLOGICAL CENTERS OF ITS KIND AS RECOGNIZE D BY OUR TOP THREE RANKING IN</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B	THE NATION IN NEUROLOGY AND NEUROSURGERY BY U.S. NEWS AND WORLD REPORT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C	<p>COMPREHENSIVE TRANSPLANT CENTER AT JOHNS HOPKINS FOR MORE THAN 50 YEARS, SOLID ORGAN TRANSPLANTATION HAS BEEN CONDUCTED AT JOHNS HOPKINS, AND SOME OF THE MOST INNOVATIVE DISCOVERIES IN TRANSPLANT RESEARCH HAVE EMANATED FROM THIS PROGRAM. THE PRACTICE OF ORGAN TRANSPLANTATION HAPPENS EVERY DAY AT THE JOHNS HOPKINS HOSPITAL, BUT SUCCESSFUL TRANSPLANTATION IS FAR FROM ROUTINE. THE EVALUATION OF POTENTIAL ORGAN RECIPIENTS, AND POTENTIAL LIVING ORGAN DONORS, IS A COMPLEX AND PAINSTAKING PROCESS THAT INVOLVES A MULTIDISCIPLINARY TEAM CONSISTING OF TRANSPLANT SURGEONS, CARDIOLOGISTS, PEDIATRIC CARDIOLOGISTS, NEPHROLOGISTS, HEPATOLOGISTS, INFECTIOUS DISEASES EXPERTS, PEDIATRIC NEPHROLOGISTS, PEDIATRIC HEPATOLOGISTS, PA THOLOGISTS, RADIOLOGISTS, SOCIAL WORKERS, PATIENT ADVOCATES, NUTRITIONISTS, IMMUNOGENETICS EXPERTS, SUBSTANCE ABUSE EXPERTS, PHARMACISTS, PSYCHIATRISTS, THE CHAPLAIN'S SERVICE AND MORE. ORGAN TRANSPLANTATION ALSO INVOLVES THE TIMELY, SELFLESS DECISION-MAKING OF GRIEVING FAMILY MEMBERS OF BRAIN DEAD DONORS, AND THE BRAVERY AND GENEROSITY OF LIVING RELATED DONORS, WHOSE ORGANS WILL SAVE AND EXTEND THE LIVES OF THOSE ON THE WAITING LISTS. EXPERTISE AND DEDICATION ON THE PART OF THE TEAM, WHO WORK 365 DAYS EACH YEAR, 24 HOURS A DAY, TO MANAGE SEVERAL THOUSAND PATIENTS IN END STAGE ORGAN FAILURE AWAITING TRANSPLANTATION ON OUR TRANSPLANT WAIT LISTS, AND WHO RECOVER ORGANS FROM LOCAL, REGIONAL AND NATIONAL HOSPITALS WHEN ORGANS ARE MATCHED TO OUR PATIENTS. COUNTLESS HIGH-STAKES DECISIONS ARE MADE ON BEHALF OF OUR PATIENTS ON THE WAIT LIST SOME OF WHOM WILL DIE UNLESS A MATCHED ORGAN BECOMES AVAILABLE. FOR EACH ORGAN THAT BECOMES AVAILABLE, THE TEAM MUST DECIDE IF THE ORGAN IS HEALTHY ENOUGH, AND IF THE RECIPIENT IS STABLE ENOUGH TO WITHSTAND COMPLEX SURGERY TO SAVE THEIR LIFE. WE PROVIDE CARE TO OUR ABDOMINAL TRANSPLANT PATIENTS ON THE 9TH FLOOR OF THE ZAYED INPATIENT CARE TOWER, IN A DEDICATED TRANSPLANT UNIT OF 32 BEDS. ADDITIONALLY, ABDOMINAL TRANSPLANT PATIENTS HAVE A DEDICATED AMBULATORY SPACE ON THE FOURTH FLOOR OF THE JOHNS HOPKINS OUTPATIENT CENTER, WHICH IS DESIGNED FOR MULTIDISCIPLINARY CARE. THORACIC TRANSPLANT PATIENTS SHARE SERVICES WITH THE CARDIOVASCULAR AND LUNG SURGERY TEAMS ON THE 10TH FLOOR OF THE ZAYED TOWER. TRANSPLANT PATIENTS HAVE ACCESS TO INTENSIVE CARE SERVICES IN THE SURGICAL INTENSIVE CARE UNIT, THE CARDIOVASCULAR INTENSIVE CARE UNIT, AND THE PEDIATRIC INTENSIVE CARE UNIT. MEDICAL UNITS IN HEPATOLOGY, CARDIOLOGY, PULMONARY AND PEDIATRIC MEDICAL AND SURGICAL UNITS FURTHER SUPPORT THE INPATIENT TRANSPLANT PROGRAM. ORGAN TRANSPLANTATION IS A HIGHLY REGULATED SERVICE, AND A TEAM OF QUALITY AND REGULATORY PROFESSIONALS HELP THE TEAM TO MEET QUALITY STANDARDS AND EXPECTATIONS ON A DAILY BASIS, BY COLLECTING AND SUBMITTING DATA ON ALL OF OUR WAIT LISTED AND TRANSPLANTED PATIENTS TO THE UNITED NETWORK FOR ORGAN SHARING (UNOS), AND TO THE SRTR, THE