

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning JUL 1, 2022, and ending JUN 30, 2023

2022

Department of the Treasury
Internal Revenue Service

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

Name of filer **JOHNS HOPKINS BAYVIEW
MEDICAL CENTER, INC.**

EIN or SSN
52-1341890

Name and title of officer or person subject to tax **BRIAN RAYME
CFO**

Part I Type of Return and Return Information

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

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>767,182,610.</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize _____ to enter my PIN **Enter five numbers, but do not enter all zeros**

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

BC Raym

Date

4/30/2024

Part III Certification and Authentication

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

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____

Date _____

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2022

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2022** calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC. Doing business as		D Employer identification number 52-1341890
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number (443) 997-5771
	3910 KESWICK RD, S BLDG 4300A		G Gross receipts \$ 772,974,497.
	City or town, state or province, country, and ZIP or foreign postal code BALTIMORE, MD 21211		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
	F Name and address of principal officer: BRIAN RAYME 4940 EASTERN AVENUE, BALTIMORE, MD 21224		H(c) Group exemption number

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

J Website: WWW.HOPKINSMEDICINE.ORG/JOHNS HOPKINS BAYVIEW/

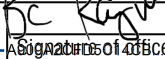
K Form of organization: Corporation Trust Association Other **L** Year of formation: 1984 **M** State of legal domicile: MD

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: JOHNS HOPKINS BAYVIEW MEDICAL CENTER, A MEMBER OF JOHNS HOPKINS MEDICINE, PROVIDES COMPASSIONATE		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	4018
	6	Total number of volunteers (estimate if necessary)	6	121
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,153,999.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	6,710,993.	11,404,673.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	716,073,876.	725,525,483.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22,767,059.	1,352,204.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,326,417.	28,900,250.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	771,878,345.	767,182,610.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	2,507,598.	627,730.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	279,896,037.	297,952,754.
	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	484,473,121.	468,598,897.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	766,876,756.	767,179,381.
19	Revenue less expenses. Subtract line 18 from line 12	5,001,589.	3,229.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	408,407,519.	407,355,737.
	22	Net assets or fund balances. Subtract line 21 from line 20	319,401,946.	303,602,268.
		89,005,573.	103,753,469.	

Part II Signature Block

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

DocuSigned by:  4/30/2024

Sign Here Signature of officer: **BRIAN RAYME, CFO** Date: _____
Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name	Firm's EIN	Phone no.		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
JOHNS HOPKINS BAYVIEW MEDICAL CENTER'S DEPARTMENT OF MEDICINE IS
COMMITTED TO THE PRACTICE OF PRIMARY AND SPECIALITY MEDICAL CARE, THE
TEACHING OF MEDICAL STUDENTS, RESIDENTS, FELLOWS, ALLIED HEALTH
PROFESSIONALS, AND PHYSICIANS, RESEARCH AND DEVELOPMENT IN BASIC

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

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

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

4a (Code: _____) (Expenses \$ 163,703,908. including grants of \$ _____) (Revenue \$ 117,605,576.)
DEPARTMENT OF MEDICINE: THE DEPARTMENT OF MEDICINE IS COMMITTED TO THE
PRACTICE OF PRIMARY AND SPECIALTY MEDICAL CARE, THE TEACHING OF MEDICAL
STUDENTS, RESIDENTS, FELLOWS, ALLIED HEALTH PROFESSIONALS, AND
PHYSICIANS, RESEARCH AND DEVELOPMENT IN BASIC SCIENCE, CLINICAL CARE,
HEALTH SERVICES DELIVERY, AND MEDICAL EDUCATION, ADMINISTRATION OF
MEDICAL ACTIVITIES AT JOHNS HOPKINS BAYVIEW MEDICAL CENTER.

4b (Code: _____) (Expenses \$ 108,949,947. including grants of \$ _____) (Revenue \$ 133,121,550.)
DEPARTMENT OF SURGERY: THE DEPARTMENT OF SURGERY OFFERS COMPREHENSIVE
SURGICAL CARE, INCLUDING SPECIALTIES IN GASTROINTESTINAL AND ABDOMINAL
WALL SURGERY, TRAUMA AND SURGICAL CRITICAL CARE, BARIATRIC SURGERY,
BURN AND RECONSTRUCTIVE SURGERY, SURGICAL ONCOLOGY, THORACIC SURGERY
AND VASCULAR SURGERY. THE DEPARTMENT OF SURGERY FEATURE THE LATEST IN
SURGICAL TECHNOLOGY, INCLUDING VIDEOSCOPIIC AND MINIMALLY-INVASIVE
APPROACHES TO THE TREATMENT OF SURGICAL DISORDERS AND 24/7 EMERGENCY
COVERAGE OF OUR LEVEL II TRAUMA CENTER.

4c (Code: _____) (Expenses \$ 61,903,025. including grants of \$ _____) (Revenue \$ 40,617,545.)
DEPARTMENT OF EMERGENCY MEDICINE: HOUSING MARYLAND'S ONLY REGIONAL BURN
CENTER, A DESIGNATED LEVEL II TRAUMA CENTER AND A PEDIATRIC CENTER
DESIGNED FOR EMERGENCY AND INPATIENT PEDIATRIC CARE, JOHNS HOPKINS
BAYVIEW MEDICAL CENTER IS WELL PREPARED TO PROVIDE THE CARE NECESSARY
FOR THE MOST COMPLEX EMERGENCY CASES. OUR MODERN FACILITIES AND
COMPASSIONATE STAFF CONTINUE JOHNS HOPKINS MEDICINE'S TRADITION OF
MEDICAL INNOVATION WITH A PATIENT-FAMILY-CENTERED APPROACH.

4d Other program services (Describe on Schedule O.)
(Expenses \$ 299,735,240. including grants of \$ 627,730.) (Revenue \$ 439,316,208.)

4e Total program service expenses 634,292,120.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 4018		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ...		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?		
	Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
	If "Yes," see the instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
	If "Yes," complete Form 4720, Schedule O.		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		
	If "Yes," complete Form 6069.		

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 15 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b	Enter the number of voting members included on line 1a, above, who are independent 11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed MD
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
 BRIAN RAYME - 443-997-5771
 3910 KESWICK RD, SOUTH BLDG, 4TH FLOOR, STE. 4300A, BALTIMORE, MD 21211

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KEVIN W. SOWERS, M.S.N., R.N., TRUSTEE/CORPORATE VICE CHAIR	1.00 59.00	X		X				0.	3,140,215.	57,115.
(2) INEZ STEWART TRUSTEE	1.00 59.00	X						0.	1,921,478.	33,801.
(3) RONALD PETERSON FORMER OFFICER, TRUSTEE	0.00 0.00						X	0.	1,275,825.	0.
(4) RICHARD G. BENNETT, M.D. PRESIDENT	20.00 40.00			X				0.	1,212,432.	-37,470.
(5) CHARLES B. REULAND, SC.D. FORMER OFFICER	0.00 60.00						X	0.	763,797.	-129,497.
(6) PETER MANCINO SECRETARY	1.00 59.00			X				0.	578,954.	-10,638.
(7) JENNIFER NICKOLES PRESIDENT/TRUSTEE	60.00 0.00	X		X				0.	474,237.	82,219.
(8) RENEE J. BLANDING, M.D. VP, MEDICAL AFFAIRS	60.00 0.00			X				449,850.	0.	52,757.
(9) SHARON SMYTH VP, NURSING & CNO	60.00 0.00			X				0.	426,038.	25,143.
(10) CARL FRANCIOLI VP, FINANCE & CFO	20.00 0.00			X				0.	516,068.	-102,743.
(11) GREGORY MILLER TREASURER	1.00 59.00			X				0.	391,343.	-12,823.
(12) THOMAS B. TRZCINSKI FORMER OFFICER	0.00 0.00						X	0.	376,189.	0.
(13) CHERYL R. KOCH VP, COO	60.00 0.00			X				0.	449,337.	-118,255.
(14) BRIAN RAYME VP, FINANCE & CFO	60.00 0.00			X				0.	339,416.	-10,766.
(15) MIRIAM PASCO REGISTERED NURSE	50.00 0.00					X		244,211.	0.	53,100.
(16) MICHELE SEDNEY VP, HUMAN RESOURCES	60.00 0.00			X				0.	282,175.	9,305.
(17) EMMAH KARIUKI REGISTERED NURSE	50.00 0.00					X		267,779.	0.	18,804.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LISA FILBERT EXEC DIR EXCELLENCE	50.00 0.00					X		272,314.	0.	2,390.
(19) DANIELLE WHARTON VP, CLINICAL & SUPP SRVCS	60.00 0.00			X				0.	292,486.	-50,383.
(20) ANITHA KURIAKOSE REGISTERED NURSE	50.00 0.00					X		239,721.	0.	1,930.
(21) WILLIAM HALE SPECIAL ADVISOR OFFICE OF PRESIDENT	50.00 0.00					X		239,725.	0.	-1,498.
(22) DAVID BRAMBLE TRUSTEE	1.00 0.00	X						0.	0.	0.
(23) SARAH MILLER COULSON TRUSTEE	1.00 0.00	X						0.	0.	0.
(24) JAMES T. DRESHER, JR. TRUSTEE	1.00 2.00	X						0.	0.	0.
(25) RICHARD BASTINELLI TRUSTEE	1.00 0.00	X						0.	0.	0.
(26) FAGAN HARRIS TRUSTEE	1.00 0.00	X						0.	0.	0.
1b Subtotal								1,713,600.	12,439,990.	-137,509.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,713,600.	12,439,990.	-137,509.

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 567

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
AYA HEALTHCARE INC, 5930 CORNERSTONE CT W STE 300, SAN DIEGO, CA 92121	OUTSIDE LABOR SERVICES	14,952,944.
GREEN CONTRACTING COMPANY INC 8837 YELLOW BRICK RD, BALTIMORE, MD 21237	CONTRACTING SERVICES	12,683,588.
CHESAPEAKE MEDICAL STAFFING INC 2401 YORK RD, LUTHERVILLE, MD 21093	STAFFING SERVICES	7,980,004.
BROADWAY SERVICES INC 3709 E MONUMENT ST, BALTIMORE, MD 21205	MANAGEMENT SERVICES	7,314,433.
NOMAD NURSES INC PO BOX 83129, WOBURN, MA 01813	NURSING SERVICES	5,237,471.

