

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning JUL 1, 2017, and ending JUN 30, 2018

2017

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

▶ Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization

Employer identification number

THE JOHNS HOPKINS HOSPITAL

52-0591656

Name and title of officer

DANIEL B SMITH

VICE PRESIDENT AND CFO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, 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 1 line in Part I.

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>2,442,324,491.</u>
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	_____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

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

as my signature on the organization's tax year 2017 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2017 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.

Officer's signature ▶ *Daniel B. Smith* Date ▶ 5/6/2019

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.

27223991656
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization 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

EXTENDED TO MAY 15, 2019

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)

2017 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning JUL 1, 2017 and ending JUN 30, 2018

Header section containing: B Check if applicable (Address change, Name change, etc.), C Name of organization (THE JOHNS HOPKINS HOSPITAL), D Employer identification number (52-0591656), E Telephone number ((443)997-5724), G Gross receipts (\$2,490,285,737), H(a) Is this a group return for subordinates? (No), H(b) Are all subordinates included? (No), I Tax-exempt status (501(c)(3)), J Website (www.hopkinsmedicine.org/hopkinshospital), K Form of organization (Corporation), L Year of formation (1867), M State of legal domicile (MD).

Part II Summary table with columns: Activities & Governance, Revenue, Expenses, Net Assets or Fund Balances. Rows include: 1-7a Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances. Includes prior and current year comparisons for revenue and expenses.

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. Signatures of Daniel B Smith and Preparer information.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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

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 [X] 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 [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 \$ 275,165,900. including grants of \$ 0.) (Revenue \$ 329,024,882.) 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 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

4b (Code:) (Expenses \$ 120,975,637. including grants of \$ 0.) (Revenue \$ 121,820,394.) 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 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. DURING FISCAL YEAR 2012 THE JOHNS HOPKINS HOSPITAL OPENED ITS' NEW CLINICAL FACILITIES THE SHEIKH ZAYED TOWER AND THE CHARLOTTE R. BLOOMBERG CHILDREN'S CENTER WHICH OFFER ENHANCED LEVELS OF NEUROLOGICAL AND NEUROSURGICAL CARE. THE OPENING OF

4c (Code:) (Expenses \$ 74,548,366. including grants of \$ 0.) (Revenue \$ 60,460,864.) COMPREHENSIVE TRANSPLANT CENTER AT JOHNS HOPKINS

FOR MORE THAN 50 YEARS, SOLID ORGAN TRANSPLANTATION HAS BEEN CONDUCTED AT JOHNS HOPKINS, AND SOME OF THE MOST INNOVATIVE DISCOVERIES IN TRANSPLANT RESEARCH HAVE EMANATED FROM THIS PROGRAM. THE PRACTICE OF ORGAN TRANSPLANTATION HAPPENS EVERY DAY AT THE JOHNS HOPKINS HOSPITAL, BUT SUCCESSFUL TRANSPLANTATION IS FAR FROM ROUTINE. THE EVALUATION OF POTENTIAL ORGAN RECIPIENTS, AND POTENTIAL LIVING ORGAN DONORS, IS A COMPLEX AND PAINSTAKING PROCESS THAT INVOLVES A MULTIDISCIPLINARY TEAM CONSISTING OF TRANSPLANT SURGEONS, CARDIOLOGISTS, PEDIATRIC CARDIOLOGISTS, NEPHROLOGISTS, HEPATOLOGISTS, INFECTIOUS DISEASES EXPERTS, PEDIATRIC NEPHROLOGISTS, PEDIATRIC HEPATOLOGISTS,

4d Other program services (Describe in Schedule O.) (Expenses \$ 1,675,353,474. including grants of \$ 26,257,794.) (Revenue \$ 1,817,532,931.)

4e Total program service expenses 2,146,043,377.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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

Table with columns for question numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes sub-questions for backup withholding, employee reporting, foreign accounts, and charitable contributions.

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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **MD**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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 in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **THE CORPORATION - 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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID C. HODGSON CHAIRMAN	1.00 2.00	X					0.	0.	0.	
(2) FRANCIS X. KNOTT VICE CHAIRMAN	1.00 2.00	X					0.	0.	0.	
(3) MARJORIE RODGERS CHESHIRE TRUSTEE	1.00	X					0.	0.	0.	
(4) W.P. ANDREW LEE, M.D. TRUSTEE	1.00	X					0.	0.	0.	
(5) GEORGE L. BUNTING, JR. TRUSTEE	1.00 2.00	X					0.	0.	0.	
(6) RONALD J. DANIELS, J.D. TRUSTEE	1.00	X					0.	0.	0.	
(7) JAMES T. DRESHER, JR. TRUSTEE	1.00 2.00	X					0.	0.	0.	
(8) IRA T. FINE, M.D. TRUSTEE	1.00	X					0.	0.	0.	
(9) CHRISTOPHER W. KERSEY, M.D. TRUSTEE	1.00	X					0.	0.	0.	
(10) TRACI S. LERNER TRUSTEE	1.00	X					0.	0.	0.	
(11) LAURIE LONG TRUSTEE	1.00	X					0.	0.	0.	
(12) MILTON H. MILLER, JR. TRUSTEE	1.00 1.00	X					0.	0.	0.	
(13) RONALD R. PETERSON CORPORATE VICE CHAIRMAN	26.00 34.00	X		X			0.	3,088,921.	65,956.	
(14) KEVIN W. SOWERS, M.S.N., R.N., CORPORATE VICE CHAIRMAN	18.00 42.00	X		X			0.	367,110.	0.	
(15) PAUL B. ROTHMAN CORPORATE VICE CHAIRMAN	1.00 4.00	X		X			0.	0.	0.	
(16) RENEE DEMSKI VP QUALITY	60.00			X			0.	336,619.	80,621.	
(17) AMY DEUTSCHENDORF VP CARE COORD & CLINICAL	60.00			X			0.	352,261.	66,317.	

