

|                                                                                                                                                                                                                                                                                                                       |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                        | <b>Signature Block</b> |
| 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. |                        |

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 Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

MISSION: JOHNS HOPKINS ALL CHILDREN'S HOSPITAL (ALL CHILDREN'S), A MEMBER OF JOHNS HOPKINS MEDICINE, STRIVES TO PROVIDE THE HIGHEST QUALITY CARE TO IMPROVE THE HEALTH OF OUR ENTIRE COMMUNITY THROUGH INNOVATION, COLLABORATION, SERVICE EXCELLENCE, DIVERSITY AND A COMMITMENT TO PATIENT SAFETY. ITS VISION IS TO BE THE PREMIER CHILDREN'S HOSPITAL IN FLORIDA.

**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.

|           |                       |            |                        |                 |               |
|-----------|-----------------------|------------|------------------------|-----------------|---------------|
| <b>4a</b> | (Code: ) (Expenses \$ | 72,538,448 | including grants of \$ | 0 ) (Revenue \$ | 100,754,128 ) |
|           | See Additional Data   |            |                        |                 |               |

|           |                       |            |                        |               |              |
|-----------|-----------------------|------------|------------------------|---------------|--------------|
| <b>4b</b> | (Code: ) (Expenses \$ | 18,803,121 | including grants of \$ | ) (Revenue \$ | 23,753,244 ) |
|           | See Additional Data   |            |                        |               |              |

|           |                       |            |                        |               |              |
|-----------|-----------------------|------------|------------------------|---------------|--------------|
| <b>4c</b> | (Code: ) (Expenses \$ | 16,936,970 | including grants of \$ | ) (Revenue \$ | 22,267,181 ) |
|           | See Additional Data   |            |                        |               |              |

|  |                       |             |                        |                          |               |
|--|-----------------------|-------------|------------------------|--------------------------|---------------|
|  | (Code: ) (Expenses \$ | 265,133,700 | including grants of \$ | 13,808,079 ) (Revenue \$ | 354,239,635 ) |
|--|-----------------------|-------------|------------------------|--------------------------|---------------|

|           |                                                  |             |                        |                          |               |
|-----------|--------------------------------------------------|-------------|------------------------|--------------------------|---------------|
| <b>4d</b> | Other program services (Describe in Schedule O.) |             |                        |                          |               |
|           | (Expenses \$                                     | 265,133,700 | including grants of \$ | 13,808,079 ) (Revenue \$ | 354,239,635 ) |

|           |                                         |             |  |  |  |
|-----------|-----------------------------------------|-------------|--|--|--|
| <b>4e</b> | <b>Total program service expenses ▶</b> | 373,412,239 |  |  |  |
|-----------|-----------------------------------------|-------------|--|--|--|

**Part IV Checklist of Required Schedules**

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

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V . . . . . ☒

|           |                                                                                                                                                                    | Yes           | No |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----|
| <b>1a</b> | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .                                                                             | <b>1a</b> 279 |    |
| <b>b</b>  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .                                                                          | <b>1b</b> 0   |    |
| <b>c</b>  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | <b>1c</b> Yes |    |

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

Form **990** (2020)

**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 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----|----|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year                                                                                                                                | <b>1a</b> 29 |     |    |
| 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>b</b> Enter the number of voting members included in line 1a, above, who are independent                                                                                                                                  | <b>1b</b> 24 |     |    |
| <b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?                                               | <b>2</b>     |     | No |
| <b>3</b> 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? | <b>3</b>     |     | No |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                    | <b>4</b>     |     | No |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                          | <b>5</b>     |     | No |
| <b>6</b> Did the organization have members or stockholders?                                                                                                                                                                  | <b>6</b>     | Yes |    |
| <b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?                                                                 | <b>7a</b>    | Yes |    |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?                                                           | <b>7b</b>    | Yes |    |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                   |              |     |    |
| <b>a</b> The governing body?                                                                                                                                                                                                 | <b>8a</b>    | Yes |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body?                                                                                                                                               | <b>8b</b>    | Yes |    |
| <b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O        | <b>9</b>     |     | No |

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

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

**Section C. Disclosure**

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

**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:  
**▶THE CORPORATION 3910 KESWICK RD S BLDG BALTIMORE, MD 21211 (443) 997-5771**

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

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

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

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)<br>Name and title                                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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                                      |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>1b Sub-Total</b>                                            |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                            |                                                                                                           |                       |         |              |                              |        | 5,693,269                                                            | 8,409,724                                                                 | 896,731                                                                                       |

**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 ▶ 252

|                                                                                                                                                                                                                                              | Yes   | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----|
| <b>3</b> Did the organization list any <b>former</b> 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 |    |
| <b>4</b> 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 |    |
| <b>5</b> 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 Yes |    |

**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)<br>Name and business address                                         | (B)<br>Description of services | (C)<br>Compensation |
|--------------------------------------------------------------------------|--------------------------------|---------------------|
| CERNER CORPORATION<br>PO BOX 959156<br>ST LOUIS, MO 63195                | HEALTH IT SERVICES             | 6,973,305           |
| THE GREELEY COMPANY LLC<br>5 CHERRY HILL DR STE 200<br>DANVERS, MA 01923 | PROFESSIONAL SERVICES          | 4,483,373           |
| WEHR CONSTRUCTION<br>9423 CORPORATE LAKE DR<br>TAMPA, FL 33634           | CONTRACT SERVICES              | 2,843,191           |
| ONEBLOOD INC<br>PO BOX 628342<br>ORLANDO, FL 32862                       | LAB SERVICES                   | 1,980,447           |
| GUIDEHOUSE INC<br>4511 PAYSPHERE CIR<br>CHICAGO, IL 60674                | CONSULTING SERVICES            | 1,707,064           |

**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 ▶ 111

| 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)                                                         | (B)                                         | (C)                              | (D)                                                         |            |  |             |
|                                                                                                        |                                                                                                                                                       | Total revenue                                               | Related or<br>exempt<br>function<br>revenue | Unrelated<br>business<br>revenue | Revenue<br>excluded from<br>tax under sections<br>512 - 514 |            |  |             |
| Contributions, Gifts, Grants<br>and Other Similar Amounts                                              | <b>1a</b> Federated campaigns . . .                                                                                                                   | <b>1a</b>                                                   |                                             |                                  |                                                             |            |  |             |
|                                                                                                        | <b>b</b> Membership dues . . .                                                                                                                        | <b>1b</b>                                                   |                                             |                                  |                                                             |            |  |             |
|                                                                                                        | <b>c</b> Fundraising events . . .                                                                                                                     | <b>1c</b>                                                   |                                             |                                  |                                                             |            |  |             |
|                                                                                                        | <b>d</b> Related organizations                                                                                                                        | <b>1d</b>                                                   | 2,258,129                                   |                                  |                                                             |            |  |             |
|                                                                                                        | <b>e</b> Government grants (contributions)                                                                                                            | <b>1e</b>                                                   | 29,185,884                                  |                                  |                                                             |            |  |             |
|                                                                                                        | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included<br>above                                                         | <b>1f</b>                                                   | 2,003,145                                   |                                  |                                                             |            |  |             |
|                                                                                                        | <b>g</b> Noncash contributions included in<br>lines 1a - 1f:\$                                                                                        | <b>1g</b>                                                   |                                             |                                  |                                                             |            |  |             |
|                                                                                                        | <b>h Total.</b> Add lines 1a-1f . . . . . ▶                                                                                                           |                                                             | 33,447,158                                  |                                  |                                                             |            |  |             |
| Program Service Revenue                                                                                |                                                                                                                                                       |                                                             | Business Code                               |                                  |                                                             |            |  |             |
|                                                                                                        | <b>2a</b> HOSPITAL INPT & OUTPT                                                                                                                       | 621990                                                      | 459,031,704                                 | 459,031,704                      |                                                             |            |  |             |
|                                                                                                        | <b>b</b> MEDICAID/GME                                                                                                                                 | 621990                                                      | 11,135,994                                  | 11,135,994                       |                                                             |            |  |             |
|                                                                                                        | <b>c</b> RETAIL PHARMACY INCOME                                                                                                                       | 621990                                                      | 5,285,239                                   | 5,285,239                        |                                                             |            |  |             |
|                                                                                                        | <b>d</b>                                                                                                                                              |                                                             |                                             |                                  |                                                             |            |  |             |
|                                                                                                        | <b>e</b>                                                                                                                                              |                                                             |                                             |                                  |                                                             |            |  |             |
|                                                                                                        | <b>f</b> All other program service revenue.                                                                                                           |                                                             | 23,345,789                                  | 23,345,789                       |                                                             |            |  |             |
| <b>g Total.</b> Add lines 2a-2f. . . . . ▶                                                             |                                                                                                                                                       | 498,798,726                                                 |                                             |                                  |                                                             |            |  |             |
| Other Revenue                                                                                          | <b>3</b> Investment income (including dividends, interest, and other<br>similar amounts) . . . . . ▶                                                  |                                                             | 10,669,213                                  |                                  |                                                             | 10,669,213 |  |             |
|                                                                                                        | <b>4</b> Income from investment of tax-exempt bond proceeds ▶                                                                                         |                                                             |                                             |                                  |                                                             |            |  |             |
|                                                                                                        | <b>5</b> Royalties . . . . . ▶                                                                                                                        |                                                             |                                             |                                  |                                                             |            |  |             |
|                                                                                                        | <b>6a</b> Gross rents                                                                                                                                 | (i) Real                                                    | (ii) Personal                               |                                  |                                                             |            |  |             |
|                                                                                                        |                                                                                                                                                       | <b>6a</b>                                                   | 5,651,016                                   |                                  |                                                             |            |  |             |
|                                                                                                        |                                                                                                                                                       | <b>b</b> Less: rental<br>expenses                           | <b>6b</b>                                   |                                  |                                                             |            |  | 0           |
|                                                                                                        |                                                                                                                                                       | <b>c</b> Rental income<br>or (loss)                         | <b>6c</b>                                   |                                  |                                                             |            |  | 5,651,016   |
|                                                                                                        | <b>d</b> Net rental income or (loss) . . . . . ▶                                                                                                      |                                                             | 5,651,016                                   |                                  |                                                             | 5,651,016  |  |             |
|                                                                                                        | <b>7a</b> Gross amount<br>from sales of<br>assets other<br>than inventory                                                                             | (i) Securities                                              | (ii) Other                                  |                                  |                                                             |            |  |             |
|                                                                                                        |                                                                                                                                                       | <b>7a</b>                                                   | 138,630,000                                 |                                  |                                                             |            |  |             |
|                                                                                                        |                                                                                                                                                       | <b>b</b> Less: cost or<br>other basis and<br>sales expenses | <b>7b</b>                                   |                                  |                                                             |            |  | 134,165,522 |
|                                                                                                        |                                                                                                                                                       | <b>c</b> Gain or (loss)                                     | <b>7c</b>                                   |                                  |                                                             |            |  | 4,464,478   |
|                                                                                                        | <b>d</b> Net gain or (loss) . . . . . ▶                                                                                                               |                                                             | 4,464,478                                   |                                  |                                                             | 4,464,478  |  |             |
|                                                                                                        | <b>8a</b> Gross income from fundraising events<br>(not including \$ _____ of<br>contributions reported on line 1c).<br>See Part IV, line 18 . . . . . | <b>8a</b>                                                   |                                             |                                  |                                                             |            |  |             |
|                                                                                                        |                                                                                                                                                       | <b>b</b> Less: direct expenses . . . . .                    | <b>8b</b>                                   |                                  |                                                             |            |  |             |
|                                                                                                        | <b>c</b> Net income or (loss) from fundraising events . . . ▶                                                                                         |                                                             |                                             |                                  |                                                             |            |  |             |
|                                                                                                        | <b>9a</b> Gross income from gaming activities.<br>See Part IV, line 19 . . . . .                                                                      | <b>9a</b>                                                   |                                             |                                  |                                                             |            |  |             |
| <b>b</b> Less: direct expenses . . . . .                                                               |                                                                                                                                                       | <b>9b</b>                                                   |                                             |                                  |                                                             |            |  |             |
| <b>c</b> Net income or (loss) from gaming activities . . . ▶                                           |                                                                                                                                                       |                                                             |                                             |                                  |                                                             |            |  |             |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . .                              | <b>10a</b>                                                                                                                                            |                                                             |                                             |                                  |                                                             |            |  |             |
|                                                                                                        | <b>b</b> Less: cost of goods sold . . .                                                                                                               | <b>10b</b>                                                  |                                             |                                  |                                                             |            |  |             |
| <b>c</b> Net income or (loss) from sales of inventory . . . ▶                                          |                                                                                                                                                       |                                                             |                                             |                                  |                                                             |            |  |             |
| Miscellaneous Revenue                                                                                  |                                                                                                                                                       | Business Code                                               |                                             |                                  |                                                             |            |  |             |
| <b>11a</b> CAFETERIA INCOME                                                                            | 900099                                                                                                                                                | 2,215,462                                                   | 2,215,462                                   |                                  |                                                             |            |  |             |
| <b>b</b>                                                                                               |                                                                                                                                                       |                                                             |                                             |                                  |                                                             |            |  |             |
| <b>c</b>                                                                                               |                                                                                                                                                       |                                                             |                                             |                                  |                                                             |            |  |             |
| <b>d</b> All other revenue . . . . .                                                                   |                                                                                                                                                       |                                                             |                                             |                                  |                                                             |            |  |             |
| <b>e Total.</b> Add lines 11a-11d . . . . . ▶                                                          |                                                                                                                                                       | 2,215,462                                                   |                                             |                                  |                                                             |            |  |             |
| <b>12 Total revenue.</b> See instructions . . . . . ▶                                                  |                                                                                                                                                       | 555,246,053                                                 | 501,014,188                                 | 0                                | 20,784,707                                                  |            |  |             |

**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 ☐

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>                                                                                                                                                                | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|-----------------------------------------------|------------------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .                                                                                                                              | 13,792,279                   | 13,792,279                             |                                               |                                    |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .                                                                                                                                                         | 15,800                       | 15,800                                 |                                               |                                    |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .                                                                                                   |                              |                                        |                                               |                                    |
| <b>4</b> Benefits paid to or for members . . . . .                                                                                                                                                                                                   |                              |                                        |                                               |                                    |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .                                                                                                                                                          | 1,476,053                    | 1,106,188                              | 369,865                                       |                                    |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .                                                                                     |                              |                                        |                                               |                                    |
| <b>7</b> Other salaries and wages . . . . .                                                                                                                                                                                                          | 184,468,229                  | 138,244,517                            | 46,223,712                                    |                                    |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .                                                                                                                               |                              |                                        |                                               |                                    |
| <b>9</b> Other employee benefits . . . . .                                                                                                                                                                                                           | 48,514,775                   | 36,354,073                             | 12,160,702                                    |                                    |
| <b>10</b> Payroll taxes . . . . .                                                                                                                                                                                                                    |                              |                                        |                                               |                                    |
| <b>11</b> Fees for services (non-employees):                                                                                                                                                                                                         |                              |                                        |                                               |                                    |
| <b>a</b> Management . . . . .                                                                                                                                                                                                                        | 9,322,969                    |                                        | 9,322,969                                     |                                    |
| <b>b</b> Legal . . . . .                                                                                                                                                                                                                             | 559,760                      |                                        | 559,760                                       |                                    |
| <b>c</b> Accounting . . . . .                                                                                                                                                                                                                        | 3,250                        |                                        | 3,250                                         |                                    |
| <b>d</b> Lobbying . . . . .                                                                                                                                                                                                                          | 348,104                      | 255,609                                | 92,495                                        |                                    |
| <b>e</b> Professional fundraising services. See Part IV, line 17                                                                                                                                                                                     |                              |                                        |                                               |                                    |
| <b>f</b> Investment management fees . . . . .                                                                                                                                                                                                        | 28                           |                                        | 28                                            |                                    |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)                                                                                                                                  | 32,661,797                   | 23,861,443                             | 8,800,354                                     |                                    |
| <b>12</b> Advertising and promotion . . . . .                                                                                                                                                                                                        | 1,146,894                    | 281,023                                | 865,871                                       |                                    |
| <b>13</b> Office expenses . . . . .                                                                                                                                                                                                                  | 16,651,429                   | 10,071,154                             | 6,580,275                                     |                                    |
| <b>14</b> Information technology . . . . .                                                                                                                                                                                                           | 13,002,989                   | 9,744,724                              | 3,258,265                                     |                                    |
| <b>15</b> Royalties . . . . .                                                                                                                                                                                                                        |                              |                                        |                                               |                                    |
| <b>16</b> Occupancy . . . . .                                                                                                                                                                                                                        | 9,007,285                    | 8,021,832                              | 985,453                                       |                                    |
| <b>17</b> Travel . . . . .                                                                                                                                                                                                                           | 238,052                      | 13,576                                 | 224,476                                       |                                    |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .                                                                                                                                   |                              |                                        |                                               |                                    |
| <b>19</b> Conferences, conventions, and meetings . . . . .                                                                                                                                                                                           | 278,468                      | 208,690                                | 69,778                                        |                                    |
| <b>20</b> Interest . . . . .                                                                                                                                                                                                                         | 5,393,511                    | 5,393,511                              |                                               |                                    |
| <b>21</b> Payments to affiliates . . . . .                                                                                                                                                                                                           |                              |                                        |                                               |                                    |
| <b>22</b> Depreciation, depletion, and amortization . . . . .                                                                                                                                                                                        | 33,740,366                   | 25,285,767                             | 8,454,599                                     |                                    |
| <b>23</b> Insurance . . . . .                                                                                                                                                                                                                        | 6,861,521                    | 2,990,187                              | 3,871,334                                     |                                    |
| <b>24</b> 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.)                                          |                              |                                        |                                               |                                    |
| <b>a</b> MEDICAL SUPPLIES                                                                                                                                                                                                                            | 58,258,895                   | 58,258,895                             | 0                                             |                                    |
| <b>b</b> CONTR PROGRAM SUPPORT                                                                                                                                                                                                                       | 41,744,919                   | 31,284,554                             | 10,460,365                                    |                                    |
| <b>c</b> PURCHASED SRVC- INTR CO                                                                                                                                                                                                                     | 31,418,335                   | 4,853,756                              | 26,564,579                                    |                                    |
| <b>d</b> INDIGENT FEE ASSESSMENT                                                                                                                                                                                                                     | 5,879,315                    | 0                                      | 5,879,315                                     |                                    |
| <b>e</b> All other expenses                                                                                                                                                                                                                          | 4,509,329                    | 3,374,661                              | 1,134,668                                     |                                    |
| <b>25</b> Total functional expenses. Add lines 1 through 24e                                                                                                                                                                                         | 519,294,352                  | 373,412,239                            | 145,882,113                                   | 0                                  |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.<br>Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                              |                                        |                                               |                                    |