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 86

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) RAFAEL LLINAS, M.D. TRUSTEE	1.00 0.00	X						0.	0.	0.
(28) JUDY HUANG, M.D. TRUSTEE	1.00 0.00	X						0.	0.	0.
(29) MICHAEL SEAN BEATTY TRUSTEE	1.00 1.00	X						0.	0.	0.
(30) STEPHANIE COOPER GREENBERG TRUSTEE	1.00 0.00	X						0.	0.	0.
(31) CHARLES SCHEELER CHAIRMAN/TRUSTEE	1.00 0.00	X						0.	0.	0.
(32) KENNETH M. STUZIN VICE CHAIRMAN/TRUSTEE	1.00 0.00	X						0.	0.	0.
(33) FRANCIS X. KNOTT TRUSTEE	1.00 1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	8,838,883.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	2,565,790.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			11,404,673.			
Program Service Revenue	2 a NET PATIENT SERVICES	Business Code					
		621990	654,364,721.	654,364,721.			
	b PHARMACY REVENUE	456110	71,160,762.	70,006,763.	1,153,999.		
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			725,525,483.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,302,244.			1,302,244.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			232,140.				
			(ii) Personal				
	b Less: rental expenses ...	6b	0.				
	c Rental income or (loss)	6c	232,140.				
	d Net rental income or (loss)			232,140.		232,140.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			5,234,000.	607,847.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	5,765,086.	26,801.			
	c Gain or (loss)	7c	-531,086.	581,046.			
	d Net gain or (loss)			49,960.		49,960.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a ADMIN/MGMT FEES	Business Code					
		624100	22,378,715.			22,378,715.	
	b MISC REVENUE	900099	3,915,159.	3,915,159.			
	c CAFETERIA REVENUE	722320	2,374,236.	2,374,236.			
	d All other revenue						
e Total. Add lines 11a-11d			28,668,110.				
12 Total revenue. See instructions			767,182,610.	730,660,879.	1,153,999.	23,963,059.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	627,730.	627,730.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	233,361,021.	208,049,919.	25,311,102.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,189,988.	11,759,359.	1,430,629.	
9 Other employee benefits	33,688,026.	30,034,112.	3,653,914.	
10 Payroll taxes	17,713,719.	15,792,431.	1,921,288.	
11 Fees for services (nonemployees):				
a Management				
b Legal	119,854.		119,854.	
c Accounting	75,469.		75,469.	
d Lobbying	144,143.	127,076.	17,067.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	249,691.		249,691.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	69,561,061.	47,901,495.	21,659,566.	
12 Advertising and promotion	226,131.	90,400.	135,731.	
13 Office expenses	5,601,703.	333,127.	5,268,576.	
14 Information technology	2,986,512.	2,662,585.	323,927.	
15 Royalties				
16 Occupancy	10,144,584.	9,044,269.	1,100,315.	
17 Travel	289,560.		289,560.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	408,292.	364,007.	44,285.	
20 Interest	3,914,522.	3,914,522.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	25,567,531.	22,794,393.	2,773,138.	
23 Insurance	6,256,358.	5,402,545.	853,813.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PURCHASED SERVICES - AF	158,858,476.	92,979,795.	65,878,681.	
b MEDICAL SUPPLIES	142,783,446.	142,783,446.		
c LAB SERVICES	16,161,424.	16,161,424.		
d SECURITY SERVICES	4,820,304.	4,297,478.	522,826.	
e All other expenses	20,429,836.	19,172,007.	1,257,829.	
25 Total functional expenses. Add lines 1 through 24e	767,179,381.	634,292,120.	132,887,261.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	22,652,515.	1	14,400,614.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	8,767,805.	3	9,395,503.
	4 Accounts receivable, net	82,993,776.	4	87,127,070.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	12,937,906.	8	13,701,016.
	9 Prepaid expenses and deferred charges	757,645.	9	1,016,116.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 538,628,009.		
	b Less: accumulated depreciation	10b 389,465,630.	147,958,536.	10c 149,162,379.
	11 Investments - publicly traded securities	1,343,207.	11	4,551,861.
	12 Investments - other securities. See Part IV, line 11	656,931.	12	3,320,991.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	130,339,198.	15	124,680,187.
16 Total assets. Add lines 1 through 15 (must equal line 33)	408,407,519.	16	407,355,737.	
Liabilities	17 Accounts payable and accrued expenses	68,180,768.	17	59,222,246.
	18 Grants payable		18	
	19 Deferred revenue	3,608,538.	19	2,596,129.
	20 Tax-exempt bond liabilities	29,290,000.	20	22,460,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	218,322,640.	25	219,323,893.
	26 Total liabilities. Add lines 17 through 25	319,401,946.	26	303,602,268.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	80,237,765.	27	94,357,963.
	28 Net assets with donor restrictions	8,767,808.	28	9,395,506.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	89,005,573.	32	103,753,469.
33 Total liabilities and net assets/fund balances	408,407,519.	33	407,355,737.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	767,182,610.
2	Total expenses (must equal Part IX, column (A), line 25)	2	767,179,381.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,229.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	89,005,573.
5	Net unrealized gains (losses) on investments	5	7,974,615.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	6,770,052.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	103,753,469.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
 If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.	Employer identification number 52-1341890
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

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.)

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

JOHNS HOPKINS BAYVIEW
MEDICAL CENTER, INC.

Employer identification number

52-1341890

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.	Employer identification number 52-1341890
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 19,899.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.	Employer identification number 52-1341890
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ _____ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ _____ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____ _____ _____	\$ _____ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	_____ _____ _____	\$ _____ 2,080,356.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.	Employer identification number 52-1341890
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 360,554.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 2,931,198.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 51,837.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 910,078.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 623,480.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 1,351,899.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.	Employer identification number 52-1341890
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	<hr/> <hr/> <hr/>	\$ 58,168.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.	Employer identification number 52-1341890
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.	Employer identification number 52-1341890
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization	JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.	Employer identification number	52-1341890
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

Schedule C (Form 990) 2022

LHA

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	144,143.													
c	Total lobbying expenditures (add lines 1a and 1b)	144,143.													
d	Other exempt purpose expenditures	767,035,238.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	767,179,381.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	150,939.	142,514.	133,901.	144,143.	571,497.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV Supplemental Information

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

PART II-B, AFFILIATED GROUP RETURN STATEMENT:

JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC. PAID ITS PARENT CORPORATION,

JOHNS HOPKINS HEALTH SYSTEM CORPORATION \$142,439 DURING FISCAL YEAR

ENDED JUNE 30, 2023 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

Part IV Supplemental Information (continued)

AFFILIATES. THE PRIMARY PURPOSE OF THIS DEPARTMENT IS TO MAINTAIN
CONTACT WITH ELECTED AND APPOINTED STATE OFFICIALS, AND OCCASIONAL
FEDERAL OFFICIALS, REGARDING ISSUES WHICH IMPACT JOHNS HOPKINS HEALTH
SYSTEM AND ITS AFFILIATES AS WELL AS THE HEALTHCARE INDUSTRY IN
GENERAL.

THE ORGANIZATION ALSO PAID CERTAIN DUES OR MEMBERSHIP FEES TO VARIOUS
PROFESSIONAL ASSOCIATIONS, STATE HOSPITAL ASSOCIATIONS, AND OTHER
PROFESSIONAL MEDICAL SOCIETIES WHO ALLOCATE A PORTION OF THOSE DUES
TOWARDS LOBBYING EXPENSES. FOR FY23, THE ORGANIZATION HAS CONFIRMED
THAT \$1,704 OF SUCH DUES WERE ALLOCATED TOWARDS LOBBYING ACTIVITIES.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization: JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC. Employer identification number: 52-1341890

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

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

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic structure). 2. Conservation contribution details (table with 2a-2d). 3-9. Monitoring and reporting requirements (Yes/No questions).

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.

Form with sections 1a-1b and 2. 1a: Text of footnote for art collection. 1b: Amounts for art collection (Revenue, Assets). 2: Amounts for art collection for financial gain (Revenue, Assets).

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

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

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

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

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,150,000.		3,150,000.
b Buildings		281,636,222.	232,020,454.	49,615,768.
c Leasehold improvements		6,460,725.	3,981,255.	2,479,470.
d Equipment		228,931,436.	150,633,444.	78,297,992.
e Other		18,449,626.	2,830,477.	15,619,149.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				149,162,379.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (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: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, 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) INERCOMPANY RECEIVABLES	2,897,021.
(2) OTHER RECEIVABLES	10,581,898.
(3) MALPRACTICE FUNDING	584,128.
(4) ASSETS LIMITED BY BOARD OF TRUSTEES	85,431,133.
(5) INSURANCE RECOVERY	5,981,916.
(6) LEASE RIGHT OF USE ASSETS	18,819,798.
(7) OTHER ASSETS	384,293.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	124,680,187.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ADVANCES FROM THIRD PARTIES	17,913,233.
(3) INTERCOMPANY PAYABLES	46,062,417.
(4) MALPRACTICE LIABILITY	17,169,399.
(5) WORKERS' COMP TAIL COVERAGE	3,467,874.
(6) LONG-TERM PENSION LIABILITY	56,488,000.
(7) LOSS ON MARKET VALUE SWAP	52,288.
(8) LONG-TERM NOTES PAYABLE	56,682,376.
(9) LEASE RIGHT OF USE LIABILITIES	21,488,306.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	219,323,893.

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART X, LINE 2:

FASB'S GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES CLARIFIES

THE ACCOUNTING FOR UNCERTAINTY OF INCOME TAX POSITIONS. THIS GUIDANCE

DEFINES THE THRESHOLD FOR RECOGNIZING TAX RETURN POSITIONS IN THE

FINANCIAL STATEMENTS AS "MORE LIKELY THAN NOT" THAT THE POSITION IS

SUSTAINABLE, BASED ON ITS TECHNICAL MERITS. THIS GUIDANCE ALSO PROVIDES

GUIDANCE ON THE MEASUREMENT, CLASSIFICATION AND DISCLOSURE OF TAX RETURN

POSITIONS IN THE FINANCIAL STATEMENTS.

THERE IS NO IMPACT ON JHBMC'S FINANCIAL STATEMENTS DURING THE YEARS ENDED

JUNE 30, 2023 AND 2022.

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.
Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization	JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.	Employer identification number	52-1341890
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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	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year: <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free care</i> ? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted care</i> ? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ 500 %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's 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"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			31,411,427.	0.	31,411,427.	4.09%
b Medicaid (from Worksheet 3, column a)			0.	0.		
c Costs of other means-tested government programs (from Worksheet 3, column b)			0.	0.		
d Total. Financial Assistance and Means-Tested Government Programs			31,411,427.		31,411,427.	4.09%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			22,678,463.	4,159,365.	18,519,098.	2.41%
f Health professions education (from Worksheet 5)			53,544,520.	0.	53,544,520.	6.98%
g Subsidized health services (from Worksheet 6)			0.	0.		
h Research (from Worksheet 7)			0.	0.		
i Cash and in-kind contributions for community benefit (from Worksheet 8)			516,630.	5,996.	510,634.	.07%
j Total. Other Benefits			76,739,613.	4,165,361.	72,574,252.	9.46%
k Total. Add lines 7d and 7j			108,151,040.	4,165,361.	103,985,679.	13.55%

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			62,198.	0.	62,198.	.01%
2 Economic development			0.	0.		
3 Community support			125,878.	0.	125,878.	.02%
4 Environmental improvements			0.	0.		
5 Leadership development and training for community members			0.	0.		
6 Coalition building			0.	0.		
7 Community health improvement advocacy			0.	0.		
8 Workforce development			0.	0.		
9 Other			0.	0.		
10 Total			188,076.		188,076.	.03%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

- 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? 1
- 2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount 2 11,796,861.
- 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit 3 0.
- 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Yes	No
X	

Section B. Medicare

- 5 Enter total revenue received from Medicare (including DSH and IME) 5 200,521,514.
- 6 Enter Medicare allowable costs of care relating to payments on line 5 6 189,667,493.
- 7 Subtract line 6 from line 5. This is the surplus (or shortfall) 7 10,854,021.
- 8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:
 Cost accounting system Cost to charge ratio Other

Section C. Collection Practices

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

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group: JOHNS HOPKINS BAYVIEW MEDICAL CENTER

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

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: JOHNS HOPKINS BAYVIEW MEDICAL CENTER

		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?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>500</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance status		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<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		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE SUPPLEMENTAL INFORMATION</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE SUPPLEMENTAL INFORMATION</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE SUPPLEMENTAL INFO</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<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)		
f	<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)		
g	<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		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: JOHNS HOPKINS BAYVIEW MEDICAL CENTER

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group: JOHNS HOPKINS BAYVIEW MEDICAL CENTER

		Yes	No
<p>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:</p> <p>a <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period</p> <p>b <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period</p> <p>c <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period</p> <p>d <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method</p>			
<p>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?</p> <p>If "Yes," explain in Section C.</p>		23	x
<p>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?</p> <p>If "Yes," explain in Section C.</p>		24	x

Part V Facility Information (continued)

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

JOHNS HOPKINS BAYVIEW MEDICAL CENTER:

PART V, SECTION B, LINE 5: THE CHNA PROCESS FOR JOHNS HOPKINS BAYVIEW

MEDICAL CENTER (JHMC) AND THE JOHNS HOPKINS HOSPITAL (JHH) INCLUDED THE

COLLECTION AND ANALYSIS OF PRIMARY AND SECONDARY DATA. BOTH PUBLIC AND

PRIVATE ORGANIZATIONS (SEE ATTACHED CHNA APPENDIX H), SUCH AS FAITHBASED

ORGANIZATIONS, GOVERNMENT AGENCIES, EDUCATIONAL SYSTEMS, AND HEALTH AND

HUMAN SERVICES ENTITIES WERE ENGAGED TO ASSESS THE NEEDS OF THE COMMUNITY.

