

Form **8879-TE****IRS E-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue ServiceFor calendar year 2023, or fiscal year beginning JUL 1, 2023, and ending JUN 30, 2024**2023****Do not send to the IRS. Keep for your records.****Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer

THE JOHNS HOPKINS HOSPITAL

EIN or SSN

52-0591656

Name and title of officer or person subject to tax **KATINA WILLIAMS**

VP FINANCE AND 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.

<b>1a</b> Form 990 check here	<input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> <u>3,385,888,491.</u>
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c)	<b>5b</b> _____
<b>6a</b> Form 990-T check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4)	<b>6b</b> _____
<b>7a</b> Form 4720 check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1)	<b>7b</b> _____
<b>8a</b> Form 5227 check here	<input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D)	<b>8b</b> _____
<b>9a</b> Form 5330 check here	<input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19)	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here	<input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22)	<b>10b</b> _____

**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 2023 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**

ERO firm name

as my signature on the tax year 2023 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 2023 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

*Katina Williams*

Date

5/8/2025

**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.

52360391656

**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2023 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**

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

Form **8879-TE** (2023)

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

**File a separate application for each return.**  
**Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

OMB No. 1545-0047

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I - Identification**

<b>Type or Print</b>	Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number (TIN)
	THE JOHNS HOPKINS HOSPITAL	52-0591656
	Number, street, and room or suite no. If a P.O. box, see instructions. 3910 KESWICK RD, S BLDG, 4300A	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BALTIMORE, MD 21211	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
Plan Number \_\_\_\_\_  
Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of KATINA WILLIAMS  
3910 KESWICK RD, SOUTH BLDG, 4TH FLOOR, STE. 4300A - BALTIMORE, MD 21211  
Telephone No. 443-997-5724 Fax No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until MAY 15, 20 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
☐ calendar year 20 \_\_\_\_\_ or  
☒ tax year beginning JUL 1, 20 23, and ending JUN 30, 20 24

**2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

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

Form **8868** (Rev. 1-2024)

EXTENDED TO MAY 15, 2025

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024

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  THE JOHNS HOPKINS HOSPITAL		D Employer identification number  52-0591656	
	Doing business as		E Telephone number (443) 997-5724	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 3,653,970,323.	
	3910 KESWICK RD, S BLDG		4300A	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code BALTIMORE, MD 21211		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
F Name and address of principal officer: KATINA WILLIAMS SAME AS C ABOVE		If "No," attach a list. See instructions		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: WWW.HOPKINSMEDICINE.ORG/HOPKINSHOSPITAL				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1867	M State of legal domicile: MD	

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: FOR MORE THAN 125 YEARS, THE MISSION OF THE JOHNS HOPKINS HOSPITAL HAS BEEN TO LEAD THE WORLD IN		
	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	13
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	13435
	6 Total number of volunteers (estimate if necessary)	6	596
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	21,907,155.
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 45,856,201.	Current Year 29,390,260.
	9 Program service revenue (Part VIII, line 2g)	3,068,689,083.	3,233,766,758.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	24,993,994.	65,623,030.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	43,203,307.	57,108,443.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,182,742,585.	3,385,888,491.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	73,985,092.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		974,568,170.	1,071,284,300.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		0.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,037,270,976.	2,168,033,813.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,085,824,238.	3,286,457,026.
19 Revenue less expenses. Subtract line 18 from line 12	96,918,347.	99,431,465.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 3,463,465,002.	End of Year 3,606,712,617.
	21 Total liabilities (Part X, line 26)	1,505,172,027.	1,522,311,656.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,958,292,975.	2,084,400,961.

Part II Signature Block			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Sign Here	Katina Williams		5/8/2025
	Signature of officer		Date
Paid Preparer Use Only	KATINA WILLIAMS, VP FINANCE AND CFO		
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	Firm's name	Firm's EIN	Check if self-employed <input type="checkbox"/> PTIN
Paid Preparer Use Only	Firm's address	Phone no.	

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

SEE SCHEDULE O

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

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

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 597,714,614. including grants of \$ 0. ) (Revenue \$ 663,370,618. )  
SEE SCHEDULE O**4b** (Code: ) (Expenses \$ 168,059,436. including grants of \$ 0. ) (Revenue \$ 177,246,772. )  
SEE SCHEDULE O**4c** (Code: ) (Expenses \$ 125,766,790. including grants of \$ 0. ) (Revenue \$ 106,794,087. )  
SEE SCHEDULE O**4d** Other program services (Describe on Schedule O.)

(Expenses \$ 2,055,014,705. including grants of \$ 47,138,913. ) (Revenue \$ 2,318,794,985. )

**4e** Total program service expenses 2,946,555,545.

**Part IV Checklist of Required Schedules**

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

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

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

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

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

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

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

		Yes	No
<b>2a</b> 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	<b>2a</b> 13435		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	X	
<b>4a</b> 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)?	<b>4a</b>		X
<b>b</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).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> 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?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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?	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</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	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>		X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		X
<b>17 Section 501(c)(21) organizations.</b> 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.	<b>17</b>		

**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**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	15			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent .....		13		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....			2	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....			3	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....			4	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....			5	X
<b>6</b> Did the organization have members or stockholders? .....			6	X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....			7a	X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....			7b	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body? .....			8a	X
<b>b</b> Each committee with authority to act on behalf of the governing body? .....			8b	X
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .....			9	X

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

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

**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  
 KATINA WILLIAMS - 443-997-5724  
 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, 2ND CORPORATE VICE CHAIR	1.00 59.00	X		X				0.	2,437,606.	34,491.
(2) REDONDA G. MILLER, M.D. TRUSTEE, PRESIDENT	60.00 0.00	X		X				0.	1,482,366.	77,264.
(3) PETER HILL, M.D. VP, MEDICAL AFFAIRS (END 2/24)	30.00 30.00			X				0.	1,138,932.	96,464.
(4) ANNEMARIE BOYAN SR VICE PRESIDENT & GENERAL COUNSEL	15.00 45.00			X				0.	1,092,967.	140,031.
(5) DEBORAH J. BAKER, D.N.P., N.E.A VICE PRESIDENT, NURSING & PATIENT CA	30.00 30.00			X				0.	791,088.	153,817.
(6) SALLY W. MACCONNELL VICE PRESIDENT, FACILITIES	30.00 30.00			X				0.	905,060.	25,192.
(7) KATINA WILLIAMS VICE PRESIDENT, FINANCE & CFO	60.00 0.00			X				0.	651,822.	43,721.
(8) PETER B. MANCINO SECRETARY	1.00 59.00			X				0.	591,928.	56,640.
(9) KRISTENA LUKISH VICE PRESIDENT, HUMAN RESOURCES	60.00 0.00			X				0.	548,137.	36,249.
(10) RANDOLPH FRANKS PERFUSIONIST	50.00 0.00					X		338,827.	0.	233,272.
(11) APRIL TAYLOR VICE PRESIDENT, OPERATIONS & COO	60.00 0.00			X				0.	486,157.	33,614.
(12) MARK MARCANTANO CAO PEDIATRICS	50.00 0.00					X		471,459.	0.	41,184.
(13) GREGORY MILLER TREASURER	1.00 59.00			X				0.	425,515.	58,796.
(14) LAURIE SALETNIK ASSOC CNO PERIOPERATIVE SERVICES	50.00 0.00					X		304,890.	0.	124,060.
(15) MELISSA RICHARDSON V.P. FOR CARE COORDINATION & CLIN RE	60.00 1.00			X				0.	350,359.	37,682.
(16) ISAAC REMESH KUMAR CHINNAPPAN CHIEF PEDIATRIC PERFUSIONIST	50.00 0.00					X		325,520.	0.	54,027.
(17) JAMES SCHEULEN FORMER KEY EMPLOYEE	50.00 0.00						X	323,597.	0.	16,784.

**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) BRAD DETWILER ADMINISTRATOR	50.00 0.00				X			217,051.	0.	64,827.
(19) LAUREN JOHNSON (END 2/24) INTERIM V.P., QUALITY & PATIENT SAFE	60.00 0.00			X				218,618.	0.	35,608.
(20) KRYSTA MINTS NURSE PRACTITIONER	50.00 0.00					X		217,302.	0.	24,275.
(21) ELIZABETH AMBINDER FORMER KEY EMPLOYEE	50.00 0.00						X	204,482.	0.	23,290.
(22) RENEE DEMSKI FORMER OFFICER	30.00 30.00						X	0.	160,315.	-19,188.
(23) ALLEN VALENTINE FORMER KEY EMPLOYEE	50.00 0.00						X	201,799.	0.	-135,736.
(24) MAYO A. SHATTUCK, III TRUSTEE	1.00 3.00	X						0.	0.	0.
(25) MARJORIE RODGERS CHESHIRE TRUSTEE	1.00 0.00	X						0.	0.	0.
(26) REED CORDISH TRUSTEE, CHAIR	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								2,823,545.	11,062,252.	1,256,364.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,823,545.	11,062,252.	1,256,364.

**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

2,510

**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

	Yes	No
<b>3</b>	X	
<b>4</b>	X	
<b>5</b>		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

**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

**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
WHITING TURNER CONTRACTING CO, 11550 CROSSROADS CIRCLE, MIDDLE RIVER, MD 21220	CONSTRUCTION SERVICES	137,188,337.
AYA HEALTHCARE INC, 5930 CORNERSTONE CT W STE 300, SAN DIEGO, CA 92121-3772	TRAVEL NURSING AGENCY	25,087,950.
BROADWAY SERVICES INC, 3709 EAST MONUMENT STREET, BALTIMORE, MD 21205	CONTRACT MGMT	12,176,292.
QUEST DIAGNOSTICS 500 PLAZA DRIVE, SECAUCUS, NJ 07094	LABORATORY DIAGNOSTICS	8,966,053.
TRUSTED INC PO BOX 7775, SAN FRANCISCO, CA 94120-7775	STAFFING AGENCY	6,269,166.