SCIENTIFIC REGISTRY OF TRANSPLANT RECIPIENTS. OVERSIGHT OF ALL ORGAN TRANSPLANT</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C	<p>PROGRAMS IN THE US COMES UNDER THE AUSPICES OF UNOS, CMS, AND STATE REGULATORY AGENCIES, AND STANDARDS FOR OUTCOMES, ONGOING QUALITY MONITORING AND CONTINUOUS QUALITY IMPROVEMENT ARE MANDATED IN ORDER TO MAINTAIN THE CERTIFICATION OF THE PROGRAM. OUTCOMES ARE SHARED WITH PATIENTS NATIONALLY, ON ALL PARAMETERS, INCLUDING WAIT LIST TIME TO TRANSPLANT, WAIT LIST MORTALITY, ONE AND THREE YEAR GRAFT SURVIVAL, AND ONE AND THREE YEAR PATIENT SURVIVAL. AT JOHNS HOPKINS, SOME OF THE TRANSPLANT MILESTONES AND DISCOVERIES INCLUDE: INNOVATIONS IN LIVING DONOR AND RECIPIENT RESEARCH, TRANSPLANT EPIDEMIOLOGY, AND NOVEL TRANSPLANT PROCEDURES THAT HAVE CHANGED TRANSPLANT PRACTICE AROUND THE WORLD FIRST LAPAROSCOPIC LIVING DONOR NEPHRECTOMY FIRST MULTI-CENTER PAIRED KIDNEY EXCHANGE FIRST FIVE-PERSON KIDNEY EXCHANGE INNOVATIVE HEPATITIS C AND HIV-POSITIVE ORGAN TRANSPLANT PROGRAMMING OUR TRANSPLANT PROGRAMS INCLUDE ADULT AND PEDIATRIC KIDNEY TRANSPLANT, ADULT AND PEDIATRIC LIVER TRANSPLANT, ADULT AND PEDIATRIC HEART TRANSPLANT, ADULT PANCREAS TRANSPLANT, ADULT LUNG TRANSPLANT, AND MULTI-ORGAN TRANSPLANT FOR PATIENTS IN NEED OF MULTIPLE ORGANS. WE ALSO OFFER CARE TO ALL PATIENTS IN END-STAGE ORGAN FAILURE WHO MAY OR MAY NOT QUALIFY FOR AN ORGAN TRANSPLANT. OUR MULTIDISCIPLINARY CARE TEAM PROVIDES EXTENSIVE EDUCATION FOR PATIENTS AND CAREGIVERS AND TRAINS TRANSPLANT SURGEONS, AND TRANSPLANT MEDICAL AND NURSING SPECIALISTS IN ALL DISCIPLINES. THE PROGRAM GOAL IS TO PROVIDE EACH PATIENT WITH THEIR BEST OPPORTUNITY TO LIVE THE FULLEST, MOST ENRICHING LIVES POSSIBLE. OUR EXPERIENCED AND DEDICATED MULTIDISCIPLINARY TEAM IS DETERMINED TO BRING THEIR SKILLS AND EXPERTISE TO AS MANY PATIENTS FACING END-STAGE ORGAN FAILURE AS POSSIBLE.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	JOHNS HOPKINS HEALTH SYSTEM CORPORATION, A IRC 501(C)(3) TAX EXEMPT PARENT ORGANIZATION OF THE JOHNS HOPKINS HOSPITAL ELECTS THE BOARD OF TRUSTEES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE GOVERNING BODY OF THE JOHNS HOPKINS HOSPITAL IS EMPOWERED BY ITS BY-LAWS TO MAKE CERTAIN DECISIONS; ALL OTHER DECISIONS ARE SUBJECT TO APPROVAL OF THE PARENT ORGANIZATION JOHNS HOPKINS HEALTH SYSTEM CORPORATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	A COPY OF THE FORM 990 IS PROVIDED ELECTRONICALLY TO THE ORGANIZATION'S GOVERNING BODY BEFORE IT IS FILED. THE FORM 990 IS PROVIDED TO THE ORGANIZATION'S TRUSTEES AND APPROPRIATE OFFICERS, WHO ARE GIVEN THE OPPORTUNITY TO ASK QUESTIONS AND PROVIDE FEEDBACK BEFORE THE FORM 990 IS FILED. THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES OF THE ORGANIZATION MEETS ANNUALLY BEFORE THE FORM 990 IS FILED TO REVIEW THE FORM 990. AT THIS MEETING, THE JHHS TAX DEPARTMENT PRESENTS A SUMMARY OF THE FORM 990 TO THE AUDIT COMMITTEE AND THE ORGANIZATION CFO.