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

|                                    |                                                                                                                                      |                                                                                                                                                                                                                      |               | (A)<br>Beginning of year |               | (B)<br>End of year |             |
|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------|---------------|--------------------|-------------|
| <b>Assets</b>                      | <b>1</b>                                                                                                                             | Cash—non-interest-bearing . . . . .                                                                                                                                                                                  |               | 61,768,848               | <b>1</b>      | 46,475,042         |             |
|                                    | <b>2</b>                                                                                                                             | Savings and temporary cash investments . . . . .                                                                                                                                                                     |               | 100,000                  | <b>2</b>      | 100,000            |             |
|                                    | <b>3</b>                                                                                                                             | Pledges and grants receivable, net . . . . .                                                                                                                                                                         |               |                          | <b>3</b>      |                    |             |
|                                    | <b>4</b>                                                                                                                             | Accounts receivable, net . . . . .                                                                                                                                                                                   |               | 110,337,456              | <b>4</b>      | 104,349,176        |             |
|                                    | <b>5</b>                                                                                                                             | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . |               |                          | <b>5</b>      |                    |             |
|                                    | <b>6</b>                                                                                                                             | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .                                                          |               |                          | <b>6</b>      |                    |             |
|                                    | <b>7</b>                                                                                                                             | Notes and loans receivable, net . . . . .                                                                                                                                                                            |               |                          | <b>7</b>      |                    |             |
|                                    | <b>8</b>                                                                                                                             | Inventories for sale or use . . . . .                                                                                                                                                                                |               | 11,314,567               | <b>8</b>      | 11,745,171         |             |
|                                    | <b>9</b>                                                                                                                             | Prepaid expenses and deferred charges . . . . .                                                                                                                                                                      |               | 15,803,340               | <b>9</b>      | 13,324,350         |             |
|                                    | <b>10a</b>                                                                                                                           | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D                                                                                                                                  | <b>10a</b>    | 651,909,672              |               |                    |             |
|                                    | <b>b</b>                                                                                                                             | Less: accumulated depreciation                                                                                                                                                                                       | <b>10b</b>    | 258,210,543              | 409,363,592   | <b>10c</b>         | 393,699,129 |
|                                    | <b>11</b>                                                                                                                            | Investments—publicly traded securities . . . . .                                                                                                                                                                     |               | 393,362,072              | <b>11</b>     | 517,955,732        |             |
|                                    | <b>12</b>                                                                                                                            | Investments—other securities. See Part IV, line 11 . . . . .                                                                                                                                                         |               | 17,094,337               | <b>12</b>     | 5,693,390          |             |
|                                    | <b>13</b>                                                                                                                            | Investments—program-related. See Part IV, line 11 . . . . .                                                                                                                                                          |               | 16,910,922               | <b>13</b>     | 24,265,556         |             |
|                                    | <b>14</b>                                                                                                                            | Intangible assets . . . . .                                                                                                                                                                                          |               |                          | <b>14</b>     |                    |             |
|                                    | <b>15</b>                                                                                                                            | Other assets. See Part IV, line 11 . . . . .                                                                                                                                                                         |               | 40,955,756               | <b>15</b>     | 45,957,222         |             |
| <b>16</b>                          | <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .                                                           |                                                                                                                                                                                                                      | 1,077,010,890 | <b>16</b>                | 1,163,564,768 |                    |             |
| <b>Liabilities</b>                 | <b>17</b>                                                                                                                            | Accounts payable and accrued expenses . . . . .                                                                                                                                                                      |               | 53,588,262               | <b>17</b>     | 59,129,281         |             |
|                                    | <b>18</b>                                                                                                                            | Grants payable . . . . .                                                                                                                                                                                             |               |                          | <b>18</b>     |                    |             |
|                                    | <b>19</b>                                                                                                                            | Deferred revenue . . . . .                                                                                                                                                                                           |               | 18,325,771               | <b>19</b>     | 7,254,455          |             |
|                                    | <b>20</b>                                                                                                                            | Tax-exempt bond liabilities . . . . .                                                                                                                                                                                |               | 87,925,000               | <b>20</b>     | 85,800,000         |             |
|                                    | <b>21</b>                                                                                                                            | Escrow or custodial account liability. Complete Part IV of Schedule D                                                                                                                                                |               |                          | <b>21</b>     |                    |             |
|                                    | <b>22</b>                                                                                                                            | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . |               |                          | <b>22</b>     |                    |             |
|                                    | <b>23</b>                                                                                                                            | Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                                                             |               |                          | <b>23</b>     |                    |             |
|                                    | <b>24</b>                                                                                                                            | Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                                                               |               |                          | <b>24</b>     |                    |             |
|                                    | <b>25</b>                                                                                                                            | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D                                              |               | 290,825,407              | <b>25</b>     | 240,143,498        |             |
| <b>26</b>                          | <b>Total liabilities.</b> Add lines 17 through 25 . . . . .                                                                          |                                                                                                                                                                                                                      | 450,664,440   | <b>26</b>                | 392,327,234   |                    |             |
| <b>Net Assets or Fund Balances</b> | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b> |                                                                                                                                                                                                                      |               |                          |               |                    |             |
|                                    | <b>27</b>                                                                                                                            | Net assets without donor restrictions . . . . .                                                                                                                                                                      |               | 607,454,499              | <b>27</b>     | 750,721,093        |             |
|                                    | <b>28</b>                                                                                                                            | Net assets with donor restrictions . . . . .                                                                                                                                                                         |               | 18,891,951               | <b>28</b>     | 20,516,441         |             |
|                                    | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>          |                                                                                                                                                                                                                      |               |                          |               |                    |             |
|                                    | <b>29</b>                                                                                                                            | Capital stock or trust principal, or current funds . . . . .                                                                                                                                                         |               |                          | <b>29</b>     |                    |             |
|                                    | <b>30</b>                                                                                                                            | Paid-in or capital surplus, or land, building or equipment fund . . . . .                                                                                                                                            |               |                          | <b>30</b>     |                    |             |
|                                    | <b>31</b>                                                                                                                            | Retained earnings, endowment, accumulated income, or other funds . . . . .                                                                                                                                           |               |                          | <b>31</b>     |                    |             |
| <b>32</b>                          | <b>Total net assets or fund balances</b> . . . . .                                                                                   |                                                                                                                                                                                                                      | 626,346,450   | <b>32</b>                | 771,237,534   |                    |             |
| <b>33</b>                          | <b>Total liabilities and net assets/fund balances</b> . . . . .                                                                      |                                                                                                                                                                                                                      | 1,077,010,890 | <b>33</b>                | 1,163,564,768 |                    |             |

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

|           |                                                                                                                |           |             |
|-----------|----------------------------------------------------------------------------------------------------------------|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)                                                      | <b>1</b>  | 555,246,053 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)                                                       | <b>2</b>  | 519,294,352 |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1                                                             | <b>3</b>  | 35,951,701  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 626,346,450 |
| <b>5</b>  | Net unrealized gains (losses) on investments                                                                   | <b>5</b>  | 105,436,176 |
| <b>6</b>  | Donated services and use of facilities                                                                         | <b>6</b>  |             |
| <b>7</b>  | Investment expenses                                                                                            | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments                                                                                       | <b>8</b>  |             |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)                                           | <b>9</b>  | 3,503,207   |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 771,237,534 |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                     | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.                                                                                                                                        |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| <b>b</b> Were the organization's financial statements audited by an independent accountant?<br>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:<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | Yes |    |
| <b>c</b> 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.                                                                     | Yes |    |
| <b>3a</b> 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>b</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: 59-0683252

Name: JOHNS HOPKINS ALL CHILDREN'S HOSPITAL  
INC

Form 990 (2020)

**Form 990, Part III, Line 4a:**

INTENSIVE CARE UNITS  
PURPOSE: JOHNS HOPKINS ALL CHILDREN'S HOSPITAL PEDIATRIC CRITICAL CARE SPECIALISTS TAKE CARE OF ACUTELY ILL PATIENTS IN THE TWO PEDIATRIC INTENSIVE CARE UNITS (PICU) AT ALL CHILDREN'S. THEY SERVE AS ATTENDING PHYSICIANS FOR THE PATIENTS ADMITTED TO PICU FOR MEDICAL PROBLEMS LIKE PNEUMONIA AND MENINGITIS. THEY WORK CLOSELY WITH SURGICAL SPECIALISTS IN TAKING CARE OF PATIENTS RECOVERING FROM MAJOR SURGERIES, AND ARE ACTIVELY INVOLVED IN THE CARE OF OUR CARDIOVASCULAR INTENSIVE CARE UNIT (CVICU) PATIENTS. ALL CHILDREN'S NEONATAL INTENSIVE CARE UNIT (NICU) IS A 97 BED LEVEL 3 NICU, OFFERING THE HIGHEST LEVEL OF NEONATAL CARE TO NEWBORNS. THE UNIT IS MADE UP ALMOST ENTIRELY OF PRIVATE ROOMS WITH THE MOST ADVANCED LIFE-SUPPORT AND MONITORING EQUIPMENT. ALL CHILDREN'S ALSO OFFERS SPACIOUS ROOMS AND COMFORTABLE LOUNGE CHAIRS THAT ENCOURAGE PARENTS TO SPEND AS MUCH TIME AS POSSIBLE WITH THEIR NEWBORN.  
ALL CHILDREN'S CRITICAL CARE UNITS INCLUDE:  
PEDIATRIC INTENSIVE CARE UNIT 1  
PEDIATRIC INTENSIVE CARE UNIT 2  
PEDIATRIC CARDIOVASCULAR INTENSIVE CARE UNIT  
NEONATAL INTENSIVE CARE UNIT

**Form 990, Part III, Line 4b:**

RESPIRATORY THERAPYPURPOSE: THE PEDIATRIC PULMONOLOGY PROGRAM AT ALL CHILDREN'S IN ST. PETERSBURG, FLORIDA, TREATS CHILDREN WITH ACUTE AND CHRONIC DISEASES OF THE RESPIRATORY SYSTEM, INCLUDING ASTHMA, CYSTIC FIBROSIS, BRONCHOPULMONARY DYSPLASIA, CENTRAL APNEA, SLEEP APNEA AND SLEEP-DISORDERED BREATHING.THE PROGRAM IS ACCREDITED BY THE CYSTIC FIBROSIS FOUNDATION AS A CYSTIC FIBROSIS CARE CENTER, SERVING AS A CENTER OF EXCELLENCE FOR CLINICAL CARE, RESEARCH, AND MULTI-DISCIPLINARY SUPPORT FOR CF PATIENTS. THE PROGRAM IS ALSO A CYSTIC FIBROSIS FOUNDATION DESIGNATED THERAPEUTIC DEVELOPMENT CENTER - ONE OF MORE THAN 80 CENTERS WORLDWIDE SPECIALIZING IN CLINICAL TRIALS TO EVALUATE THE SAFETY AND EFFICACY OF NEW THERAPIES. THE PEDIATRIC PULMONOLOGISTS ALSO LEAD A COLLABORATIVE ASTHMA PROGRAM AT ALL CHILDREN'S AIMED AT REDUCING THE RATE OF HOSPITALIZATION FOR CHILDREN WITH ASTHMA AND LINKING HOSPITAL-BASED AND COMMUNITY RESOURCES FOR FAMILIES OF ASTHMATIC CHILDREN.

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### **Form 990, Part III, Line 4c:**

SURGERYJOHNS HOPKINS ALL CHILDREN'S PEDIATRIC GENERAL SURGERY PROVIDES A WIDE RANGE OF SERVICES INCLUDING ADVANCED MINIATURE ACCESS AND MINIMALLY INVASIVE SURGERY, NEONATAL SURGERY, CONGENITAL DIAPHRAGMATIC HERNIA SURGERY, CHEST WALL DEFORMITY SURGERY, AMBULATORY WOUND SERVICES AND ONCOLOGY SURGERY.WITH TWO COMMUNITY AND REGIONAL HOSPITALS AND EIGHT OUTPATIENT CARE LOCATIONS, WE OFFER COMPREHENSIVE CARE CLOSER TO HOME WITH ACCESS TO THE LATEST TREATMENTS, PROCEDURES AND TECHNOLOGY.THE JOHNS HOPKINS ALL CHILDREN'S GENERAL SURGERY TEAM CARES FOR AND TREATSINFANTS, CHILDREN AND YOUNG ADULTS WITH A WIDE RANGE OFCOMMON AND COMPLEX CONDITIONS. WE USE A VARIETY OF SURGICAL PROCEDURES, INCLUDING THE LATEST MINIMALLY INVASIVE TECHNIQUES, TO TREAT PATIENTS WITH SURGICAL NEEDS. OUR TEAM DESIGNS AN INDIVIDUALIZED CARE PLAN FOR EACH PATIENT'S CONDITION AND UNIQUE CIRCUMSTANCE FOR THE BEST POSSIBLE TREATMENT AND RECOVERY OPTIONS.

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| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| (A)<br>Name and Title                                                                                                                         | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>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<br>.....<br>CORP VICE CHAIR/TRUSTEE                                                                                 | 3.00<br>.....<br>57.00                                                                     | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 1,672,257                                                                  | 221,428                                                                                       |
| GEORGE JALLO MD<br>.....<br>VICE DEAN/ PHYSICIAN IN CHIEF/TRUSTEE                                                                             | 45.00<br>.....<br>15.00                                                                    | X                                                                                                         |                       | X       |              |                              |        | 1,022,238                                                             | 0                                                                          | 90,820                                                                                        |
| INEZ STEWART<br>.....<br>TRUSTEE                                                                                                              | 1.00<br>.....<br>59.00                                                                     | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 866,634                                                                    | 133,207                                                                                       |
| TOM KMETZ<br>.....<br>PRESIDENT/TRUSTEE                                                                                                       | 53.00<br>.....<br>7.00                                                                     | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 935,591                                                                    | 3,649                                                                                         |
| WILLIAM GREELEY MD<br>.....<br>TRUSTEE                                                                                                        | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 690,000                                                               | 0                                                                          | 0                                                                                             |
| TINA CHENG MD<br>.....<br>TRUSTEE                                                                                                             | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| STEVE BORGES<br>.....<br>TRUSTEE                                                                                                              | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| JANET CADY<br>.....<br>TRUSTEE                                                                                                                | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| MARTHA LITTLE<br>.....<br>TRUSTEE, VICE CHAIRMAN                                                                                              | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| JERRY BARBOSA MD<br>.....<br>TRUSTEE                                                                                                          | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| (A)<br>Name and Title                                                                                                                         | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|                                                                                                                                               |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| IRA CHEIFETZ MD FCCM FAAR<br>.....<br>TRUSTEE                                                                                                 | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| MICHAEL FITZHARRIS<br>.....<br>TRUSTEE                                                                                                        | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| JOSEPH W FLEECE III<br>.....<br>TRUSTEE                                                                                                       | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| KIM R JENSON<br>.....<br>TRUSTEE                                                                                                              | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| JACK KIRKLAND<br>.....<br>TRUSTEE                                                                                                             | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| MARK LETTELEIR<br>.....<br>TRUSTEE                                                                                                            | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| MARGARET MOON MD<br>.....<br>TRUSTEE                                                                                                          | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| RAY NEWTON<br>.....<br>TRUSTEE                                                                                                                | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| LUCAS HIGMAN<br>.....<br>TRUSTEE                                                                                                              | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| VIDISHA PATEL MD<br>.....<br>TRUSTEE                                                                                                          | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| (A)<br>Name and Title                                                                                                                         | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|                                                                                                                                               |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| ALEX SHOUPPE<br>.....<br>TRUSTEE                                                                                                              | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| STEPHANIE GOFORTH<br>.....<br>TRUSTEE, TREASURER                                                                                              | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| CRISTIN KEANE<br>.....<br>TRUSTEE                                                                                                             | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| CRAIG SHER<br>.....<br>TRUSTEE                                                                                                                | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| DWAYNE HAWKINS<br>.....<br>TRUSTEE                                                                                                            | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| KENDALL SMITH MD<br>.....<br>TRUSTEE                                                                                                          | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| J MARK STROUD<br>.....<br>TRUSTEE                                                                                                             | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| MICHAEL WAGNER<br>.....<br>TRUSTEE                                                                                                            | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| MICHAEL WILSEY MD<br>.....<br>TRUSTEE                                                                                                         | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| WILLIAM R LANE JR<br>.....<br>TRUSTEE                                                                                                         | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| (A)<br>Name and Title                                                                                                                         | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|                                                                                                                                               |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| LAWRENCE REPAR<br>.....<br>TRUSTEE, CHAIRMAN                                                                                                  | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| NANCY SWART<br>.....<br>TRUSTEE                                                                                                               | 1.00<br>.....<br>0.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| JEFF ROONEY<br>.....<br>INTERIM V.P., FINANCE & CFO                                                                                           | 50.00<br>.....<br>10.00                                                                    |                                                                                                           |                       | X       |              |                              |        | 652,088                                                               | 0                                                                          | 0                                                                                             |
| JOSEPH PERNO MD<br>.....<br>V.P., MEDICAL AFFAIRS                                                                                             | 50.00<br>.....<br>10.00                                                                    |                                                                                                           |                       | X       |              |                              |        | 17,040                                                                | 485,665                                                                    | 77,247                                                                                        |
| DIVYA JOSHI MD<br>.....<br>VICE PRESIDENT, PHYSICIAN SERVICES                                                                                 | 45.00<br>.....<br>15.00                                                                    |                                                                                                           |                       | X       |              |                              |        | 0                                                                     | 571,777                                                                    | 8,142                                                                                         |
| MELISSA MACOGAY RN<br>.....<br>V.P., CHIEF NURSING OFFICER                                                                                    | 59.00<br>.....<br>1.00                                                                     |                                                                                                           |                       | X       |              |                              |        | 0                                                                     | 327,202                                                                    | 67,004                                                                                        |
| ANGELA GREEN<br>.....<br>V.P., CHIEF PATIENT SAFETY & QUALITY OFFICER                                                                         | 50.00<br>.....<br>10.00                                                                    |                                                                                                           |                       | X       |              |                              |        | 0                                                                     | 254,232                                                                    | 36,411                                                                                        |
| SUSAN TUIITE<br>.....<br>SECRETARY                                                                                                            | 40.00<br>.....<br>0.00                                                                     |                                                                                                           |                       | X       |              |                              |        | 0                                                                     | 258,733                                                                    | 12,763                                                                                        |
| GERAD THERIAC<br>.....<br>INTERIM V.P., FINANCE & CFO                                                                                         | 45.00<br>.....<br>15.00                                                                    |                                                                                                           |                       | X       |              |                              |        | 232,666                                                               | 0                                                                          | 12,837                                                                                        |
| KIMBERLY BERFIELD<br>.....<br>VP GOVERNMENT AFFAIRS                                                                                           | 45.00<br>.....<br>15.00                                                                    |                                                                                                           |                       | X       |              |                              |        | 0                                                                     | 213,711                                                                    | 17,853                                                                                        |