**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

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SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2023)

## Part VII

Total to Part VII, Section A, line 1c

**Part VIII** Statement of RevenueCheck 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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	84,948.				
	<b>d</b> Related organizations .....	<b>1d</b>	13,620,606.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	2,523,039.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	13,161,667.				
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f .....			29,390,260.			
<b>Program Service Revenue</b>	<b>2 a</b> NET PATIENT SRV .....	<b>Business Code</b>	621990	1,643,259,114.	1,642,784,707.	474,407.	
	<b>b</b> ONCOLOGY REVENUE .....		621990	663,370,618.	663,370,618.		
	<b>c</b> PHARMACY REV .....		456110	643,096,167.	621,668,550.	21,427,617.	
	<b>d</b> NEUROSURGERY REVENUE .....		621990	177,246,772.	177,246,772.		
	<b>e</b> CARDIAC SURGERY .....		621990	106,794,087.	106,794,087.		
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....			3,233,766,758.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			40,437,182.		5,131.	40,432,051.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real 1,255,323.				
	<b>b</b> Less: rental expenses ...	<b>6b</b>	0.				
	<b>c</b> Rental income or (loss) .....	<b>6c</b>	1,255,323.				
	<b>d</b> Net rental income or (loss) .....			1,255,323.			1,255,323.
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities 291,991,000.	306,957.			
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	267,112,109.	0.			
	<b>c</b> Gain or (loss) .....	<b>7c</b>	24,878,891.	306,957.			
	<b>d</b> Net gain or (loss) .....			25,185,848.			25,185,848.
	<b>8 a</b> Gross income from fundraising events (not including \$ 84,948. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>	25,602.				
	<b>b</b> Less: direct expenses .....	<b>8b</b>	32,389.				
	<b>c</b> Net income or (loss) from fundraising events .....			-6,787.			-6,787.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>					
	<b>b</b> Less: direct expenses .....	<b>9b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>Miscellaneous Revenue</b>	<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>	2,455,513.				
	<b>b</b> Less: cost of goods sold .....	<b>10b</b>	937,334.				
	<b>c</b> Net income or (loss) from sales of inventory .....			1,518,179.			1,518,179.
	<b>11 a</b> OTHER LAB REVENUE .....	<b>Business Code</b>	541380	27,433,723.	27,433,723.		
<b>Miscellaneous Revenue</b>	<b>b</b> MISCELLANEOUS REV. ....		621990	18,953,101.	18,953,101.		
	<b>c</b> CAFETERIA INCOME .....		722514	4,754,036.	4,754,036.		
	<b>d</b> All other revenue .....		611710	3,200,868.	3,200,868.		
	<b>e Total.</b> Add lines 11a-11d .....			54,341,728.			
<b>12 Total revenue.</b> See instructions .....				3,385,888,491.	3,266,206,462.	21,907,155.	68,384,614.

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	47,138,913.	47,138,913.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	374,342.		374,342.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	851,966,399.	754,490,254.	97,476,145.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	44,536,200.	39,423,444.	5,112,756.	
<b>9</b> Other employee benefits .....	107,495,152.	95,156,479.	12,338,673.	
<b>10</b> Payroll taxes .....	66,912,207.	59,230,686.	7,681,521.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....	190,419.		190,419.	
<b>b</b> Legal .....	6,906,645.		6,906,645.	
<b>c</b> Accounting .....	6,707,643.		6,707,643.	
<b>d</b> Lobbying .....	239,345.		239,345.	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	2,530,951.		2,530,951.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	245,943,418.	222,726,087.	23,217,331.	
<b>12</b> Advertising and promotion .....	451,730.	87,989.	363,741.	
<b>13</b> Office expenses .....	38,327,268.	17,288,738.	21,038,530.	
<b>14</b> Information technology .....	6,995,305.	6,192,244.	803,061.	
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	8,397,839.	7,433,767.	964,072.	
<b>17</b> Travel .....	1,212,498.	55,493.	1,157,005.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	1,640,162.	1,450,234.	189,928.	
<b>20</b> Interest .....	26,643,269.	26,643,269.		
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	112,630,340.	99,700,377.	12,929,963.	
<b>23</b> Insurance .....	34,195,081.	30,010,771.	4,184,310.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> MEDICAL SUPPLIES	1,040,084,155.	1,040,084,155.	0.	
<b>b</b> PURCHASED SERVICES	517,239,756.	385,059,347.	132,180,409.	
<b>c</b> PATIENT CARE	88,829,841.	88,829,841.	0.	
<b>d</b> FOOD COSTS	10,417,332.	8,729,031.	1,688,301.	
<b>e</b> All other expenses	18,450,816.	16,824,426.	1,626,390.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	3,286,457,026.	2,946,555,545.	339,901,481.	0.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	38,904,145.	<b>1</b>	35,016,438.
	<b>2</b> Savings and temporary cash investments .....	267,067.	<b>2</b>	267,677.
	<b>3</b> Pledges and grants receivable, net .....	300,000.	<b>3</b>	2,938,275.
	<b>4</b> Accounts receivable, net .....	397,197,321.	<b>4</b>	493,785,370.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	121,601,480.	<b>7</b>	111,358,871.
	<b>8</b> Inventories for sale or use .....	95,917,489.	<b>8</b>	102,683,293.
	<b>9</b> Prepaid expenses and deferred charges .....	7,791,788.	<b>9</b>	12,370,683.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,662,388,720.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,531,493,075.	1,108,440,721.	<b>10c</b> 1,130,895,645.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	1,404,372,022.	<b>12</b>	1,452,908,502.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	288,672,969.	<b>15</b>	264,487,863.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	3,463,465,002.	<b>16</b>	3,606,712,617.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	285,704,570.	<b>17</b>	325,811,661.
	<b>18</b> Grants payable .....	2,124,095.	<b>18</b>	1,009,008.
	<b>19</b> Deferred revenue .....	2,372,944.	<b>19</b>	1,187,093.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	1,214,970,418.	<b>25</b>	1,194,303,894.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	1,505,172,027.	<b>26</b>	1,522,311,656.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	1,948,190,652.	<b>27</b>	2,071,511,547.
	<b>28</b> Net assets with donor restrictions .....	10,102,323.	<b>28</b>	12,889,414.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	1,958,292,975.	<b>32</b>	2,084,400,961.
	<b>33</b> Total liabilities and net assets/fund balances .....	3,463,465,002.	<b>33</b>	3,606,712,617.

Form **990** (2023)

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	3,385,888,491.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	3,286,457,026.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	99,431,465.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	1,958,292,975.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	109,827,508.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-83,150,987.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	2,084,400,961.

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>	X
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	X
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>2c</b>	X
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	<b>3a</b>	X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	<b>3b</b>	X

Form **990** (2023)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

# 2023

**Open to Public Inspection**

Name of the organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number

52-0591656

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

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		
<b>Total</b>						



**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**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**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** 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 - 2022.** 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV** Supporting Organizations *(continued)*

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>	
<b>7</b> <b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>	
<b>9</b> Distributable amount for 2023 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019			
<b>b</b> Excess from 2020			
<b>c</b> Excess from 2021			
<b>d</b> Excess from 2022			
<b>e</b> Excess from 2023			

## 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, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number

52-0591656

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 foundationCheck 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).

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

Schedule B (Form 990) (2023)



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

**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		\$ 13,609,986.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 46,144.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,163,063.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 2,635,094.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 2,625,558.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

**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		\$ 60,000.	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		\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 10,420.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

**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		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 43,661.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

**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		\$ 7,125.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 1,421,360.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 11,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

**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
25		\$ 6,318.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

**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
31		\$ 21,814.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34		\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35		\$ 76,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

**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
37		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40		\$ 11,193.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

**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
43		\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46		\$ 9,687.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48		\$ 9,271.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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

**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
49		\$ 154,161.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51		\$ 29,060.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53		\$ 25,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

**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
55		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58		\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59		\$ 328,936.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

**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
61		\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63		\$ 7,500.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64		\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65		\$ 100,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66		\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

**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
67		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71		\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72		\$ 13,417.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

**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
73		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76		\$ 19,961.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

**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
79		\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80		\$ 10,560.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83		\$ 102,793.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

**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
85		\$ 150,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

52-0591656

## Part II

[illegible]



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

**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)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

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

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

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

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

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

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

Name of organization <b>THE JOHNS HOPKINS HOSPITAL</b>	Employer identification number <b>52-0591656</b>
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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) 2023

**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
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....			
<b>d</b> Other exempt purpose expenditures .....			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....			
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
not over \$500,000,	20% of the amount on line 1e.		
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.		
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.		
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.		
over \$17,000,000,	\$1,000,000.		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....			
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....			
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....			
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....			

☐ Yes ☐ No

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

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

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?	X		239,345.
<b>j</b> Total. Add lines 1c through 1i			239,345.
<b>2a</b> Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE JOHNS HOPKINS HOSPITAL PAID ITS PARENT CORPORATION, JOHNS HOPKINS

HEALTH SYSTEM CORPORATION \$166,683 DURING FISCAL YEAR ENDED JUNE 30,

2024 TO SUPPORT THEIR LOBBYING ACTIVITIES. JOHNS HOPKINS OFFICE OF

GOVERNMENT AND COMMUNITY AFFAIRS (GCA) SERVES JOHNS HOPKINS UNIVERSITY

AND MEDICINE, JOHNS HOPKINS HEALTH SYSTEM AND AFFILIATES. THE PRIMARY

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

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

THE ORGANIZATION ALSO PAID CERTAIN DUES OR MEMBERSHIP FEES TO VARIOUS  
PROFESSIONAL ASSOCIATIONS, STATE HOSPITAL ASSOCIATIONS, AND OTHER  
PROFESSIONAL MEDICAL SOCIETIES WHO ALLOCATE A PORTION OF THOSE DUES  
TOWARDS LOBBYING EXPENSES. FOR FY24, THE ORGANIZATION HAS CONFIRMED  
THAT \$72,662 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number

52-0591656

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year .....

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

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

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

**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

**d** ☐ Loan or exchange program

**b** ☐ Scholarly research

**e** ☐ Other \_\_\_\_\_

**c** ☐ Preservation for future generations

**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
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

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

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

**a** Board designated or quasi-endowment \_\_\_\_\_ %

**b** Permanent endowment \_\_\_\_\_ %

**c** Term endowment \_\_\_\_\_ %

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

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations? ☐ Yes ☐ No

(ii) Related organizations? ☐ Yes ☐ No

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

**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
<b>1a</b> Land		10,151,616.		10,151,616.
<b>b</b> Buildings		1,108,741,761.	593,068,082.	515,673,679.
<b>c</b> Leasehold improvements		8,336,973.	5,336,531.	3,000,442.
<b>d</b> Equipment		1,270,723,297.	898,491,238.	372,232,059.
<b>e</b> Other		264,435,073.	34,597,224.	229,837,849.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,130,895,645.