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KENNETH GRANT VP GENERAL SERVICES	18.00 42.00			X				0.	601,349.	98,720.
(19) DEBORAH J. BAKER VP NURSING & PATIENT CARE	60.00			X				0.	523,941.	171,372.
(20) KEITH HILL VP CORPORATE SECURITY	20.00 40.00			X				0.	333,024.	30,786.
(21) SALLY W. MACCONNELL VP FACILITIES	57.00 3.00			X				0.	759,200.	91,292.
(22) STEPHANIE L. REEL VP MGMT SYSTEMS & INFO SYS	5.00			X				0.	0.	0.
(23) REDONDA G. MILLER, M.D. PRESIDENT	60.00			X				0.	1,059,371.	110,425.
(24) G. DANIEL SHEALER, JR. VP & GEN COUNSEL, VP CORP	20.00 40.00			X				0.	999,567.	61,263.
(25) KATHY SMITH VP MKTG & COMMUNICATIONS	60.00			X				0.	268,572.	36,947.
(26) PETER HILL VP MEDICAL AFFAIRS	60.00			X				0.	474,532.	40,926.
1b Sub-total								0.	9,164,467.	854,625.
c Total from continuation sheets to Part VII, Section A								4,042,004.	8,728,175.	2,005,877.
d Total (add lines 1b and 1c)								4,042,004.	17,892,642.	2,860,502.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1,093**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
WHITING TURNER CONTRACTING CO 300 EAST JOPPA RD, BALTIMORE, MD 21286	CONSTRUCTION	36,273,159.
AMN HEALTHCARE INC PO BOX 281939, ATLANTA, GA 30384-1939	STAFFING	11,216,865.
BROADWAY SERVICES, INC 3709 EAST MONUMENT ST, BALTIMORE, MD 21205	CONTRACT MANAGEMENT	10,686,691.
QUEST DIAGNOSTICS INCORPORATED 3 GIRALDA FARMS, MADISON, NJ 07940	LAB SERVICES	9,154,544.
GRUNLEY MASCARO CONSTRUCTION, 15020 SHADY GROVE RD, STE 500, ROCKVILLE, MD 20850	CONSTRUCTION	6,097,091.