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>THE CONFLICT OF INTEREST POLICY IS A PART OF THE ANNUAL DISCLOSURE STATEMENT PROCESS. ALL OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO REPORT ANY CONFLICTS OF INTEREST AND TO COMPLY WITH THE CONFLICT OF INTEREST POLICY. CONFLICTS OF INTEREST ARE DETERMINED AT A HEALTH SYSTEM LEVEL AND INCLUDE THE ORGANIZATION AND ALL OF ITS AFFILIATES. THE ORGANIZATION LEGAL DEPARTMENT IS RESPONSIBLE FOR REVIEWING ALL ACTUAL OR POTENTIAL CONFLICTS OF INTERESTS AND FOR DETERMINING APPROPRIATE ACTION TO ELIMINATE OR MANAGE THE CONFLICT OF INTEREST. IF A CONFLICT ARISES, THE AFFECTED MEMBER MUST (1) REFRAIN FROM ANY ATTEMPTS TO EITHER DIRECTLY OR INDIRECTLY INFLUENCE THE DECISION-MAKING PROCESS IN WHICH THERE EXISTS A POTENTIAL FOR CONFLICTS OF INTEREST; (2) REFRAIN FROM PARTICIPATING IN ANY DISCUSSIONS LEADING TO THE APPROVAL OR DISAPPROVAL OF THE TRANSACTION CREATING THE CONFLICT, EXCEPT TO DISCLOSE MATERIAL FACTS RELATING TO THE CONFLICT; AND (3) ABSTAIN FROM VOTING ON THE TRANSACTION CREATING THE CONFLICT OR TRANSMITTING ANY OTHER OPINION, INCLUDING NOT BEING PRESENT IN THE ROOM WHEN THE VOTE IS TAKEN, UNLESS THE VOTE IS BY SECRET BALLOT. FURTHERMORE, THE ORGANIZATION'S INTERMEDIATE SANCTIONS TRANSACTION REVIEW COMMITTEE REVIEWS AND DETERMINES WHETHER A PROPOSED TRANSACTION BETWEEN A TRUSTEE, OFFICER, KEY EMPLOYEE, OR DISQUALIFIED PERSON AND THE ORGANIZATION WOULD CREATE AN EXCESS BENEFIT TO SUCH TRUSTEE, OFFICER, KEY EMPLOYEE OR A DISQUALIFIED PERSON, OR WHETHER SUCH PROPOSED TRANSACTION QUALIFIES FOR A REBUTTABLE PRESUMPTION AGAINST EXCESS BENEFIT.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION COMMITTEE OF THE BOARD OF JOHNS HOPKINS MEDICINE ("COMMITTEE") REVIEWS THE PERFORMANCE AND APPROVES THE COMPENSATION OF THE OFFICERS AND KEY PERSONNEL OF THE ORGANIZATION AND ITS SUBSIDIARIES. ON AN ANNUAL BASIS, THE COMMITTEE REVIEWS INDIVIDUAL COMPENSATION ARRANGEMENTS FOR ORGANIZATION SENIOR VICE PRESIDENT POSITIONS AND ABOVE, TOP AFFILIATE EXECUTIVES, CLINICAL DEPARTMENT DIRECTORS, OTHER EXECUTIVE POSITIONS WITH A BASE SALARY OF \$500,000 OR GREATER AS WELL AS EXECUTIVE POSITIONS WHOSE TOTAL COMPENSATION EXCEEDS THE MARKET 90TH PERCENTILE. IN REVIEWING AND APPROVING COMPENSATION, THE COMMITTEE RELIES ON APPROPRIATE MARKET DATA (PROVIDED BY A THIRD-PARTY CONSULTANT) FOR COMPARABLE JOBS AND ORGANIZATIONS, AND ASSURES THAT SUCH DATA INDICATES THE COMPENSATION ORDINARILY PROVIDED BY SIMILARLY SITUATED ORGANIZATIONS, UNDER LIKE CIRCUMSTANCES. DELIBERATIONS AND DECISIONS OF THE COMMITTEE REGARDING THE COMPENSATION ARRANGEMENTS ARE DOCUMENTED IN THE FORM OF MINUTES OF COMMITTEE MEETINGS, AND COPIES OF ALL COMPARABILITY DATA AND REPORTS ARE RETAINED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	INTERNAL POLICIES, INCLUDING CONFLICT OF INTEREST POLICY, ARE PROVIDED TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE. FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST, THE GOVERNING DOCUMENTS HAVE BEEN MADE AVAILABLE IN THE PUBLIC FILING WITH THE STATE OF MARYLAND AND THE INTERNAL REVENUE SERVICE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	MINIMUM PENSION LIABILITY 213,055,000. CHANGE IN MKT VAL. OF SWAP AGREEMENT 60,359,960. NON-OPERATING SERVICES -18,809,394. OTHER COMPONENTS OF NET PERIODIC PENSION COST -41,295,000. TRANSFER BETWEEN AFFILIATES -40,623,879.