**Part VII Investments - Other Securities**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) OTHER INVESTMENTS	1,309,958,547.	END-OF-YEAR MARKET VALUE
(B) INVESTMENTS IN JOINT VENTURES	142,949,955.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))	1,452,908,502.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

(a) Description	(b) Book value
(1) DUE FROM OTHERS	97,583,666.
(2) DUE FROM AFFILIATES	12,948,435.
(3) SPECIAL INV. FUND	40,378,333.
(4) OTHER ASSETS	106,162,369.
(5) FINANCE LEASE RIGHT-OF-USE ASSETS	4,748,176.
(6) OPERATING LEASE RIGHT-OF-USE ASSETS	2,666,884.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	264,487,863.

**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 PARTY	207,687,116.
(3) DUE TO AFFILIATES	130,652,932.
(4) OTHER LIABILITIES	664,285,285.
(5) WORKERS COMP TAIL LIABILITY	11,019,072.
(6) POST RETIREMENT BENEFITS	930,064.
(7) EST. MALPRACTICE COSTS	150,877,668.
(8) PENSION LIABILITY	22,184,000.
(9) FINANCE LEASE LIABILITIES	3,875,106.
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,194,303,894.

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 ☒

Schedule D (Form 990) 2023



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

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

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

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

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

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

**Part XIII Supplemental Information**

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

PART X, LINE 2:

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

THE ACCOUNTING FOR UNCERTAINTY OF INCOME TAX POSITIONS. THIS GUIDANCE

DEFINES THE THRESHOLD FOR RECOGNIZING TAX RETURN POSITIONS IN THE

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

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

GUIDANCE ON THE MEASUREMENT, CLASSIFICATION AND DISCLOSURE OF TAX RETURN

POSITIONS IN THE FINANCIAL STATEMENTS. THERE WAS NO IMPACT ON THE JOHNS

HOPKINS HOSPITAL'S FINANCIAL STATEMENTS DURING THE YEARS ENDED JUNE 30,

2024 AND 2023.

[illegible]



Department of the Treasury  
Internal Revenue Service

### Supplemental Information Regarding Fundraising or Gaming Activities

**Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**

**Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

# 2023

**Open to Public Inspection**

Name of the organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number

52-0591656

## Part I

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

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations
- b** ☐ Internet and email solicitations
- c** ☐ Phone solicitations
- d** ☐ In-person solicitations
- e** ☐ Solicitation of non-government grants
- f** ☐ Solicitation of government grants
- g** ☐ Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		GOLF CLASSIC (event type)	(event type)	(total number)	
Revenue	1 Gross receipts .....	110,550.			110,550.
	2 Less: Contributions .....	84,948.			84,948.
	3 Gross income (line 1 minus line 2) .....	25,602.			25,602.
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....				
	7 Food and beverages .....				
	8 Entertainment .....				
	9 Other direct expenses .....	32,389.			32,389.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				32,389.
11 Net income summary. Subtract line 10 from line 3, column (d) .....				-6,787.	

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

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

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

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 16** Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

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

<b>Part IV</b>	<b>Supplemental Information</b> <i>(continued)</i>
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**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

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

Attach to Form 990.

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number

52-0591656

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .....	X	
<b>1b</b> If "Yes," was it a written policy? .....	X	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year: <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ..... <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ..... <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ 500 %	X	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? .....	X	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? .....	X	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? .....		X
<b>6a</b> Did the organization prepare a community benefit report during the tax year? .....	X	
<b>b</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
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) .....			59,861,704.	0.	59,861,704.	1.82%
<b>b</b> Medicaid (from Worksheet 3, column a) .....			0.	0.		
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....			0.	0.		
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs .....			59,861,704.		59,861,704.	1.82%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....			74,989,766.	7,920,942.	67,068,824.	2.04%
<b>f</b> Health professions education (from Worksheet 5) .....			220,663,184.	0.	220,663,184.	6.71%
<b>g</b> Subsidized health services (from Worksheet 6) .....			0.	0.		
<b>h</b> Research (from Worksheet 7) .....			77,267.	0.	77,267.	.00%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....			40,234,961.	0.	40,234,961.	1.22%
<b>j Total.</b> Other Benefits .....			335,965,178.	7,920,942.	328,044,236.	9.97%
<b>k Total.</b> Add lines 7d and 7j .....			395,826,882.	7,920,942.	387,905,940.	11.79%







**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: THE JOHNS HOPKINS HOSPITALLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
<b>Community Health Needs Assessment</b>		
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....	<b>1</b>	X
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....	<b>2</b>	X
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	<b>3</b>	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: <u>20 23</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	<b>5</b>	X
<b>6a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	<b>6a</b>	X
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....	<b>6b</b>	X
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? .....	<b>7</b>	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SUPPLEMENTAL INFORMATION</u>		
<b>b</b> <input checked="" type="checkbox"/> Other website (list url): <u>SEE SUPPLEMENTAL INFORMATION</u>		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	<b>8</b>	X
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 23</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	<b>10</b>	X
<b>a</b> If "Yes," (list url): <u>SEE SUPPLEMENTAL INFORMATION</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....	<b>10b</b>	
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....	<b>12a</b>	X
<b>b</b> If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....	<b>12b</b>	
<b>c</b> 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: THE JOHNS HOPKINS HOSPITAL

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>13</b> 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)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>14</b> X	
<b>15</b> Explained the method for applying for financial assistance? .....	<b>15</b> 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 their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their 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)		
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>16</b> 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)		

Schedule H (Form 990) 2023

**Part V Facility Information** (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: THE JOHNS HOPKINS HOSPITAL

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

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....	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: THE JOHNS HOPKINS HOSPITAL**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
<b>23</b>		X
<b>24</b>		X

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**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.

THE JOHNS HOPKINS HOSPITAL:

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

HOSPITAL (JHH) AND JOHNS HOPKINS BAYVIEW MEDICAL CENTER (JHBM) INCLUDED

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

PRIVATE ORGANIZATIONS, SUCH AS FAITH-BASED ORGANIZATIONS, GOVERNMENT

AGENCIES, EDUCATIONAL SYSTEMS, AND HEALTH AND HUMAN SERVICES ENTITIES WERE

ENGAGED TO ASSESS THE NEEDS OF THE COMMUNITY. IN 2024, JOHNS HOPKINS AGAIN

COLLABORATED WITH THE BALTIMORE CITY HEALTH DEPARTMENT (BCHD) AND A

COALITION OF ALL HOSPITALS IN BALTIMORE TO PRODUCE A BALTIMORE CITY NEEDS

ASSESSMENT. THE JHH/JHBM CHNA BUILDS ON THE CITYWIDE DATA AND FOCUSES ON

THE COMMUNITIES SURROUNDING THE HOSPITALS LOCATED WITHIN THE HOSPITALS'

COMMUNITY BENEFIT SERVICE AREA (CBSA).

PRIMARY DATA FOR THE JHH/JHBM CHNA INCLUDED A REVIEW OF WORK DONE BY THE

HOSPITAL IN RESPONSE TO THE PREVIOUS CHNA AND IMPLEMENTATION STRATEGY, A

HEALTH NEEDS SURVEY, AVAILABLE ONLINE AND IN PAPER FORMATS IN BOTH ENGLISH

AND SPANISH, EIGHT FOCUS GROUPS CONDUCTED WITH SPECIFIC VULNERABLE

POPULATION REPRESENTATIVES, AND 54 STAKEHOLDER INTERVIEWS WITH INDIVIDUALS

WHO REPRESENT A) BROAD INTERESTS OF THE COMMUNITY, B) POPULATIONS OF NEED,

AND/OR C) PERSONS WITH SPECIALIZED KNOWLEDGE IN PUBLIC HEALTH. (A FULL

LIST OF INTERVIEW PARTICIPANTS AND ORGANIZATIONS CONSULTED APPEARS IN

APPENDICES D & E OF THE CHNA LINK UNDER 7A BELOW.)

THE DEVELOPMENT OF THE CHNA WAS LED BY THE OFFICE OF GOVERNMENT, COMMUNITY

AND ECONOMIC PARTNERSHIPS (MARIA TILDON, VICE PRESIDENT), DR. REDONDA

MILLER (PRESIDENT OF THE JOHNS HOPKINS HOSPITAL), AND JENNIFER NICKOLES

(PRESIDENT OF THE JOHNS HOPKINS BAYVIEW MEDICAL CENTER), AND INVOLVED THE

CONTRIBUTIONS OF OVER 600 INDIVIDUALS THROUGH DIRECT INTERVIEWS, SURVEYS,

**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.

AND FOCUS GROUPS. CONTRIBUTORS INCLUDED, BUT WERE NOT LIMITED TO,

COMMUNITY RESIDENTS, MEMBERS OF FAITH-BASED ORGANIZATIONS, STATE AND LOCAL

PUBLIC HEALTH DEPARTMENT REPRESENTATIVES, NEIGHBORHOOD ASSOCIATION

LEADERS, OTHER NONPROFIT AND COMMUNITY BASED ORGANIZATION LEADERS,

ACADEMIC EXPERTS, LOCAL GOVERNMENT OFFICIALS, LOCAL SCHOOL DISTRICT

REPRESENTATIVES, HEALTH CARE CONSUMERS AND PROVIDERS, HEALTH

PROFESSIONALS, MEMBERS OF POPULATIONS WITH LIMITED ACCESS TO HEALTHCARE

SERVICES OR FINANCIAL RESOURCES, JOHNS HOPKINS MEDICINE LEADERSHIP, AND

OTHER EXPERTS, BOTH INTERNAL AND EXTERNAL TO JOHNS HOPKINS.