IN TOTAL, THE EXTENSIVE PRIMARY DATA COLLECTION PHASE RESULTED IN MORE

THAN 1,700 RESPONSES FROM COMMUNITY STAKEHOLDERS/LEADERS AND COMMUNITY

RESIDENTS. THE 2018, 2016 AND 2013 CHNAS SERVED AS A BASELINE TO PROVIDE A

DEEPER UNDERSTANDING OF THE HEALTH AS WELL AS THE SOCIOECONOMIC NEEDS OF

THE COMMUNITY AND EMERGING TRENDS.

PRIMARY DATA IN THE FORM OF AN ELECTRONIC SURVEY GATHERED FEEDBACK FROM

COMMUNITY RESIDENTS AND HEALTH SYSTEM STAFF ON THE PREVIOUS CHNA AND

IMPLEMENTATION STRATEGY (COLLECTION PERIOD AUGUST THROUGH NOVEMBER 2020).

INFORMATION ON CURRENT COMMUNITY NEEDS AND PRIORITIES WAS COLLECTED VIA

SEVERAL COMMUNICATION TOOLS INCLUDING A SURVEY, FOCUS GROUPS, KEY

STAKEHOLDER INTERVIEWS AND A TOWN HALL MEETING. THE ONLINE SURVEY WAS SENT

TO OVER 30,000 BALTIMORE RESIDENTS THROUGH THE HELP OF 105 COMMUNITY

ORGANIZATION PARTNERS VIA NEWSLETTERS, EMAIL LISTSERVS, COMMUNITY

MEMBERSHIP LISTS AND A SOCIAL MEDIA CAMPAIGN. HAND DELIVERED PAPER COPIES

OF THE SURVEY WERE USED TO REACH KEY VULNERABLE POPULATIONS WITH LITTLE TO

NO INTERNET ACCESS. OUTREACH EXAMPLES AT EAST BALTIMORE LOCATIONS INCLUDE:

SUBSTANCE USERS AT DEE'S PLACE, 200 HOMELESS MEN AT THE HELPING UP

MISSION, LATINO COMMUNITY MEMBERS ON SITE AT COMMUNITY COVID TESTING

LOCATIONS, HOMELESS COMMUNITY MEMBERS VISITING THE BEANS AND BREAD MEAL

Part V Facility Information (continued)

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

SHELTER AND MORE. STAKEHOLDER INTERVIEWS (SEPTEMBER THROUGH DECEMBER

2020) AND FOCUS GROUPS WERE CONDUCTED WITH INDIVIDUALS WHO REPRESENTED A)

BROAD INTERESTS OF THE COMMUNITY, B) POPULATIONS OF NEED, OR C) PERSONS

WITH SPECIALIZED KNOWLEDGE IN PUBLIC HEALTH. SIX FOCUS GROUPS (BETWEEN THE

MONTHS OF OCTOBER AND NOVEMBER 2020) WITH VULNERABLE POPULATIONS

(LATINO/HISPANIC, LGBTQ, SUBSTANCE USERS, HOMELESS) WERE CONDUCTED BY

JHH/JHBMC, AND ANOTHER TWELVE FOCUS GROUPS (DURING THE MONTHS OF AUGUST

AND DECEMBER 2020) WERE CONDUCTED BY OTHER BALTIMORE CITY COALITION

HOSPITALS. A SURVEY (EARLY SEPTEMBER THROUGH LATE NOVEMBER 2020) WHICH

GATHERED A WIDE RANGE OF INFORMATION WAS DISTRIBUTED BY THE COALITION

HOSPITALS CITYWIDE AND RESULTED IN 1,122 RESPONSES FROM RESIDENTS OF THE

JHH/JHBMC COMMUNITY BENEFIT SERVICE AREA (CBSA). A TOWN HALL WAS CONVENED

BY THE BALTIMORE CITY COALITION HOSPITALS VIA TELEPHONE (OCTOBER 22, 2020)

WITH 4,100 BALTIMORE CITY RESIDENTS, 2,800 OF WHICH STAYED ON THE CALL AND

NEARLY 100 ASKED QUESTIONS.

A SECONDARY DATA PROFILE WAS COMPILED WITH LOCAL, STATE, AND FEDERAL

FIGURES TO PROVIDE ESSENTIAL INFORMATION, INSIGHT, AND KNOWLEDGE ON A

BROAD RANGE OF HEALTH AND SOCIAL ISSUES. COLLECTING AND EXAMINING

INFORMATION ABOUT DIFFERENT COMMUNITY ASPECTS AND BEHAVIORS THAT CAN HELP

IDENTIFY AND EXPLAIN FACTORS THAT INFLUENCE THE COMMUNITY'S HEALTH.

DATA COLLECTED ENCOMPASSED SOCIOECONOMIC INFORMATION, HEALTH STATISTICS,

DEMOGRAPHICS, CHILDREN'S HEALTH, MENTAL HEALTH ISSUES, ETC.

THE DEVELOPMENT OF THE CHNA AND IMPLEMENTATION STRATEGY WAS LED BY THE

OFFICE OF GOVERNMENT AND COMMUNITY AFFAIRS, JHH PRESIDENT, JHBMC

PRESIDENT, AND INVOLVED THE CONTRIBUTIONS OF OVER 1,700 INDIVIDUALS

THROUGH DIRECT INTERVIEWS, SURVEYS, FOCUS GROUPS, AND A TOWN HALL. KEY

STAKEHOLDER GROUPS INCLUDED, BUT WERE NOT LIMITED TO, COMMUNITY RESIDENTS,

Part V Facility Information (continued)

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

MEMBERS OF FAITHBASED ORGANIZATIONS, NEIGHBORHOOD ASSOCIATION LEADERS,

STATE AND LOCAL PUBLIC HEALTH PROFESSIONALS, OTHER NON-PROFIT AND

COMMUNITY BASED ORGANIZATIONS, ACADEMIC EXPERTS, LOCAL GOVERNMENT

OFFICIALS, LOCAL SCHOOL DISTRICT REPRESENTATIVES, HEALTH CARE CONSUMERS

AND PROVIDERS, MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY

POPULATIONS IN THE COMMUNITY SERVED BY THE HOSPITALS, JOHNS HOPKINS

MEDICINE LEADERSHIP, AND OTHER EXPERTS, BOTH INTERNAL AND EXTERNAL TO

JOHNS HOPKINS.

JOHNS HOPKINS BAYVIEW MEDICAL CENTER:

PART V, SECTION B, LINE 6A: JHBMC CONDUCTED ITS CHNA WITH THE JOHNS

HOPKINS HOSPITAL (JHH) AND COLLABORATED WITH ALL NON-PROFIT HOSPITALS IN

BALTIMORE CITY THROUGH JOINT COMMUNITY BENEFIT COALITION.

JOHNS HOPKINS BAYVIEW MEDICAL CENTER:

PART V, SECTION B, LINE 6B: JHBMC AND A CONSORTIUM OF BALTIMORE CITY

NONPROFIT HOSPITALS COLLABORATED WITH THE BALTIMORE CITY DEPARTMENT OF

HEALTH WHEN CONDUCTING THE MOST RECENT CHNA.

JOHNS HOPKINS BAYVIEW MEDICAL CENTER:

PART V, SECTION B, LINE 7D: A PAPER COPY IS AVAILABLE AT NO CHARGE UPON

REQUEST AT THE JOHNS HOPKINS OFFICE OF GOVERNMENT, COMMUNITY AND ECONOMIC

PARTNERSHIPS BY CALLING 443-997-5999 OR BY EMAILING GCA@JHU.EDU. THIS

INFORMATION IS POSTED ON THE CHNA WEBSITE.

Part V Facility Information *(continued)*

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

JOHNS HOPKINS BAYVIEW MEDICAL CENTER:

PART V, SECTION B, LINE 11: AN INTERACTIVE RESOURCE INVENTORY WAS CREATED

TO HIGHLIGHT AVAILABLE PROGRAMS AND SERVICES WITHIN THE JHH AND JHBMC

CBSA. THE INVENTORY IDENTIFIES ORGANIZATIONS AND AGENCIES IN THE COMMUNITY

THAT ARE SERVING THE VARIOUS TARGET POPULATIONS WITHIN EACH OF THE

PRIORITY NEEDS. ADDITIONAL REFERENCES TO SOCIAL SERVICES REFERRAL

PLATFORMS APPEAR WITH THE RESOURCE INVENTORY. THESE INCLUDE BUT ARE NOT

LIMITED TO 211 ([HTTPS://WWW.211.ORG/](https://www.211.org/)), CHARMCARE

([HTTPS://WWW.CHARMCARE.ORG](https://www.charmcare.org/)), AND FINDHELP ([HTTPS://WWW.FINDHELP.ORG/](https://www.findhelp.org/)).

-THE JHH/JHBMC IMPLEMENTATION STRATEGY FOR THE CHNA SPELLS OUT IN

CONSIDERABLE DETAIL WAYS THAT JHBMC INTENDS TO ADDRESS THE MULTIPLE HEALTH

NEEDS OF OUR COMMUNITY IN OUR TEN PRIORITY AREAS. AS THE HOSPITAL BEGINS

TO USE THIS VALUABLE TOOL, THE IMPLEMENTATION STRATEGY ITSELF SHOULD BE

CONSIDERED A DYNAMIC DOCUMENT AND MAY CHANGE AS JHBMC GAINS EXPERIENCE IN

IMPLEMENTING PROGRAMS AND MEASURING OUTCOMES.

PART V, SECTION B, LINE 7A

[HTTPS://WWW.HOPKINSMEDICINE.ORG/ABOUT/COMMUNITY_HEALTH/JOHNS-HOPKINS-BAY](https://www.hopkinsmedicine.org/about/community_health/johns-hopkins-bay)

[VIEW/HEALTH_NEEDS_INITIATIVES/](#)

PART V, SECTION B, LINE 10A

[HTTPS://WWW.HOPKINSMEDICINE.ORG/ABOUT/COMMUNITY_HEALTH/JOHNS-HOPKINS-BAY](https://www.hopkinsmedicine.org/about/community_health/johns-hopkins-bay)

[VIEW/HEALTH_NEEDS_INITIATIVES/](#)

Part V Facility Information *(continued)*

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

PART V, SECTION B, LINE 16A

[HTTPS://WWW.HOPKINSMEDICINE.ORG/PATIENT-CARE/PATIENTS-VISITORS/BILLING-I](https://www.hopkinsmedicine.org/patient-care/patients-visitors/billing-i)

NSURANCE/FINANCIAL-ASSISTANCE

PART V, SECTION B, LINE 16B

[HTTPS://WWW.HOPKINSMEDICINE.ORG/PATIENT-CARE/PATIENTS-VISITORS/BILLING-I](https://www.hopkinsmedicine.org/patient-care/patients-visitors/billing-i)

NSURANCE/FINANCIAL-ASSISTANCE

PART V, SECTION B, LINE 16C

[HTTPS://WWW.HOPKINSMEDICINE.ORG/PATIENT-CARE/PATIENTS-VISITORS/BILLING-I](https://www.hopkinsmedicine.org/patient-care/patients-visitors/billing-i)

NSURANCE/FINANCIAL-ASSISTANCE

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 (for example, open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C:

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

PART I, LINE 7:

- A COST-TO-CHARGE RATIO (FROM WORKSHEET 2) IS USED TO CALCULATE THE AMOUNTS ON LINE 7A AND 7B (CHARITY CARE AND UNREIMBURSED MEDICAID). THE AMOUNTS FOR LINES 7E-7I COME FROM OUR HSCRC COMMUNITY BENEFIT REPORT FILED WITH THE STATE OF MARYLAND AND IS NOT BASED ON A COST-TO CHARGE RATIO.

- LINE 7B - MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE-SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL.

MARYLAND'S UNIQUE ALL-PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY DIRECTED OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE. COMMUNITY BENEFIT EXPENSES ARE EQUAL TO MEDICAID REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT IS ZERO. THE EXCEPTION TO

Part VI Supplemental Information (Continuation)

THIS IS THE IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT. IN RECENT YEARS, THE STATE OF MARYLAND HAS CLOSED FISCAL GAPS IN THE STATE MEDICAID BUDGET BY ASSESSING HOSPITALS THROUGH THE RATE-SETTING SYSTEM.