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As Filed Data -

DLN: 93493132069212

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 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
THE JOHNS HOPKINS HOSPITAL

Employer identification number
52-0591656

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

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.

See Additional Data Table

(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

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.

See Additional Data Table

(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	

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
(1) HOWARD COUNTY HEALTH SERVICES INC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1434783	HEALTHCARE MANAGEMENT	MD	N/A	C					No
(2) HSI MEDICAL SERVICES CORPORATION 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1847705	HEALTHCARE-SLEEP DIAGNOSTICS	MD	N/A	C					No
(3) JOHNS HOPKINS MEDICAL MANAGEMENT CORPORATION 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1250028	NURSING SERVICES	MD	N/A	C					No
(4) JOHNS HOPKINS EMPLOYER HEALTH PROGRAMS INC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1947678	BENEFIT PLANS	MD	N/A	C					No
(5) TCAS INC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1979344	NURSING SERVICES	MD	N/A	C					No
(6) SUBURBAN HEALTH ENTERPRISES INC 8600 OLD GEORGETOWN ROAD BETHESDA, MD 20814 52-2052352	MEDICAL OFFICE LEASING AND RELEASING	MD	N/A	C					No
(7) VARIOUS CHARITABLE REMAINDER TRUSTS 3910 KESWICK RD STE 4300A BALTIMORE, MD 21211	CHARITABLE REMAINDER TRUSTS	MD	N/A	T		74,849	100.000 %		No

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?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

Yes

1d

Yes

1e

Yes

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

No

1l

Yes

1m

Yes

1n

No

1o

Yes

1p

No

1q

No

1r

No

1s

No

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

Schedule R (Form 990) 2020

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

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 52-0591656
Name: THE JOHNS HOPKINS HOSPITAL