THE INFORMATION COLLECTED THROUGH SURVEYS, INTERVIEWS, AND FOCUS GROUPS

WAS REVIEWED IN CONJUNCTION WITH COLLECTED SECONDARY DATA. REPRESENTATIVES

FROM BALTIMORE CONNECT, VALIDATED THE REVIEW PROCESS AND FINDINGS AND

PARTICIPATED IN THE PRIORITIZATION OF NEEDS.

THE JOHNS HOPKINS HOSPITAL:

PART V, SECTION B, LINE 6A: JOHNS HOPKINS HOSPITAL (JHH) AND JOHNS

HOPKINS BAYVIEW MEDICAL CENTER (JHBMC) SHARE THE SAME CBSA AND CONDUCT

THEIR CHNA AS ONE UNIT.

THE JOHNS HOPKINS HOSPITAL:

PART V, SECTION B, LINE 6B: SEVERAL HEALTH ORGANIZATIONS CAME TOGETHER AS

THE CHNA COLLABORATIVE TO CONDUCT THE 2024 CHNA IN ADDITION TO JHH AND

JHBMC INCLUDING THE BALTIMORE CITY HEALTH DEPARTMENT, LIFEBRIDGE HEALTH,

ASCENSION SAINT AGNES HOSPITAL, MERCY MEDICAL CENTER, MEDSTAR HEALTH,

UNIVERSITY OF MARYLAND MEDICAL CENTER AND MT. WASHINGTON PEDIATRIC



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

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

HOSPITAL.

THE JOHNS HOPKINS HOSPITAL:

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

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

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

INFORMATION IS POSTED ON THE CHNA WEBSITE.

THE JOHNS HOPKINS HOSPITAL:

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

TO HIGHLIGHT AVAILABLE PROGRAMS AND SERVICES WITHIN 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 JHH 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 JHH GAINS EXPERIENCE IN

IMPLEMENTING PROGRAMS AND MEASURING OUTCOMES.

**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 7A

[HTTPS://WWW.HOPKINSMEDICINE.ORG/ABOUT/COMMUNITY\\_HEALTH/JOHNS-HOPKINS-HOS](https://www.hopkinsmedicine.org/about/community_health/johns-hopkins-hospital/community_health_needs_assessment.html)

[PITAL/COMMUNITY\\_HEALTH\\_NEEDS\\_ASSESSMENT.HTML](https://www.hopkinsmedicine.org/about/community_health/johns-hopkins-hospital/community_health_needs_assessment.html)

PART V, SECTION B, LINE 7B

[HTTPS://GCA.JHU.EDU/COMMUNITY-HEALTH-NEEDS-ASSESSMENT-2/](https://gca.jhu.edu/community-health-needs-assessment-2/)

PART V, SECTION B, LINE 10A

[HTTPS://WWW.HOPKINSMEDICINE.ORG/ABOUT/COMMUNITY\\_HEALTH/JOHNS-HOPKINS-HOS](https://www.hopkinsmedicine.org/about/community_health/johns-hopkins-hospital/community_health_needs_assessment.html)

[PITAL/COMMUNITY\\_HEALTH\\_NEEDS\\_ASSESSMENT.HTML](https://www.hopkinsmedicine.org/about/community_health/johns-hopkins-hospital/community_health_needs_assessment.html)

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-insurance/financial-assistance)

[NSURANCE/FINANCIAL-ASSISTANCE](https://www.hopkinsmedicine.org/patient-care/patients-visitors/billing-insurance/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-insurance/financial-assistance)

[NSURANCE/FINANCIAL-ASSISTANCE](https://www.hopkinsmedicine.org/patient-care/patients-visitors/billing-insurance/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-insurance/financial-assistance)

[NSURANCE/FINANCIAL-ASSISTANCE](https://www.hopkinsmedicine.org/patient-care/patients-visitors/billing-insurance/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 THROUGH 7I COME FROM OUR HSCRC COMMUNITY BENEFIT REPORT FILED WITH THE STATE OF MARYLAND AND IS NOT BASED ON A COST-TO-CHARGE RATIO.

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

**Part VI** Supplemental Information (Continuation)

REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT IS ZERO. THE EXCEPTION TO

THIS IS THE IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID

ASSESSMENT. IN RECENT YEARS, THE STATE OF MARYLAND HAS CLOSED FISCAL GAPS

IN THE STATE MEDICAID BUDGET BY ASSESSING HOSPITALS THROUGH THE

RATE-SETTING SYSTEM.

- LINE 7F COLUMN (D) MARYLAND'S 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:

THE JOHNS HOPKINS HOSPITAL DOES NOT HAVE ANY SUBSIDIZED HEALTH SERVICES.

PART II, COMMUNITY BUILDING ACTIVITIES:

IN FY 2024, THE JOHNS HOPKINS HOSPITAL'S COMMUNITY BENEFIT PROGRAMS

INCLUDED NUMEROUS INITIATIVES THAT SUPPORT THE HOSPITAL'S EFFORTS TO MEET

THE NEEDS OF THE COMMUNITY. THESE INITIATIVES ARE DECENTRALIZED AND USE A

VARIETY OF METHODS TO IDENTIFY COMMUNITY NEEDS. THESE INITIATIVES ARE

ACCOUNTED FOR IN PART I LINES 7EK AND PART II ACCORDING TO SPECIFIC

SCHEDULE H GUIDELINES. IN TOTAL OVER 300 PROGRAMS AND INITIATIVES WERE

CARRIED OUT OR SUPPORTED BY ADMINISTRATIVE, CLINICAL, AND OPERATIONAL

DEPARTMENTS AT THE JOHNS HOPKINS HOSPITAL.

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 VI** Supplemental Information (Continuation)

PART III, LINE 3:

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

PART III, LINE 4:

THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION AND AFFILIATES AUDITED  
FINANCIAL STATEMENTS PAGE 17.

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  
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

**Part VI** Supplemental Information (Continuation)

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.  
SENIOR LEADERSHIP DIRECTS, OVERSEES AND APPROVES ALL COMMUNITY BENEFIT  
WORK INCLUDING THE ALLOCATION OF FUNDS THAT SUPPORT COMMUNITY OUTREACH  
DIRECTED AT POPULATIONS WITH LIMITED ACCESS TO CARE OR CONCENTRATED HEALTH  
NEEDS WITHIN 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 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 JHH COMMUNITY  
BENEFIT TEAM INTERACTS WITH ALL GROUPS IN THE HOSPITAL PERFORMING  
COMMUNITY BENEFIT ACTIVITIES. THEY EDUCATE, ADVOCATE AND COLLABORATE WITH  
INTERNAL AUDIENCES TO INCREASE UNDERSTANDING, APPRECIATION AND  
PARTICIPATION OF THE COMMUNITY BENEFIT REPORT PROCESS, THE IMPORTANCE OF  
COMMUNITY BENEFIT ACTIVITIES THAT ADDRESS CHNA IDENTIFIED NEEDS AND  
COMMUNITY OUTREACH ACTIVITIES. TEAM MEMBERS COLLECT AND VERIFY ALL CB

**Part VI** Supplemental Information (Continuation)

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 JHH CLINICAL LEADERS TO IDENTIFY PROMISING PROJECTS OR  
PROGRAMS THAT ADDRESS CBSA COMMUNITY HEALTH NEEDS. THE JHHS COMMUNITY  
HEALTH IMPROVEMENT STRATEGY COUNCIL (CHISC) CONVENES MONTHLY TO BRING  
COMMUNITY HEALTH/COMMUNITY BENEFIT GROUPS TOGETHER WITH TAX, FINANCIAL  
ASSISTANCE, AND HEALTH POLICY STAFF FROM ACROSS THE HEALTH SYSTEM TO  
COORDINATE PROCESS, PRACTICE, AND POLICY. JCHISC MEMBERS DISCUSS ISSUES  
AND PROBLEMS THEY FACE IN COMMUNITY BENEFIT REPORTING, REGULATORY  
COMPLIANCE TO STATE AND FEDERAL COMMUNITY BENEFIT REQUIREMENTS, AND  
TECHNICAL ASPECTS OF ADMINISTERING AND REPORTING COMMUNITY BENEFIT  
SYSTEMS. WHEN NEEDED, A DESIGNATED REPRESENTATIVE FROM THE GROUP CONTACTS  
THE GOVERNING AGENCY FOR CLARIFICATION OR DECISION REGARDING THE ISSUES IN  
QUESTION TO ENSURE THAT ALL HOSPITALS REPORTS ARE CONSISTENT IN THE  
INTERPRETATION OF REGULATIONS.

PART VI, LINE 3:

JHH WILL PUBLISH THE AVAILABILITY OF FINANCIAL ASSISTANCE ON A YEARLY  
BASIS IN THEIR LOCAL NEWSPAPERS, AND WILL POST NOTICES OF AVAILABILITY AT  
PATIENT REGISTRATION SITES, ADMISSIONS/BUSINESS OFFICE, THE BILLING  
OFFICE, AND AT THE EMERGENCY DEPARTMENT WITHIN JHH. NOTICE OF  
AVAILABILITY WILL BE POSTED ON THEIR WEBSITE, WILL BE MENTIONED DURING  
ORAL COMMUNICATIONS, AND WILL ALSO BE SENT TO PATIENTS ON PATIENT BILLS.  
A PATIENT BILLING AND FINANCIAL ASSISTANCE INFORMATION SHEET WILL BE  
PROVIDED TO INPATIENTS BEFORE DISCHARGE AND WILL BE AVAILABLE TO ALL  
PATIENTS UPON REQUEST.



**Part VI** Supplemental Information (Continuation)

JHH HAS STAFF AVAILABLE TO DISCUSS AND ASSIST PATIENTS AND/OR THEIR  
FAMILIES WITH THE AVAILABILITY OF VARIOUS GOVERNMENT BENEFITS, SUCH AS  
MEDICAID OR STATE PROGRAMS, AND ASSISTS PATIENTS WITH QUALIFICATION FOR  
SUCH PROGRAMS, WHERE APPLICABLE.