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 **145**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) KRISTENA LUKISH VP HUMAN RESOURCES	60.00			X			0.	276,025.	22,149.	
(28) CHARLES REULAND, SC.D. VP & COO	42.00 18.00			X			0.	768,448.	64,981.	
(29) DANIEL B. SMITH VP FINANCE & CFO	60.00			X			0.	957,571.	81,670.	
(30) SAMUEL H. CLARK, JR. ASSISTANT SECRETARY	9.00 51.00			X			0.	385,473.	90,153.	
(31) PETER B. MANCINO SECRETARY	5.00 55.00			X			0.	342,753.	48,180.	
(32) THOMAS TRZCINSKI TREASURER	13.00 47.00			X			0.	313,169.	98,715.	
(33) GREGORY MILLER ASSISTANT TREASURER	15.00 45.00			X			0.	234,738.	64,520.	
(34) EDWARD B. CHAMBERS ADMINISTRATOR PEDIATRICS	60.00				X		359,885.	0.	115,433.	
(35) ALLEN VALENTINE ADMINISTRATOR PATHOLOGY	60.00				X		213,652.	0.	104,263.	
(36) JOHN HUNDT ADMINISTRATOR SURGERY	60.00				X		297,246.	0.	74,636.	
(37) STEVEN MANDELL SR DIRECTOR INFO SVCS	60.00				X		285,511.	0.	93,419.	
(38) JAMES SCHEULEN JHM DIRECTOR	60.00				X		320,510.	0.	89,720.	
(39) ELIZABETH AMBINDER ADMINISTRATOR	60.00				X		168,163.	0.	66,208.	
(40) DIANN SNYDER DIRECTOR OF NURSING	60.00				X		291,990.	0.	56,409.	
(41) MARTIN BLEDSOE ADMINISTRATOR	60.00				X		268,926.	0.	105,233.	
(42) SHARON KRUMM DIRECTOR OF NURSING	60.00				X		201,782.	0.	77,595.	
(43) WALKER WYLIE EXECUTIVE MANAGEMENT	20.00 40.00					X	442,129.	0.	85,284.	
(44) JANE HILL DIR, PATIENT REL & PAT FAM	60.00					X	283,605.	0.	75,906.	
(45) RAKHMIN KHOSHAYEV CARDIAC PHYSICIAN	40.00					X	271,036.	0.	56,020.	
(46) AMY PORTER-TACORONTE CAO ONCOLOGY	40.00					X	357,018.	0.	44,917.	
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,417,083.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	21,991,884.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			23,408,967.			
Program Service Revenue	2 a NET PATIENT SRV	Business Code 900099	1,530,013,307.	1,529,852,517.	160,790.		
	b ONCOLOGY REVENUE	900099	329,024,882.	329,024,882.			
	c NEUROSURGERY REVENUE	900099	121,820,394.	121,820,394.			
	d TRANSPLANT REVENUE	900099	60,460,864.	60,460,864.			
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			2,041,319,447.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		11,203,681.		9,687.	11,193,994.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	453,000.				
		(ii) Personal					
		Less: rental expenses	0.				
	c Rental income or (loss)		453,000.				
	d Net rental income or (loss)			453,000.		453,000.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	56,203,000.				
		(ii) Other					
		Less: cost or other basis and sales expenses	46,356,282.	312,867.			
		c Gain or (loss)	9,846,718.	-312,867.			
	d Net gain or (loss)			9,533,851.		9,533,851.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	406,250.				
		b Less: direct expenses	0.				
c Net income or (loss) from fundraising events				406,250.		406,250.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a	2,463,875.					
	b Less: cost of goods sold	1,292,097.					
	c Net income or (loss) from sales of inventory			1,171,778.		1,171,778.	
Miscellaneous Revenue							
11 a PHARMACY REV	Business Code 446110		315,904,268.	248,853,538.	67,050,730.		
	b MISCELLANEOUS REV.	900099	31,303,647.	31,207,274.	96,373.		
	c CAFETERIA INCOME	900099	4,970,355.	4,970,355.			
	d All other revenue	900099	2,649,247.	2,649,247.			
	e Total. Add lines 11a-11d			354,827,517.			
12 Total revenue. See instructions.			2,442,324,491.	2,328,839,071.	67,317,580.	22,758,873.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	26,257,794.	26,257,794.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,190,581.		3,190,581.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	630,202,354.	542,999,135.	87,203,219.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	83,204,506.	71,330,090.	11,874,416.	
9 Other employee benefits	100,033,036.	85,756,959.	14,276,077.	
10 Payroll taxes	51,237,459.	43,925,176.	7,312,283.	
11 Fees for services (non-employees):				
a Management				
b Legal	3,321,066.	2,847,105.	473,961.	
c Accounting	4,176,553.	3,580,502.	596,051.	
d Lobbying	117,693.		117,693.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	1,088,473.	933,133.	155,340.	
13 Office expenses	634,778,418.	615,794,720.	18,983,698.	
14 Information technology				
15 Royalties				
16 Occupancy	3,984,738.	3,416,062.	568,676.	
17 Travel	1,597,913.	1,369,869.	228,044.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,557,842.	1,335,517.	222,325.	
20 Interest	19,047,890.	16,329,497.	2,718,393.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	129,216,039.	123,019,961.	6,196,078.	
23 Insurance	33,181,316.	28,445,890.	4,735,426.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PURCHASED SERVICES	543,485,289.	463,597,300.	79,887,989.	
b ORGAN PROCUREMENT	55,323,231.	55,323,231.	0.	
c SWAP INTEREST	14,986,598.	12,847,806.	2,138,792.	
d FOOD COSTS	14,199,578.	10,397,289.	3,802,289.	
e All other expenses	40,525,371.	36,536,341.	3,989,030.	
25 Total functional expenses. Add lines 1 through 24e	2,394,713,738.	2,146,043,377.	248,670,361.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	85,367,424.	1	80,848,187.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	1,287,575.	3	874,905.
	4 Accounts receivable, net	305,227,916.	4	295,255,904.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	153,871,444.	7	131,464,151.
	8 Inventories for sale or use	64,249,961.	8	69,998,733.
	9 Prepaid expenses and deferred charges	10,159,007.	9	12,713,872.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,289,910,484.		
	b Less: accumulated depreciation	10b 1,024,887,097.		
		1,326,625,114.	10c	1,265,023,387.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	939,265,645.	12	1,059,366,924.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	240,862,969.	15	235,786,122.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,126,917,055.	16	3,151,332,185.	
Liabilities	17 Accounts payable and accrued expenses	184,821,142.	17	207,557,821.
	18 Grants payable	3,430,633.	18	2,262,866.
	19 Deferred revenue	723,629.	19	2,711,462.
	20 Tax-exempt bond liabilities	484,965,555.	20	197,774,012.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,149,203,668.	25	1,338,416,080.
	26 Total liabilities. Add lines 17 through 25	1,823,144,627.	26	1,748,722,241.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,277,147,887.	27	1,394,527,798.
	28 Temporarily restricted net assets	26,624,541.	28	8,082,146.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,303,772,428.	33	1,402,609,944.	
34 Total liabilities and net assets/fund balances	3,126,917,055.	34	3,151,332,185.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,442,324,491.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,394,713,738.
3	Revenue less expenses. Subtract line 2 from line 1	3	47,610,753.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,303,772,428.
5	Net unrealized gains (losses) on investments	5	23,308,216.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	27,918,547.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,402,609,944.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