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

| (A)<br>Name and Title                                                  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>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 CREWS<br>.....<br>ASSISTANT SECRETARY                            | 40.00<br>.....<br>0.00                                                                     |                                                                                                           |                       | X       |              |                              |        | 0                                                                     | 164,227                                                                    | 11,418                                                                                        |
| NICHOLE WESTERLUND HANCOCK<br>.....<br>VICE PRESIDENT, HUMAN RESOURCES | 45.00<br>.....<br>15.00                                                                    |                                                                                                           |                       | X       |              |                              |        | 0                                                                     | 41,844                                                                     | 2,406                                                                                         |
| ANTHONY NAPOLITANO MD<br>.....<br>CO CHAIR DEPT OF PED MEDIC           | 50.00<br>.....<br>10.00                                                                    |                                                                                                           |                       |         | X            |                              |        | 463,763                                                               | 0                                                                          | 17,025                                                                                        |
| ROBERT SOSA MD<br>.....<br>MEDICAL DIR INTERNATIONAL PRO               | 45.00<br>.....<br>15.00                                                                    |                                                                                                           |                       |         | X            |                              |        | 410,330                                                               | 822                                                                        | 29,321                                                                                        |
| JENNIFER ARNOLD<br>.....<br>MEDICAL DIRECTOR                           | 40.00<br>.....<br>10.00                                                                    |                                                                                                           |                       |         |              | X                            |        | 344,493                                                               | 0                                                                          | 41,142                                                                                        |
| DIPTI AMIN<br>.....<br>PHYSICIAN                                       | 40.00<br>.....<br>10.00                                                                    |                                                                                                           |                       |         |              | X                            |        | 306,146                                                               | 0                                                                          | 24,323                                                                                        |
| PAOLA DEES<br>.....<br>PHYSICIAN                                       | 40.00<br>.....<br>10.00                                                                    |                                                                                                           |                       |         |              | X                            |        | 270,546                                                               | 0                                                                          | 37,039                                                                                        |
| LISA KERRICK<br>.....<br>ASSOC CHIEF NURSE OFFICER                     | 40.00<br>.....<br>10.00                                                                    |                                                                                                           |                       |         |              | X                            |        | 226,195                                                               | 0                                                                          | 18,596                                                                                        |
| LISA PRYTULA<br>.....<br>SR. DIR REGULATORY AFFAIRS                    | 40.00<br>.....<br>10.00                                                                    |                                                                                                           |                       |         |              | X                            |        | 223,135                                                               | 0                                                                          | 14,090                                                                                        |
| RONALD R PETERSON<br>.....<br>FORMER CORP VICE CHAIR/TRUSTEE           | 0.00<br>.....<br>0.00                                                                      |                                                                                                           |                       |         |              |                              | X      | 0                                                                     | 1,275,825                                                                  | 0                                                                                             |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| (A)<br>Name and Title                                                                                                                         | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|                                                                                                                                               |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| JONATHAN ELLEN MD<br>.....<br>FORMER PRESIDENT/VICE DEAN/PIC/TRUSTEE                                                                          | 0.00<br>.....<br>0.00                                                                      |                                                                                                           |                       |         |              |                              | X      | 725,000                                                               | 0                                                                          | 0                                                                                             |
| PAUL COLOMBANI MD<br>.....<br>FORMER KEY EMPLOYEE                                                                                             | 0.00<br>.....<br>0.00                                                                      |                                                                                                           |                       |         |              |                              | X      | 109,629                                                               | 0                                                                          | 0                                                                                             |
| ROBERTA ALESSI<br>.....<br>FORMER OFFICER                                                                                                     | 0.00<br>.....<br>0.00                                                                      |                                                                                                           |                       |         |              |                              | X      | 0                                                                     | 735,362                                                                    | 514                                                                                           |
| MARCOS DELEON<br>.....<br>FORMER OFFICER                                                                                                      | 0.00<br>.....<br>0.00                                                                      |                                                                                                           |                       |         |              |                              | X      | 0                                                                     | 233,282                                                                    | 19,496                                                                                        |
| CHRISTOPHER WHITBY<br>.....<br>FORMER OFFICER                                                                                                 | 0.00<br>.....<br>0.00                                                                      |                                                                                                           |                       |         |              |                              | X      | 0                                                                     | 220,791                                                                    | 0                                                                                             |
| JOHN W MCLENDON<br>.....<br>FORMER VP & CIO                                                                                                   | 0.00<br>.....<br>0.00                                                                      |                                                                                                           |                       |         |              |                              | X      | 0                                                                     | 151,769                                                                    | 0                                                                                             |

SCHEDULE A  
(Form 990 or 990-EZ)

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization  
JOHNS HOPKINS ALL CHILDREN'S HOSPITAL  
INC

Employer identification number  
59-0683252

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<br>(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                         | <b>Total.</b> 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                         | <b>Public support.</b> Subtract line 5 from line 4.                                                                                                                                                      |          |          |          |          |          |           |

| Section B. Total Support                         |                                                                                                                                                                                                                                  |          |          |          |          |          |           |
|--------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year<br>(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,<br>dividends, payments received on<br>securities loans, rents, royalties and<br>income from similar sources. . . .                                                                                   |          |          |          |          |          |           |
| 9                                                | Net income from unrelated business<br>activities, whether or not the<br>business is regularly carried on. . .                                                                                                                    |          |          |          |          |          |           |
| 10                                               | Other income. Do not include gain or<br>loss from the sale of capital assets<br>(Explain in Part VI.). . .                                                                                                                       |          |          |          |          |          |           |
| 11                                               | <b>Total support.</b> Add lines 7 through<br>10                                                                                                                                                                                  |          |          |          |          |          |           |
| 12                                               | Gross receipts from related activities, etc. (see instructions) . . . . .                                                                                                                                                        |          |          |          |          | 12       |           |
| 13                                               | <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check<br>this box and <b>stop here</b> . . . . . ► <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                                                 | <b>33 1/3% support test—2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>                                                                                                                                                                             |    |
| b                                                   | <b>33 1/3% support test—2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>                                                                                                                                                                        |    |
| 17a                                                 | <b>10%-facts-and-circumstances test—2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>      |    |
| b                                                   | <b>10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/> |    |
| 18                                                  | <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>                                                                                                                                                                                                                                                                |    |

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

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

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ►                                                                                                                                  | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .                                                                     |          |          |          |          |          |           |
| <b>2</b> 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 |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .                                                                   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .                                                                     |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5                                                                                                                                             |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |          |          |          |          |          |           |
| <b>b</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.          |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b. .                                                                                                                                                   |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)                                                                                                                          |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ►                                                                                                                                                                                  | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6. . .                                                                                                                                                                                                 |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .                                                                                      |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.                                                                                                                 |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b.                                                                                                                                                                                                   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.                                                                                            |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .                                                                                                                     |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . .                                                                                                                                                                      |          |          |          |          |          |           |
| <b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> . . . . . ► <input type="checkbox"/> |          |          |          |          |          |           |

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

|                                                                                                            |           |  |
|------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>15</b> Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f)) . . . . . | <b>15</b> |  |
| <b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .                      | <b>16</b> |  |

**Section D. Computation of Investment Income Percentage**

|                                                                                                                        |           |  |
|------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f) divided by line 13, column (f)) . . . . . | <b>17</b> |  |
| <b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . . .                        | <b>18</b> |  |

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> |     |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>                                                                                                                                                                                                                                                                                        |     |    |

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

|                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                          |                |                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------|
| <b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>                                                                                                                                                                                                                 |                                                                                                                                                                                                          |                |                                |
| <b>1</b> <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> ). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E. |                                                                                                                                                                                                          |                |                                |
| <b>Section A - Adjusted Net Income</b>                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                          | (A) Prior Year | (B) Current Year<br>(optional) |
| <b>1</b>                                                                                                                                                                                                                                                                                                     | Net short-term capital gain                                                                                                                                                                              | <b>1</b>       |                                |
| <b>2</b>                                                                                                                                                                                                                                                                                                     | Recoveries of prior-year distributions                                                                                                                                                                   | <b>2</b>       |                                |
| <b>3</b>                                                                                                                                                                                                                                                                                                     | Other gross income (see instructions)                                                                                                                                                                    | <b>3</b>       |                                |
| <b>4</b>                                                                                                                                                                                                                                                                                                     | Add lines 1 through 3                                                                                                                                                                                    | <b>4</b>       |                                |
| <b>5</b>                                                                                                                                                                                                                                                                                                     | Depreciation and depletion                                                                                                                                                                               | <b>5</b>       |                                |
| <b>6</b>                                                                                                                                                                                                                                                                                                     | 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) | <b>6</b>       |                                |
| <b>7</b>                                                                                                                                                                                                                                                                                                     | Other expenses (see instructions)                                                                                                                                                                        | <b>7</b>       |                                |
| <b>8</b>                                                                                                                                                                                                                                                                                                     | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)                                                                                                                                       | <b>8</b>       |                                |
| <b>Section B - Minimum Asset Amount</b>                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                          | (A) Prior Year | (B) Current Year<br>(optional) |
| <b>1</b>                                                                                                                                                                                                                                                                                                     | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):                                                                          | <b>1</b>       |                                |
| <b>a</b>                                                                                                                                                                                                                                                                                                     | Average monthly value of securities                                                                                                                                                                      | <b>1a</b>      |                                |
| <b>b</b>                                                                                                                                                                                                                                                                                                     | Average monthly cash balances                                                                                                                                                                            | <b>1b</b>      |                                |
| <b>c</b>                                                                                                                                                                                                                                                                                                     | Fair market value of other non-exempt-use assets                                                                                                                                                         | <b>1c</b>      |                                |
| <b>d</b>                                                                                                                                                                                                                                                                                                     | <b>Total</b> (add lines 1a, 1b, and 1c)                                                                                                                                                                  | <b>1d</b>      |                                |
| <b>e</b>                                                                                                                                                                                                                                                                                                     | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):                                                                                                           |                |                                |
| <b>2</b>                                                                                                                                                                                                                                                                                                     | Acquisition indebtedness applicable to non-exempt use assets                                                                                                                                             | <b>2</b>       |                                |
| <b>3</b>                                                                                                                                                                                                                                                                                                     | Subtract line 2 from line 1d                                                                                                                                                                             | <b>3</b>       |                                |
| <b>4</b>                                                                                                                                                                                                                                                                                                     | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                                                                                           | <b>4</b>       |                                |
| <b>5</b>                                                                                                                                                                                                                                                                                                     | Net value of non-exempt-use assets (subtract line 4 from line 3)                                                                                                                                         | <b>5</b>       |                                |
| <b>6</b>                                                                                                                                                                                                                                                                                                     | Multiply line 5 by 0.035                                                                                                                                                                                 | <b>6</b>       |                                |
| <b>7</b>                                                                                                                                                                                                                                                                                                     | Recoveries of prior-year distributions                                                                                                                                                                   | <b>7</b>       |                                |
| <b>8</b>                                                                                                                                                                                                                                                                                                     | <b>Minimum Asset Amount</b> (add line 7 to line 6)                                                                                                                                                       | <b>8</b>       |                                |
| <b>Section C - Distributable Amount</b>                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                          |                | Current Year                   |
| <b>1</b>                                                                                                                                                                                                                                                                                                     | Adjusted net income for prior year (from Section A, line 8, Column A)                                                                                                                                    | <b>1</b>       |                                |
| <b>2</b>                                                                                                                                                                                                                                                                                                     | Enter 85% of line 1                                                                                                                                                                                      | <b>2</b>       |                                |
| <b>3</b>                                                                                                                                                                                                                                                                                                     | Minimum asset amount for prior year (from Section B, line 8, Column A)                                                                                                                                   | <b>3</b>       |                                |
| <b>4</b>                                                                                                                                                                                                                                                                                                     | Enter greater of line 2 or line 3                                                                                                                                                                        | <b>4</b>       |                                |
| <b>5</b>                                                                                                                                                                                                                                                                                                     | Income tax imposed in prior year                                                                                                                                                                         | <b>5</b>       |                                |
| <b>6</b>                                                                                                                                                                                                                                                                                                     | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)                                                                             | <b>6</b>       |                                |
| <b>7</b>                                                                                                                                                                                                                                                                                                     | <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<br>(see instructions) | (i)<br>Excess Distributions                                                                                                                                                   | (ii)<br>Underdistributions<br>Pre-2020 | (iii)<br>Distributable<br>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:<br>\$                                                                                                                          |                                        |                                           |
| 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](http://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<br>JOHNS HOPKINS ALL CHILDREN'S HOSPITAL<br>INC | <b>Employer identification number</b><br>59-0683252 |
|--------------------------------------------------------------------------|-----------------------------------------------------|

**Part I-A**

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

|          |                                                                                                                                                                               |      |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| <b>1</b> | Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") |      |
| <b>2</b> | Political campaign activity expenditures (see instructions)                                                                                                                   | ▶ \$ |
| <b>3</b> | Volunteer hours for political campaign activities (see instructions)                                                                                                          |      |

**Part I-B**

**Complete if the organization is exempt under section 501(c)(3).**

|           |                                                                                         |                                                                        |
|-----------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <b>1</b>  | Enter the amount of any excise tax incurred by the organization under section 4955      | ▶ \$                                                                   |
| <b>2</b>  | Enter the amount of any excise tax incurred by organization managers under section 4955 | ▶ \$                                                                   |
| <b>3</b>  | If the organization incurred a section 4955 tax, did it file Form 4720 for this year?   | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |
| <b>4a</b> | Was a correction made?                                                                  | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |
| <b>b</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).**

|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                        |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <b>1</b> | Enter the amount directly expended by the filing organization for section 527 exempt function activities                                                                                                                                                                                                                                                                                                                                                                                                                                    | ▶ \$                                                                   |
| <b>2</b> | Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities                                                                                                                                                                                                                                                                                                                                                                                                           | ▶ \$                                                                   |
| <b>3</b> | Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b                                                                                                                                                                                                                                                                                                                                                                                                                                            | ▶ \$                                                                   |
| <b>4</b> | Did the filing organization file <b>Form 1120-POL</b> for this year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |
| <b>5</b> | 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.