## 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  
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.

**Part VI** Supplemental Information (Continuation)

WITHIN THE CBSA, THERE ARE THREE BALTIMORE COUNTY NEIGHBORHOODS - DUNDALK, SPARROWS POINT, AND EDMERE. BALTIMORE CITY IS TRULY A CITY OF NEIGHBORHOODS WITH OVER 270 OFFICIALLY RECOGNIZED NEIGHBORHOODS. THE BALTIMORE CITY DEPARTMENT OF HEALTH HAS SUBDIVIDED THE CITY AREA INTO 23 NEIGHBORHOODS OR NEIGHBORHOOD GROUPINGS THAT ARE COMPLETELY OR PARTIALLY INCLUDED WITHIN THE CBSA. THESE NEIGHBORHOODS ARE BELAIR-EDISON, CANTON, CEDONIA/FRANKFORD, CLAREMONT/ARMISTEAD, CLIFTON-BEREA, DOWNTOWN/SETON HILL, 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, 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,

**Part VI** Supplemental Information (Continuation)

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 JHBM, 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 JHH AND MEDIAN

HOUSEHOLD INCOMES RANGE FROM SIGNIFICANTLY ABOVE THE MEDIAN TO CLOSE TO

THE MEDIAN HOUSEHOLD INCOME FOR BALTIMORE CITY. SINCE THE END OF THE

SECOND WORLD WAR, THE POPULATION OF BALTIMORE CITY HAS BEEN LEAVING THE

CITY TO THE SURROUNDING SUBURBAN COUNTIES. THIS DEMOGRAPHIC TREND

ACCELERATED IN THE 1960S AND 1970S, GREATLY AFFECTING THE NEIGHBORHOODS

AROUND JHH AND JHBM. 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. THESE NEIGHBORHOODS EXPERIENCE GREATER

VARIATION IN HEALTH OUTCOMES RELATIVE TO STATE AND COUNTY AVERAGES.

**Part VI** Supplemental Information (Continuation)

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 300 COMMUNITY ENGAGEMENT OUTREACH EFFORTS INCLUDED IN THE COMMUNITY BENEFIT REPORT, JHH SEARCHES FOR ADDITIONAL INNOVATIVE OPPORTUNITIES TO SUPPORT COMMUNITY HEALTH. OVER THE PAST SEVERAL YEARS, JHH ESTABLISHED KEY PUBLIC AND PRIVATE INSTITUTIONAL PARTNERSHIPS TO CREATE NEW OUTREACH INITIATIVES ADDRESSING CHNA PRIORITIES INCLUDING A PILOT PROGRAM TO PROVIDE STABLE HOUSING, HEALTHCARE AND SUPPORTIVE SERVICES FOR 300 INDIVIDUALS AND FAMILIES IN BALTIMORE WHO WERE HOMELESS 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 WAS COMPLETED IN 2023 AND FOUND STATISTICALLY SIGNIFICANT REDUCTIONS IN EMERGENCY DEPARTMENT UTILIZATION, HOSPITALIZATION AND HOSPITAL READMISSION. IN 2024 THE PROGRAM WAS EXTENDED TILL 2026.

THE HOSPITAL HAS COLLABORATED WITH PUBLIC AND PRIVATE SECTOR PARTNERS TO EXPAND BEHAVIORAL HEALTH CRISIS STABILIZATION SERVICES. THIS INCLUDES ESTABLISHING A REGIONAL CRISIS HOTLINE AND EXPANDING MOBILE CRISIS TEAMS AND ACCESS TO SAME DAY TREATMENT. A NEW PROGRAM IS THE "BREAK THE CYCLE, A

**Part VI** Supplemental Information (Continuation)

VIOLENCE INTERVENTION PROGRAM" WHICH PROVIDES COMPREHENSIVE CASE  
MANAGEMENT AND SUPPORT SERVICES TO VICTIMS OF GUNSHOTS AND STABBINGS AND  
THEIR FAMILIES. THESE THREE PROGRAMS ARE EXAMPLES OF HOW THE HOSPITAL  
ADDRESSES THE TOP NEEDS IDENTIFIED IN THE LATEST CHNA (2024) BY THE  
RESIDENTS IN THEIR SURROUNDING COMMUNITIES. INCLUDED IN THE TOP IDENTIFIED  
NEEDS WERE ACCESS TO CARE/SUPPORT, NEIGHBORHOOD SAFETY,  
HOUSING/HOMELESSNESS 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 CARE, CHARITY CARE AND PATIENT BAD DEBT AND GRADUATE MEDICAL  
EDUCATION INTO THE RATES THAT HOSPITALS ARE REIMBURSED BY ALL PAYORS. THE  
SYSTEM IS BASED IN FEDERAL AND STATE LAW AND BENEFITS ALL MARYLAND  
RESIDENTS, INCLUDING THOSE IN NEED OF FINANCIAL ASSISTANCE TO PAY THEIR  
HOSPITAL BILLS.  
MARYLAND IS THE ONLY STATE IN WHICH ALL PAYORS GOVERNMENTALLY-INSURED,  
COMMERCIALLY INSURED, OR SELF-PAYOR CHARGED THE SAME PRICE FOR SERVICES AT  
ANY GIVEN HOSPITAL.

UNDER THIS SYSTEM, MARYLAND HOSPITALS ARE REGULATED BY A STATE AGENCY, THE  
HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) THAT IS REQUIRED TO:  
PUBLICLY DISCLOSE INFORMATION ON THE COST AND FINANCIAL POSITION OF  
HOSPITALS; REVIEW AND APPROVE HOSPITAL RATES; COLLECT INFORMATION  
DETAILING TRANSACTIONS BETWEEN HOSPITALS AND FIRMS WITH WHICH THEIR  
TRUSTEES HAVE A FINANCIAL INTEREST; AND, MAINTAIN THE SOLVENCY OF  
EFFICIENT AND EFFECTIVE HOSPITALS.

SINCE 2000, THE RATE SETTING COMMISSION HAS HAD ITS OWN FRAMEWORK FOR  
REPORTING HOSPITALS' COMMUNITY BENEFITS AND ISSUING A REPORT ANNUALLY  
REGARDING HOSPITALS' COMMUNITY BENEFIT TOTALS. THAT REPORT IS AVAILABLE

**Part VI** Supplemental Information (Continuation)

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 (JHHS) IS INCORPORATED IN THE

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

PROVIDE CENTRALIZED MANAGEMENT FOR JHHS AND AFFILIATES. JHHS IS ORGANIZED

AND OPERATED FOR THE PURPOSE OF PROMOTING HEALTH BY FUNCTIONING AS A

PARENT HOLDING COMPANY OF AFFILIATES WHOSE COMBINED MISSION IS TO PROVIDE

PATIENT CARE IN THE TREATMENT AND PREVENTION OF HUMAN ILLNESS WHICH

COMPARES FAVORABLY WITH THAT RENDERED BY ANY OTHER INSTITUTION IN THIS

COUNTRY OR ABROAD.

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

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

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

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

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

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

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

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

MD

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public  
Inspection

Name of the organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number

52-0591656

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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
RONALD MCDONALD HOUSE CHARITIES 1 AISQUITH STREET BALTIMORE, MD 21202	52-1184957	501(C)(3)	0.	50,000.			SUPPORT PUBLIC CHARITY
BALTIMORE CIVIC FUND 1 N. CHARLES ST. STE 1600 BALTIMORE, MD 21201	52-1212473	501(C)(3)	0.	229,272.			SUPPORT PUBLIC CHARITY
BEHAVIORAL HEALTH SYSTEM BALTIMORE 100 S CHARLES S, 8TH FL BALTIMORE, MD 21201	52-1519025	501(C)(3)	0.	2625558.			SUPPORT PUBLIC CHARITY
JOHNS HOPKINS HEALTH SYSTEM 3910 KESWICK RD, S BLDG, STE 4300A BALTIMORE, MD 21211	52-1465301	501(C)(3)	0.	44201093			SUPPORT PUBLIC CHARITY

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 4.

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

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

Schedule I (Form 990) 2023

**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, THE JOHNS HOPKINS HOSPITAL

MONITORS AND REVIEWS SELECTED GRANTS MADE BY THE ORGANIZATION. THIS

MONITORING INCLUDES VERIFICATION OF THE NATURE OF THE AWARD AND THE

BENEFITING ORGANIZATION. FURTHER, AS A PRECONDITION FOR MAKING ANY

DONATIONS, THE JOHNS HOPKINS HOSPITAL REQUIRES THE USE OF FUNDS FOR EACH

AWARD TO BE USED ONLY FOR THEIR INTENDED CHARITABLE RECIPIENT.



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number

52-0591656

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2023

**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, 2ND CORPORATE VICE CHAIR	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 1,542,757.	661,230.	233,619.	21,498.	12,993.	2,472,097.	203,752.
(2) REDONDA G. MILLER, M.D. TRUSTEE, PRESIDENT	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 996,214.	302,334.	183,818.	45,885.	31,379.	1,559,630.	147,292.
(3) PETER HILL, M.D. VP, MEDICAL AFFAIRS (END 2/24)	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 693,211.	204,900.	240,821.	67,392.	29,072.	1,235,396.	64,538.
(4) ANNEMARIE BOYAN SR VICE PRESIDENT & GENERAL COUNSEL	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 832,265.	245,060.	15,642.	128,288.	11,743.	1,232,998.	0.
(5) DEBORAH J. BAKER, D.N.P., N.E.A. VICE PRESIDENT, NURSING & PATIENT CARE	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 522,456.	157,441.	111,191.	114,524.	39,293.	944,905.	49,263.
(6) SALLY W. MACCONNELL VICE PRESIDENT, FACILITIES	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 555,480.	175,407.	174,173.	-6,716.	31,908.	930,252.	0.
(7) KATINA WILLIAMS VICE PRESIDENT, FINANCE & CFO	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 537,420.	108,129.	6,273.	21,498.	22,223.	695,543.	0.
(8) PETER B. MANCINO SECRETARY	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 411,056.	140,206.	40,666.	31,645.	24,995.	648,568.	7,513.
(9) KRISTENA LUKISH VICE PRESIDENT, HUMAN RESOURCES	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 404,116.	72,770.	71,251.	21,498.	14,751.	584,386.	0.
(10) RANDOLPH FRANKS PERFUSIONIST	(i) 333,915.	0.	4,912.	206,919.	26,353.	572,099.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(11) APRIL TAYLOR VICE PRESIDENT, OPERATIONS & COO	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 420,013.	62,906.	3,238.	21,498.	12,116.	519,771.	0.
(12) MARK MARCANTANO CAO PEDIATRICS	(i) 364,338.	48,939.	58,182.	19,626.	21,558.	512,643.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(13) GREGORY MILLER TREASURER	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 328,110.	93,245.	4,160.	24,966.	33,830.	484,311.	0.
(14) LAURIE SALETRNIK ASSOC CNO PERIOPERATIVE SERVICES	(i) 248,041.	27,014.	29,835.	112,034.	12,026.	428,950.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(15) MELISSA RICHARDSON V.P. FOR CARE COORDINATION & CLIN RE	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 279,421.	60,051.	10,887.	17,052.	20,630.	388,041.	0.
(16) ISAAC REMESH KUMAR CHINNAPPAN CHIEF PEDIATRIC PERFUSIONIST	(i) 304,983.	20,000.	537.	21,498.	32,529.	379,547.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2023