- LINE 7F COLUMN (D) MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE-SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL-PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO HEALTH PROFESSIONS EDUCATION.

PART I, LINE 7G:

JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC. DOES NOT HAVE ANY SUBSIDIZED HEALTH SERVICES.

PART II, COMMUNITY BUILDING ACTIVITIES:

IN FY 2023, THE JOHNS HOPKINS BAYVIEW MEDICAL CENTER'S COMMUNITY BENEFIT PROGRAMS INCLUDED NUMEROUS INITIATIVES THAT SUPPORT THE HOSPITAL'S EFFORTS TO MEET THE NEEDS OF THE COMMUNITY. THESE INITIATIVES ARE DECENTRALIZED AND USE A VARIETY OF METHODS TO IDENTIFY COMMUNITY NEEDS. THESE INITIATIVES ARE ACCOUNTED FOR IN PART I LINES 7EK AND PART II ACCORDING TO SPECIFIC SCHEDULE H GUIDELINES. IN TOTAL OVER 100 PROGRAMS AND INITIATIVES WERE CARRIED OUT OR SUPPORTED BY ADMINISTRATIVE, CLINICAL, AND OPERATIONAL DEPARTMENTS AT THE JOHNS HOPKINS BAYVIEW MEDICAL CENTER.

Part VI Supplemental Information (Continuation)

PART III, LINE 2:

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

PART III, LINE 3:

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

PART III, LINE 4:

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

PART III, LINE 8:

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

PART III, LINE 9B:

THE HOSPITAL CONFORMS TO THE PRINCIPLES AND STANDARDS OF THE MHA HOSPITAL
BILLING AND DEBT COLLECTION PRACTICES PRINCIPLES AS WELL AS THE MHA
MINIMUM STANDARDS FOR FINANCIAL ASSISTANCE IN MARYLAND HOSPITALS.

PART VI, LINE 2:

COMMUNITY BENEFIT PLANNING IS AN INTEGRAL PART OF THE JOHNS HOPKINS

Part VI Supplemental Information (Continuation)

HOSPITAL AND JOHNS HOPKINS BAYVIEW MEDICAL CENTER'S STRATEGIC PLAN THROUGH AN ANNUAL STRATEGIC OBJECTIVES PLANNING PROCESS THAT INVOLVES EVALUATING THE HOSPITAL'S PROGRESS AT MEETING TWO COMMUNITY HEALTH GOALS AND DEFINES METRICS FOR DETERMINING PROGRESS. THE COMMITMENT OF JOHNS HOPKINS' LEADERSHIP TO IMPROVING THE LIVES OF ITS NEAREST NEIGHBORS IS ILLUSTRATED BY THE INCORPORATION OF COMMUNITY ENGAGEMENT INITIATIVES AT THE HIGHEST LEVEL IN THE JOHNS HOPKINS MEDICINE STRATEGIC PLAN. JHM, CONSISTING OF THE JHU SCHOOL OF MEDICINE AND THE JOHNS HOPKINS HEALTH SYSTEM, IS COMMITTED TO A TRI-PARTITE MISSION (EDUCATION, RESEARCH AND HEALTHCARE). EVEN AT THIS CROSS-ENTITY LEVEL (JHU AND JHHS), COMMUNITY BENEFIT ACTIVITIES AND PLANNING GO BEYOND HOSPITAL REQUIREMENTS AND EXPECTATIONS AND ARE A CORE OBJECTIVE FOR ALL DEPARTMENTS, SCHOOLS AND AFFILIATES. THE JOHNS HOPKINS MEDICINE INNOVATION 2023 STRATEGIC PLAN INCLUDES COMMUNITY SUPPORT AS ONE OF ITS SIX CORE AREAS. ALL HOSPITALS MUST SUBMIT STRATEGIC GOALS WITH ACCOMPANYING METRICS THAT MEET THE DIRECTIVE TO "SUPPORT THE WELL-BEING OF OUR PEOPLE AND OUR COMMUNITIES" GROW OUR LOCAL COMMUNITY-ENGAGEMENT TO ADDRESS IDENTIFIED NEEDS TO IMPROVE HEALTH" SENIOR LEADERSHIP DIRECTS, OVERSEES AND APPROVES ALL COMMUNITY BENEFIT WORK INCLUDING THE ALLOCATION OF FUNDS THAT SUPPORT COMMUNITY OUTREACH DIRECTED AT UNDERSERVED AND HIGH-NEED POPULATIONS IN THE CBSA. THIS HIGH-LEVEL REVIEW AND EVALUATION SETS THE PRIORITIES OF THE HOSPITAL'S OUTREACH WORK AND ENSURES THE EFFECTIVE, EFFICIENT USAGE OF FUNDS TO ACHIEVE THE LARGEST IMPACT IN IMPROVING THE LIVES OF THOSE WHO LIVE IN THE COMMUNITIES WE SERVE. THIS GROUP CONDUCTS THE FINAL REVIEW AND APPROVAL OF THE FINAL REPORT'S FINANCIAL ACCURACY TO THE HOSPITALS' FINANCIAL STATEMENTS, ALIGNMENT WITH THE STRATEGIC PLAN, AND COMPLIANCE WITH REGULATORY REQUIREMENTS. INDIVIDUAL CLINICAL LEADERS ALONG WITH ADMINISTRATORS MAKE DECISIONS ON COMMUNITY BENEFIT PROGRAMS FUNDED BY

Part VI Supplemental Information (Continuation)

INDIVIDUAL DEPARTMENTAL BUDGETS. CLINICAL LEADERS WILL ALSO IDENTIFY AND
CREATE STRATEGIES TO TACKLE COMMUNITY HEALTH NEEDS THAT ARISE IN THE CBSA
AND OVERSEE DEPARTMENT PROGRAMS FOR CONTENT ACCURACY AND ADHERENCE TO
DEPARTMENT PROTOCOLS AND BEST PRACTICES. THE JHBMC COMMUNITY BENEFIT TEAM
INTERACTS WITH ALL GROUPS IN THE HOSPITAL PERFORMING COMMUNITY BENEFIT
ACTIVITIES. THEY EDUCATE, ADVOCATE AND COLLABORATE WITH INTERNAL AUDIENCES
TO INCREASE UNDERSTANDING, APPRECIATION AND PARTICIPATION OF THE COMMUNITY
BENEFIT REPORT PROCESS, THE IMPORTANCE OF COMMUNITY BENEFIT ACTIVITIES
THAT ADDRESS CHNA IDENTIFIED NEEDS AND COMMUNITY OUTREACH ACTIVITIES. TEAM
MEMBERS COLLECT AND VERIFY ALL CB DATA, COMPILE THE REPORT, PROVIDE
INITIAL AUDIT AND VERIFICATION OF CBR FINANCIAL INFORMATION AND WRITE THE
CBR NARRATIVE. THROUGHOUT THE YEAR, THE CB TEAM ATTENDS LOCAL AND REGIONAL
COMMUNITY HEALTH CONFERENCES AND MEETINGS, REPRESENTS THE HOSPITAL TO
EXTERNAL AUDIENCES, AND WORKS WITH COMMUNITY AND JHBMC CLINICAL LEADERS TO
IDENTIFY PROMISING PROJECTS OR PROGRAMS THAT ADDRESS CBSA COMMUNITY HEALTH
NEEDS. THE JHHS COMMUNITY HEALTH IMPROVEMENT STRATEGY COUNCIL (JCHISC)
CONVENES MONTHLY TO BRING COMMUNITY HEALTH/COMMUNITY BENEFIT GROUPS
TOGETHER WITH TAX, FINANCIAL ASSISTANCE, AND HEALTH POLICY STAFF FROM
ACROSS THE HEALTH SYSTEM TO COORDINATE PROCESS, PRACTICE, AND POLICY.
CHISC MEMBERS DISCUSS ISSUES AND PROBLEMS THEY FACE IN COMMUNITY BENEFIT
REPORTING, REGULATORY COMPLIANCE TO STATE AND FEDERAL COMMUNITY BENEFIT
REQUIREMENTS, AND TECHNICAL ASPECTS OF ADMINISTERING AND REPORTING
COMMUNITY BENEFIT SYSTEMS. WHEN NEEDED, A DESIGNATED REPRESENTATIVE FROM
THE GROUP CONTACTS THE GOVERNING AGENCY FOR CLARIFICATION OR DECISION
REGARDING THE ISSUES IN QUESTION TO ENSURE THAT ALL HOSPITALS REPORTS ARE
CONSISTENT IN THE INTERPRETATION OF REGULATIONS.

PART VI, LINE 3:

Part VI Supplemental Information (Continuation)

JHBMC WILL PUBLISH THE AVAILABILITY OF FINANCIAL ASSISTANCE ON A YEARLY BASIS IN THEIR LOCAL NEWSPAPERS AND WILL POST NOTICES OF AVAILABILITY AT PATIENT REGISTRATION SITES, ADMISSIONS/BUSINESS OFFICE, THE BILLING OFFICE AND AT THE EMERGENCY DEPARTMENT WITHIN JHBMC. NOTICE OF AVAILABILITY WILL ALSO BE SENT TO PATIENTS ON PATIENT BILLS. A PATIENT BILLING AND FINANCIAL ASSISTANCE INFORMATION SHEET WILL BE PROVIDED TO INPATIENTS BEFORE DISCHARGE AND WILL BE AVAILABLE TO ALL PATIENTS UPON REQUEST. JHBMC (FINANCIAL COUNSELORS/PATIENT FINANCIAL SERVICES REPRESENTATIVES, SOCIAL SERVICES DEPARTMENT PERSONNEL AND/OR MEDICAL ASSISTANCE/MEDICAID ELIGIBILITY TECHNICIAN) WILL PROVIDE PATIENTS WITH ASSISTANCE IN DETERMINING ELIGIBILITY FOR AND MAKING APPLICATION TO A VARIETY OF SPECIAL ENTITLEMENT PROGRAMS THAT PROVIDE FINANCIAL ASSISTANCE BOTH TOWARD PAYMENT OF MEDICAL BILLS AND GENERAL EXPENSES. THE FINANCE DEPARTMENT, IN CONJUNCTION WITH THE SOCIAL SERVICES DEPARTMENT, WILL INTERVIEW PATIENTS TO DETERMINE POTENTIAL ELIGIBILITY FOR MARYLAND MEDICAL ASSISTANCE AS WELL AS OTHER SPECIAL PROGRAMS.

PART VI, LINE 4:

IN 2015, THE JOHNS HOPKINS HOSPITAL (JHH) AND JOHNS HOPKINS BAYVIEW MEDICAL CENTER (JHBMC) MERGED THEIR RESPECTIVE COMMUNITY BENEFIT SERVICE AREAS (CBSA) IN ORDER TO BETTER INTEGRATE COMMUNITY HEALTH AND COMMUNITY OUTREACH ACROSS THE EAST AND SOUTHEAST BALTIMORE CITY AND COUNTY REGION. THE GEOGRAPHIC AREA CONTAINED WITHIN THE NINE ZIP CODES INCLUDES 21202, 21205, 21206, 21213, 21218, 21219, 21222, 21224, AND 21231. THIS AREA REFLECTS THE POPULATION WITH THE LARGEST USAGE OF THE EMERGENCY DEPARTMENTS AND THE MAJORITY OF RECIPIENTS OF COMMUNITY CONTRIBUTIONS AND DELIVERY OF PROGRAM OUTREACH. WITHIN THE CBSA, JHH AND JHBMC HAVE FOCUSED ON CERTAIN TARGET POPULATIONS SUCH AS THE ELDERLY, AT-RISK CHILDREN AND

Part VI Supplemental Information (Continuation)

ADOLESCENTS, UNINSURED, UNDERINSURED AND LOW-INCOME INDIVIDUALS AND HOUSEHOLDS. THE CBSA COVERS APPROXIMATELY 27.9 SQUARE MILES WITHIN THE CITY OF BALTIMORE OR APPROXIMATELY 34% PERCENT OF THE TOTAL 80.94 SQUARE MILES OF LAND AREA FOR THE CITY AND 25.6 SQUARE MILES IN BALTIMORE COUNTY IN TERMS OF POPULATION, AS OF MARCH 2024, AN ESTIMATED 292,988 PEOPLE LIVE WITHIN CBSA, 20.4% OF THE POPULATION IS ESTIMATED TO HAVE MEDICAID COVERAGE, 16.8% HAVE MEDICARE AND 6.2% ARE UNINSURED; 15.6% OF THE POPULATION IS BELOW THE FEDERAL POVERTY GUIDELINES AND 13.2% HAVE LESS THAN A HIGH SCHOOL DEGREE. IN TERMS OF HOUSEHOLD INCOME, 21.7% OF HOUSEHOLDS EARN LESS THAN \$25,000 ANNUALLY, COMPRISING 26,541 HOUSEHOLDS OUT OF 121,924 HOUSEHOLDS IN THE CBSA (2024 SG2 MARKET DEMOGRAPHICS TOOL).