Form 990, Schedule R, Part II - 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 entity?	
						Yes	No
3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1465301	SUPPORTING ORGANIZATION	MD	501(C)(3)	LINE 12C, III-FI	N/A		No
3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-2093120	HOSPITAL	MD	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1341890	HOSPITAL	MD	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1467441	HEALTHCARE SERVICES	MD	501(C)(3)	LINE 12C, III-FI	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 23-7252596	MANAGEMENT OF ENDOWMENT	MD	501(C)(3)	LINE 12C, III-FI	N/A		No
3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1232569	HEALTHCARE SERVICES	MD	501(C)(3)	LINE 12B, II	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
8600 OLD GEORGETOWN ROAD BETHESDA, MD 20814 52-2052354	HEALTHCARE SERVICES	MD	501(C)(3)	LINE 12C, III-FI	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
8600 OLD GEORGETOWN ROAD BETHESDA, MD 20814 52-0610545	HOSPITAL	MD	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
5255 LOUGHBORO RD NW WASHINGTON, DC 20016 53-0196602	HOSPITAL	DC	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
6001 MONTROSE ROAD NO 1020 ROCKVILLE, MD 20852 52-1750383	HOME HEALTH CARE	MD	501(C)(3)	LINE 12B, II	SIBLEY SUBURBAN HOME HEALTH AGENCY		No
6001 MONTROSE ROAD NO 307 ROCKVILLE, MD 20852 52-1450142	HOME HEALTH CARE	MD	501(C)(3)	LINE 10	N/A		No
3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 59-3425191	PEDIATRIC MEDICAL SERVICES	FL	501(C)(3)	LINE 10	ALL CHILDREN'S HEALTH SYSTEM INC		No
3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 59-2481738	FOUNDATION	FL	501(C)(3)	LINE 7	ALL CHILDREN'S HEALTH SYSTEM INC		No
3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 59-0683252	HOSPITAL	FL	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 59-2481742	RESEARCH	FL	501(C)(3)	LINE 4	ALL CHILDREN'S HEALTH SYSTEM INC		No
3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 59-3476049	HOME HEALTH CARE	FL	501(C)(3)	LINE 10	ALL CHILDREN'S HEALTH SYSTEM INC		No
3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 59-3398308	NEONATAL CARE	FL	501(C)(3)	LINE 10	ALL CHILDREN'S HEALTH SYSTEM INC		No
3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 59-2481740	MANAGEMENT SERVICES	FL	501(C)(3)	LINE 12C, III-FI	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No

Form 990, Schedule R, Part III - 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) Disproprtionate 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	
JHMI UTILITIES LLC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 20-2814243	UTILITY FACILITIES	MD	N/A	RELATED	3,817,398	167,477,539		No	5,797		No	50.000 %
JOHNS HOPKINS MEDICINE INTERNATIONAL LLC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-2144849	MEDICAL SVCS	MD	N/A					No			No	
JOHNS HOPKINS HEALTHCARE LLC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1899357	MEDICAL SVCS	MD	N/A					No			No	
WEST COUNTY MEDICAL LLC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 27-5234888	REAL ESTATE	MD	N/A					No			No	
OPHTHALMOLOGY ASSOCIATES LLC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1890957	OPHTHALMOLOGY SVCS	MD	N/A					No			No	
MARYLAND HEALTH ADVANTAGE LLC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 81-3898700	HOLDING COMPANY	DE	N/A					No			No	
JOHNS HOPKINS SURGERY CENTER SERIES 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 20-8707724	SURGERY	MD	N/A					No			No	
JOHNS HOPKINS REGIONAL SUPPLY CHAIN NETWORK LLC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 47-2912848	GROUP PURCHASING	MD	N/A					No			No	
JOHNS HOPKINS MEDICINE ALLIANCE FOR PATIENTS 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 46-2866692	HEALTHCARE SVC	MD	N/A					No			No	
JOHNS HOPKINS HEALTH CARE AND SURGERY CENTER DEVELOPMENT LLC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 82-1388814	LEASING REAL PROPERTY	MD	N/A					No			No	
HOWARD COUNTY NEONATAL SERVICES SERIES 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-2239401	NEONATAL HEALTH	MD	N/A					No			No	
HEALTHCARE SUPPLY CHAIN INNOVATIONS LLC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 47-2509307	GROUP PURCHASING	MD	N/A					No			No	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
HOWARD COUNTY HEALTH SERVICES INC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1434783	HEALTHCARE MANAGEMENT	MD	N/A	C					No
HSI MEDICAL SERVICES CORPORATION 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1847705	HEALTHCARE-SLEEP DIAGNOSTICS	MD	N/A	C					No
JOHNS HOPKINS MEDICAL MANAGEMENT CORPORATION 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1250028	NURSING SERVICES	MD	N/A	C					No
JOHNS HOPKINS EMPLOYER HEALTH PROGRAMS INC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1947678	BENEFIT PLANS	MD	N/A	C					No
TCAS INC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1979344	NURSING SERVICES	MD	N/A	C					No
SUBURBAN HEALTH ENTERPRISES INC 8600 OLD GEORGETOWN ROAD BETHESDA, MD 20814 52-2052352	MEDICAL OFFICE LEASING AND RELEASING	MD	N/A	C					No
VARIOUS CHARITABLE REMAINDER TRUSTS 3910 KESWICK RD STE 4300A BALTIMORE, MD 21211	CHARITABLE REMAINDER TRUSTS	MD	N/A	T		74,849	100.000 %		No