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

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2017

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2017

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 foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization THE JOHNS HOPKINS HOSPITAL	Employer identification number 52-0591656
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 1,417,083.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 9,119.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE JOHNS HOPKINS HOSPITAL	Employer identification number 52-0591656
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 1,954,363.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 20,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ 6,158.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE JOHNS HOPKINS HOSPITAL	Employer identification number 52-0591656
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 8,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ 7,711.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ 21,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ 29,069.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE JOHNS HOPKINS HOSPITAL	Employer identification number 52-0591656
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	<hr/> <hr/> <hr/>	\$ 6,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ 1,105,239.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/>	\$ 6,285.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/>	\$ 77,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<hr/> <hr/> <hr/>	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE JOHNS HOPKINS HOSPITAL	Employer identification number 52-0591656
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ 16,422.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE JOHNS HOPKINS HOSPITAL	Employer identification number 52-0591656
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<hr/> <hr/> <hr/>	\$ 99,356.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	<hr/> <hr/> <hr/>	\$ 9,971.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	<hr/> <hr/> <hr/>	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE JOHNS HOPKINS HOSPITAL	Employer identification number 52-0591656
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	<hr/> <hr/> <hr/>	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	<hr/> <hr/> <hr/>	\$ 139,192.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE JOHNS HOPKINS HOSPITAL	Employer identification number 52-0591656
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	<hr/> <hr/> <hr/>	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	<hr/> <hr/> <hr/>	\$ 16,626.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE JOHNS HOPKINS HOSPITAL	Employer identification number 52-0591656
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	<hr/> <hr/> <hr/>	\$ 12,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	<hr/> <hr/> <hr/>	\$ 10,196.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE JOHNS HOPKINS HOSPITAL	Employer identification number 52-0591656
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	<hr/> <hr/> <hr/>	\$ 9,672.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	<hr/> <hr/> <hr/>	\$ 14,364.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	<hr/> <hr/> <hr/>	\$ 21,338.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE JOHNS HOPKINS HOSPITAL	Employer identification number 52-0591656
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	<hr/> <hr/> <hr/>	\$ 89,065.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	<hr/> <hr/> <hr/>	\$ 100,024.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	<hr/> <hr/> <hr/>	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	<hr/> <hr/> <hr/>	\$ 20,130.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	<hr/> <hr/> <hr/>	\$ 22,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	<hr/> <hr/> <hr/>	\$ 9,028,242.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE JOHNS HOPKINS HOSPITAL	Employer identification number 52-0591656
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization THE JOHNS HOPKINS HOSPITAL	Employer identification number 52-0591656
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization <p style="text-align: center;">THE JOHNS HOPKINS HOSPITAL</p>	Employer identification number <p style="text-align: center;">52-0591656</p>
---	---

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-.

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		117,693.
j Total. Add lines 1c through 1i			117,693.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE JOHNS HOPKINS HOSPITAL PAID ITS PARENT CORPORATION, JOHNS HOPKINS

HEALTH SYSTEM CORPORATION \$117,693 DURING FISCAL YEAR ENDED JUNE 30,

2018 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.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2017

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.

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

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements (2a-2d), and yes/no questions about monitoring and reporting.

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

Form with questions (1a-1b) regarding reporting of art and historical treasures, including checkboxes and dollar amount fields for revenue and assets.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

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

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

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

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

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		9,442,317.		9,442,317.
b Buildings		1,034,492,699.	402,010,019.	632,482,680.
c Leasehold improvements		4,770,461.	2,686,268.	2,084,193.
d Equipment		1,120,384,999.	579,969,283.	540,415,716.
e Other		120,820,008.	40,221,527.	80,598,481.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,265,023,387.

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) U.S. TREASURY NOTES & BONDS	195,325,456.	END-OF-YEAR MARKET VALUE
(B) CORPORATE BONDS	165,297,635.	END-OF-YEAR MARKET VALUE
(C) ASSET BACKED SECURITIES	127,278,395.	END-OF-YEAR MARKET VALUE
(D) EQUITIES AND EQUITY FUNDS	186,849,792.	END-OF-YEAR MARKET VALUE
(E) ALTERNATIVE INVESTMENTS	184,554,888.	END-OF-YEAR MARKET VALUE
(F) EQUITY INVESTMENTS	87,033,455.	END-OF-YEAR MARKET VALUE
(G) FIXED INCOME FUNDS	113,027,303.	END-OF-YEAR MARKET VALUE
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,059,366,924.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM OTHERS	45,815,064.
(2) DUE FROM AFFILIATES	16,333,197.
(3) CASH CAPITAL PROJECTS	1,034,943.
(4) SPECIAL INV. FUND	68,085,953.
(5) FINANCING EXPENSES - BONDS	31,842,318.
(6) OTHER ASSETS	72,227,647.
(7) GOODWILL	447,000.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	235,786,122.