ADDITIONAL INFORMATION BY NEIGHBORHOOD IS DETAILED BELOW.

WITHIN THE CBSA, THERE ARE THREE BALTIMORE COUNTY NEIGHBORHOODS - DUNDALK, SPARROWS POINT, AND EDGEMERE. BALTIMORE CITY IS TRULY A CITY OF NEIGHBORHOODS WITH OVER 270 OFFICIALLY RECOGNIZED NEIGHBORHOODS. THE BALTIMORE CITY DEPARTMENT OF HEALTH HAS SUBDIVIDED THE CITY AREA INTO 23 NEIGHBORHOODS OR NEIGHBORHOOD GROUPINGS THAT ARE COMPLETELY OR PARTIALLY INCLUDED WITHIN THE CBSA. THESE NEIGHBORHOODS ARE BELAIR-EDISON, CANTON, CEDONIA/FRANKFORD, CLAREMONT/ARMISTEAD, CLIFTON-BEREA, DOWNTOWN/SETON HILL, FELS POINT, GREATER CHARLES VILLAGE/BARCLAY, GREATER GOVANS, GREENMOUNT EAST (WHICH INCLUDES NEIGHBORHOODS SUCH AS OLIVER, BROADWAY EAST, JOHNSTON SQUARE, AND GAY STREET), HAMILTON, HIGHLANDTOWN, JONESTOWN/OLDTOWN, LAURAVILLE, MADISON/EAST END, MIDTOWN, MIDWAY-COLDSTREAM, NORTHWOOD, ORANGEVILLE/EAST HIGHLANDTOWN, PATTERSON PARK NORTH & EAST, PERKINS/MIDDLE EAST, SOUTHEASTERN, AND THE WAVERLIES. THE JOHNS HOPKINS HOSPITAL IS IN THE NEIGHBORHOOD CALLED PERKINS/MIDDLE EAST, AND THE NEIGHBORHOODS THAT ARE CONTIGUOUS TO PERKINS/MIDDLE EAST

INCLUDE GREENMOUNT EAST (INCLUDING OLIVER, BROADWAY EAST, JOHNSTON SQUARE,

Part VI Supplemental Information (Continuation)

AND GAY STREET), CLIFTON-BEREA, MADISON/EAST END, PATTERSON PARK NORTH &
EAST, FELS POINT, CANTON, AND JONESTOWN/OLDTOWN. RESIDENTS OF MOST OF
THESE NEIGHBORHOODS ARE PRIMARILY AFRICAN AMERICAN, WITH THE EXCEPTIONS OF
FELS POINT, WHICH IS PRIMARILY WHITE, AND PATTERSON PARK NORTH & EAST,
WHICH REPRESENTS A DIVERSITY OF RESIDENT ETHNICITIES. WITH THE EXCEPTIONS
OF FELS POINT, CANTON, AND PATTERSON PARK N&E, THE MEDIAN HOUSEHOLD
INCOME OF MOST OF THESE NEIGHBORHOODS IS SIGNIFICANTLY LOWER THAN THE
BALTIMORE CITY MEDIAN HOUSEHOLD INCOME. MEDIAN INCOME IN FELS POINT,
CANTON, AND PATTERSON PARK N&E SKEWS HIGHER, AND THERE ARE HIGHER
PERCENTAGES OF WHITE HOUSEHOLDS HAVING HIGHER MEDIAN INCOMES RESIDING IN
THESE NEIGHBORHOODS. IN SOUTHEAST BALTIMORE, THE CBSA POPULATION
DEMOGRAPHICS HAVE HISTORICALLY TRENDED AS WHITE MIDDLE-INCOME,
WORKING-CLASS COMMUNITIES, HIGHLANDTOWN, SOUTHEASTERN, ORANGEVILLE/E.
HIGHLANDTOWN; HOWEVER, IN THE PAST FEW DECADES, SOUTHEAST BALTIMORE HAS
BECOME MUCH MORE DIVERSE WITH A GROWING LATINO POPULATION CLUSTERED AROUND
PATTERSON PARK, HIGHLANDTOWN, ORANGEVILLE/E. HIGHLANDTOWN. MEDIAN INCOMES
IN THESE NEIGHBORHOODS RANGE FROM SIGNIFICANTLY BELOW THE CITY MEDIAN IN
SOUTHEASTERN TO WELL ABOVE THE MEDIAN IN HIGHLANDTOWN. IN BALTIMORE
COUNTY, LARGELY SERVED BY JHBMC, DUNDALK, SPARROWS POINT, AND EDGEMERE
HAVE BEEN PREDOMINANTLY WHITE WITH INCREASING POPULATIONS OF HISPANIC AND
AFRICAN AMERICAN RESIDENTS. NEIGHBORHOODS FARTHER NORTH OF THE JOHNS
HOPKINS HOSPITAL INCLUDE BELAIR-EDISON, CEDONIA/FRANKFORD,
CLAREMONT/ARMISTEAD, CLIFTONBEREA, GREATER CHARLES VILLAGE/BARCLAY,
GREATER GOVANS, HAMILTON, LAURAVILLE, MIDTOWN, MIDWAY-COLDSTREAM,
NORTHWOOD, AND THE WAVERLIES. RESIDENTS OF THESE NEIGHBORHOODS ARE
RACIALLY MORE DIVERSE THAN IN THE NEIGHBORHOODS CLOSEST TO JHBMC AND
MEDIAN HOUSEHOLD INCOMES RANGE FROM SIGNIFICANTLY ABOVE THE MEDIAN TO
CLOSE TO THE MEDIAN HOUSEHOLD INCOME FOR BALTIMORE CITY. SINCE THE END OF

Part VI Supplemental Information (Continuation)

THE SECOND WORLD WAR, THE POPULATION OF BALTIMORE CITY HAS BEEN LEAVING
THE CITY TO THE SURROUNDING SUBURBAN COUNTIES. THIS DEMOGRAPHIC TREND
ACCELERATED IN THE 1960S AND 1970S, GREATLY AFFECTING THE NEIGHBORHOODS
AROUND JHH AND JHBMC. AS THE POPULATION OF BALTIMORE CITY DROPPED, THERE
HAS BEEN A CONSIDERABLE DISINVESTMENT IN HOUSING STOCK IN THESE
NEIGHBORHOODS. ECONOMIC CONDITIONS THAT RESULTED IN THE CLOSING OR
RELOCATION OF MANUFACTURING AND INDUSTRIAL JOBS IN BALTIMORE CITY AND
BALTIMORE COUNTY LED TO HIGHER UNEMPLOYMENT IN THE NEIGHBORHOODS AROUND
THE JOHNS HOPKINS HOSPITAL AND JOHNS HOPKINS BAYVIEW MEDICAL CENTER, AND
SOCIAL TRENDS DURING THE 1970S AND 1980S LED TO INCREASES IN SUBSTANCE
ABUSE AND VIOLENT CRIME AS WELL. GREATER HEALTH DISPARITIES ARE FOUND IN
THESE NEIGHBORHOODS CLOSEST TO THE HOSPITALS COMPARED TO MARYLAND STATE
AVERAGES AND SURROUNDING COUNTY AVERAGES.

THE DECEMBER 2019 REPORT FROM THE MARYLAND OFFICE OF MINORITY HEALTH AND
HEALTH DISPARITIES HIGHLIGHTS SOME OF THESE DISPARITIES INCLUDING HIGHER
EMERGENCY DEPARTMENT UTILIZATION RATES FOR BLACKS THAN WHITES FOR
CARDIOVASCULAR DISEASE/HIGH BLOOD PRESSURE (3.27 TIMES HIGHER FOR BLACKS
THAN WHITES), DIABETES (3.15 TIMES HIGHER) AND ASTHMA (3.52 TIMES HIGHER)
IN MARYLAND.

PART VI, LINE 5:

IN ADDITION TO THE COMMUNITY ENGAGEMENT OUTREACH EFFORTS INCLUDED IN THE
COMMUNITY BENEFIT REPORT, JHBMC SEARCHES FOR ADDITIONAL INNOVATIVE
OPPORTUNITIES TO SUPPORT COMMUNITY HEALTH. OVER THE PAST FOUR YEARS, JHBMC
PARTICIPATED IN KEY PUBLIC AND PRIVATE INSTITUTIONAL PARTNERSHIPS TO
CREATE NEW OUTREACH INITIATIVES ADDRESSING CHNA PRIORITIES INCLUDING A
PILOT PROGRAM TO PROVIDE STABLE HOUSING, HEALTHCARE AND SUPPORTIVE
SERVICES FOR 200 INDIVIDUALS AND FAMILIES IN BALTIMORE WHO WERE HOMELESS

Part VI Supplemental Information (Continuation)

OR AT RISK OF BECOMING HOMELESS. RESIDENTS ARE CONNECTED TO
COMMUNITY-BASED HEALTH AND MENTAL HEALTH CARE, EMPLOYMENT SERVICES AND
INDEPENDENT LIVING SKILLS SPPORT. THE GOAL OF THE PROGRAM IS TO AVOID A
RETURN TO HOMELESSNESS, IMPROVE HEALTH AND REDUCE THE NEED FOR EMERGENCY
CARE. INITIAL RESULTS ARE EXTREMELY POSITIVE. A THIRD-PARTY INDEPENDENT
REVIEW IS UNDERWAY, THE RESULTS OF WHICH WILL GUIDE PROGRAM EXTENSION
DECISIONS.
THE HOSPITAL IS ALSO WORKING WITH PUBLIC AND PRIVATE SECTOR PARTNERS ON
ESTABLISHING A CITYWIDE BEHAVIORIAL HEALTH CRISIS CALL CENTER WHICH
CONNECTS CITY RESIDENTS TO CARE WITHIN 24 HOURS. THESE PROGRAMS ARE
EXAMPLES OF HOW THE HOSPITAL ADDRESSES THE TOP NEEDS IDENTIFIED IN THE
LATEST CHNA (2021) BY THE RESIDENTS IN THEIR SURROUNDING COMMUNITIES. THE
TOP IDENTIFIED NEEDS WERE NEIGHBORHOOD SAFETY, HOUSING AND BEHAVIORIAL
HEALTH.
- FOR THE LAST 30 YEARS, MARYLAND HOSPITALS HAVE MET THEIR COMMUNITY
BENEFIT OBLIGATIONS IN A UNIQUE MANNER THAT BUILDS THE COSTS OF
UNCOMPENSATED CHARITY CARE AND PATIENT BAD DEBT AND GRADUATE MEDICAL
EDUCATION INTO THE RATES THAT HOSPITALS ARE REIMBURSED BY ALL PAYORS. THE
SYSTEM IS BASED IN FEDERAL AND STATE LAW AND BENEFITS ALL MARYLAND
RESIDENTS, INCLUDING THOSE IN NEED OF FINANCIAL ASSISTANCE TO PAY THEIR
HOSPITAL BILLS.
MARYLAND IS THE ONLY STATE IN WHICH ALL PAYORS GOVERNMENTALLY-INSURED,
COMMERCIALY INSURED, OR SELF-PAY ARE CHARGED THE SAME PRICE FOR SERVICES
AT ANY GIVEN HOSPITAL.
UNDER THIS SYSTEM, MARYLAND HOSPITALS ARE REGULATED BY A STATE AGENCY THE
HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) THAT IS REQUIRED TO:
PUBLICLY DISCLOSE INFORMATION ON THE COST AND FINANCIAL POSITION OF

Part VI Supplemental Information (Continuation)

HOSPITALS; REVIEW AND APPROVE HOSPITAL RATES; COLLECT INFORMATION

DETAILING TRANSACTIONS BETWEEN HOSPITALS AND FIRMS WITH WHICH THEIR

TRUSTEES HAVE A FINANCIAL INTEREST; AND, MAINTAIN THE SOLVENCY OF

EFFICIENT AND EFFECTIVE HOSPITALS.