**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) JAMES SCHEULEN FORMER KEY EMPLOYEE	(i) 237,328.	45,322.	40,947.	-8,434.	25,218.	340,381.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(18) BRAD DETWILER ADMINISTRATOR	(i) 176,380.	24,846.	15,825.	50,747.	14,080.	281,878.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(19) LAUREN JOHNSON (END 2/24) INTERIM V.P., QUALITY & PATIENT SAFE	(i) 191,108.	18,263.	9,247.	16,079.	19,529.	254,226.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(20) KRYSTA MINTS NURSE PRACTITIONER	(i) 212,211.	0.	5,091.	18,705.	5,570.	241,577.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(21) ELIZABETH AMBINDER FORMER KEY EMPLOYEE	(i) 164,690.	18,006.	21,786.	0.	23,290.	227,772.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(22) RENEE DEMSKI FORMER OFFICER	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 115,343.	0.	44,972.	-28,579.	9,391.	141,127.	17,183.
(23) ALLEN VALENTINE FORMER KEY EMPLOYEE	(i) 135,088.	42,218.	24,493.	-142,757.	7,021.	66,063.	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)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
Schedule J (Form 990) 2023							

**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, ONE OFFICER AND TWO EMPLOYEES OF THE ORGANIZATION RECEIVED A

GROSS UP PAYMENT. THIS BENEFIT WAS TREATED AS TAXABLE COMPENSATION TO THE

LISTED INDIVIDUALS.

PART I, LINE 4B:

A SELECT GROUP OF SENIOR LEADERS OF THE JOHNS HOPKINS HEALTH SYSTEM

CORPORATION (JHHSC) PARTICIPATE IN SUPPLEMENTAL RETIREMENT/DEFERRED

COMPENSATION PROGRAMS, INCLUDING SOME LEGACY ARRANGEMENTS THAT ARE NO

LONGER AVAILABLE TO NEW HIRES. PRE-2011 PARTICIPANTS RECEIVE CASH PAYMENTS

EACH YEAR DETERMINED WITH REFERENCE TO THEIR SERVICE WITH JHHSC AND THEIR

FINAL AVERAGE COMPENSATION. AS OF JANUARY 2019, FUTURE CASH PAYMENTS ARE

MADE ACCORDING TO A FIXED SCHEDULE FOR THESE PARTICIPANTS. POST-2011

PARTICIPANTS ACCRUE BENEFITS UNDER A DEFINED CONTRIBUTION FORMULA WHERE

CONTRIBUTIONS ARE TIERED BY POSITION LEVEL. CONTRIBUTIONS MADE IN 2018 AND

PRIOR YEARS GENERALLY VEST AFTER THE LATER OF FIVE YEARS OF SERVICE WITH

JHHSC OR THREE YEARS OF PLAN PARTICIPATION; CONTRIBUTIONS MADE IN 2019 AND

**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.

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 2023 BUT REPORTED AS

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

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

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.

PAYMENTS OR MULTIPLE YEARS OF ACCRUALS THAT VESTED IN 2023.

KEVIN SOWERS \$203,752.20; PETER MANCINO \$32,522.41; SALLY MACCONNELL \$132,553.00; JAMES SCHEULEN \$13,870.00; RENEE DEMSKI \$35,319.88; DEBORAH BAKER \$49,263.30; REDONDA MILLER \$147,291.77; PETER HILL \$228,151.41 AND KRISTENA LUKISH \$50,458.78.

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

**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.

UNIVERSITY AND IN GOOD ACADEMIC STANDING. PAYMENT IS LIMITED TO FOUR YEARS OF FULL TIME, UNDERGRADUATE STUDY PER DEPENDENT CHILD.

TUITION REIMBURSEMENT: TUITION REIMBURSEMENT IS AVAILABLE TO EMPLOYEES THAT WORK 20 HOURS OR MORE A WEEK FOR UP TO A MAXIMUM BENEFIT OF \$10,000 PER ACADEMIC YEAR. TO RECEIVE REIMBURSEMENT, ELIGIBLE EMPLOYEES MUST PURSUE A COURSE OF STUDY AT AN ACCREDITED UNIVERSITY OR COLLEGE THAT LEADS TO A LICENSURE, DEGREE, OR MEETS THE NECESSITY RELATED TO CURRENT POSITION OR ANOTHER POSITION WITHIN THE ORGANIZATION.

**SCHEDULE L**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number

52-0591656

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

**Part II Loans to and/or From Interested Persons**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												

Total ..... \$

**Part III Grants or Assistance Benefiting Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023



**Part IV Business Transactions Involving Interested Persons**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) REDONDA MILLER	TRUSTEE, OFFICER	8,654,529.	SEE PART V		X
(2) MARJORIE RODGERS CHESHIRE	TRUSTEE	1,367,000.	SEE PART V		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**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: REDONDA MILLER

(D) DESCRIPTION OF TRANSACTION: SEE PART V

DR. MILLER SERVES ON THE BOARD OF CENCORA (FORMERLY AMERISOURCEBERGEN).

HOPKINS AFFILIATES ENGAGED IN TRANSACTIONS WITH CENCORA DURING FY24. DR.

MILLER RECUSES HERSELF FROM ANY CONSIDERATIONS INVOLVING ENGAGEMENT OR

COMPENSATION PAID TO CENCORA BY JHH OR ANY OTHER HOPKINS AFFILIATE.

(A) NAME OF PERSON: MARJORIE RODGERS CHESHIRE

(D) DESCRIPTION OF TRANSACTION: SEE PART V

MARJORIE RODGERS CHESHIRE'S SERVICE ON THE BOARD OF DIRECTORS OF PNC. MS.

CHESHIRE IS ALSO ON THE BOARD OF TRUSTEES OF JHH. JHH HAS A SUBSTANTIAL

BANKING RELATIONSHIP WITH PNC, WHICH SPANS ACROSS BANKING, INVESTMENT

MANAGEMENT AND CREDIT. IN FY24, JHH PAID PNC FOR INVESTMENT MANAGEMENT

AND CREDIT SERVICES. NEITHER MS. CHESHIRE NOR THE JHH BOARD PARTICIPATED

IN SELECTION OF PNC AS THE RECIPIENT OF THE BUSINESS.

PART IV

THE JOHNS HOPKINS HEALTH SYSTEM AND ALL AFFILIATES ARE SUBJECT TO

POLICY HR934 (NEPOTISM AND PROFESSIONAL BOUNDARIES). PURSUANT TO THE

**Part V** Supplemental Information

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

POLICY, ALL FAMILIAL RELATIONSHIPS ARE DISCLOSED DURING THE HIRING

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number

52-0591656

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

THE DIAGNOSIS AND TREATMENT OF DISEASE AND TO TRAIN TOMORROW'S GREAT

PHYSICIANS, NURSES AND SCIENTISTS. ABOVE ALL, WE AIM TO PROVIDE THE

HIGHEST-QUALITY HEALTH CARE AND SERVICE TO ALL OUR PATIENTS.

FORM 990, PART I, LINE 8

PURSUANT TO THE CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY (CARES)

ACT, JOHNS HOPKINS HOSPITAL, INC. RECOGNIZED \$1,372,115 OF FUNDING FROM

THE EMPLOYEE RETENTION CREDIT (ERC) ADMINISTERED BY THE INTERNAL

REVENUE SERVICE, A BUREAU OF THE U.S. TREASURY DEPARTMENT DURING FY24.

THIS AMOUNT HAS BEEN RECOGNIZED AS GRANT REVENUE ON PART I, LINE 8 OF

THE ORGANIZATION'S FORM 990.

PART III, LINE 1

THE JOHNS HOPKINS HOSPITAL, FOUNDED IN 1889, AND THE JOHNS HOPKINS

UNIVERSITY SCHOOL OF MEDICINE, CREATED IN 1893, FORM THE NUCLEUS OF

JOHNS HOPKINS MEDICINE, ONE OF THE WORLD'S PREMIER, INTEGRATED HEALTH

SYSTEMS. AS THE TEACHING HOSPITAL AFFILIATED WITH THE JOHNS HOPKINS

UNIVERSITY SCHOOL OF MEDICINE, THE JOHNS HOPKINS HOSPITAL IS A

WORLD-RENOWNED ACADEMIC MEDICAL CENTER THAT PROVIDES A COMPREHENSIVE

RANGE OF STATE-OF-THE-ART TERTIARY AND QUATERNARY CARE.

THE JOHNS HOPKINS HOSPITAL PROVIDES QUALITY MEDICAL HEALTH CARE

REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE, OR

ABILITY TO PAY. IN KEEPING WITH THE HOSPITAL'S COMMITMENT TO SERVE ALL

MEMBERS OF ITS COMMUNITY, FREE CARE AND/OR SUBSIDIZED CARE, CARE

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

Schedule O (Form 990) 2023

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

PROVIDED TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST, AND HEALTH ACTIVITIES AND PROGRAMS TO SUPPORT THE COMMUNITY MEMBERS WILL BE CONSIDERED WHERE THE NEED AND/OR AN INDIVIDUAL'S INABILITY TO PAY COEXISTS.

JHH PROVIDES CARE TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST. RECOGNIZING ITS MISSION TO THE COMMUNITY, SERVICES ARE PROVIDED TO BOTH MEDICARE AND MEDICAID PATIENTS. TO THE EXTENT REIMBURSEMENT IS BELOW COST, JHH RECOGNIZES THESE AMOUNTS AS CHARITY CARE IN MEETING ITS MISSION TO THE ENTIRE COMMUNITY.