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)                                                              | (a) Filing organization's totals                                       | (b) Affiliated group totals |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....                                                                   |                                                                        |                             |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....                                                                     |                                                                        |                             |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....                                                                                                 |                                                                        |                             |
| <b>d</b> Other exempt purpose expenditures .....                                                                                                                 |                                                                        |                             |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....                                                                                           |                                                                        |                             |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.                                                                  |                                                                        |                             |
| <b>If the amount on line 1e, column (a) or (b) is:</b>                                                                                                           | <b>The lobbying nontaxable amount is:</b>                              |                             |
| Not over \$500,000                                                                                                                                               | 20% of the amount on line 1e.                                          |                             |
| Over \$500,000 but not over \$1,000,000                                                                                                                          | \$100,000 plus 15% of the excess over \$500,000.                       |                             |
| Over \$1,000,000 but not over \$1,500,000                                                                                                                        | \$175,000 plus 10% of the excess over \$1,000,000.                     |                             |
| Over \$1,500,000 but not over \$17,000,000                                                                                                                       | \$225,000 plus 5% of the excess over \$1,500,000.                      |                             |
| Over \$17,000,000                                                                                                                                                | \$1,000,000.                                                           |                             |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....                                                                                               |                                                                        |                             |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....                                                                                         |                                                                        |                             |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....                                                                                         |                                                                        |                             |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ..... | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |                             |

**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 |
| <b>2a</b> Lobbying nontaxable amount                                |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                                |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                               |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                           |          |          |          |          |           |

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

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

|           |                                                                                                                                                                                                                               | (a) |    | (b)     |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
|           |                                                                                                                                                                                                                               | Yes | No | Amount  |
| <b>1</b>  | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |     |    |         |
| <b>a</b>  | Volunteers? .....                                                                                                                                                                                                             |     | No |         |
| <b>b</b>  | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....                                                                                                                            |     | No |         |
| <b>c</b>  | Media advertisements? .....                                                                                                                                                                                                   |     | No |         |
| <b>d</b>  | Mailings to members, legislators, or the public? .....                                                                                                                                                                        |     | No |         |
| <b>e</b>  | Publications, or published or broadcast statements? .....                                                                                                                                                                     |     | No |         |
| <b>f</b>  | Grants to other organizations for lobbying purposes? .....                                                                                                                                                                    |     | No |         |
| <b>g</b>  | Direct contact with legislators, their staffs, government officials, or a legislative body? .....                                                                                                                             | Yes |    | 348,104 |
| <b>h</b>  | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....                                                                                                                               |     | No |         |
| <b>i</b>  | Other activities? .....                                                                                                                                                                                                       |     | No |         |
| <b>j</b>  | Total. Add lines 1c through 1i .....                                                                                                                                                                                          |     |    | 348,104 |
| <b>2a</b> | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....                                                                                                                           |     | No |         |
| <b>b</b>  | If "Yes," enter the amount of any tax incurred under section 4912 .....                                                                                                                                                       |     |    |         |
| <b>c</b>  | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....                                                                                                                              |     |    |         |
| <b>d</b>  | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....                                                                                                                            |     |    |         |

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

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

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

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

**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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE C, PART 11-B, LINE 1G | JOHNS HOPKINS ALL CHILDRENS HOSPITAL PAID ITS PARENT CORPORATION, THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION \$28,500 DURING THE 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 THE 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 \$102,164 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization  
JOHNS HOPKINS ALL CHILDREN'S HOSPITAL  
INC

Employer identification number  
59-0683252

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 . . . . .                     | 16,531,278       | 15,456,278     | 14,632,278         | 14,988,278           | 14,435,278          |
| b Contributions . . . . .                                  | 3,000            | 1,004,000      |                    |                      |                     |
| c Net investment earnings, gains, and losses               | 2,378,000        | 107,000        | 861,000            | 522,000              | 553,000             |
| d Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs . . . . . | -1,398,000       | -36,000        | -37,000            | -878,000             |                     |
| f Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| g End of year balance . . . . .                            | 17,514,278       | 16,531,278     | 15,456,278         | 14,632,278           | 14,988,278          |

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)  |     | No |
| 3a(ii) |     | No |
| 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 . . . . .                                                                                         |                                      | 23,089,125                      |                              | 23,089,125     |
| b Buildings . . . . .                                                                                     |                                      | 312,862,668                     | 106,418,371                  | 206,444,297    |
| c Leasehold improvements                                                                                  |                                      | 1,045,867                       | 165,236                      | 880,631        |
| d Equipment . . . . .                                                                                     |                                      | 299,668,619                     | 145,041,574                  | 154,627,045    |
| e Other . . . . .                                                                                         |                                      | 15,243,393                      | 6,585,362                    | 8,658,031      |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ |                                      |                                 |                              | 393,699,129    |

Schedule D (Form 990) 2020

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<br>(including name of security) | (b) Book<br>value | (c) Method of valuation:<br>Cost or end-of-year market value |
|-------------------------------------------------------------------------|-------------------|--------------------------------------------------------------|
| (1) Financial derivatives . . . . .                                     |                   |                                                              |
| (2) Closely-held equity interests . . . . .                             |                   |                                                              |
| (3) Other _____                                                         |                   |                                                              |
| (B)                                                                     |                   |                                                              |
| (C)                                                                     |                   |                                                              |
| (D)                                                                     |                   |                                                              |
| (E)                                                                     |                   |                                                              |
| (F)                                                                     |                   |                                                              |
| (G)                                                                     |                   |                                                              |
| (H)                                                                     |                   |                                                              |
| (I)                                                                     |                   |                                                              |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶    |                   |                                                              |

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:<br>Cost or end-of-year market<br>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)                                                                           |                |
| (2)                                                                           |                |
| (3)                                                                           |                |
| (4)                                                                           |                |
| (5)                                                                           |                |
| (6)                                                                           |                |
| (7)                                                                           |                |
| (8)                                                                           |                |
| (9)                                                                           |                |
| (10)                                                                          |                |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) . . . . . ▶ |                |

Part X

Other Liabilities.

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

| (a) Description of liability                                        | (b) Book<br>value |
|---------------------------------------------------------------------|-------------------|
| 1. (1) Federal income taxes                                         |                   |
| (2) PROFESSIONAL LIABILITY                                          | 36,880,848        |
| (3) INTEREST RATE SWAP AGREEMENTS                                   | 35,235,853        |
| (4) OTHER LIABILITIES                                               | 792,312           |
| (5) DUE TO AFFILIATES                                               | 159,177,625       |
| (6) LEASE ROU LIABILITIES                                           | 1,659,375         |
| (7) LEASE ROU LIABILITIES- NET OF CURRENT                           | 6,397,485         |
| (7)                                                                 |                   |
| (8)                                                                 |                   |
| (9)                                                                 |                   |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶ | 240,143,498       |

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.

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

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

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

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

**Part XIII Supplemental Information**

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

| Return Reference          | Explanation |
|---------------------------|-------------|
| See Additional Data Table |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |

**Part XIII** Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 59-0683252  
**Name:** JOHNS HOPKINS ALL CHILDREN'S HOSPITAL  
INC

**Supplemental Information**

| Return Reference | Explanation                                                                                                             |
|------------------|-------------------------------------------------------------------------------------------------------------------------|
| PART V, LINE 4:  | THE INTENDED USE FOR ALL CHILDREN'S HOSPITAL ENDOWMENT FUNDS ARE SPECIFIC TO PROGRAM NEEDS AS DESIGNATED BY THE DONORS. |

## 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. THE GUIDANCE ALSO PROVIDES GUIDANCE ON THE MEASUREMENT, CLASSIFICATION AND DISCLOSURE OF TAX RETURN POSITIONS IN THE FINANCIAL STATEMENTS. THERE WAS NO IMPACT ON THE HOSPITAL'S FINANCIAL STATEMENTS DURING THE YEARS ENDED JUNE 30, 2021 AND 2020. |

SCHEDULE H  
(Form 990)

Hospitals

OMB No. 1545-0047

2020

Open to Public Inspection

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Department of the Treasury

Name of the organization

JOHNS HOPKINS ALL CHILDREN'S HOSPITAL  
INC

Employer identification number

59-0683252

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.<br><input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities<br><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.<br><br>a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:<br><input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %<br><br>b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . .<br><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %<br><br>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.<br><br>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"? . . . . .<br><br>5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .<br><br>b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .<br><br>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? . . . . .<br><br>6a Did the organization prepare a community benefit report during the tax year? . . . . .<br><br>b If "Yes," did the organization make it available to the public? . . . . .<br><br>Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H. | 3a  | Yes |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3b  | Yes |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 4   | Yes |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 5a  | Yes |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 5b  | No  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 5c  |     |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 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) . . . . .                                  |                                                 |                               | 1,508,106                           | 0                             | 1,508,106                         | 0.290 %                      |
| b Medicaid (from Worksheet 3, column a) . . . . .                                            |                                                 |                               | 290,662,429                         | 251,779,823                   | 38,882,606                        | 7.490 %                      |
| c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .     |                                                 |                               | 0                                   | 0                             |                                   |                              |
| d Total Financial Assistance and Means-Tested Government Programs . . . . .                  |                                                 |                               | 292,170,535                         | 251,779,823                   | 40,390,712                        | 7.780 %                      |
| Other Benefits                                                                               |                                                 |                               |                                     |                               |                                   |                              |
| e Community health improvement services and community benefit operations (from Worksheet 4). |                                                 |                               | 3,794,072                           | 1,159,362                     | 2,634,710                         | 0.510 %                      |
| f Health professions education (from Worksheet 5) . . . . .                                  |                                                 |                               | 3,351,396                           | 369,065                       | 2,982,331                         | 0.570 %                      |
| g Subsidized health services (from Worksheet 6) . . . . .                                    |                                                 |                               | 15,152,498                          | 8,248,779                     | 6,903,719                         | 1.330 %                      |
| h Research (from Worksheet 7) . . . . .                                                      |                                                 |                               | 0                                   | 0                             |                                   |                              |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .          |                                                 |                               | 4,791,028                           | 381,993                       | 4,409,035                         | 0.850 %                      |
| j Total. Other Benefits . . . . .                                                            |                                                 |                               | 27,088,994                          | 10,159,199                    | 16,929,795                        | 3.260 %                      |
| k Total. Add lines 7d and 7j . . . . .                                                       |                                                 |                               | 319,259,529                         | 261,939,022                   | 57,320,507                        | 11.040 %                     |

**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 |
|--------------------------------------------------------------------|-------------------------------------------------|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| <b>1</b> Physical improvements and housing                         |                                                 |                               | 0                                    | 0                             |                                    |                              |
| <b>2</b> Economic development                                      |                                                 |                               | 563,089                              | 0                             | 563,089                            | 0.110 %                      |
| <b>3</b> Community support                                         |                                                 |                               | 0                                    | 0                             |                                    |                              |
| <b>4</b> Environmental improvements                                |                                                 |                               | 0                                    | 0                             |                                    |                              |
| <b>5</b> Leadership development and training for community members |                                                 |                               | 0                                    | 0                             |                                    |                              |
| <b>6</b> Coalition building                                        |                                                 |                               | 0                                    | 0                             |                                    |                              |
| <b>7</b> Community health improvement advocacy                     |                                                 |                               | 0                                    | 0                             |                                    |                              |
| <b>8</b> Workforce development                                     |                                                 |                               | 957,358                              | 1,090                         | 956,268                            | 0.180 %                      |
| <b>9</b> Other                                                     |                                                 |                               | 0                                    | 0                             |                                    |                              |
| <b>10 Total</b>                                                    |                                                 |                               | 1,520,447                            | 1,090                         | 1,519,357                          | 0.290 %                      |

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

|                                                                                                                                                                                                                                                                                                                                                        |            | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|----|
| <b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .                                                                                                                                                                                                       | <b>1</b>   |     | No |
| <b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. . . . .                                                                                                                                                                                         | <b>2</b>   |     |    |
|                                                                                                                                                                                                                                                                                                                                                        | 10,860,215 |     |    |
| <b>3</b> 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. . . . . | <b>3</b>   |     |    |
|                                                                                                                                                                                                                                                                                                                                                        | 0          |     |    |
| <b>4</b> 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**

|                                                                                                                                                                                                                                                                                     |                                                          |                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------|
| <b>5</b> Enter total revenue received from Medicare (including DSH and IME) . . . . .                                                                                                                                                                                               | <b>5</b>                                                 | 527,943                        |
| <b>6</b> Enter Medicare allowable costs of care relating to payments on line 5 . . . . .                                                                                                                                                                                            | <b>6</b>                                                 | 562,813                        |
| <b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .                                                                                                                                                                                                  | <b>7</b>                                                 | -34,870                        |
| <b>8</b> 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**

|                                                                                                                                                                                                                                                                                                |           |     |    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|----|
| <b>9a</b> Did the organization have a written debt collection policy during the tax year? . . . . .                                                                                                                                                                                            | <b>9a</b> | Yes |    |
| <b>b</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 . . . . . | <b>9b</b> |     | No |

**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 % |
|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>1</b>                                                                                                                |                                               |                                                  |                                                                                    |                                               |
| <b>2</b>                                                                                                                |                                               |                                                  |                                                                                    |                                               |
| <b>3</b>                                                                                                                |                                               |                                                  |                                                                                    |                                               |
| <b>4</b>                                                                                                                |                                               |                                                  |                                                                                    |                                               |
| <b>5</b>                                                                                                                |                                               |                                                  |                                                                                    |                                               |
| <b>6</b>                                                                                                                |                                               |                                                  |                                                                                    |                                               |
| <b>7</b>                                                                                                                |                                               |                                                  |                                                                                    |                                               |
| <b>8</b>                                                                                                                |                                               |                                                  |                                                                                    |                                               |
| <b>9</b>                                                                                                                |                                               |                                                  |                                                                                    |                                               |
| <b>10</b>                                                                                                               |                                               |                                                  |                                                                                    |                                               |
| <b>11</b>                                                                                                               |                                               |                                                  |                                                                                    |                                               |
| <b>12</b>                                                                                                               |                                               |                                                  |                                                                                    |                                               |
| <b>13</b>                                                                                                               |                                               |                                                  |                                                                                    |                                               |

**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)

JOHNS HOPKINS ALL CHILDREN'S HOSPITAL I

**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  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|
| <b>1</b> 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? . . . . .                                                                                                                                                                                                                                                                       | <b>1</b>   | No  |
| <b>2</b> 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. . . . .                                                                                                                                                                                                                                           | <b>2</b>   | No  |
| <b>3</b> 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. . . . .<br>If "Yes," indicate what the CHNA report describes (check all that apply):                                                                                                                                                                                         | <b>3</b>   | Yes |
| <b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility                                                                                                                                                                                                                                                                                                                                                              |            |     |
| <b>b</b> <input checked="" type="checkbox"/> Demographics of the community                                                                                                                                                                                                                                                                                                                                                                                              |            |     |
| <b>c</b> <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                                                                                                                                                                                                                                                                                      |            |     |
| <b>d</b> <input checked="" type="checkbox"/> How data was obtained                                                                                                                                                                                                                                                                                                                                                                                                      |            |     |
| <b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community                                                                                                                                                                                                                                                                                                                                                                              |            |     |
| <b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups                                                                                                                                                                                                                                                                                                    |            |     |
| <b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs                                                                                                                                                                                                                                                                                                        |            |     |
| <b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests                                                                                                                                                                                                                                                                                                                                             |            |     |
| <b>i</b> <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)                                                                                                                                                                                                                                                                                                |            |     |
| <b>j</b> <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                                                                                                                                         |            |     |
| <b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: <u>20 18</u>                                                                                                                                                                                                                                                                                                                                                                                |            |     |
| <b>5</b> 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 . . . . . | <b>5</b>   | Yes |
| <b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .                                                                                                                                                                                                                                                                                                   | <b>6a</b>  | Yes |
| <b>b</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 . . . . .                                                                                                                                                                                                                                                                                        | <b>6b</b>  | Yes |
| <b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . .<br>If "Yes," indicate how the CHNA report was made widely available (check all that apply):                                                                                                                                                                                                                                                                           | <b>7</b>   | Yes |
| <b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SUPPLEMENTAL INFORMATION</u>                                                                                                                                                                                                                                                                                                                                                |            |     |
| <b>b</b> <input checked="" type="checkbox"/> Other website (list url): <u>HTTP://WWW.ALL4HEALTHFL.ORG/</u>                                                                                                                                                                                                                                                                                                                                                              |            |     |
| <b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility                                                                                                                                                                                                                                                                                                                                  |            |     |
| <b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                                                                                                                              |            |     |
| <b>8</b> 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. . . . .                                                                                                                                                                                                                                                               | <b>8</b>   | Yes |
| <b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 18</u>                                                                                                                                                                                                                                                                                                                                                              |            |     |
| <b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .<br>If "Yes" (list url): <u>SEE SUPPLEMENTAL INFORMATION</u>                                                                                                                                                                                                                                                                                           | <b>10</b>  | Yes |
| <b>a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |     |
| <b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .                                                                                                                                                                                                                                                                                                                                           | <b>10b</b> |     |
| <b>11</b> 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.                                                                                                                                                                                                          |            |     |
| <b>12a</b> 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)? . . . . .                                                                                                                                                                                                                                                                                                | <b>12a</b> | No  |
| <b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .                                                                                                                                                                                                                                                                                                                                                     | <b>12b</b> |     |
| <b>c</b> 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)

JOHNS HOPKINS ALL CHILDREN'S HOSPITAL I

| 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?<br>If "Yes," indicate the eligibility criteria explained in the FAP:<br><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 400.000000000000%</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 checked="" type="checkbox"/> Insurance status</div><div>f</div><div><input checked="" 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?<br>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):<br><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 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?<br>If "Yes," indicate how the hospital facility publicized the policy (check all that apply):<br><div><div>a</div><div><input checked="" type="checkbox"/> The FAP was widely available on a website (list url):<br/>SEE SUPPLEMENTAL INFORMATION</div><div>b</div><div><input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url):<br/>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):<br/>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 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**

JOHNS HOPKINS ALL CHILDREN'S HOSPITAL I

**Name of hospital facility or letter of facility reporting group**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes           | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----|
| <b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>17</b> Yes |    |
| <b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               |    |
| <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)<br><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party<br><b>c</b> <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<br><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process<br><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)<br><b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted                                                                                                                                                                  |               |    |
| <b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>19</b>     | No |
| If "Yes," check all actions in which the hospital facility or a third party engaged:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |               |    |
| <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)<br><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party<br><b>c</b> <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<br><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process<br><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)                                                                                                                                                                                                                                                                                |               |    |
| <b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |               |    |
| <b>a</b> <input 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)<br><b>b</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)<br><b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)<br><b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)<br><b>e</b> <input type="checkbox"/> Other (describe in Section C)<br><b>f</b> <input type="checkbox"/> None of these efforts were made |               |    |

**Policy Relating to Emergency Medical Care**

|                                                                                                                                                                                                                                                                                                                                                                                                                                          |               |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--|
| <b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .                                                                              | <b>21</b> Yes |  |
| If "No," indicate why:                                                                                                                                                                                                                                                                                                                                                                                                                   |               |  |
| <b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions<br><b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing<br><b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)<br><b>d</b> <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)**