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	81,956,287.
(3) DUE TO AFFILIATES	29,896,948.
(4) OTHER LIABILITIES	753,602,407.
(5) WORKERS COMP TAIL LIABILITY	11,653,486.
(6) POST RETIREMENT BENEFITS	1,433,787.
(7) EST. MALPRACTICE COSTS	99,278,165.
(8) PENSION LIABILITY	360,595,000.
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,338,416,080.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements	1	2,458,210,000.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	23,308,216.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	23,308,216.
3	Subtract line 2e from line 1	3	2,434,901,784.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	7,422,707.
c	Add lines 4a and 4b	4c	7,422,707.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	2,442,324,491.

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

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

1	Total expenses and losses per audited financial statements	1	2,339,604,000.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,339,604,000.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	55,109,738.
c	Add lines 4a and 4b	4c	55,109,738.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2,394,713,738.

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,

2018 AND 2017.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

Part XIII Supplemental Information (continued)

RECLASS OF COGS	-1,292,097.
AUDIT/BOOK ADJUSTMENT	-571.
JOHNS HOPKINS HOSPITAL ENDOWMENT FUND CONTRIBUTION	9,028,242.
FIXED ASSET LOSS	-312,867.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	7,422,707.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RECLASS OF COGS	-1,292,097.
AUDIT/BOOK ADJUSTMENT	-2,895.
INTEREST ON SWAP	14,986,597.
OTHER COMPONENTS OF NET PERIODIC PENSION	41,731,000.
FIXED ASSET LOSS	-312,867.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	55,109,738.

SCHEDULE G
(Form 990 or 990-EZ)

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 for the latest instructions.

OMB No. 1545-0047

2017

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			
Total				▶		

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		BEST DRESS SALE (event type)	FASHION SHOW (event type)	2 (total number)		
Revenue	1	Gross receipts	223,500.	25,900.	156,850.	406,250.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	223,500.	25,900.	156,850.	406,250.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					406,250.

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:

a The organization's facility		13a	%
b An outside facility		13b	%
- 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.

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization THE JOHNS HOPKINS HOSPITAL	Employer identification number 52-0591656
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Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	X	
b If "Yes," was it a written policy?	1b	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	3a	X	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %			
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	3b	X	
<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 %			
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		X
6a Did the organization prepare a community benefit report during the tax year?	6a	X	
b If "Yes," did the organization make it available to the public?	6b	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			33,110,189.	0.	33,110,189.	1.38%
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			33,110,189.		33,110,189.	1.38%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			46,099,423.	2,275,080.	43,824,343.	1.83%
f Health professions education (from Worksheet 5)			187,396,625.	0.	187,396,625.	7.83%
g Subsidized health services (from Worksheet 6)			0.	0.		
h Research (from Worksheet 7)			1,009,290.	0.	1,009,290.	.04%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			2,167,476.	69,746.	2,097,730.	.09%
j Total. Other Benefits			236,672,814.	2,344,826.	234,327,988.	9.79%
k Total. Add lines 7d and 7j			269,783,003.	2,344,826.	267,438,177.	11.17%

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			8,824.	0.	8,824.	.00%
2 Economic development			332,354.	0.	332,354.	.01%
3 Community support			1,698,569.	1,950.	1,696,619.	.07%
4 Environmental improvements			589,891.	29,000.	560,891.	.02%
5 Leadership development and training for community members			7,274.	0.	7,274.	.00%
6 Coalition building			434,092.	0.	434,092.	.02%
7 Community health improvement advocacy			669,983.	0.	669,983.	.03%
8 Workforce development			519,365.	41,000.	478,365.	.02%
9 Other			210,210.	12,878.	197,332.	.01%
10 Total			4,470,562.	84,828.	4,385,734.	.18%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	X
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	33,102,905.
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	0.
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	578,099,658.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	542,596,187.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	35,503,471.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

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

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

Part V Facility Information

Section A. Hospital Facilities

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

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

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

1 THE JOHNS HOPKINS HOSPITAL
1800 ORLEANS STREET
BALTIMORE, MD 21287
WWW.HOPKINSMEDICINE.ORG/THE_JOHNS_HOPK
30034

Table with columns: Licensed hospital, gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group

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 HOSPITAL

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

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 17</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.HOPKINSMEDICINE.ORG/THE JOHNS HOPKINS HOSPITAL/ABOUT/IN T</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 17</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>WWW.HOPKINSMEDICINE.ORG/THE JOHNS HOPKINS HOSPITAL/ABOUT/IN THE COMMUNITY/</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group THE JOHNS HOPKINS HOSPITAL