FORM 990, PART III, LINE 4A

ONCOLOGY

SINCE ITS INCEPTION IN 1973, THE SIDNEY KIMMEL COMPREHENSIVE CANCER CENTER AT THE JOHNS HOPKINS HOSPITAL HAS BEEN DEDICATED TO BETTER UNDERSTANDING HUMAN CANCERS AND FINDING MORE EFFECTIVE TREATMENTS. FOR OVER FORTY YEARS THE KIMMEL CANCER CENTER HAS BEEN TURNING RESEARCH INTO RESULTS. FROM THE BEGINNING, KIMMEL CANCER CENTER LEADERS HAD A UNIQUE VISION OF WHAT OUR CANCER CENTER SHOULD BE. ITS HALLMARKS WERE INTERDISCIPLINARY COLLABORATION AND INNOVATION THAT TRANSCENDED THE ARTIFICIAL BOUNDARIES OF INDIVIDUAL DEPARTMENTS, LABORATORIES, AND CLINICS. OUR MISSION WAS TO RAPIDLY TRANSFER DISCOVERIES ABOUT CANCER FROM THE BENCH TO THE BEDSIDE. THAT FOCUS AND MISSION REMAINS UNCHANGED TODAY. WITH THE CONVERGENCE OF TECHNOLOGY, BRILLIANT SCIENTIFIC MINDS, AND THE COMMITMENT OF THOSE WHO HAVE FUNDED THESE DISCOVERIES, WE HAVE COME TO A TIME WHEN WE CAN BEGIN TO ALTER THE COURSE OF CANCER IN WAYS WE COULD ONLY IMAGINE FOUR DECADES AGO. THE

JOHNS HOPKINS KIMMEL CANCER CENTER IS ONE OF THE NATION'S 41

Name of the organization THE JOHNS HOPKINS HOSPITAL	Employer identification number 52-0591656
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COMPREHENSIVE CANCER CENTERS DESIGNATED BY THE NATIONAL CANCER

INSTITUTE, AND ONE OF THE FIRST TO EARN THAT STATUS. RESEARCH LED BY

ITS FACULTY IS AMONG THE MOST HIGHLY-CITED IN CANCER RESEARCH AND

CLINICAL CARE. THE STRENGTH OF OUR RESEARCH AND TREATMENT PROGRAMS WAS

RECOGNIZED EARLY ON BY THE NATIONAL CANCER INSTITUTE, BECOMING ONE OF

THE FIRST TO EARN COMPREHENSIVE CANCER CENTER STATUS AND RECOGNITION AS

A "CENTER OF EXCELLENCE." HOPKINS HAS PIONEERED FIELDS SUCH AS CANCER

GENETICS, BONE MARROW TRANSPLANT MEDICINE AND CANCER IMMUNOTHERAPY.

THE KIMMEL CANCER CENTER IS THE ONLY COMPREHENSIVE CANCER CENTER IN THE

STATE OF MARYLAND. IT ENCOMPASSES A WIDE SPECTRUM OF SPECIALTY

PROGRAMS FOR BOTH ADULTS AND CHILDREN COPING WITH CANCER, INCLUDING

BONE MARROW TRANSPLANTATION AND NEW DRUG DEVELOPMENT.

PATIENTS WHO VISIT THE KIMMEL CANCER CENTER HAVE ACCESS TO SOME OF THE

MOST INNOVATIVE AND ADVANCED THERAPIES IN THE WORLD. BECAUSE KIMMEL

CANCER CENTER RESEARCH SCIENTISTS AND CLINICIANS WORK CLOSELY TOGETHER,

NEW DRUGS AND TREATMENTS DEVELOPED IN THE LABORATORY ARE QUICKLY

TRANSFERRED TO THE CLINICAL SETTING, OFFERING PATIENTS CONSTANTLY

IMPROVED THERAPEUTIC OPTIONS.

THE KIMMEL CANCER CENTER'S BONE MARROW TRANSPLANT PROGRAM (BMT), HAS

BEEN AN INTERNATIONALLY RENOWNED PROGRAM IN THE AREA OF BLOOD AND

MARROW TRANSPLANTATION FOR MORE THAN 30 YEARS. IN THAT TIME, BMT HAS

BECOME AN ACCEPTED, CURATIVE THERAPY FOR A BROAD RANGE OF DISEASES,

INCLUDING MALIGNANT DISEASES THAT INVOLVE THE BONE MARROW SUCH AS

LEUKEMIA AND LYMPHOMA, NONMALIGNANT DISEASES THAT INVOLVE THE BONE

MARROW SUCH AS APLASTIC ANEMIA AND A VARIETY OF INHERITED DISEASES. TO

DATE, MORE THAN 5,000 BONE MARROW TRANSPLANTS HAVE BEEN PERFORMED AT

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THE JOHNS HOPKINS HOSPITAL	52-0591656

JOHNS HOPKINS, A NATIONAL CANCER INSTITUTE-DESIGNATED COMPREHENSIVE  
CANCER CENTER THAT IS FULLY ACCREDITED BY THE NATIONAL MARROW DONOR  
PROGRAM AS AN UNRELATED DONOR TRANSPLANT CENTER. AS A NATIONAL  
REFERRAL CENTER FOR BMT, HOPKINS PERFORMS AROUND 300 TRANSPLANTS EACH  
YEAR.

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

FORM 990, PART III, LINE 4B

NEUROSURGERY

THE DEPARTMENT OF NEUROSURGERY AT THE JOHNS HOPKINS HOSPITAL ("JHH")  
CONTINUES ITS MISSION TO IMPROVE THE LIVES OF PATIENTS BY BUILDING UPON  
A TRADITION OF DEEP COLLABORATION. THE DEPARTMENT IS COMPRISED OF OVER  
20 FULL TIME CLINICAL NEUROSURGEONS THAT PROVIDE CARE TO OUR PATIENTS

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

WITH THE HELP OF SPECIALIZED NURSES AND OTHER HEALTH CARE PROVIDERS IN

THE OPERATING ROOMS, OUTPATIENT CLINICAL BUILDING, AND OUR INPATIENT

CRITICAL CARE AND ACUTE CARE UNITS. THE SHEIKH ZAYED TOWER AND THE

CHARLOTTE R. BLOOMBERG CHILDREN'S CENTER OFFER ENHANCED LEVELS OF

NEUROLOGICAL AND NEUROSURGICAL CARE. THE OPENING OF THESE FACILITIES

ENABLES JHH TO PROVIDE PATIENT-FOCUSED NEUROLOGICAL SERVICES INCLUDING

STATE-OF-THE-ART ADULT AND PEDIATRIC OPERATING ROOMS THAT INCLUDE

INTRA-OPERATIVE MRI MACHINES THAT PROVIDE REAL-TIME IMAGES OF THE BRAIN

DURING SURGERY. IN ADDITION, OUR NEUROLOGICAL CRITICAL CARE UNIT

("NCCU") PROVIDES COMPLETE INTENSIVE CARE MANAGEMENT TO PATIENTS

ADMITTED FROM NEUROSURGERY, NEUROLOGY, ORTHOPEDIC/SPINE, OTOLARYNGOLOGY

AND PLASTIC SURGERY.

OUR SURGEONS ARE ABLE TO BRING NEW AND EXCEPTIONAL TREATMENTS TO OUR

ADULT AND PEDIATRIC PATIENTS FASTER BECAUSE OF OUR TIGHT NETWORK OF

EXPERTS WHO SPECIALIZE IN CONDITIONS SUCH AS BRAIN TUMOR,

CEREBROVASCULAR DISEASE, FUNCTIONAL DISORDERS, PERIPHERAL NERVE

CONDITIONS, SPINAL DEFORMITY, TUMORS AND REPAIR AND TRAUMA. WE OPERATE

SEVERAL NEUROLOGICAL CENTERS OF CARE AT JOHNS HOPKINS HOSPITAL

INCLUDING THE EPILEPSY CENTER AT JOHNS HOPKINS WHICH EVALUATES AND

CARES FOR PATIENTS WITH SEIZURE DISORDERS FROM INFANTS THROUGH THE

ELDERLY. A UNIQUE ASPECT OF OUR EPILEPSY CENTER IS THAT WE PROVIDE A

CONTINUUM OF CARE FOR OUR PATIENTS ACROSS THE AGE SPECTRUM MAKING USE

OF ENHANCED EPILEPSY MONITORING EQUIPMENT THAT IS SPECIFICALLY DESIGNED

FOR THE EVALUATION OF ADULT AND PEDIATRIC SEIZURE DISORDERS. OUR

COMPREHENSIVE BRAIN TUMOR CENTER IS ONE OF THE LARGEST BRAIN TUMOR

TREATMENT AND RESEARCH CENTERS IN THE WORLD. WE TREAT AN EXTREMELY

LARGE NUMBER OF PATIENTS AFFECTED BY ALL TYPES OF BRAIN TUMORS. WE

Name of the organization THE JOHNS HOPKINS HOSPITAL	Employer identification number 52-0591656
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TAILOR THE BEST AND MOST ADVANCED THERAPIES THAT EACH UNIQUE TUMOR DEMANDS. OUR TEAM CONSISTS OF SKILLED SURGEONS, NEUROLOGISTS AND ONCOLOGISTS THAT CAN PROVIDE THE MOST EFFECTIVE AND SAFEST TREATMENT EVEN ON THE MOST CHALLENGING TYPES OF TUMORS. PATIENTS COME TO JOHNS HOPKINS FOR NEUROLOGICAL CARE FROM THE LOCAL BALTIMORE COMMUNITY AND THE MID-ATLANTIC REGION AS WELL AS FROM AROUND THE NATION AND THE WORLD TO RECEIVE THE MOST CUTTING-EDGE CARE, AND FIND THAT WE ARE A PLACE OF HOPE AND CARE.

EACH YEAR, WE PROVIDE OVER 30,000 OUTPATIENT CONSULTATIONS AND PERFORM MORE THAN 4,000 BRAIN, TUMOR, VASCULAR AND PERIPHERAL NERVE OPERATIONS IN THE JOHNS HOPKINS OUTPATIENT CENTER. IN OUR HOSPITAL, WE ALSO PROVIDED CARE TO OVER 3,000 ADULT AND 500 PEDIATRIC PATIENTS WITH NEUROSURGICAL DISEASES.