JOHNS HOPKINS ALL CHILDREN'S HOSPITAL I

**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 |
|-----------|-----|----|
| <b>22</b> |     |    |
| <b>23</b> |     | No |
| <b>24</b> |     | 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? **10**

| Name and address                                                                                                | Type of Facility (describe) |
|-----------------------------------------------------------------------------------------------------------------|-----------------------------|
| <b>1</b> 1 - JH ALL CHILDREN'S OUTPT CARE - BRANDON<br>885 SOUTH PARSONS AVE<br>BRANDON, FL 33511               | PEDIATRIC OUTPATIENT CLINIC |
| <b>2</b> 2 - JH ALL CHILDREN'S OUTPT CARE - EAST LAKE<br>3850 TAMPA RD<br>PALM HARBOR, FL 34684                 | PEDIATRIC OUTPATIENT CLINIC |
| <b>3</b> 3 - JH ALL CHILDREN'S OUTPT CARE - FT MYERS<br>4550 COLONIAL BLVD<br>FT MYERS, FL 33966                | PEDIATRIC OUTPATIENT CLINIC |
| <b>4</b> 4 - JH ALL CHILDREN'S OUTPT CARE - LAKELAND<br>3310 LAKELAND HILLS BLVD<br>LAKELAND, FL 33805          | PEDIATRIC OUTPATIENT CLINIC |
| <b>5</b> 5 - JH ALL CHILDREN'S OUTPT CARE - PASCO<br>4443 ROWAN RD<br>NEW PORT RICHEY, FL 34653                 | PEDIATRIC OUTPATIENT CLINIC |
| <b>6</b> 6 - JH ALL CHILDREN'S OUTPT CARE - SARASOTA<br>5881 RAND BLVD<br>SARASOTA, FL 34238                    | PEDIATRIC OUTPATIENT CLINIC |
| <b>7</b> 7 - JH ALL CHILDREN'S OUTPT CARE - TAMPA<br>12220 BRUCE B DOWNS BLVD<br>TAMPA, FL 33612                | PEDIATRIC OUTPATIENT CLINIC |
| <b>8</b> 8 - JH ALL CHILDREN'S OUTPT CARE - S TAMPA<br>1202 SOUTH CHURCH AVE<br>TAMPA, FL 33629                 | PEDIATRIC OUTPATIENT CLINIC |
| <b>9</b> 9 - JH ALL CHILDREN'S SPORTS THERAPY TAMPA<br>3440 WEST MLK JR BLVD STE 208<br>TAMPA, FL 33607         | SPORTS THERAPY              |
| <b>10</b> 10 - JH ALL CHILDREN'S OUTPT CARE-NORTH PORT<br>2345 BOBCAT VILLAGE CENTER RD<br>NORTH PORT, FL 34288 | PEDIATRIC OUTPATIENT CLINIC |

**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:        | IN ADDITION TO FPG, THE HOSPITAL ALSO PROVIDES FINANCIAL ASSISTANCE DISCOUNTS BASED ON MEDICAL FINANCIAL HARDSHIP CAUSED BY SIGNIFICANT MEDICAL DEBT. FACTORS THE HOSPITAL CONSIDERS WHEN EVALUATING MEDICAL DEBT LEVELS FOR FINANCIAL ASSISTANCE INCLUDE (1) MEDICAL DEBT INCURRED OVER THE TWELVE MONTHS PRECEDING THE DATE OF THE FINANCIAL HARDSHIP ASSISTANCE APPLICATION, (2) LIQUID ASSETS (LEAVING A RESIDUAL OF \$10,000), AND (3) FAMILY INCOME FOR THE TWELVE CALENDAR MONTHS PRECEDING THE DATE OF THE FINANCIAL HARDSHIP ASSISTANCE APPLICATION. |
| PART I, LINE 7:         | A COST-TO-CHARGE RATIO (FROM WORKSHEET 2) IS USED TO CALCULATE THE AMOUNTS ON LINE 7A&7B (FINANCIAL ASSISTANCE AT COST AND UNREIMBURSED MEDICAID). THE AMOUNTS FOR LINES 7E-7I COME FROM THE BOOKS AND RECORDS OF SPECIFIC SEGMENTS OF THE ORGANIZATION AND WOULD NOT BE BASED ON A COST-TO CHARGE RATIO.                                                                                                                                                                                                                                                     |

**990 Schedule H, Supplemental Information**

| Form and Line Reference                 | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART I, LINE 7G:                        | SUBSIDIZED HEALTH SERVICES DO NOT INCLUDE ANY COSTS ATTRIBUTABLE TO A PHYSICIAN CLINIC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| PART II, COMMUNITY BUILDING ACTIVITIES: | JHACH HAS INCREASED THEIR LOCAL COMMUNITY BOARD REPRESENTATION AND SUPPORT (EXAMPLES: CLEARWATER REGIONAL CHAMBER OF COMMERCE, GREATER TAMPA CHAMBER OF COMMERCE) AND INCREASED THEIR SUPPORT FOR THE ECONOMIC DEVELOPMENT OF THEIR COMMUNITY BENEFIT SERVICE AREA (EXAMPLE: ST. PETERSBURG DOWNTOWN PARTNERSHIP, GREATER ST. PETERSBURG AREA ECONOMIC DEVELOPMENT CORPORATION, ST PETE INNOVATION DISTRICT, ETC.). JHACH PROMOTES COLLABORATING AROUND SYSTEMATIC CHANGE BY SUPPORTING AND DEVELOPING THESE CHAMBERS OR LOCAL ORGANIZATIONS PROJECTS AND ACTIVITIES. |

**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.                                                                                                                                                                                                           |
| PART III, LINE 3:       | JOHNS HOPKINS ALL CHILDREN'S HOSPITAL (JHACH) DOES NOT REPORT AN ESTIMATE FOR THE PORTION OF BAD DEBT EXPENSE THAT MAY BE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY. JHACH TAKES THE POSITION THAT AMPLE OPPORTUNITY AND ASSISTANCE IS PROVIDED TO THE PATIENT TO QUALIFY UNDER THE FINANCIAL ASSISTANCE POLICY. IF SUFFICIENT INFORMATION IS NOT PROVIDED, THEN JHACH MUST ASSUME THE PATIENT DOES NOT QUALIFY. |

**990 Schedule H, Supplemental Information**

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART III, LINE 4:       | JOHNS HOPKINS HEALTH SYSTEM CONSOLIDATED AUDITED FINANCIAL STATEMENTS PAGES 17.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| PART III, LINE 8:       | <p>PART III, LINE 7 - THE SHORTFALL IN MEDICARE ALLOWABLE COSTS IS NOT TREATED AS A COMMUNITY BENEFIT. PART III, LINES 5 AND 6 METHODOLOGY: A STEP-DOWN PROCESS IS USED TO ALLOCATE ADMINISTRATIVE AND GENERAL COSTS TO PATIENT CARE DEPARTMENTS, AS WELL AS DEPARTMENTS THAT ARE NON-ALLOWABLE FOR MEDICARE. UPON ALLOCATION, A DAILY COST RATE IS COMPUTED FOR ROOM AND BOARD SERVICES. THE RESULTING DAILY COSTS ARE APPLIED TO THE NUMBER OF MEDICARE DAYS TO DETERMINE ALLOWABLE ROOM AND BOARD COSTS. FOR ANCILLARY SERVICES, A RATIO OF COST TO CHARGES (RCC) IS COMPUTED USING TOTAL ANCILLARY CHARGES. THE RCC IS THEN APPLIED TO CHARGES INCURRED BY MEDICARE PATIENTS TO DETERMINE ALLOWABLE MEDICARE COSTS. WITH THE EXCEPTION OF PASS-THROUGH COSTS (CAPITAL-RELATED, NON-PHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS), ALLOWABLE MEDICARE COSTS ARE SUBJECT TO A TEFRA TARGET AMOUNT, WHICH IS COMPUTED ON A DISCHARGE BASIS. IF ALLOWABLE COSTS EXCEED THE TEFRA TARGET AMOUNT, THE FACILITY IS REIMBURSED IN THE AMOUNT OF THE TARGET LIMIT PLUS A RELIEF PAYMENT. IF ALLOWABLE COSTS ARE UNDER THE TARGET AMOUNT, THE FACILITY IS REIMBURSED BY THE AMOUNT OF THE TARGET LIMIT PLUS A BONUS PAYMENT.</p> |

**990 Schedule H, Supplemental Information**

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART VI, LINE 2:        | JHACH STRATEGIC PLAN IS CENTERED AROUND NINE STRATEGIC GOALS. COMMUNITY BENEFIT EFFORTS ARE INCLUDED AS PART OF TWO HEALTH SYSTEM GOALS. GOAL #2: STAKEHOLDER ENGAGEMENT (INCREASE AND STRENGTHEN RELATIONSHIPS WITH INTERNAL AND EXTERNAL STAKEHOLDERS TO BROADEN THEIR LEVELS OF ADVOCACY, DONATING, VOLUNTEERING OR REFERRING) AND GOAL #7: POPULATION HEALTH (CREATE THE CAPABILITIES NECESSARY TO MANAGE THE CARE OF CHRONIC PATIENT POPULATIONS AND TO THRIVE IN A REIMBURSEMENT ENVIRONMENT WHICH EMPHASIZES VALUE OVER VOLUME). USING THE HOSPITAL'S STRATEGIC PLAN AS ITS GUIDE, SENIOR LEADERSHIP ENSURES THAT COMMUNITY BENEFIT STRATEGIES AND UPDATES ARE DISCUSSED AT THE BOARD LEVEL AND THE EXECUTIVE CABINET LEVEL. AS WELL AS PROMOTED THROUGH OUR HEALTH SYSTEM. SENIOR LEADERSHIP HAS ESTABLISHED A COUNCIL STRUCTURE WHEREBY COMMUNITY BENEFIT ACTIVITIES AND STRATEGIES ARE ADDRESSED BY THE HOSPITAL'S EXTERNAL AFFAIRS COUNCIL.                                         |
| PART VI, LINE 3:        | NOTIFICATION ABOUT CHARITY AVAILABLE FROM JHACH, WHICH INCLUDES A CONTACT NUMBER, IS DISTRIBUTED BY JHACH BY VARIOUS MEANS, WHICH INCLUDES, BUT IS NOT LIMITED TO, THE PUBLICATION OF NOTICES IN PATIENT BILLS AND POSTING NOTICES IN EMERGENCY ROOMS, IN THE CONDITIONS OF ADMISSION FORM, AT CARE CENTERS, ADMITTING AND REGISTRATION DEPARTMENTS, HOSPITAL BUSINESS OFFICES, AND PATIENT FINANCIAL SERVICES OFFICES THAT ARE LOCATED ON FACILITY CAMPUSES, AND AT OTHER PUBLIC PLACES AS JHACH ELECTS. A SUMMARY OF JHACH'S FINANCIAL ASSISTANCE POLICY IS PROVIDED TO PATIENTS UPON INTAKE OR DISCHARGE AND IS AVAILABLE TO ALL PATIENTS UPON REQUEST. JHACH PUBLISHES AND WIDELY PUBLICIZES A SUMMARY OF THE FINANCIAL ASSISTANCE POLICY ON THEIR WEBSITE, IN BROCHURES AVAILABLE IN PATIENT ACCESS SITES AND AT OTHER PLACES WITHIN THE COMMUNITY SERVED BY JHACH. SUCH NOTICES AND SUMMARY INFORMATION IS PROVIDED IN THE PRIMARY LANGUAGES SPOKEN BY THE POPULATION SERVICED BY JHACH. |

**990 Schedule H, Supplemental Information**

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART VI, LINE 4:        | <p>PINELLAS COUNTY (POPULATION OF 970,637- AS OF THE 2019 U.S. CENSUS) WAS IDENTIFIED AS THE COMMUNITY BENEFIT SERVICE AREA (CBSA). THE MEDIAN HOUSEHOLD INCOME IN PINELLAS COUNTY (\$51,500) IS SLIGHTLY LOWER THAN THAT OF FLORIDA (\$52,600) AND ACUTELY LOWER THAN THE U.S. (\$67,100). NEARLY 17% OF CHILDREN IN PINELLAS COUNTY LIVE IN POVERTY WHILE 50% LIVE IN A HOUSEHOLD ON SOME TYPE OF PUBLIC ASSISTANCE. IN THE 2019 CHNA, DATA WAS ANALYZED AND DEMOGRAPHIC DATA WERE FURTHER BROKEN DOWN BY RACE/ETHNICITY, GENDER, AND AGE TO IDENTIFY GROUPS OF INDIVIDUALS THAT MAY BE IMPACTED GREATER BY FACTORS SUCH AS FINANCIAL BURDEN, EDUCATION ATTAINMENT, AND TRANSPORTATION. THESE SOCIAL DETERMINANTS OF HEALTH IMPACT ONE'S ABILITY TO ATTAIN OVERALL HEALTH. IN PINELLAS COUNTY, BLACK OR AFRICAN AMERICANS HAVE THE LOWEST MEDIAN INCOME (\$32,913) WHEN COMPARED TO OTHER RACE/ETHNIC GROUPS. HISPANIC OR LATINO RESIDENTS HAVE THE NEXT LOWEST MEDIAN INCOME (\$41,998). BOTH GROUPS' INCOMES ARE WELL BELOW THE OVERALL MEDIAN INCOME IN THE COMMUNITY. SPENDING A HIGH PROPORTION OF MONTHLY INCOME ON RENT CAN CREATE FINANCIAL HARDSHIP. WITH A LIMITED INCOME, PAYING A HIGH RENT MAY NOT LEAVE ENOUGH MONEY FOR OTHER EXPENSES, SUCH AS FOOD, TRANSPORTATION AND MEDICAL CARE. COMMUNITY MEMBERS WHO ARE OVER 65 OR BETWEEN THE AGES OF 15 AND 24 ARE AT THE HIGHEST RISK OF FINANCIAL BURDEN DUE TO RENT WHEN COMPARED TO OTHER AGE GROUPS. OVERALL, ABOUT HALF OF THE COMMUNITY IS SPENDING 30% OR MORE OF THEIR INCOME ON RENT. PINELLAS RESIDENTS UNDER THE AGE OF 24 ARE ALSO THE MOST LIKELY TO LIVE BELOW THE POVERTY LEVEL WHEN COMPARED TO OTHER AGE GROUPS. WITHIN THIS CBSA, JHACH IS FOCUSED ON CERTAIN TARGET POPULATIONS, SUCH AS AT-RISK CHILDREN AND ADOLESCENTS, UNINSURED FAMILIES, WOMEN OF CHILDBEARING AGE, AND UNDERINSURED AND LOW-INCOME FAMILIES AND HOUSEHOLDS. NUMBER OF OTHER HOSPITALS SERVING THE COMMUNITY OR COMMUNITIES: 48.THERE ARE FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREAS OR POPULATIONS ARE PRESENT IN THE COMMUNITY.</p> |
| PART VI, LINE 5:        | <p>- AS ONE OF THREE STATUTORILY DEFINED, FREESTANDING PEDIATRIC HOSPITALS IN THE STATE OF FLORIDA, JOHNS HOPKINS ALL CHILDREN'S HOSPITAL PROVIDES HIGH-QUALITY PEDIATRIC CARE TO ALL CHILDREN REGARDLESS OF THEIR ABILITY TO PAY. APPROXIMATELY 70% OF THE HOSPITAL'S PATIENTS ARE COVERED BY MEDICAID, WHICH MAKES JHACH THE HIGHEST PROVIDER OF MEDICAID SERVICES FOR CHILDREN IN THE STATE OF FLORIDA. ALTHOUGH JHACH PROVIDES PROGRAMS AND SERVICES TO A 17-COUNTY SERVICE AREA, THE IMPLEMENTATION STRATEGY ADDRESSES PINELLAS COUNTY. PINELLAS COUNTY (WHERE THE HOSPITAL IS SITUATED) PROVIDES THE HIGHEST PATIENT VOLUMES AND LARGEST USAGE OF THE HOSPITAL'S EMERGENCY CENTER. PINELLAS COUNTY ALSO RECEIVES THE MAJORITY OF COMMUNITY BENEFIT PROGRAMS AND SERVICES.- PLEASE SEE FORM 990, SCHEDULE O FOR A DESCRIPTION OF SIGNIFICANT COVID-19 RESPONSE ACTIVITIES.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

**990 Schedule H, Supplemental Information**

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART VI, LINE 6:        | <p>THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION (JHHSC) IS INCORPORATED IN THE STATE OF MARYLAND TO, AMONG OTHER THINGS, FORMULATE POLICY AMONG AND PROVIDE CENTRALIZED MANAGEMENT FOR JHHSC AND AFFILIATES (JHHS). JHHS IS ORGANIZED AND OPERATED FOR THE PURPOSE OF PROMOTING HEALTH BY FUNCTIONING AS A PARENT HOLDING COMPANY OF AFFILIATES WHOSE COMBINED MISSION IS TO PROVIDE PATIENT CARE IN THE TREATMENT AND PREVENTION OF HUMAN ILLNESS WHICH COMPARES FAVORABLY WITH THAT RENDERED BY ANY OTHER INSTITUTION IN THIS COUNTRY OR ABROAD. JHHSC IS THE SOLE MEMBER OF THE JOHNS HOPKINS HOSPITAL (JHH), AN ACADEMIC MEDICAL CENTER, JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC. (JHBMC), A COMMUNITY BASED TEACHING HOSPITAL AND LONG-TERM CARE FACILITY, HOWARD COUNTY GENERAL HOSPITAL, INC. (HCGH), A COMMUNITY BASED HOSPITAL, SUBURBAN HOSPITAL, INC. (SHI), A COMMUNITY BASED HOSPITAL, SIBLEY MEMORIAL HOSPITAL (SMH), A D.C. COMMUNITY BASED HOSPITAL, AND JOHNS HOPKINS ALL CHILDRENS HOSPITAL, INC (JHACH), A FL ACADEMIC CHILDRENS HOSPITAL.</p> |