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>500</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance status		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</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 type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group THE JOHNS HOPKINS HOSPITAL

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group THE JOHNS HOPKINS HOSPITAL

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

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, 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 JOHNS HOPKINS HOSPITAL

(JHH) AND JOHNS HOPKINS BAYVIEW MEDICAL CENTER (JHBMC) 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 TOTAL, THE EXTENSIVE

PRIMARY DATA COLLECTION PHASE RESULTED IN MORE THAN 1,460 RESPONSES FROM

COMMUNITY STAKEHOLDERS/LEADERS AND COMMUNITY RESIDENTS. THE 2016 AND 2013

CHNAs SERVED AS A BASELINE TO PROVIDE A DEEPER UNDERSTANDING OF THE HEALTH

AS WELL AS THE SOCIOECONOMIC NEEDS OF THE COMMUNITY AND EMERGING TRENDS.

- PRIMARY DATA IN THE FORM OF BOTH ONLINE AND PAPER SURVEYS GATHERED

FEEDBACK FROM COMMUNITY RESIDENTS AND HEALTH SYSTEM STAFF ON THE PREVIOUS

CHNA AND IMPLEMENTATION STRATEGY (COLLECTION PERIOD BEGAN OCTOBER 13, 2017

THROUGH MID-NOVEMBER 2017). STAKEHOLDER INTERVIEWS (OCTOBER AND NOVEMBER

2017) AND FOCUS GROUPS WERE CONDUCTED WITH INDIVIDUALS WHO REPRESENTED A)

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

WITH SPECIALIZED KNOWLEDGE IN PUBLIC HEALTH. FIVE FOCUS GROUPS (BETWEEN

THE MONTHS OF NOVEMBER AND DECEMBER 2017) WITH VULNERABLE POPULATIONS WERE

CONDUCTED BY JHH/JHBMC, AND ANOTHER SEVEN FOCUS GROUPS (DURING THE MONTHS

OF OCTOBER AND NOVEMBER 2017) WERE CONDUCTED BY OTHER BALTIMORE CITY

COALITION HOSPITALS FOR A TOTAL OF 121 PARTICIPANTS. A PAPER SURVEY

(EARLY SEPTEMBER THROUGH LATE NOVEMBER 2017) WHICH GATHERED A WIDE RANGE

OF INFORMATION WAS DISTRIBUTED BY THE COALITION HOSPITALS CITY-WIDE AND

RESULTED IN 1,331 RESPONSES FROM RESIDENTS OF THE JHH/JHBMC COMMUNITY

BENEFIT SERVICE AREA (CBSA).

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, 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.

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

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

BROAD RANGE OF HEALTH AND SOCIAL ISSUES. COLLECTING AND EXAMINING

INFORMATION ABOUT DIFFERENT COMMUNITY ASPECTS AND BEHAVIORS CAN HELP

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

- DATA COLLECTED ENCOMPASSED SOCIOECONOMIC INFORMATION, HEALTH STATISTICS,

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

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

OFFICE OF GOVERNMENT AND COMMUNITY AFFAIRS, JHH PRESIDENT, JHBMC

PRESIDENT, AND INVOLVED THE CONTRIBUTIONS OF OVER 1,460 INDIVIDUALS

THROUGH DIRECT INTERVIEWS, SURVEYS, AND FOCUS GROUPS. KEY STAKEHOLDER

GROUPS INCLUDED, BUT WERE NOT LIMITED TO, COMMUNITY RESIDENTS, MEMBERS OF

FAITH-BASED ORGANIZATIONS, NEIGHBORHOOD ASSOCIATION LEADERS, HEALTH

PROFESSIONALS, JOHNS HOPKINS MEDICINE LEADERSHIP, AND OTHER EXPERTS, BOTH

INTERNAL AND EXTERNAL TO JOHNS HOPKINS.

THE JOHNS HOPKINS HOSPITAL:

PART V, SECTION B, LINE 6A: JHH CONDUCTED ITS CHNA WITH JOHNS HOPKINS

BAYVIEW MEDICAL CENTER AND COLLABORATED WITH ALL NON PROFIT HOSPITALS IN

BALTIMORE CITY THROUGH JOINT COMMUNITY BENEFIT COALITION.

THE JOHNS HOPKINS HOSPITAL:

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

NONPROFIT HOSPITALS COLLABORATED WITH THE BALTIMORE CITY DEPARTMENT OF

HEALTH WHEN CONDUCTING THE MOST RECENT CHNA.

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, 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 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.

- 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.