SINCE 2000, THE RATE SETTING COMMISSION HAS HAD ITS OWN FRAMEWORK FOR

REPORTING HOSPITALS' COMMUNITY BENEFITS AND ISSUING A REPORT ANNUALLY

REGARDING HOSPITALS' COMMUNITY BENEFIT TOTALS. THAT REPORT IS AVAILABLE

ON [HTTPS://HSCRC.STATE.MD.US/PAGES/INIT_CB.ASPX](https://hscrc.state.md.us/pages/init_cb.aspx)

BECAUSE OF THIS UNIQUE STRUCTURE MARYLAND HOSPITALS' COMMUNITY BENEFITS

NUMBERS WILL NOT COMPARE WITH THE REST OF THE NATION'S HOSPITALS.

HOWEVER, MARYLAND HOSPITALS MEET OR EXCEED THE COMMUNITY BENEFIT STANDARD

ESTABLISHED BY THE IRS IN 1969. ADDITIONAL DETAIL ILLUSTRATING THIS CAN

BE FOUND WITHIN THIS SCHEDULE H REPORT.

PART VI, LINE 6:

THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION (JHHSC) IS INCORPORATED IN THE

STATE OF MARYLAND TO, AMONG OTHER THINGS, FORMULATE POLICY AMONG AND

PROVIDE CENTRALIZED MANAGEMENT FOR JHHSC AND AFFILIATES (JHHS). JHHS IS

ORGANIZED AND OPERATED FOR THE PURPOSE OF PROMOTING HEALTH BY FUNCTIONING

AS A PARENT HOLDING COMPANY OF AFFILIATES WHOSE COMBINED MISSION IS TO

PROVIDE PATIENT CARE IN THE TREATMENT AND PREVENTION OF HUMAN ILLNESS

WHICH COMPARES FAVORABLY WITH THAT RENDERED BY ANY OTHER INSTITUTION IN

THIS COUNTRY OR ABROAD.

JHHSC IS THE SOLE MEMBER OF THE JOHNS HOPKINS HOSPITAL (JHH), AN ACADEMIC

MEDICAL CENTER, JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC. (JHBMC), A

COMMUNITY BASED TEACHING HOSPITAL AND LONG-TERM CARE FACILITY, HOWARD

COUNTY GENERAL HOSPITAL, INC. (HCGH), A COMMUNITY BASED HOSPITAL, SUBURBAN

HOSPITAL, INC. (SHI), A COMMUNITY BASED HOSPITAL, SIBLEY MEMORIAL HOSPITAL

Part VI Supplemental Information (Continuation)

(SMH), A D.C. COMMUNITY BASED HOSPITAL, AND JOHNS HOPKINS ALL CHILDRENS

HOSPITAL, INC (JHACH), A FL ACADEMIC CHILDRENS HOSPITAL.

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

MD

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **JOHNS HOPKINS BAYVIEW
MEDICAL CENTER, INC.** Employer identification number
52-1341890

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BEHAVIORAL HEALTH SYSTEM BALTIMORE 100 S CHARLES S, 8TH FL BALTIMORE, MD 21201	52-1519025	501(C)(3)	623,480.	0.			COMMUNITY OUTREACH

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

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

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

Schedule I (Form 990) 2022

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

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

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

PART I, LINE 2:

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.	Employer identification number 52-1341890
---	--

Part I Questions Regarding Compensation

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

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

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KEVIN W. SOWERS, M.S.N., R.N., TRUSTEE/CORPORATE VICE CHAIR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	1,628,974.	1,198,350.	312,891.	44,608.	12,507.	3,197,330.	275,832.
(2) INEZ STEWART TRUSTEE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	807,631.	601,028.	512,819.	19,880.	13,921.	1,955,279.	59,005.
(3) RONALD PETERSON FORMER OFFICER, TRUSTEE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	1,275,825.	0.	0.	1,275,825.	0.
(4) RICHARD G. BENNETT, M.D. PRESIDENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	679,549.	426,665.	106,218.	-48,954.	11,484.	1,174,962.	0.
(5) CHARLES B. REULAND, SC.D. FORMER OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	584,185.	95,916.	83,696.	-163,109.	33,612.	634,300.	0.
(6) PETER MANCINO SECRETARY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	419,349.	111,225.	48,380.	-34,571.	23,933.	568,316.	0.
(7) JENNIFER NICKOLES PRESIDENT/TRUSTEE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	393,996.	60,158.	20,083.	51,429.	30,790.	556,456.	0.
(8) RENEE J. BLANDING, M.D. VP, MEDICAL AFFAIRS	(i)	397,902.	51,448.	500.	48,203.	4,554.	502,607.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) SHARON SMYTH VP, NURSING & CNO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	374,034.	40,725.	11,279.	19,880.	5,263.	451,181.	0.
(10) CARL FRANCIOLI VP, FINANCE & CFO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	371,792.	52,158.	92,118.	-130,536.	27,793.	413,325.	0.
(11) GREGORY MILLER TREASURER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	304,865.	69,195.	17,283.	-42,759.	29,936.	378,520.	0.
(12) THOMAS B. TRZCINSKI FORMER OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	376,189.	0.	0.	376,189.	66,799.
(13) CHERYL R. KOCH VP, COO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	362,908.	53,927.	32,502.	-153,028.	34,773.	331,082.	0.
(14) BRIAN RAYME VP, FINANCE & CFO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	299,110.	39,871.	435.	-13,450.	2,684.	328,650.	0.
(15) MIRIAM PASCO REGISTERED NURSE	(i)	229,374.	13,500.	1,337.	41,976.	11,124.	297,311.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) MICHELE SEDNEY VP, HUMAN RESOURCES	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	231,652.	32,507.	18,016.	-22,097.	31,402.	291,480.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) EMMAH KARIUKI REGISTERED NURSE	(i)	255,124.	2,250.	10,405.	8,647.	10,157.	286,583.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) LISA FILBERT EXEC DIR EXCELLENCE	(i)	250,628.	20,594.	1,092.	-29,077.	31,467.	274,704.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) DANIELLE WHARTON VP, CLINICAL & SUPP SRVCS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	250,584.	38,349.	3,553.	-84,569.	34,186.	242,103.	0.
(20) ANITHA KURIAKOSE REGISTERED NURSE	(i)	196,386.	13,000.	30,335.	741.	1,189.	241,651.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) WILLIAM HALE SPECIAL ADVISOR OFFICE OF PRESIDENT	(i)	220,274.	17,900.	1,551.	-20,414.	18,916.	238,227.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

THE ORGANIZATION WILL PROVIDE TAX GROSS UP PAYMENTS IN CERTAIN CIRCUMSTANCES WITH APPROPRIATE LEVELS OF REVIEW AND APPROVAL. DURING THE TAX YEAR, A HIGHEST PAID EMPLOYEE OF THE ORGANIZATION RECEIVED A GROSS UP PAYMENT. THIS BENEFIT WAS TREATED AS TAXABLE COMPENSATION TO THE LISTED INDIVIDUAL.

PART I, LINES 4A-B:

SEVERANCE: THOMAS TRZCINSKI \$285,666.95 AND CARL FRANCIOLI \$23,146.83

A SELECT GROUP OF SENIOR LEADERS OF THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION (JHHSC) PARTICIPATE IN SUPPLEMENTAL RETIREMENT/DEFERRED COMPENSATION PROGRAMS, INCLUDING SOME LEGACY ARRANGEMENTS THAT ARE NO LONGER AVAILABLE TO NEW HIRES. PRE-2011 PARTICIPANTS RECEIVE CASH PAYMENTS EACH YEAR DETERMINED WITH REFERENCE TO THEIR SERVICE WITH JHHSC AND THEIR FINAL AVERAGE COMPENSATION. AS OF JANUARY 2019, FUTURE CASH PAYMENTS ARE MADE ACCORDING TO A FIXED SCHEDULE FOR THESE PARTICIPANTS. POST-2011 PARTICIPANTS ACCRUE BENEFITS UNDER A DEFINED CONTRIBUTION FORMULA WHERE CONTRIBUTIONS ARE TIERED BY POSITION LEVEL. CONTRIBUTIONS MADE IN 2018 AND

Part III Supplemental Information

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

PRIOR YEARS GENERALLY VEST AFTER THE LATER OF FIVE YEARS OF SERVICE WITH
JHHC OR THREE YEARS OF PLAN PARTICIPATION; CONTRIBUTIONS MADE IN 2019 AND
FUTURE YEARS VEST THREE YEARS AFTER EACH CONTRIBUTION IS MADE, WITH FULL
VESTING ON THE LATER OF AGE 65 OR THREE YEARS OF PLAN PARTICIPATION. ALL
CONTRIBUTIONS VEST ON DEATH, DISABILITY OR INVOLUNTARY TERMINATION WITHOUT
CAUSE. IF A PARTICIPANT VOLUNTARILY TERMINATES EMPLOYMENT OR IS TERMINATED
BY THE EMPLOYER FOR CAUSE PRIOR TO THE APPLICABLE VESTING DATE, THE
PARTICIPANT'S ENTIRE NON-VESTED BENEFIT IS FORFEITED

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

THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A
RECEIVED PAYMENT FROM ONE OR MORE SUPPLEMENTAL RETIREMENT/DEFERRED
COMPENSATION PROGRAMS, WITH PAYMENTS REPORTED IN SCHEDULE J, PART II,
COLUMN (B)(III); THE TOTAL OF AMOUNTS PAYABLE DURING 2022 BUT REPORTED AS

Part III Supplemental Information

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

DEFERRED COMPENSATION IN COLUMN (C) IN PREVIOUS YEARS IS REPORTED IN

SCHEDULE J, PART II, COLUMN (F). THE AMOUNTS BELOW MAY REFLECT ANNUAL CASH

PAYMENTS OR MULTIPLE YEARS OF ACCRUALS THAT VESTED IN 2022.

KEVIN SOWERS \$275,831.54; RICHARD BENNETT \$83,862.18; CARL FRANCIOLI

\$17,008; CHERYL KOCH \$12,004; CHARLES REULAND \$68,161.60; INEZ STEWART

\$486,116.50; THOMAS TRZCINSKI \$90,521.78 AND PETER MANCINO \$40,484.82.

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 2022, MR.

PETERSON RECEIVED A PAYMENT OF \$1,275,825; THIS AMOUNT IS REPORTED IN

SCHEDULE J, PART II, COLUMN (B)(III).

Part III Supplemental Information

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

PART I, LINE 7:

ANNUAL INCENTIVE PLAN: EXECUTIVES PARTICIPATE IN AN ANNUAL INCENTIVE PLAN

THAT REWARDS PARTICIPANTS FOR THE ACHIEVEMENT OF ORGANIZATION OBJECTIVES

APPROVED BY THE JOHNS HOPKINS MEDICINE COMPENSATION COMMITTEE EACH YEAR,

INCLUDING FINANCIAL AND NON-FINANCIAL MEASURES. A PORTION OF THE OVERALL

AWARD IS DETERMINED BASED ON INDIVIDUAL PERFORMANCE.

DEPENDENT TUITION REIMBURSEMENT: DUE TO THEIR CLOSE COLLABORATION WITH THE

JOHNS HOPKINS UNIVERSITY (JHU), JHHSC PROVIDES LEADERS WITH DEPENDENT

TUITION REIMBURSEMENT ON A SIMILAR BASIS AS THEIR JHU COUNTERPARTS.