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 59-0683252

**Name:** JOHNS HOPKINS ALL CHILDREN'S HOSPITAL  
INC

### Form 990 Schedule H, Part V Section A. Hospital Facilities

| <b>Section A. Hospital Facilities</b><br><br>(list in order of size from largest to smallest—see instructions)<br>How many hospital facilities did the organization operate during the tax year?<br><b>1</b> |                                                                                                                                         | 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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| 1                                                                                                                                                                                                            | JOHNS HOPKINS ALL CHILDREN'S HOSPITAL<br>INC<br>501 6TH AVENUE SOUTH<br>ST PETERSBURG, FL 33701<br>WWW.HOPKINSALLCHILDRENS.ORG/<br>4042 | X                 |                            | X                   | X                 |                          |                   | X           |          |                  |                          |

**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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| JOHNS HOPKINS ALL CHILDREN'S HOSPITAL, INC | PART V, SECTION B, LINE 5: JOHNS HOPKINS ALL CHILDREN'S HOSPITAL LEVERAGED INPUT FROM DIVERSE COMMUNITY REPRESENTATIVES SERVED BY THE HOSPITAL THROUGH A SIX-PART METHODOLOGY AND LOCAL RESEARCH. THE PROCESS REACHED THE COMMUNITY IN A SIX-PART METHODOLOGY INCLUDING: 1) EXPLORATORY, IN-DEPTH INTERVIEWS (KEY INFORMANT INTERVIEWS) 2) A COMPREHENSIVE COMMUNITY SURVEY 3) FOCUS GROUPS 4) COMMUNITY CONVERSATIONS 5) SECONDARY RESEARCH AND 6) A PRIORITIZATION FILTER/EXERCISE. THE PINELLAS COUNTY COMMUNITY SURVEY CONSISTED OF 71 HEALTH AND WELL-BEING FOCUSED QUESTIONS. 6,494 RESIDENTS OF PINELLAS COUNTY COMPLETED A COMMUNITY SURVEY. THE SURVEY WAS DISTRIBUTED AS A WEB LINK AND WAS ALSO AVAILABLE AS A PAPER COPY IN ENGLISH AND SPANISH. SURVEY PARTICIPATION WAS COMPARABLE TO THE DEMOGRAPHIC PROFILE OF PINELLAS COUNTY. SURVEY RESPONDENTS WERE 70.8% FEMALE, 75.2% WHITE, 7.2% HISPANIC OR LATINO, 2.2% SPANISH-SPEAKING. THE CHNA WAS COMPLETED AS PART OF A COLLABORATIVE EFFORT WITH LOCAL DEPARTMENTS OF HEALTH, AND OTHER NON-PROFIT HOSPITALS IN A FOUR COUNTY AREA. THE COLLABORATIVE HIRED A CONSULTANT (HEALTHY COMMUNITIES INSTITUTE) FOR DATA COLLECTION, ANALYSIS AND REPORTING OF RESULTS. THIS COLLABORATIVE MET ON A BI-MONTHLY BASIS FROM DECEMBER 2018 TO MAY 2019. TO INFORM SURVEY DEVELOPMENT, EACH MEMBER OF THE COLLABORATIVE BROUGHT EXISTING QUESTIONS FROM THEIR PREVIOUS COMMUNITY SURVEYS TO PRODUCE A COMPREHENSIVE REFLECTION FOR CONSISTENT DATA ANALYSIS. THE FOCUS OF THIS CHNA WAS TO GAIN A COMPREHENSIVE UNDERSTANDING OF THE HEALTH NEEDS IN THE SERVICE AREA (PINELLAS COUNTY) AND GUIDE OUR EFFORTS AND RESOURCES TO MEET THE COMMUNITY IDENTIFIED NEEDS. COLLECTIVE AND COLLABORATIVE PARTNERSHIPS LIKE OURS PRODUCE AN OPPORTUNITY FOR PUBLIC/GOVERNMENT COLLABORATIONS ON SIMILAR ACTIVITIES AND LEVERAGE RESOURCES TO MEET REQUIREMENTS TO BECOME A MEANS OF ADDRESSING PUBLIC AND POPULATION HEALTH CHALLENGES. |
| JOHNS HOPKINS ALL CHILDREN'S HOSPITAL, INC | PART V, SECTION B, LINE 6A: WE PARTICIPATED AND COMPLETED OUR CHNA WITH THE ALL4HEALTHFL COLLABORATIVE. WITH COLLABORATING HOSPITAL/HOSPITAL SYSTEMS: ADVENTHEALTH, BAYCARE HEALTH SYSTEM, H. LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, INC., LAKE LAND REGIONAL HEALTH MEDICAL CENTER AND TAMPA GENERAL HOSPITAL.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

**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                                                                                                                                                                                                                                                                   |
|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| JOHNS HOPKINS ALL CHILDREN'S HOSPITAL, INC | PART V, SECTION B, LINE 6B: WE PARTICIPATED AND COMPLETED OUR CHNA WITH THE ALL4HEALTHFL COLLABORATIVE. WITH COLLABORATING PARTNERS: HILLSBOROUGH COUNTY HEALTH DEPARTMENT, PASCO COUNTY HEALTH DEPARTMENT, PINELLAS COUNTY HEALTH DEPARTMENT, POLK COUNTY HEALTH DEPARTMENT, |
| JOHNS HOPKINS ALL CHILDREN'S HOSPITAL, INC | PART V, SECTION B, LINE 7D: WE PROVIDED REPORTS AND SUMMARIES THROUGH MANY COMMUNITY CONVERSATIONS, COMMUNICATIONS AND MEETINGS.                                                                                                                                              |

**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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| JOHNS HOPKINS ALL CHILDREN'S HOSPITAL, INC | PART V, SECTION B, LINE 11: UNIFIED4ALLKIDS IS A COLLABORATIVE EFFORT TO CREATE COLLECTIVE SOCIAL CHANGE AROUND THE TOP HEALTH ISSUES AFFECTING THE CHILDREN IN OUR COMMUNITY. THIS PROCESS BEGAN IN 2016 WHEN JOHNS HOPKINS ALL CHILDREN'S HOSPITAL, GUIDED BY A COMMUNITY ADVISORY COUNCIL, SOLICITED INPUT FROM PARENTS, EDUCATORS, NON-PROFIT PROFESSIONALS, COMMUNITY LEADERS AND HEALTH CARE PROVIDERS TO IDENTIFY THE MOST PRESSING PEDIATRIC HEALTH NEEDS IN OUR AREA. IN FY 19, JOHNS HOPKINS ALL CHILDREN'S HOSPITAL CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), WITH OTHER NON-PROFIT HOSPITALS AND THE LOCAL DEPARTMENTS OF HEALTH. THE CHNA REVEALED THAT MANY OF SAME TOPICS WERE IDENTIFIED AGAIN AS SIGNIFICANT NEEDS, WITH THE EXCEPTION OF A NEW TOPIC AREA (INJURY PREVENTION). CONCLUSIONS FROM THE 2019 CHNA AND PEDIATRIC PRIORITIZATION INDICATED THAT THERE WERE SIX KEY AREAS OF NEED CONCERNING CHILDREN'S' HEALTH AND WELL-BEING: ASTHMA/ALLERGIES/TOBACCO USE (VAPING/E-CIGARETTE), EXERCISE, NUTRITION & WEIGHT, SUBSTANCE & ALCOHOL ABUSE, INJURY PREVENTION, MENTAL HEALTH, AND BIRTH OUTCOMES/INFANT MORTALITY. LAUNCHED IN 2018, THE COMMUNITY BENEFIT STRATEGIC IMPLEMENTATION PLAN (CBSIP) OUTLINES OBJECTIVES, ACTIONS AND STEPS TO MAKE PROGRESS IN EACH OF THESE AREAS OF NEED AND OFFERS RECOMMENDATIONS ON EVALUATION. OUR PARTNERS AND SUPPORTERS ARE ASKED TO BECOME CHAMPIONS OF THE CBSIP GOALS AND OBJECTIVES BY INTEGRATING AND ADOPTING PARTS OF THE PLAN INTO THEIR PROTOCOLS AND TO TRACK OUR PROGRESS ON OUR ACCOUNTABILITY DASHBOARDS. DASHBOARD AND UPDATES CAN BE FOUND AT: <a href="https://www.hopkinsallchildrens.org/community/in-the-community">HTTPS://WWW.HOPKINSALLCHILDRENS.ORG/COMMUNITY/IN-THE-COMMUNITY</a> |
| PART V, SECTION B, LINE 7A                 | <a href="https://www.hopkinsallchildrens.org/community/in-the-community/community-health-needs-assessment">HTTPS://WWW.HOPKINSALLCHILDRENS.ORG/COMMUNITY/IN-THE-COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENT</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

**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 | <a href="https://www.hopkinsallchildrens.org/community/in-the-community/community-health-needs-assessment">HTTPS://WWW.HOPKINSALLCHILDRENS.ORG/COMMUNITY/IN-THE-COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENT</a>                                                     |
| PART V, SECTION B, LINE 16A | <a href="https://www.hopkinsallchildrens.org/patients-families/patient-financial-information/payment-plans-and-financial-assistance">HTTPS://WWW.HOPKINSALLCHILDRENS.ORG/PATIENTS-FAMILIES/PATIENT-FINANCIAL-INFORMATION/PAYMENT-PLANS-AND-FINANCIAL-ASSISTANCE</a> |

**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 | <a href="https://www.hopkinsallchildrens.org/patients-families/patient-financial-information/payment-plans-and-financial-assistance">HTTPS://WWW.HOPKINSALLCHILDRENS.ORG/PATIENTS-FAMILIES/PATIENT-FINANCIAL-INFORMATION/PAYMENT-PLANS-AND-FINANCIAL-ASSISTANCE</a> |
| PART V, SECTION B, LINE 16C | <a href="https://www.hopkinsallchildrens.org/patients-families/patient-financial-information/payment-plans-and-financial-assistance">HTTPS://WWW.HOPKINSALLCHILDRENS.ORG/PATIENTS-FAMILIES/PATIENT-FINANCIAL-INFORMATION/PAYMENT-PLANS-AND-FINANCIAL-ASSISTANCE</a> |

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](http://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  
JOHNS HOPKINS ALL CHILDREN'S HOSPITAL  
INC

Employer identification number  
59-0683252

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 . . . . . ▶ 4
- 3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

**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) NURSING SCHOLARSHIPS        | 47                       | 15,800                   |                                  |                                                       |                                       |
| (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:  | JOHNS HOPKINS ALL CHILDREN'S HOSPITAL INC. REGULARLY MONITORS ALL GRANT ACTIVITY PROGRESS AND FINANCIAL DOCUMENTATION IN COMPLIANCE WITH APPLICABLE INSTITUTIONAL POLICIES AND PROCEDURES. |

Additional Data

Software ID:  
Software Version:  
EIN: 59-0683252  
Name: JOHNS HOPKINS ALL CHILDREN'S HOSPITAL  
INC

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 |
|-----------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| ALL CHILDREN'S RESEARCH INC<br>3910 KESWICK RD<br>BALTIMORE, MD 21211 | 59-2481742 | 501(C)(3)                     | 9,088,197                |                                   |                                                       |                                        | PROGRAM SUPPORT                    |
| KIDS HOME CARE INC<br>3910 KESWICK RD<br>BALTIMORE, MD 21211          | 59-3476049 | 501(C)(3)                     | 393,975                  |                                   |                                                       |                                        | PROGRAM SUPPORT                    |

| 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 |
| PEDIATRIC PHYSICIAN<br>SERVIICES<br>3910 KESWICK RD<br>BALTIMORE, MD 21211                                     | 59-3425191 | 501(C)(3)                     | 758,000                  |                                   |                                                       |                                        | PROGRAM SUPPORT                    |
| ALL CHILDREN'S HEALTH<br>SYSTEM<br>3910 KESWICK RD<br>BALTIMORE, MD 21211                                      | 59-3476049 | 501(C)(3)                     | 3,552,000                |                                   |                                                       |                                        | PROGRAM SUPPORT                    |

|                                                                          |                                                                                                                                                                                                                                                                                                                           |                                              |
|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Schedule J<br>(Form 990)                                                 | Compensation Information                                                                                                                                                                                                                                                                                                  | OMB No. 1545-0047                            |
|                                                                          |                                                                                                                                                                                                                                                                                                                           | 2020                                         |
|                                                                          |                                                                                                                                                                                                                                                                                                                           | Open to Public Inspection                    |
| Department of the Treasury<br>Internal Revenue Service                   | For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees<br>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.<br>▶ Attach to Form 990.<br>▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information. |                                              |
| Name of the organization<br>JOHNS HOPKINS ALL CHILDREN'S HOSPITAL<br>INC |                                                                                                                                                                                                                                                                                                                           | Employer identification number<br>59-0683252 |

| 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.                                                                                           |                                                                                                                                                                                                                                                                                                                                                          |     |    |
|        | <div><input type="checkbox"/> First-class or charter travel</div> <div><input type="checkbox"/> Travel for companions</div> <div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div> <div><input type="checkbox"/> Discretionary spending account</div>                                      | <div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div> <div><input type="checkbox"/> Payments for business use of personal residence</div> <div><input type="checkbox"/> Health or social club dues or initiation fees</div> <div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div> |     |    |
| 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. |                                                                                                                                                                                                                                                                                                                                                          |     |    |
|        | <div><input checked="" type="checkbox"/> Compensation committee</div> <div><input checked="" type="checkbox"/> Independent compensation consultant</div> <div><input checked="" type="checkbox"/> Form 990 of other organizations</div>                                                                                     |                                                                                                                                                                                                                                                                                                                                                          |     |    |
|        | <div><input type="checkbox"/> Written employment contract</div> <div><input checked="" type="checkbox"/> Compensation survey or study</div> <div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div>                                                                                  |                                                                                                                                                                                                                                                                                                                                                          |     |    |
| 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                                                                                                                                                                                                                                                                                                                                                       | Yes |    |
| 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, AN OFFICER AND HIGHEST PAID EMPLOYEE OF THE ORGANIZATION RECEIVED A GROSS UP PAYMENT. THIS BENEFIT WAS TREATED AS TAXABLE COMPENSATION TO THE LISTED INDIVIDUALS. HOUSING ALLOWANCE WAS PROVIDED TO AN EXECUTIVE WHO SERVED IN A SHORT-TERM ROLE. THIS INDIVIDUAL PROVIDED EXCELLENT LEADERSHIP AND HEALTHCARE KNOWLEDGE FOR THE POSITION IN NEED. THE BENEFIT WAS TREATED AS TAXABLE COMPENSATION TO THE LISTED INDIVIDUAL.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| PART I, LINES 4A-B                        | PART I, LINE 4A: SEVERANCE PAYMENTS: JONATHAN ELLEN, M.D. \$725,000 CHRISTOPHER WHITBY \$197,723.04 ROBERTA ALESSI \$406,682.88 SUSAN TUIE \$31,621.68 JOHN MCLENDON \$83,742.66 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. ROBERTA ALESSI \$317,053.53 AND JOHN MCLENDON \$68,026.28 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| FORM 990, SCHEDULE J, PART 1, QUESTION 3  | SEE SCHEDULE O DISCLOSURE FOR FORM 990, PART VI, LINES 15(A) & (B) REGARDING THE PROCESS USED BY ALL CHILDREN'S HEALTH SYSTEM, INC. TO DETERMINE EXECUTIVE COMPENSATION WHICH IS RELIED UPON BY ALL CHILDREN'S HOSPITAL.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| FORM 990, PART VII, SECTION A, QUESTION 5 | THE FOLLOWING OFFICERS OF JOHNS HOPKINS ALL CHILDREN'S HOSPITAL RECEIVED COMPENSATION FROM AN UNRELATED ORGANIZATION FOR SERVICES RENDERED TO THE FILING ORGANIZATION. ALL CHILDREN'S HOSPITAL REIMBURSED THE JOHNS HOPKINS UNIVERSITY FOR SERVICES ASSOCIATED WITH THE OFFICER AND HIS ROLE AT THE HOSPITAL. JONATHAN ELLEN, M.D. BASE COMPENSATION \$0.0, BONUS & INCENTIVE COMPENSATION \$0.00, OTHER REPORTABLE COMPENSATION \$725,000.60, DEFERRED COMPENSATION \$0.00 AND NON-TAXABLE BENEFITS \$0.00. GEORGE JALLO, M.D. BASE COMPENSATION \$844,663.36, BONUS & INCENTIVE COMPENSATION \$167,093.38, OTHER REPORTABLE COMPENSATION \$10,482.09, DEFERRED COMPENSATION \$54,040.20 AND NON-TAXABLE BENEFITS \$36,780.20. JH ACH PAID WITTKIEFFER \$652,088.06 IN CALENDAR YEAR 2020 FOR SERVICES PROVIDED BY JEFF ROONEY AS THE INTERIM VICE PRESIDENT FINANCE AND CFO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

Additional Data

Software ID:  
Software Version:  
EIN: 59-0683252  
Name: JOHNS HOPKINS ALL CHILDREN'S HOSPITAL  
INC