THE JOHNS HOPKINS HOSPITAL

PART V, LINE 16A, FAP WEBSITE:

WWW.HOPKINSMEDICINE.ORG/PATIENT_CARE/PAY_BILL/ASSISTANCE_POLICIES.HTML

THE JOHNS HOPKINS HOSPITAL

PART V, LINE 16B, FAP APPLICATION WEBSITE:

WWW.HOPKINSMEDICINE.ORG/PATIENT_CARE/PAY_BILL/PAYMENT_ASSISTANCE.HTML

THE JOHNS HOPKINS HOSPITAL

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

WWW.HOPKINSMEDICINE.ORG/PATIENT_CARE/PAY_BILL/PAYMENT_ASSISTANCE.HTML

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 7:

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

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

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

Part VI Supplemental Information (Continuation)

RATE-SETTING SYSTEM.

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

PART I, LINE 7G:

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

PART II, COMMUNITY BUILDING ACTIVITIES:

IN FY 2018, THE JOHNS HOPKINS HOSPITAL COMMUNITY BENEFIT PROGRAM INCLUDED NUMEROUS INITIATIVES THAT SUPPORT THE HOSPITAL'S EFFORTS TO MEET THE NEEDS OF THE COMMUNITY. THESE INITIATIVES ARE DECENTRALIZED AND USE A VARIETY OF METHODS TO IDENTIFY COMMUNITY NEEDS. THESE INITIATIVES ARE ACCOUNTED FOR IN PART I LINES 7E-K 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

Part VI Supplemental Information (Continuation)

OTHER COLLECTION INDICATORS.

PART III, LINE 3:

MARYLAND HOSPITALS ARE RATE REGULATED UNDER THE HSCRC, WHICH INCLUDES BAD

DEBT AS PART OF THE REIMBURSEMENT FORMULA FOR EACH HOSPITAL. DUE TO THE

RATE REGULATION, 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 15.

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 STRATEGIC PLAN. THE STRATEGIC PRIORITIES FOR THE HOSPITAL AND

JOHNS HOPKINS MEDICINE INCLUDE A CORE PILLAR WITH THE OBJECTIVE TO

"SUPPORT THE WELL-BEING OF OUR COMMUNITIES".

- SENIOR LEADERSHIP DIRECTS, OVERSEES AND APPROVES ALL COMMUNITY BENEFIT

Part VI Supplemental Information (Continuation)

WORK INCLUDING THE ALLOCATION OF FUNDS THAT SUPPORT COMMUNITY OUTREACH
DIRECTED AT UNDERSERVED AND HIGH-NEED POPULATION IN THE COMMUNITY BENEFIT
SERVICE AREA (CBSA). THIS HIGH LEVEL REVIEW AND EVALUATION SETS THE
PRIORITIES OF THE HOSPITAL'S OUTREACH WORK AND ENSURES THE EFFICIENT USAGE
OF FUNDS TO ACHIEVE THE LARGEST IMPACT IN IMPROVING THE LIVES OF THOSE WHO
LIVE IN THE COMMUNITIES SERVED.

- INDIVIDUAL CLINICAL LEADERS ALONG WITH ADMINISTRATORS MAKE DECISIONS ON
COMMUNITY BENEFIT PROGRAMS THAT EACH DEPARTMENT SUPPORTS/FUNDS THROUGH
THEIR BUDGET. CLINICAL LEADERS WILL ALSO IDENTIFY AND CREATE STRATEGIES
TO TACKLE COMMUNITY HEALTH NEEDS THAT ARISE IN THE CBSA AND OVERSEE
DEPARTMENT PROGRAMS FOR CONTENT ACCURACY, ADHERENCE TO DEPARTMENT
PROTOCOLS AND BEST PRACTICES.

PART VI, LINE 3:

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

Part VI Supplemental Information (Continuation)

PART VI, LINE 4:

- JHH GEOGRAPHIC SERVICE AREA IS URBAN.

- THE HOSPITAL CONSIDERS ITS COMMUNITY BENEFIT SERVICE AREA (CBSA) AS THE

GEOGRAPHIC AREA CONTAINED WITHIN THE FOLLOWING NINE ZIP CODES: 21202,

21205, 21206, 21213, 21218, 21219, 21222, 21224 AND 21231. THIS AREA

REFLECTS THE POPULATION WITH THE LARGEST USAGE OF THE EMERGENCY

DEPARTMENTS AND THE MAJORITY OF RECIPIENTS OF COMMUNITY CONTRIBUTIONS AND

PROGRAMMING. WITHIN THE CBSA, JHH HAS FOCUSED ON CERTAIN TARGET

POPULATIONS SUCH AS THE ELDERLY, AT-RISK CHILDREN AND ADOLESCENTS,

UNINSURED INDIVIDUALS AND HOUSEHOLDS, AND UNDERINSURED AND LOW-INCOME

INDIVIDUALS AND HOUSEHOLDS.

- THE GENERAL DATA FOR THIS COMMUNITY BENEFIT SERVICE AREA ARE AS FOLLOWS:

TOTAL POPULATION WAS 301,461 OF WHICH 48.9% WERE MALES AND 51.1% WERE

FEMALES, AVERAGE HOUSEHOLD INCOME WAS \$71,476, 9.6% OF RESIDENTS ARE

UNINSURED, 44.6% OF RESIDENTS ARE COVERED BY MEDICAID/MEDICARE, 15.7% OF

PEOPLE HAD INCOME BELOW THE FEDERAL POVERTY GUIDELINES.