JOHNS HOPKINS HAS EMERGED AS ONE OF THE MOST COMPREHENSIVE NEUROLOGICAL CENTERS OF ITS KIND AS RECOGNIZED BY OUR TOP THREE RANKING IN THE NATION IN NEUROLOGY AND NEUROSURGERY BY U.S. NEWS AND WORLD REPORT.

FORM 990, PART III, LINE 4C

ADULT CARDIAC SURGERY-JOHNS HOPKINS MEDICINE

JOHNS HOPKINS CARDIAC SURGEONS PROVIDE A FULL RANGE OF TRADITIONAL AND MINIMALLY INVASIVE CARDIAC SURGICAL SERVICES THROUGHOUT THE BALTIMORE AND WASHINGTON, D.C., METROPOLITAN AREAS. OUR EXPERTS PROVIDE CUTTING-EDGE TREATMENT AND PROCEDURES FOR PATIENTS WITH HEART AND VASCULAR DISEASES. THE TEAM HAS EXPERTISE IN AORTIC DISEASE, CONGENITAL



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

CARDIAC SURGERY, CORONARY ARTERY BYPASS, HEART TRANSPLANT, MITRAL VALVE

REPAIR AND REPLACEMENT, TRANSCATHETER AORTIC VALVE REPLACEMENT,

VENTRICULAR ASSIST DEVICES, ECMO, AND SURGICAL ABLATION FOR ATRIAL

FIBRILLATION.

ADDITIONALLY, OUR TEAM COMPLETES GROUNDBREAKING RESEARCH, COMMITTED TO

CONTINUALLY STUDYING AND EVALUATING NEW METHODS OF SURGICAL TREATMENT

AND IMPROVING SURGICAL OUTCOMES THROUGH CLINICAL AND LABORATORY

RESEARCH.

AT OUR HEART AND VASCULAR INSTITUTE, WE ORGANIZE OUR CARDIOVASCULAR

DISEASE CARE MODEL AROUND COLLABORATIVE MULTIDISCIPLINARY TEAMS TEAMS

IN WHICH CARDIOLOGISTS, CARDIAC SURGEONS, ADVANCED PRACTITIONERS,

ANESTHESIOLOGISTS AND OTHERS WORK HAND IN GLOVE WITH EXPERTS IN

ENGINEERING, STATISTICS, DIGITAL TECHNOLOGY AND OTHER FIELDS TO

PERSONALIZE HOW WE DIAGNOSE AND TREAT OUR PATIENTS. THIS KIND OF

CLINICAL CREATIVITY, WHEN COMBINED WITH THE IMPRESSIVE DISCOVERIES OF

OUR BASIC SCIENTISTS, COMPRISES AN EXCITING "THINK TANK" OF INNOVATORS

AND IDEAS BASED RIGHT HERE AT JOHNS HOPKINS IDEAS THAT WILL LEAD TO

PROGRESS AGAINST A FORMIDABLE DISEASE.

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

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

ORGANIZATION, IS THE SOLE CORPORATE MEMBER OF THE JOHNS HOPKINS HOSPITAL.

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

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

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

ORGANIZATION OF THE JOHNS HOPKINS HOSPITAL ELECTS THE BOARD OF TRUSTEES.

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

THE GOVERNING BODY OF THE JOHNS HOPKINS HOSPITAL IS EMPOWERED BY ITS

BY-LAWS TO MAKE CERTAIN DECISIONS; ALL OTHER DECISIONS ARE SUBJECT TO

APPROVAL OF THE PARENT ORGANIZATION JOHNS HOPKINS HEALTH SYSTEM

CORPORATION.

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. ORGANIZATION CFO.

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'S LEGAL DEPARTMENT IS RESPONSIBLE FOR REVIEWING ALL THE

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

Name of the organization THE JOHNS HOPKINS HOSPITAL	Employer identification number 52-0591656
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THE TRANSACTION CREATING THE CONFLICT, EXCEPT TO DISCLOSE MATERIAL FACTS

RELATING TO THE CONFLICT; AND (3) ABSTAIN FROM VOTING ON THE TRANSACTION

CREATING THE CONFLICT OR TRANSMITTING ANY OTHER OPINION, INCLUDING NOT

BEING PRESENT IN THE ROOM WHEN THE VOTE IS TAKEN, UNLESS THE VOTE IS BY

SECRET BALLOT. FURTHERMORE, THE ORGANIZATION'S INTERMEDIATE SANCTIONS

TRANSACTION REVIEW COMMITTEE REVIEWS AND DETERMINES WHETHER A PROPOSED

TRANSACTION BETWEEN A TRUSTEE, OFFICER, KEY EMPLOYEE OR DISQUALIFIED PERSON

AND THE ORGANIZATION WOULD CREATE AN EXCESS BENEFIT TO SUCH TRUSTEE,

OFFICER, KEY EMPLOYEE OR A DISQUALIFIED PERSON, OR WHETHER SUCH PROPOSED

TRANSACTION QUALIFIES FOR A REBUTABLE 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 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

THE PUBLIC FILING WITH THE STATE OF MARYLAND AND THE INTERNAL REVENUE

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

SERVICE.

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

MINIMUM PENSION LIABILITY	58,149,000.
CHANGE IN MKT VAL. OF SWAP AGREEMENT	15,998,411.
NON-OPERATING SERVICES	-123,356,328.
OTHER COMPONENTS OF NET PERIODIC PENSION COST	16,063,000.
CONTRIBUTIONS TO AFFILIATES	-50,005,070.
TOTAL TO FORM 990, PART XI, LINE 9	-83,150,987.



**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
JOHNS HOPKINS 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 CORPORATION		X
SUBURBAN HOSPITAL HEALTHCARE SYSTEM, INC. - 52-2052354, 8600 OLD GEORGETOWN ROAD, BETHESDA, MD 20814	HEALTHCARE SERVICES	MARYLAND	501(C)(3)	LINE 12C, III-FI	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
SUBURBAN HOSPITAL, INC. - 52-0610545 8600 OLD GEORGETOWN ROAD BETHESDA, MD 20814	HOSPITAL	MARYLAND	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
LUCY WEBB HAYES NATIONAL TRAINING SCHOOL FOR DEACONESSES - 53-0196602, 5255 LOUGHBORO RD, NW, WASHINGTON, DC 20016	HOSPITAL	DISTRICT OF COLUMBIA	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
POTOMAC HOME SUPPORT INC - 52-1750383 6001 MONTROSE ROAD NO 1020 ROCKVILLE, MD 20852	HOME HEALTH CARE	MARYLAND	501(C)(3)	LINE 12B, II	N/A		X
SIBLEY SUBURBAN HOME HEALTH AGENCY - 52-1450142, 6001 MONTROSE ROAD NO 307, ROCKVILLE, MD 20852	HOME HEALTH CARE	MARYLAND	501(C)(3)	LINE 10	POTOMAC HOME SUPPORT INC		X
PEDIATRIC PHYSICIAN SERVICES, INC - 59-3425191, 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
JOHNS HOPKINS ALL CHILDREN'S HOSPITAL FOUNDATION, INC - 59-2481738, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A,	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 CORPORATION		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
JH ALL CHILDREN'S URGENT CARE, INC - 59-3476049, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	HOME HEALTH CARE	FLORIDA	501(C)(3)	LINE 10	ALL CHILDREN'S HEALTH SYSTEM, INC		X



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
JHMI UTILITIES, LLC - 20-2814243, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE.	UTILITY FACILITIES	MD	N/A	RELATED							
4300A, BALTIMORE, MD 21211							X		N/A	X	50.00%
JOHNS HOPKINS MEDICINE INTERNATIONAL, LLC - 52-2144849, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE.	MEDICAL SVCS	MD	N/A	N/A	N/A	N/A	X		N/A	X	N/A
JOHNS HOPKINS HEALTHCARE, LLC - 52-1899357, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE.											
4300A, BALTIMORE, MD 21211	MEDICAL SVCS	MD	N/A	N/A	N/A	N/A	X		N/A	X	N/A
WEST COUNTY MEDICAL, LLC - 27-5234888, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE.											
4300A, BALTIMORE, MD 21211	REAL ESTATE	MD	N/A	N/A	N/A	N/A	X		N/A	X	N/A

**Part 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 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
JOHNS HOPKINS EMPLOYER HEALTH PROGRAMS INC. - 52-1947678, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	BENEFIT PLANS	MD	N/A	C CORP	N/A	N/A	N/A		X
TCAS, INC. - 52-1979344 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300 BALTIMORE, MD 21211	NURSING SERVICES	MD	N/A	C CORP	N/A	N/A	N/A		X
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 V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

**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 II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

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

JOHNS HOPKINS ALL CHILDREN'S HOSPITAL FOUNDATION, INC

EIN: 59-2481738

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

BALTIMORE, MD 21211

## NAME OF RELATED ORGANIZATION:

SIBLEY MEMORIAL HOSPITAL FOUNDATION, INC.

DIRECT CONTROLLING ENTITY: LUCY WEBB HAYES NATIONAL TRAINING SCHOOL FOR

DEACONESSES

## PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

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

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:

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:

**Part VII** Supplemental Information

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

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:

JOHNS HOPKINS MEDICINE ALLIANCE FOR PATIENTS

EIN: 46-2866692

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

BALTIMORE, MD 21211

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

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:

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:

HEALTHCARE SUPPLY CHAIN INNOVATIONS, LLC

EIN: 47-2509307

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

**Part VII** Supplemental Information

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

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

DIRECT CONTROLLING ENTITY: JOHNS HOPKINS MEDICAL MANAGEMENT CORPORATION

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

NAME OF RELATED ORGANIZATION:

TCAS, INC.

DIRECT CONTROLLING ENTITY: JOHNS HOPKINS MEDICAL MANAGEMENT CORPORATION

NAME OF RELATED ORGANIZATION:

SUBURBAN HEALTH ENTERPRISES, INC.

DIRECT CONTROLLING ENTITY: SUBURBAN HOSPITAL HEALTHCARE SYSTEM, INC.