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<br>KEVIN W SOWERS MSN RN<br>FAA<br>CORP VICE CHAIR/TRUSTEE      | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                                   | (ii) | 1,159,544                                          | 501,563                             | 11,150                              | 208,657                                        | 12,771                  | 1,893,685                       | 0                                                                     |
| 1<br>RONALD R PETERSON<br>FORMER CORP VICE<br>CHAIR/TRUSTEE       | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                                   | (ii) | 0                                                  | 0                                   | 1,275,825                           | 0                                              | 0                       | 1,275,825                       | 0                                                                     |
| 2<br>GEORGE JALLO MD<br>VICE DEAN/ PHYSICIAN IN<br>CHIEF/TRUSTE   | (i)  | 844,663                                            | 167,093                             | 10,482                              | 54,040                                         | 36,780                  | 1,113,058                       | 0                                                                     |
|                                                                   | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 3<br>INEZ STEWART<br>TRUSTEE                                      | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                                   | (ii) | 692,966                                            | 158,503                             | 15,165                              | 112,602                                        | 20,605                  | 999,841                         | 0                                                                     |
| 4<br>TOM KMETZ<br>PRESIDENT/TRUSTEE                               | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                                   | (ii) | 777,438                                            | 0                                   | 158,153                             | 0                                              | 3,649                   | 939,240                         | 0                                                                     |
| 5<br>ROBERTA ALESSI<br>FORMER OFFICER                             | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                                   | (ii) | 11,141                                             | 0                                   | 724,221                             | 0                                              | 514                     | 735,876                         | 241,425                                                               |
| 6<br>JONATHAN ELLEN MD<br>FORMER PRESIDENT/VICE<br>DEAN/PIC/TRUST | (i)  | 0                                                  | 0                                   | 725,000                             | 0                                              | 0                       | 725,000                         | 0                                                                     |
|                                                                   | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 7<br>WILLIAM GREELEY MD<br>TRUSTEE                                | (i)  | 690,000                                            | 0                                   | 0                                   | 0                                              | 0                       | 690,000                         | 0                                                                     |
|                                                                   | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 8<br>JEFF ROONEY<br>INTERIM V.P., FINANCE &<br>CFO                | (i)  | 0                                                  | 0                                   | 652,088                             | 0                                              | 0                       | 652,088                         | 0                                                                     |
|                                                                   | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 9<br>JOSEPH PERNO MD<br>V.P., MEDICAL AFFAIRS                     | (i)  | 17,040                                             | 0                                   | 0                                   | 0                                              | 0                       | 17,040                          | 0                                                                     |
|                                                                   | (ii) | 412,904                                            | 55,315                              | 17,446                              | 46,381                                         | 30,866                  | 562,912                         | 0                                                                     |
| 10<br>DIVYA JOSHI MD<br>VICE PRESIDENT,<br>PHYSICIAN SERVICES     | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                                   | (ii) | 421,515                                            | 100,000                             | 50,262                              | 0                                              | 8,142                   | 579,919                         | 0                                                                     |
| 11<br>ANTHONY NAPOLITANO MD<br>CO CHAIR DEPT OF PED<br>MEDIC      | (i)  | 455,060                                            | 0                                   | 8,703                               | 6,965                                          | 10,060                  | 480,788                         | 0                                                                     |
|                                                                   | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 12<br>ROBERT SOSA MD<br>MEDICAL DIR<br>INTERNATIONAL PRO          | (i)  | 402,823                                            | 0                                   | 7,507                               | 6,484                                          | 22,778                  | 439,592                         | 0                                                                     |
|                                                                   | (ii) | 807                                                | 0                                   | 15                                  | 13                                             | 46                      | 881                             | 0                                                                     |
| 13<br>MELISSA MACOGAY RN<br>V.P., CHIEF NURSING<br>OFFICER        | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                                   | (ii) | 274,609                                            | 37,787                              | 14,806                              | 25,791                                         | 41,213                  | 394,206                         | 0                                                                     |
| 14<br>JENNIFER ARNOLD<br>MEDICAL DIRECTOR                         | (i)  | 344,055                                            | 0                                   | 438                                 | 4,307                                          | 36,835                  | 385,635                         | 0                                                                     |
|                                                                   | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 15<br>DIPTI AMIN<br>PHYSICIAN                                     | (i)  | 304,017                                            | 0                                   | 2,129                               | 3,151                                          | 21,172                  | 330,469                         | 0                                                                     |
|                                                                   | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 16<br>PAOLA DEES<br>PHYSICIAN                                     | (i)  | 269,836                                            | 0                                   | 710                                 | 4,925                                          | 32,114                  | 307,585                         | 0                                                                     |
|                                                                   | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 17<br>ANGELA GREEN<br>V.P., CHIEF PATIENT SAFETY<br>& QUALITY     | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                                   | (ii) | 218,995                                            | 28,884                              | 6,353                               | 7,570                                          | 28,841                  | 290,643                         | 0                                                                     |
| 18<br>SUSAN TUIITE<br>SECRETARY                                   | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                                   | (ii) | 196,779                                            | 19,999                              | 41,955                              | 0                                              | 12,763                  | 271,496                         | 0                                                                     |
| 19<br>MARCOS DELEON<br>FORMER OFFICER                             | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                                   | (ii) | 179,553                                            | 41,093                              | 12,636                              | 0                                              | 19,496                  | 252,778                         | 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 |                                                |                         |                                 |                                                                       |
| 21GERAD THERIAC<br>INTERIM V.P., FINANCE & CFO                                                                  | (i)  | 198,617                                            | 25,000                              | 9,049                               | 3,128                                          | 9,709                   | 245,503                         | 0                                                                     |
|                                                                                                                 | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 1LISA KERRICK<br>ASSOC CHIEF NURSE OFFICER                                                                      | (i)  | 216,966                                            | 7,838                               | 1,391                               | 3,532                                          | 15,064                  | 244,791                         | 0                                                                     |
|                                                                                                                 | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 2LISA PRYTULA<br>SR. DIR REGULATORY AFFAIRS                                                                     | (i)  | 208,238                                            | 6,000                               | 8,897                               | 3,419                                          | 10,671                  | 237,225                         | 0                                                                     |
|                                                                                                                 | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 3KIMBERLY BERFIELD<br>VP GOVERNMENT AFFAIRS                                                                     | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                                                                                 | (ii) | 185,028                                            | 24,901                              | 3,782                               | 6,431                                          | 11,422                  | 231,564                         | 0                                                                     |
| 4CHRISTOPHER WHITBY<br>FORMER OFFICER                                                                           | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                                                                                 | (ii) | 0                                                  | 0                                   | 220,791                             | 0                                              | 0                       | 220,791                         | 0                                                                     |
| 5KEVIN CREWS<br>ASSISTANT SECRETARY                                                                             | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                                                                                 | (ii) | 147,254                                            | 16,831                              | 142                                 | 5,073                                          | 6,345                   | 175,645                         | 0                                                                     |
| 6JOHN W MCLENDON<br>FORMER VP & CIO                                                                             | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
|                                                                                                                 | (ii) | 0                                                  | 0                                   | 151,769                             | 0                                              | 0                       | 151,769                         | 26,977                                                                |
| 7PAUL COLOMBANI MD<br>FORMER KEY EMPLOYEE                                                                       | (i)  | 0                                                  | 0                                   | 109,629                             | 0                                              | 0                       | 109,629                         | 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)

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

OMB No. 1545-0047

2020

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
JOHNS HOPKINS ALL CHILDREN'S HOSPITAL  
INC

Employer identification number

59-0683252

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 CITY OF ST PETERSBURG HFA<br>-2012 ACH | 59-6000424     | 793309JM8   | 06-28-2012      | 102,400,000     | REFUND PRIOR ISSUE (04/20/05<br>A&B) |              | X  |                         | X  |                    | X  |

Part II Proceeds

|    |                                                                                                                                                    | A           |    | B   |    | C   |    | D   |    |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----|-----|----|-----|----|-----|----|
| 1  | Amount of bonds retired . . . . .                                                                                                                  | 16,600,000  |    |     |    |     |    |     |    |
| 2  | Amount of bonds legally defeased . . . . .                                                                                                         |             |    |     |    |     |    |     |    |
| 3  | Total proceeds of issue . . . . .                                                                                                                  | 102,400,000 |    |     |    |     |    |     |    |
| 4  | Gross proceeds in reserve funds . . . . .                                                                                                          |             |    |     |    |     |    |     |    |
| 5  | Capitalized interest from proceeds . . . . .                                                                                                       |             |    |     |    |     |    |     |    |
| 6  | Proceeds in refunding escrows . . . . .                                                                                                            |             |    |     |    |     |    |     |    |
| 7  | Issuance costs from proceeds . . . . .                                                                                                             |             |    |     |    |     |    |     |    |
| 8  | Credit enhancement from proceeds . . . . .                                                                                                         |             |    |     |    |     |    |     |    |
| 9  | Working capital expenditures from proceeds . . . . .                                                                                               |             |    |     |    |     |    |     |    |
| 10 | Capital expenditures from proceeds . . . . .                                                                                                       |             |    |     |    |     |    |     |    |
| 11 | Other spent proceeds . . . . .                                                                                                                     | 102,400,000 |    |     |    |     |    |     |    |
| 12 | Other unspent proceeds . . . . .                                                                                                                   |             |    |     |    |     |    |     |    |
| 13 | Year of substantial completion . . . . .                                                                                                           | 2007        |    |     |    |     |    |     |    |
|    |                                                                                                                                                    | 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)

|                                                                                                                                                                                                                                                           | <b>A</b>   |           | <b>B</b>   |           | <b>C</b>   |           | <b>D</b>   |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
|                                                                                                                                                                                                                                                           | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> |
| <b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .                                                                                                                      |            | X         |            |           |            |           |            |           |
| <b>b</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?                                                               |            |           |            |           |            |           |            |           |
| <b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .                                                                                                                                   |            | X         |            |           |            |           |            |           |
| <b>d</b> 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?                                                                           |            |           |            |           |            |           |            |           |
| <b>4</b> 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 %        |           |            |           |            |           |            |           |
| <b>5</b> 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 %        |           |            |           |            |           |            |           |
| <b>6</b> Total of lines 4 and 5 . . . . .                                                                                                                                                                                                                 | 0 %        |           |            |           |            |           |            |           |
| <b>7</b> Does the bond issue meet the private security or payment test? . . . .                                                                                                                                                                           |            | X         |            |           |            |           |            |           |
| <b>8a</b> 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>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . .                                                                                                                                                   |            |           |            |           |            |           |            |           |
| <b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .                                                                                                                              |            |           |            |           |            |           |            |           |
| <b>9</b> 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**

|                                                                                                                               | <b>A</b>          |           | <b>B</b>   |           | <b>C</b>   |           | <b>D</b>   |           |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------|------------|-----------|------------|-----------|------------|-----------|
|                                                                                                                               | <b>Yes</b>        | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> |
| <b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . |                   | X         |            |           |            |           |            |           |
| <b>2</b> If "No" to line 1, did the following apply? . . . .                                                                  |                   |           |            |           |            |           |            |           |
| <b>a</b> Rebate not due yet? . . . . .                                                                                        |                   | X         |            |           |            |           |            |           |
| <b>b</b> Exception to rebate? . . . . .                                                                                       | X                 |           |            |           |            |           |            |           |
| <b>c</b> No rebate due? . . . . .                                                                                             |                   | X         |            |           |            |           |            |           |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .                               |                   |           |            |           |            |           |            |           |
| <b>3</b> Is the bond issue a variable rate issue? . . . . .                                                                   | X                 |           |            |           |            |           |            |           |
| <b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?      | X                 |           |            |           |            |           |            |           |
| <b>b</b> Name of provider . . . . .                                                                                           | CITIBANK & RBC    |           |            |           |            |           |            |           |
| <b>c</b> Term of hedge . . . . .                                                                                              | 2230.0000000000 % |           |            |           |            |           |            |           |
| <b>d</b> Was the hedge superintegrated? . . . . .                                                                             |                   | X         |            |           |            |           |            |           |
| <b>e</b> Was the hedge terminated? . . . . .                                                                                  |                   | X         |            |           |            |           |            |           |

**Part IV Arbitrage** (Continued)

|                                                                                                                  | A   |    | B   |    | C   |    | D   |    |
|------------------------------------------------------------------------------------------------------------------|-----|----|-----|----|-----|----|-----|----|
|                                                                                                                  | Yes | No | Yes | No | Yes | No | Yes | No |
| <b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?                                |     | X  |     |    |     |    |     |    |
| <b>b</b> Name of provider . . . . .                                                                              |     |    |     |    |     |    |     |    |
| <b>c</b> Term of GIC . . . . .                                                                                   |     |    |     |    |     |    |     |    |
| <b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .   |     |    |     |    |     |    |     |    |
| <b>6</b> Were any gross proceeds invested beyond an available temporary period?                                  |     | X  |     |    |     |    |     |    |
| <b>7</b> 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 II, LINE 11 | THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS THAT ARE NO LONGER IN ESCROW |

| Return Reference            | Explanation                                        |
|-----------------------------|----------------------------------------------------|
| SCHEDULE K, PART I, LINE A: | CITY OF ST. PETERSBURG HEALTH 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization  
JOHNS HOPKINS ALL CHILDREN'S HOSPITAL  
INC

Employer identification number  
59-0683252

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) KEVIN SOWERS              | TRUSTEE, OFFICER                                                | 184,942                   | SEE PART V                     |                                         | No |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |

**Part V Supplemental Information**

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

| Return Reference       | Explanation                                                                                                                                                                                                                                   |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCH L, PART IV, LINE D | MR. SOWERS HAS BEEN A BOARD MEMBER OF VIZIENT, INC. ("VIZIENT") SINCE 2016. JHHS AND ITS AFFILIATES PURCHASED HOSPITAL AND HEALTHCARE CONSULTING SERVICES FROM VIZIENT. MR. SOWERS HAS NO INPUT ON THE NEGOTIATIONS BETWEEN JHHS AND VIZIENT. |

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

Department of the Treasury

Internal Revenue Service

Name of the organization  
JOHNS HOPKINS ALL CHILDREN'S HOSPITAL  
INC**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

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

59-0683252

**990 Schedule O, Supplemental Information**

| Return Reference               | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                              |
|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART I, LINE<br>8 | PURSUANT TO THE CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY (CARES) ACT, JOHNS HOPKINS ALL CHILDREN'S HOSPITAL, INC. RECOGNIZED \$23,209,225 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                                                                                                                                                                                                                                                                                                           |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART V, QUESTION 2A | ALL COMPENSATION OF JOHNS HOPKINS ALL CHILDREN'S HOSPITAL EMPLOYEES IS PAID THROUGH ALL CHILDREN'S HEALTH SYSTEM, INC. USING ITS FEDERAL TAX ID NUMBER. THIS IS KNOWN AS A COMMON PAYMASTER AGREEMENT. EMPLOYEES OF ALL CHILDREN'S HEALTH SYSTEM AND ITS OTHER SUBSIDIARIES ARE ALSO PAID THROUGH THE SAME AGREEMENT. |

# 990 Schedule O, Supplemental Information

| Return<br>Reference                           | Explanation                                                                                                             |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 6 | THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION IS THE SOLE CORPORATE MEMBER OF JOHNS HOPKINS ALL CHILDREN'S HOSPITAL, INC. |

# 990 Schedule O, Supplemental Information

| Return Reference                               | Explanation                                                                                                                                                      |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 7A | THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION, A IRC 501(C)(3) TAX EXEMPT SOLE MEMBER OF JOHNS HOPKINS ALL CHILDREN'S HOSPITAL, INC. ELECTS THE BOARD OF TRUSTEES. |

# 990 Schedule O, Supplemental Information

| Return<br>Reference                            | Explanation                                                                                                                                                                                                                          |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 7B | THE GOVERNING BODY OF JOHNS HOPKINS ALL CHILDREN'S HOSPITAL, INC. IS EMPOWERED BY ITS BYLAWS TO MAKE CERTAIN DECISIONS; ALL OTHER DECISIONS ARE SUBJECT TO APPROVAL OF THE SOLE MEMBER, THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION. |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                             | Explanation                                                                                   |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 11B | A COPY OF THE FORM 990 WAS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY BEFORE IT WAS FILED. |

**990 Schedule O, Supplemental Information**

| <b>Return<br/>Reference</b>                     | <b>Explanation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 12C | <p>JOHNS HOPKINS ALL CHILDREN'S HOSPITAL, INC HAS AN ANNUAL CONFLICT OF INTEREST DISCLOSURE PROCESS THAT HAS BEEN FORMALLY DOCUMENTED IN POLICY. THE PROCESS IS FACILITATED BY THE COMPLIANCE OFFICER WITH OVERSIGHT FROM THE ALL CHILDREN'S HEALTH SYSTEM (FORMER PARENT AND CURRENT AFFILIATE) BOARD'S COMPLIANCE COMMITTEE. DISCLOSURES ARE REQUESTED FROM KEY EMPLOYEES, KEY CONTRACTORS, BOARD MEMBERS AND OFFICERS, AND DESIGNATED MEDICAL STAFF. ALL DISCLOSURES ARE REVIEWED BY THE COMPLIANCE OFFICER. SELECTED DISCLOSURES ARE REVIEWED BY THE PRESIDENT/CHIEF EXECUTIVE OFFICER. A FORMAL REPORT IS MADE ANNUALLY TO THE COMPLIANCE COMMITTEE WHERE CONFLICT MANAGEMENT IS ADDRESSED FOR EMPLOYEES, CONTRACTORS, AND PHYSICIANS. BOARD MEMBER DISCLOSURES ARE REVIEWED BY THE RESPECTIVE BOARD PRESIDENTS FOR CONFLICT MANAGEMENT. BOARD MEMBERS ARE REQUIRED TO DECLARE ANY POTENTIAL CONFLICTS PRIOR TO CONDUCTING BUSINESS AT EACH MEETING. IF A CONFLICT IS FOUND TO EXIST BY A BOARD MEMBER, THAT BOARD MEMBER IS PROHIBITED FROM VOTING.</p> |