DEPENDENT TUITION REIMBURSEMENT IS TAXABLE FOR JHHSC EMPLOYEES. THE

DEPENDENT MUST BE ENROLLED FULL TIME AT AN APPROVED, ACCREDITED COLLEGE OR

UNIVERSITY AND IN GOOD ACADEMIC STANDING. PAYMENT IS LIMITED TO FOUR YEARS

OF FULL TIME, UNDERGRADUATE STUDY PER DEPENDENT CHILD.

TUITION REIMBURSEMENT: TUITION REIMBURSEMENT IS AVAILABLE TO EMPLOYEES THAT

WORK 20 HOURS OR MORE A WEEK FOR UP TO A MAXIMUM BENEFIT OF \$10,000 PER

ACADEMIC YEAR. TO RECEIVE REIMBURSEMENT, ELIGIBLE EMPLOYEES MUST PURSUE A

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.

COURSE OF STUDY AT AN ACCREDITED UNIVERSITY OR COLLEGE THAT LEADS TO A
LICENSURE, DEGREE, OR MEETS THE NECESSITY RELATED TO CURRENT POSITION OR
ANOTHER POSITION WITHIN THE ORGANIZATION.

PART VII, SECTION A, QUESTION 5

THE FOLLOWING OFFICER OF JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC. IS
PAID AND REPORTED BY THE JOHNS HOPKINS UNIVERSITY (EIN 52-0595110).

THE JOHNS HOPKINS UNIVERSITY (JHU) IS A 501(C)(3) NOT DIRECTLY RELATED
TO JHBMC. JHBMC REIMBURSES JOHNS HOPKINS UNIVERSITY FOR THE
COMPENSATION AND THE AMOUNTS ARE REPORTED ON THE 990 AS PURCHASED
SERVICES IN FUNCTIONAL EXPENSE. THE SERVICES PROVIDED TO THE FILING
ORGANIZATION ARE PAID THROUGH A CHARGEBACK BETWEEN THE FILING
ORGANIZATION AND JHU.

RENEE BLANDING - BASE COMPENSATION \$397,902.44, BONUS & INCENTIVE
COMPENSATION \$51,448.15 OTHER REPORTABLE COMPENSATION \$499.99, DEFERRED
COMPENSATION \$48,203.04 AND NON TAXABLE BENEFITS \$4,553.56.

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

Name of the organization **JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.** Employer identification number **52-1341890**

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) Pooled financing	
						Yes	No	Yes	No	Yes	No
A MHHEFA - 2004B CP	52-0936091	57421V3AA	02/09/04	101,990,000.	REFUND PRIOR ISSUES (7/21/1993)		X		X		X
B											
C											
D											

Part II Proceeds										
	A		B		C		D			
1 Amount of bonds retired	79,530,000.									
2 Amount of bonds legally defeased										
3 Total proceeds of issue	101,990,000.									
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	101,990,000.									
12 Other unspent proceeds										
13 Year of substantial completion	2004									
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X									
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, 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?								
2 Are there any lease arrangements that may result in private business use of bond-financed property?								
3a Are there any management or service contracts that may result in private business use of bond-financed property?								
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?								
c Are there any research agreements that may result in private business use of bond-financed property?								
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?								
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?								
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?								

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?	X							
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							

Part IV Arbitrage (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

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

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

SCHEDULE K, PART II, COLUMN A, LINE 11

THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS OF THE ISSUE THAT ARE NO LONGER IN ESCROW

SCHEDULE K, PART III, COLUMN A

THE SOLE PURPOSE OF THE 2004B COMMERCIAL PAPER WAS THE REFUNDING OF AN ISSUE DATED PRIOR TO 12/31/2002 AND THEREFORE IS NOT REQUIRED TO COMPLETE PART III OF SCHEDULE K

SCHEDULE K, PART I, LINE A:

MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY

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
ANDREW FRAKE	SEE PART V	259,210.	SEE PART V		X
DR. JUDY HUANG	TRUSTEE	153,636.	SEE PART V		X

Part V Supplemental Information.

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

(A) NAME OF PERSON: ANDREW FRAKE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION:

FAMILY MEMBER OF OFFICER

(D) DESCRIPTION OF TRANSACTION:

ANDREW FRAKE IS EMPLOYED BY JHHS AS A SENIOR DIRECTOR OF HEALTH INFORMATION TECHNOLOGY. JHBMC COVERS 50% OF THE COMPENSATION AND THE REMAINDER IS COVERED BY JHH AND JHHS.

(A) NAME OF PERSON: DR. JUDY HUANG

(D) DESCRIPTION OF TRANSACTION:

DR. HUANG HAS AN OWNERSHIP INTEREST IN LONGEVITI, A NEUROSURGERY IMPLANT DEVICE MANUFACTURER. JHBMC ENGAGED IN BUSINESS TRANSACTIONS WITH LONGEVITI DURING THE TAX YEAR. DR. HUANG WAS NOT INVOLVED IN ANY NEGOTIATIONS REGARDING THE TRANSACTIONS.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

THE JOHNS HOPKINS HEALTH SYSTEM AND ALL AFFILIATES ARE SUBJECT TO POLICY HR934 (NEPOTISM AND PROFESSIONAL BOUNDARIES). PURSUANT TO THE POLICY, ALL FAMILIAL RELATIONSHIPS ARE DISCLOSED DURING THE HIRING

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

PROCESS AND NO EMPLOYEES WITH A FAMILIAL RELATIONSHIP MAY PARTICIPATE

IN THE HIRING PROCESS OF ONE ANOTHER OR HAVE MANAGERIAL AUTHORITY OVER

ONE ANOTHER. ALL HIRING AND COMPENSATION DECISIONS ARE MADE IN

ACCORDANCE WITH THE POLICY.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.	Employer identification number 52-1341890
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HEALTH CARE THAT IS FOCUSED ON THE UNIQUENESS AND DIGNITY OF EACH
PERSON WE SERVE. WE OFFER THIS CARE IN AN ENVIRONMENT THAT PROMOTES,
EMBRACES AND HONORS THE DIVERSITY OF OUR GLOBAL COMMUNITY. WITH A RICH
AND LONG TRADITION OF MEDICAL CARE, EDUCATION AND RESEARCH, WE ARE
DEDICATED TO PROVIDING AND ADVANCING MEDICINE THAT IS RESPECTFUL AND
NURTURING OF THE LIVES OF THOSE WE TOUCH.

FORM 990, PART I, LINE 8

PURSUANT TO THE CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY (CARES)
ACT, JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC. RECOGNIZED
\$2,080,356.49 OF FUNDING FROM THE EMPLOYEE RETENTION CREDIT (ERC)
ADMINISTERED BY THE INTERNAL REVENUE SERVICE, A BUREAU OF THE U.S.
TREASURY DEPARTMENT DURING FY23. THIS AMOUNT HAS BEEN RECOGNIZED AS
GRANT REVENUE ON PART I, LINE 8 OF THE ORGANIZATION'S FORM 990.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SCIENCE, CLINICAL CARE, HEALTH SERVICES DELIVERY, AND MEDICAL
EDUCATION, ADMINISTRATION OF MEDICAL ACTIVITIES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

AMONG THE OTHER PROGRAM SERVICES PROVIDED AT JOHNS HOPKINS BAYVIEW
MEDICAL CENTER IS MEDICAL TREATMENT AT THE BURN CENTER. MARYLAND'S
REGIONAL BURN CENTER PROVIDES AN INTERNATIONALLY RECOGNIZED

COMPREHENSIVE PROGRAM OF CARE FOR PATIENTS WITH BURNS AND WOUNDS. OUR
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Name of the organization	JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.	Employer identification number	52-1341890
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GOAL FOCUSES ON RETURNING PATIENTS TO THEIR HIGHEST LEVEL OF FUNCTION

BY ATTENDING TO THE PHYSICAL, PSYCHOLOGICAL, SOCIAL AND VOCATIONAL

ASPECTS OF THEIR LIVES. OUR SPECIALTY SERVICES INCORPORATE ACUTE ADULT

AND PEDIATRIC BURN TREATMENT, PLASTIC AND RECONSTRUCTIVE BURN SURGERY,

REPAIR OF COMPLEX SURGICAL WOUNDS. THE COMPLEX NATURE OF BURNS AND

THEIR UNIQUE PHYSICAL AND PSYCHOLOGICAL ASPECTS REQUIRE THE EXPERTISE

OF A MULTIDISCIPLINARY TEAM OF PROVIDERS. OUR HEALTH CARE TEAM

CONSISTS OF SPECIALIST SURGEONS, INTENSIVISTS, NURSES, PHYSICAL AND

OCCUPATIONAL THERAPISTS, NUTRITIONISTS, PHARMACISTS, PSYCHOLOGISTS,

SOCIAL WORKERS AND CASE COORDINATORS, AS WELL AS OTHER SUPPORT

SERVICES. WE ARE RECOGNIZED AS A STATE-OF-THE-ART FACILITY, PROVIDING

INDIVIDUALIZED COORDINATED CARE FOR BURN PATIENTS.

EXPENSES \$ 299,735,240. INCL GRANTS OF \$ 627,730. REVENUE \$ 439,316,208.

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

MICHAEL HANKIN IS A TRUSTEE OF JOHNS HOPKINS MEDICINE. KENNETH STUZIN IS A

TRUSTEE OF JOHNS HOPKINS BAYVIEW MEDICAL CENTER. ELIZABETH FLANAGAN IS A

TRUSTEE OF SUBURBAN HOSPITAL. MESSRS. HANKIN AND STUZIN AND MRS. FLANAGAN

HAVE A BUSINESS RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 6:

JOHNS HOPKINS HEALTH SYSTEM CORPORATION, A IRC 501(C)(3) TAX EXEMPT

ORGANIZATION, IS THE SOLE CORPORATE MEMBER OF JOHNS HOPKINS BAYVIEW MEDICAL

CENTER, INC.

FORM 990, PART VI, SECTION A, LINE 7A:

JOHNS HOPKINS HEALTH SYSTEM CORPORATION, A IRC 501C (3) TAX EXEMPT PARENT

ORGANIZATION OF JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC. ELECTS THE BOARD

Name of the organization JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.	Employer identification number 52-1341890
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OF TRUSTEES.

FORM 990, PART VI, SECTION A, LINE 7B:

THE GOVERNING BODY OF JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC. IS
EMPOWERED BY ITS BY-LAWS TO MAKE CERTAIN DECISIONS; ALL OTHER DECISIONS ARE
SUBJECT TO APPROVAL OF THE PARENT ORGANIZATION JOHNS HOPKINS HEALTH SYSTEM
CORPORATION.

FORM 990, PART VI, SECTION B, LINE 11B:

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

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

THE CONFLICT OF INTEREST POLICY IS A PART OF THE ANNUAL DISCLOSURE
STATEMENT PROCESS. ALL OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES ARE
REQUIRED TO REPORT ANY CONFLICTS OF INTEREST AND TO COMPLY WITH THE
CONFLICT OF INTEREST POLICY. CONFLICTS OF INTEREST ARE DETERMINED AT A
HEALTH SYSTEM LEVEL AND INCLUDE THE ORGANIZATION AND ALL OF ITS AFFILIATES.
THE ORGANIZATION LEGAL DEPARTMENT IS RESPONSIBLE FOR REVIEWING ALL ACTUAL
OR POTENTIAL CONFLICTS OF INTERESTS AND FOR DETERMINING APPROPRIATE ACTION
TO ELIMINATE OR MANAGE THE CONFLICT OF INTEREST. IF A CONFLICT ARISES, THE
AFFECTED MEMBER MUST (1) REFRAIN FROM ANY ATTEMPTS TO EITHER DIRECTLY OR
INDIRECTLY INFLUENCE THE DECISION-MAKING PROCESS IN WHICH THERE EXISTS A
POTENTIAL FOR CONFLICTS OF INTEREST; (2) REFRAIN FROM PARTICIPATING IN ANY
DISCUSSIONS LEADING TO THE APPROVAL OR DISAPPROVAL OF THE TRANSACTION

Name of the organization **JOHNS HOPKINS BAYVIEW
MEDICAL CENTER, INC.**

Employer identification number
52-1341890

CREATING THE CONFLICT, EXCEPT TO DISCLOSE MATERIAL FACTS RELATING TO THE
CONFLICT; AND (3) ABSTAIN FROM VOTING ON THE TRANSACTION CREATING THE
CONFLICT OR TRANSMITTING ANY OTHER OPINION, INCLUDING NOT BEING PRESENT IN
THE ROOM WHEN THE VOTE IS TAKEN, UNLESS THE VOTE IS BY SECRET BALLOT.
FURTHERMORE, THE ORGANIZATION'S INTERMEDIATE SANCTIONS TRANSACTION REVIEW
COMMITTEE REVIEWS AND DETERMINES WHETHER A PROPOSED TRANSACTION BETWEEN A
TRUSTEE, OFFICER, KEY EMPLOYEE, OR DISQUALIFIED PERSON AND THE ORGANIZATION
WOULD CREATE AN EXCESS BENEFIT TO SUCH TRUSTEE, OFFICER, KEY EMPLOYEE OR A
DISQUALIFIED PERSON, OR WHETHER SUCH PROPOSED TRANSACTION QUALIFIES FOR A
REBUTTABLE PRESUMPTION AGAINST EXCESS BENEFIT.

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

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

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

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

Name of the organization JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.	Employer identification number 52-1341890
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SERVICE.

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

CHANGE IN MARKET VALUE OF SWAP AGREEMENT	747,473.
INTEREST EXPENSE ON SWAP AGREEMENT	-190,798.
CHANGE IN FUND STATUS DEFINED BENEFIT PLANS	16,041,000.
NET PERIODIC PENSION COST	6,228,000.
NET ASSETS RELEASED FROM OPERATIONS	-772,514.
OTHER NON-OPERATING	-15,283,109.
TOTAL TO FORM 990, PART XI, LINE 9	6,770,052.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **JOHNS HOPKINS BAYVIEW
MEDICAL CENTER, INC.** Employer identification number **52-1341890**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ALL CHILDREN'S HEALTH SYSTEM, INC. - 59-2481740, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	MANAGEMENT SERVICES	FLORIDA	501(C)(3)	LINE 12C, III-FI	JOHNS HOPKINS HEALTH SYSTEM CORP		X
ALL CHILDREN'S RESEARCH INSTITUTE, INC. - 59-2481742, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	RESEARCH	FLORIDA	501(C)(3)	LINE 4	ALL CHILDREN'S HEALTH SYSTEM, INC.		X
HOWARD HOSPITAL FOUNDATION, INC. - 52-1072778, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	FUNDRAISING/SUPPORTING ORGANIZATION	MARYLAND	501(C)(3)	LINE 12C, III-FI	N/A		X
HOWARD COUNTY GENERAL HOSPITAL, INC. - 52-2093120, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	HOSPITAL	MARYLAND	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORP		X

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

Schedule R (Form 990) 2022

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
JOHN HOPKINS ALL CHILDREN'S FOUNDATION, INC. - 59-2481738, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	FOUNDATION	FLORIDA	501(C)(3)	LINE 7	ALL CHILDREN'S HEALTH SYSTEM, INC.		X
JOHNS HOPKINS ALL CHILDREN'S HOSPITAL, INC - 59-0683252, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	HOSPITAL	FLORIDA	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORP		X
JOHNS HOPKINS COMMUNITY PHYSICIANS, INC. - 52-1467441, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	HEALTHCARE SERVICES	MARYLAND	501(C)(3)	LINE 12C, III-FI	JOHNS HOPKINS HEALTH SYSTEM CORP		X
JOHNS HOPKINS HEALTH SYSTEM CORPORATION - 52-1465301, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	SUPPORTING ORGANIZATION	MARYLAND	501(C)(3)	LINE 12C, III-FI	N/A		X
JOHNS HOPKINS HOSPITAL ENDOWMENT FUND, INC. - 23-7252596, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	MANAGEMENT OF ENDOWMENT	MARYLAND	501(C)(3)	LINE 12C, III-FI	N/A		X
JOHNS HOPKINS MEDICAL SERVICES CORPORATION - 52-1232569, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	HEALTHCARE SERVICES	MARYLAND	501(C)(3)	LINE 12B, II	JOHNS HOPKINS HEALTH SYSTEM CORP		X
LUCY WEBB HAYES NATIONAL TRAINING SCHOOL FOR - 53-0196602, 5255 LOUGHBORO RD, NW, WASHINGTON, DC 20016	HOSPITAL	DISTRICT OF COLUMBIA	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORP		X
PEDIATRIC PHYSICIAN SERVICES, INC. - 59-3425191, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	PEDIATRIC MEDICAL SERVICES	FLORIDA	501(C)(3)	LINE 10	ALL CHILDREN'S HEALTH SYSTEM, INC.		X
POTOMAC HOME SUPPORT, INC. - 52-1750383 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 430 ROCKVILLE, MD 20852	HOME HEALTH CARE	MARYLAND	501(C)(3)	LINE 12B, II	N/A		X
SIBLEY MEMORIAL HOSPITAL FOUNDATION, INC. - 45-0562642, 5255 LOUGHBORO RD, NW, WASHINGTON, DC 20016	FINANCIAL SUPPORT	DISTRICT OF COLUMBIA	501(C)(3)	LINE 7	LUCY WEBB HAYESNATIONAL TRAINING FOR		X
SIBLEY SUBURBAN HOME HEALTH AGENCY, INC. - 52-1450142, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, ROCKVILLE, MD 20852	HOME HEALTH CARE	MARYLAND	501(C)(3)	LINE 10	POTOMAC HOME SUPPORT, INC.		X
SUBURBAN HOSPITAL FOUNDATION, INC. - 52-2019696, 8600 OLD GEORGETOWN ROAD, BETHESDA, MD 20814	SUPPORTING ORGANIZATION	MARYLAND	501(C)(3)	LINE 12A, I	SUBURBAN HOSPITAL, INC.		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
HEALTHCARE SUPPLY CHAIN INNOVATIONS, LLC - 47-2509307, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE.	GROUP PURCHASING SERV	MD	N/A	N/A	N/A	N/A		X	N/A		X	N/A
HOWARD COUNTY NEONATAL SERVICES SERIES - 52-2239401, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE. 4300A,	NEONATAL HEALTH	MD	N/A	N/A	N/A	N/A		X	N/A		X	N/A
JHMI UTILITIES, LLC - 20-2814243, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE. 4300A, BALTIMORE, MD 21211	UTILITY FACILITIES	MD	N/A	N/A	N/A	N/A		X	N/A		X	N/A
JOHNS HOPKINS HEALTH CARE AND SURGERY CENTER DEVELOPMENT, LLC - 82-1388814, 3910 KESWICK RD, SOUTH BLDG, 4TH	LEASING REAL PROPERTY	MD	N/A	N/A	N/A	N/A		X	N/A		X	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
HOWARD COUNTY HEALTH SERVICES, INC. - 52-1434783, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	HEALTHCARE MANAGEMENT	MD	N/A	C CORP	N/A	N/A	N/A		X
JOHNS HOPKINS EMPLOYER HEALTH PROGRAMS, INC. - 52-1947678, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	BENEFIT PLANS	MD	N/A	C CORP	N/A	N/A	N/A		X
JOHNS HOPKINS MEDICAL MANAGEMENT CORPORATION - 52-1250028, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	NURSING SERVICES	MD	N/A	C CORP	N/A	N/A	N/A		X
SSA HOLDCO, INC. - 81-1040476 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300 BALTIMORE, MD 21211	INVESTMENT	PA	N/A	C CORP	N/A	N/A	N/A		X
SUBURBAN HEALTH ENTERPRISES, INC. - 52-2052352, 8600 OLD GEORGETOWN ROAD, BETHESDA, MD 20814	MEDICAL OFFICE LEASING AND RELEASING	MD	N/A	C CORP	N/A	N/A	N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
JOHNS HOPKINS HEALTHCARE, LLC - 52-1899357, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE. 4300A, BALTIMORE, MD 21211	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A		X	N/A		X	N/A
JOHNS HOPKINS MEDICINE ALLIANCE FOR OUR PATIENTS, LLC - 46-2866692, 3910 KESWICK RD, SOUTH BLDG, 4TH	HEALTHCARE SERVICE	MD	N/A	N/A	N/A	N/A		X	N/A		X	N/A
JOHNS HOPKINS MEDICINE INTERNATIONAL, LLC - 52-2144849, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE.	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A		X	N/A		X	N/A
JOHNS HOPKINS SURGERY CENTER SERIES - 20-8707724, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE. 4300A, BALTIMORE, MD	SURGERY	MD	N/A	N/A	N/A	N/A		X	N/A		X	N/A
MARYLAND HEALTH ADVANTAGE, LLC - 81-3898700, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE. 4300A, BALTIMORE, MD	HOLDING COMPANY	DE	N/A	N/A	N/A	N/A		X	N/A		X	N/A
WEST COUNTY MEDICAL, LLC - 27-5234888, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE. 4300A, BALTIMORE, MD 21211	REAL ESTATE	MD	N/A	N/A	N/A	N/A		X	N/A		X	N/A
JOHNS HOPKINS PERSONALIZED CARE, LLC - 92-1421927, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE. 4300A, BALTIMORE, MD	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A		X	N/A		X	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
TCAS, INC. - 52-1979344 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300 BALTIMORE, MD 21211	NURSING SERVICES	MD	N/A	C CORP	N/A	N/A	N/A		X
VARIOUS CHARITABLE REMAINDER TRUSTS 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300 BALTIMORE, MD 21211	CHARITABLE REMAINDER TRUSTS	MD	N/A	TRUST	0.	228,201.	100%		X
SAFETOWER, INC. - 92-3428577 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300 BALTIMORE, MD 21211	MEDICAL TECH COMPANY	DE	N/A	C CORP	N/A	N/A	N/A		X

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

HEALTHCARE SUPPLY CHAIN INNOVATIONS, LLC

EIN: 47-2509307

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

BALTIMORE, MD 21211

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

HOWARD COUNTY NEONATAL SERVICES SERIES

EIN: 52-2239401

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

BALTIMORE, MD 21211

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

JOHNS HOPKINS HEALTH CARE AND SURGERY CENTER DEVELOPMENT,

LLC

EIN: 82-1388814

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

BALTIMORE, MD 21211

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

JOHNS HOPKINS MEDICINE ALLIANCE FOR OUR PATIENTS, LLC

EIN: 46-2866692

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

BALTIMORE, MD 21211

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

Part VII Supplemental Information

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

JOHNS HOPKINS MEDICINE INTERNATIONAL, LLC

EIN: 52-2144849

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

BALTIMORE, MD 21211

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

JOHNS HOPKINS SURGERY CENTER SERIES

EIN: 20-8707724

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

BALTIMORE, MD 21211

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

MARYLAND HEALTH ADVANTAGE, LLC

EIN: 81-3898700

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

BALTIMORE, MD 21211

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

JOHNS HOPKINS PERSONALIZED CARE, LLC

EIN: 92-1421927

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

BALTIMORE, MD 21211

2022 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	LAND IMPROVEMENTS	VARIOUS		.000	HY	16	383,752.				383,752.	272,576.		0.	272,576.
2	BUILDINGS	VARIOUS		.000	HY	17	197,519,229.			197,519,229.	195,459,041.	095,459,041.		095,459,041.	
3	LEASEHOLD IMPROVEMENTS	VARIOUS		.000	HY	16	425,139.				425,139.	293,424.		0.	293,424.
4	FIXED EQUIPMENT	VARIOUS		.000	HY	13	13,464,273.				13,464,273.	3,881,202.		0.	3,881,202.
5	MAJOR MOVABLE EQUIPMENT	VARIOUS		.000	HY	16	106,516,117.				106,516,117.	69,328,968.		069,328,968.	
6	TELEPHONE	VARIOUS		.000	HY	16	1,248,861.				1,248,861.	558,091.		0.	558,091.
7	SOFTWARE	VARIOUS		.000	HY	13	13,474,703.				13,474,703.	11,627,060.		011,627,060.	
8	CONSTRUCTION IN PROGRESS	VARIOUS		.000	HY	13	30,133,605.				30,133,605.	363,352.		0.	363,352.
	* TOTAL 990 PAGE 10 DEPR						368,165,679.				368,165,679.	281,783,714.		281,783,714.	