## 990 Schedule O, Supplemental Information

| Return Reference                               | Explanation                                                                                                                                                                                                                                                                                      |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 15 | EVERY THREE YEARS AN INDEPENDENT STUDY IS CONDUCTED GATHERING INDUSTRY COMPENSATION AVERAGES FROM SELECT PEER INSTITUTIONS. EVERY YEAR THE JOHNS HOPKINS BOARD OF TRUSTEES COMPENSATION COMMITTEE REVIEWS COMPENSATION AMOUNTS FOR OFFICERS AND ALL EMPLOYEES AT THE DIRECTOR AND HIGHER LEVELS. |

# 990 Schedule O, Supplemental Information

| Return<br>Reference                            | Explanation                                                                                                                      |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION C,<br>LINE 19 | JOHNS HOPKINS ALL CHILDREN'S HOSPITAL, INC. MAKE ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST. |

## 990 Schedule O, Supplemental Information

| Return<br>Reference              | Explanation                                                                                                                                                                                                                              |
|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART XI,<br>LINE 9: | CHANGE IN NET ASSETS 2,609,612. INTEREST EXPENSE ON SWAP AGREEMENT -3,309,140. NON-OPERATING SERVICES -6,000,000. CHANGE IN MARKET VALUE OF INTEREST RATE SWAPS 10,752,840. TRANSFER BETWEEN AFFILIATES -550,105. NET ASSETS TRANSFERRED |

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization  
JOHNS HOPKINS ALL CHILDREN'S HOSPITAL  
INC

Employer identification number  
59-0683252

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity                              | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity          |
|--------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|-------------------------------------------|
| (1) FORALLKIDS LLC<br>3910 KESWICK RD<br>BALTIMORE, MD 21211<br>82-5243802                       | LESSOR                  | FL                                               | 210,240             | 132,337                   | JOHNS HOPKINS ALL CHILDREN'S HOSPITAL INC |
| (2) ALL CHILDREN'S COMMUNITY NETWORK LLC<br>3910 KESWICK RD<br>BALTIMORE, MD 21211<br>87-0900971 | PEDIATRIC NETWORK       | FL                                               | 0                   | 0                         | FORALLKIDS LLC                            |
|                                                                                                  |                         |                                                  |                     |                           |                                           |
|                                                                                                  |                         |                                                  |                     |                           |                                           |
|                                                                                                  |                         |                                                  |                     |                           |                                           |
|                                                                                                  |                         |                                                  |                     |                           |                                           |

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)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>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)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary<br>activity | (c)<br>Legal<br>domicile<br>(state<br>or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>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)<br>Name, address, and EIN of<br>related organization                                                                            | (b)<br>Primary activity                 | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512(b)<br>(13) controlled<br>entity? |    |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------------------------------------|---------------------------------|-------------------------------------------|--------------------------------|-----------------------------------------------------|----|
|                                                                                                                                     |                                         |                                                           |                                     |                                                        |                                 |                                           |                                | Yes                                                 | No |
| <b>(1)</b> HSI MEDICAL SERVICES CORPORATION<br>3910 KESWICK RD SOUTH BLDG 4TH FL S<br>BALTIMORE, MD 21211<br>52-1847705             | HEALTHCARE-SLEEP<br>DIAGNOSTICS         | MD                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                     | No |
| <b>(2)</b> HOWARD COUNTY HEALTH SERVICES INC<br>3910 KESWICK RD SOUTH BLDG 4TH FL S<br>BALTIMORE, MD 21211<br>52-1434783            | HEALTHCARE MANAGEMENT                   | MD                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                     | No |
| <b>(3)</b> JOHNS HOPKINS MEDICAL MANAGEMENT CORPORATION<br>3910 KESWICK RD SOUTH BLDG 4TH FL S<br>BALTIMORE, MD 21211<br>52-1250028 | NURSING SERVICES                        | MD                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                     | No |
| <b>(4)</b> JOHNS HOPKINS EMPLOYER HEALTH PROGRAMS INC<br>3910 KESWICK RD SOUTH BLDG 4TH FL S<br>BALTIMORE, MD 21211<br>52-1947678   | BENEFIT PLANS                           | MD                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                     | No |
| <b>(5)</b> TCAS INC<br>3910 KESWICK RD SOUTH BLDG 4TH FL S<br>BALTIMORE, MD 21211<br>52-1979344                                     | NURSING SERVICES                        | MD                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                     | No |
| <b>(6)</b> SUBURBAN HEALTH ENTERPRISES INC<br>8600 OLD GEORGETOWN ROAD<br>BETHESDA, MD 20814<br>52-2052352                          | MEDICAL OFFICE LEASING AND<br>RELEASING | MD                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                     | No |
| <b>(7)</b> SSA HOLDCO INC<br>3910 KESWICK RD SOUTH BLDG 4TH FL S<br>BALTIMORE, MD 21211<br>81-1040476                               | INVESTMENT                              | PA                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                     | 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**

No

**1e**

No

**1f**

No

**1g**

No

**1h**

No

**1i**

No

**1j**

Yes

**1k**

Yes

**1l**

Yes

**1m**

Yes

**1n**

No

**1o**

No

**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)<br>Name of related organization | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|----------------------------------------------|
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |

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: 59-0683252  
Name: JOHNS HOPKINS ALL CHILDREN'S HOSPITAL  
INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

| (a)<br>Name, address, and EIN of related organization                    | (b)<br>Primary activity    | (c)<br>Legal domicile<br>(state<br>or foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status<br>(if section 501(c)<br>(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|--------------------------------------------------------------------------|----------------------------|--------------------------------------------------------|-------------------------------|---------------------------------------------------------------|-------------------------------------|--------------------------------------------------------|----|
|                                                                          |                            |                                                        |                               |                                                               |                                     | Yes                                                    | No |
| 3910 KESWICK RD SOUTH BLDG 4TH FL S<br>BALTIMORE, MD 21211<br>52-1465301 | SUPPORTING ORGANIZATION    | MD                                                     | 501(C)(3)                     | LINE 12C, III-FI                                              | JOHNS HOPKINS HEALTH SYSTEM CORP    |                                                        | No |
| 3910 KESWICK RD SOUTH BLDG 4TH FL S<br>BALTIMORE, MD 21211<br>52-0591656 | HOSPITAL                   | MD                                                     | 501(C)(3)                     | LINE 3                                                        | JOHNS HOPKINS HEALTH SYSTEM CORP    |                                                        | No |
| 5255 LOUGHBORO RD NW<br>WASHINGTON, DC 20016<br>53-0196602               | HOSPITAL                   | DC                                                     | 501(C)(3)                     | LINE 3                                                        | JOHNS HOPKINS HEALTH SYSTEM CORP    |                                                        | No |
| 3910 KESWICK RD SOUTH BLDG 4TH FL S<br>BALTIMORE, MD 21211<br>52-1467441 | HEALTHCARE SERVICES        | MD                                                     | 501(C)(3)                     | LINE 12C, III-FI                                              | JOHNS HOPKINS HEALTH SYSTEM CORP    |                                                        | No |
| 3910 KESWICK RD SOUTH BLDG 4TH FL S<br>BALTIMORE, MD 21211<br>52-1232569 | HEALTHCARE SERVICES        | MD                                                     | 501(C)(3)                     | LINE 12B, II                                                  | JOHNS HOPKINS HEALTH SYSTEM CORP    |                                                        | No |
| 3910 KESWICK RD SOUTH BLDG 4TH FL S<br>BALTIMORE, MD 21211<br>52-1341890 | HOSPITAL                   | MD                                                     | 501(C)(3)                     | LINE 3                                                        | JOHNS HOPKINS HEALTH SYSTEM CORP    |                                                        | No |
| 8600 OLD GEORGETOWN ROAD<br>BETHESDA, MD 20814<br>52-0610545             | HOSPITAL                   | MD                                                     | 501(C)(3)                     | LINE 3                                                        | JOHNS HOPKINS HEALTH SYSTEM CORP    |                                                        | No |
| 3910 KESWICK RD SOUTH BLDG 4TH FL S<br>BALTIMORE, MD 21211<br>52-2093120 | HOSPITAL                   | MD                                                     | 501(C)(3)                     | LINE 3                                                        | JOHNS HOPKINS HEALTH SYSTEM CORP    |                                                        | No |
| 6001 MONTROSE ROAD NO 1020<br>ROCKVILLE, MD 20852<br>52-1750383          | HOME HEALTH CARE           | MD                                                     | 501(C)(3)                     | LINE 10                                                       | N/A                                 |                                                        | No |
| 6001 MONTROSE ROAD NO 307<br>ROCKVILLE, MD 20852<br>52-1450142           | HOME HEALTH CARE           | MD                                                     | 501(C)(3)                     | LINE 10                                                       | N/A                                 |                                                        | No |
| 3910 KESWICK RD SOUTH BLDG 4TH FL S<br>BALTIMORE, MD 21211<br>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<br>BALTIMORE, MD 21211<br>59-2481740 | MANAGEMENT SERVICES        | FL                                                     | 501(C)(3)                     | LINE 12D, III-O                                               | JOHNS HOPKINS HEALTH SYSTEM CORP    |                                                        | No |
| 3910 KESWICK RD SOUTH BLDG 4TH FL S<br>BALTIMORE, MD 21211<br>59-2481738 | FOUNDATION                 | FL                                                     | 501(C)(3)                     | LINE 7                                                        | ALL CHILDREN'S HEALTH SYSTEM INC    |                                                        | No |
| 3910 KESWICK RD SOUTH BLDG 4TH FL S<br>BALTIMORE, MD 21211<br>59-2481742 | RESEARCH                   | FL                                                     | 501(C)(3)                     | LINE 4                                                        | ALL CHILDREN'S HEALTH SYSTEM INC    |                                                        | No |
| 3910 KESWICK RD SOUTH BLDG 4TH FL S<br>BALTIMORE, MD 21211<br>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<br>BALTIMORE, MD 21211<br>59-3398308 | NEONATAL CARE              | FL                                                     | 501(C)(3)                     | LINE 10                                                       | ALL CHILDREN'S HEALTH SYSTEM INC    |                                                        | No |
| 8600 OLD GEORGETOWN ROAD<br>BETHESDA, MD 20814<br>52-2052354             | HEALTHCARE SERVICES        | MD                                                     | 501(C)(3)                     | LINE 12C, III-FI                                              | JOHNS HOPKINS HEALTH SYSTEM CORP    |                                                        | No |

| Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership                                 |                         |                                                                 |                                        |                                                                                                           |                                 |                                        |                                          |    |                                                                         |                                              |    |                                |
|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------|------------------------------------------|----|-------------------------------------------------------------------------|----------------------------------------------|----|--------------------------------|
| (a)<br>Name, address, and EIN of<br>related organization                                                                          | (b)<br>Primary activity | (c)<br>Legal<br>Domicile<br>(State<br>or<br>Foreign<br>Country) | (d)<br>Direct<br>Controlling<br>Entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections<br>512-514) | (f)<br>Share of total<br>income | (g)<br>Share of end-<br>of-year assets | (h)<br>Dispropportionate<br>allocations? |    | (i)<br>Code V-UBI amount in<br>Box 20 of Schedule<br>K-1<br>(Form 1065) | (j)<br>General<br>or<br>Managing<br>Partner? |    | (k)<br>Percentage<br>ownership |
|                                                                                                                                   |                         |                                                                 |                                        |                                                                                                           |                                 |                                        | Yes                                      | No |                                                                         | Yes                                          | No |                                |
| OPHTHALMOLOGY ASSOCIATES LLC<br><br>3910 KESWICK RD SOUTH BLDG<br>4TH FL S<br>BALTIMORE, MD 21211<br>52-1890957                   | OPHTHALMOLOGY SERVICES  | MD                                                              | N/A                                    |                                                                                                           |                                 |                                        |                                          | No |                                                                         |                                              | No |                                |
| GERMANTOWN WELLNESS AND FITNESS LLC<br><br>8600 OLD GEORGETOWN RD<br>BETHESDA, MD 20814<br>52-2325919                             | HEALTHCARE SERVICES     | MD                                                              | N/A                                    |                                                                                                           |                                 |                                        |                                          | No |                                                                         |                                              | No |                                |
| JHMI UTILITIES LLC<br><br>3910 KESWICK RD SOUTH BLDG<br>4TH FL S<br>BALTIMORE, MD 21211<br>20-2814243                             | UTILITIY FACILITIES     | MD                                                              | N/A                                    |                                                                                                           |                                 |                                        |                                          | No |                                                                         |                                              | No |                                |
| HOWARD COUNTY NEONATAL SERVICES SERIES<br><br>3910 KESWICK RD SOUTH BLDG<br>4TH FL S<br>BALTIMORE, MD 21211<br>52-2239401         | NEONATAL HEALTH         | MD                                                              | N/A                                    |                                                                                                           |                                 |                                        |                                          | No |                                                                         |                                              | No |                                |
| JOHNS HOPKINS SURGERY CENTER SERIES<br><br>3910 KESWICK RD SOUTH BLDG<br>4TH FL S<br>BALTIMORE, MD 21211<br>20-8707724            | SURGERY                 | MD                                                              | N/A                                    |                                                                                                           |                                 |                                        |                                          | No |                                                                         |                                              | No |                                |
| JOHNS HOPKINS MEDICINE INTERNATIONAL LLC<br><br>3910 KESWICK RD SOUTH BLDG<br>4TH FL S<br>BALTIMORE, MD 21211<br>52-2144849       | MEDICAL SERVICES        | MD                                                              | N/A                                    |                                                                                                           |                                 |                                        |                                          | No |                                                                         |                                              | No |                                |
| JOHNS HOPKINS HEALTHCARE LLC<br><br>3910 KESWICK RD SOUTH BLDG<br>4TH FL S<br>BALTIMORE, MD 21211<br>52-1899357                   | MEDICAL SERVICES        | MD                                                              | N/A                                    |                                                                                                           |                                 |                                        |                                          | No |                                                                         |                                              | No |                                |
| WEST COUNTY MEDICAL LLC<br><br>3910 KESWICK RD SOUTH BLDG<br>4TH FL S<br>BALTIMORE, MD 21211<br>27-5234888                        | REAL ESTATE             | MD                                                              | N/A                                    |                                                                                                           |                                 |                                        |                                          | No |                                                                         |                                              | No |                                |
| JOHNS HOPKINS MEDICINE ALLIANCE FOR PATIENTS<br><br>3910 KESWICK RD SOUTH BLDG<br>4TH FL S<br>BALTIMORE, MD 21211<br>46-2866692   | HEALTHCARE SERVICES     | MD                                                              | N/A                                    |                                                                                                           |                                 |                                        |                                          | No |                                                                         |                                              | No |                                |
| HEALTHCARE SUPPLY CHAIN INNOVATIONS LLC<br><br>3910 KESWICK RD SOUTH BLDG<br>4TH FL S<br>BALTIMORE, MD 21211<br>47-2509307        | GROUP PURCHASING        | MD                                                              | N/A                                    |                                                                                                           |                                 |                                        |                                          | No |                                                                         |                                              | No |                                |
| JOHNS HOPKIN REGIONAL SUPPLY CHAIN NETWORK LLC<br><br>3910 KESWICK RD SOUTH BLDG<br>4TH FL S<br>BALTIMORE, MD 21211<br>47-2912848 | GROUP PURCHASING        | MD                                                              | N/A                                    |                                                                                                           |                                 |                                        |                                          | No |                                                                         |                                              | No |                                |

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

| (a)<br>Name, address, and EIN of<br>related organization                                                                    | (b)<br>Primary activity                    | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------------------------------------|---------------------------------|-------------------------------------------|--------------------------------|--------------------------------------------------------|----|
|                                                                                                                             |                                            |                                                           |                                     |                                                        |                                 |                                           |                                | Yes                                                    | No |
| HSI MEDICAL SERVICES CORPORATION<br>3910 KESWICK RD SOUTH BLDG 4TH FL S<br>BALTIMORE, MD 21211<br>52-1847705                | HEALTHCARE-SLEEP<br>DIAGNOSTICS            | MD                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                        | No |
| HOWARD COUNTY HEALTH SERVICES INC<br>3910 KESWICK RD SOUTH BLDG 4TH FL S<br>BALTIMORE, MD 21211<br>52-1434783               | HEALTHCARE<br>MANAGEMENT                   | MD                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                        | No |
| JOHNS HOPKINS MEDICAL MANAGEMENT<br>CORPORATION<br>3910 KESWICK RD SOUTH BLDG 4TH FL S<br>BALTIMORE, MD 21211<br>52-1250028 | NURSING SERVICES                           | MD                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                        | No |
| JOHNS HOPKINS EMPLOYER HEALTH<br>PROGRAMS INC<br>3910 KESWICK RD SOUTH BLDG 4TH FL S<br>BALTIMORE, MD 21211<br>52-1947678   | BENEFIT PLANS                              | MD                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                        | No |
| TCAS INC<br>3910 KESWICK RD SOUTH BLDG 4TH FL S<br>BALTIMORE, MD 21211<br>52-1979344                                        | NURSING SERVICES                           | MD                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                        | No |
| SUBURBAN HEALTH ENTERPRISES INC<br>8600 OLD GEORGETOWN ROAD<br>BETHESDA, MD 20814<br>52-2052352                             | MEDICAL OFFICE<br>LEASING AND<br>RELEASING | MD                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                        | No |
| SSA HOLDCO INC<br>3910 KESWICK RD SOUTH BLDG 4TH FL S<br>BALTIMORE, MD 21211<br>81-1040476                                  | INVESTMENT                                 | PA                                                        | N/A                                 | C                                                      |                                 |                                           |                                |                                                        | No |