- NUMBER OF OTHER HOSPITALS SERVING THE COMMUNITY OR COMMUNITIES: 5

- FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREAS OR POPULATIONS ARE

PRESENT IN THE COMMUNITY .

PART VI, LINE 5:

- COMMUNITY BENEFIT INVESTMENTS SUPPORT THE HOSPITAL'S STRATEGIC

TRANSFORMATION GOALS OF 1) ACCESS TO URGENT CARE, 2) CARE COORDINATION

ACROSS THE CONTINUUM, AND 3) PATIENT/FAMILY ENGAGEMENT.

HEALTH LEADS, THE ACCESS PARTNERSHIP, AND THE MARY HARVIN TRANSFORMATION

CENTER ARE THREE EXAMPLES OF COMMUNITY BENEFIT INVESTMENTS FROM THE 300

PROGRAMS AT JHH THAT SUPPORT THESE GOALS. IN PARTICULAR, THE HEALTH

EDUCATION PROGRAMS OFFERED AT THE MARY HARVIN TRANSFORMATION CENTER ARE

Part VI Supplemental Information (Continuation)

DESIGNED TO EQUIP COMMUNITY RESIDENTS WITH THE NECESSARY KNOWLEDGE AND
CAPACITY TO PARTICIPATE IN SELF-CARE MANAGEMENT, KNOWING WHEN TO SEEK CARE
SERVICES AND HOW TO GAIN APPROPRIATE TIMELY ACCESS TO CARE. SPECIFICALLY
AT THE MARY HARVIN CENTER WAS THE "ASK THE DOC" EDUCATION AND SCREENING
SESSIONS. RESPONDING TO NEIGHBORHOOD RESIDENTS SPECIFIC REQUESTS, JHH
EXPERTS CONDUCTED COMMUNITY HEALTH EDUCATION SESSIONS ON MULTIPLE HEALTH
CONDITIONS IN ADDITION TO INTERACTIVE PROGRAMS ON DIET AND EXERCISE,
HEARING AND EYESIGHT SCREENING, WORKFORCE DEVELOPMENT AND JOB APPLICATION
ASSISTANCE ETC. THESE PROGRAMS ARE EXPANDING TO ADDITIONAL LOCATIONS IN
PARTNERSHIP WITH THE JHH FAITH BASED COMMUNITY ORGANIZATION PARTNERSHIP
INITIATIVE.

- 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,
COMMERCIALY INSURED, OR SELF-PAY ARE CHARGED THE SAME PRICE FOR SERVICES AT
ANY GIVEN HOSPITAL.

UNDER THIS SYSTEM, MARYLAND HOSPITALS ARE REGULATED BY A STATE AGENCY THE
HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) THAT IS REQUIRED TO:
PUBLICLY DISCLOSE INFORMATION ON THE COST AND FINANCIAL POSITION OF
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.

Part VI Supplemental Information (Continuation)

SINCE 2000, THE RATE SETTING COMMISSION HAS HAD ITS OWN FRAMEWORK FOR REPORTING HOSPITALS' COMMUNITY BENEFITS AND ISSUING A REPORT ANNUALLY REGARDING HOSPITALS' COMMUNITY BENEFIT TOTALS. THAT REPORT IS AVAILABLE ON [HTTPS://HSCRC.STATE.MD.US/PAGES/INIT_CB.ASPX](https://hscrc.state.md.us/pages/init_cb.aspx) BECAUSE OF THIS UNIQUE STRUCTURE MARYLAND HOSPITALS' COMMUNITY BENEFITS NUMBERS WILL NOT COMPARE WITH THE REST OF THE NATION'S HOSPITALS. HOWEVER, MARYLAND HOSPITALS MEET OR EXCEED THE COMMUNITY BENEFIT STANDARD ESTABLISHED BY THE IRS IN 1969. ADDITIONAL DETAIL ILLUSTRATING THIS CAN BE FOUND WITHIN THIS SCHEDULE H REPORT.

PART VI, LINE 6:

THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION (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 FL ACADEMIC CHILDRENS HOSPITAL.

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NATIONAL ASSOCIATION OF HEALTH SERVICES EXECUTIVES INC - 1050 CONNECTICUT AVE - WASHINGTON , DC 20036	62-1312239	501(C)(3)	6,000.	0.			TO SUPPORT HEALTH CARE PUBLIC CHARITY
NATIONAL KIDNEY FOUNDATION, INC 1301 YORK RD, STE 404 LUTHERVILLE, MD 21093	13-1673104	501(C)(3)	9,000.	0.			TO SUPPORT HEALTH CARE PUBLIC CHARITY
HEALTH CARE FOR THE HOMELESS INC 421 FALLSWAY BALTIMORE, MD 21202	52-1576404	501(C)(3)	5,500.	0.			TO SUPPORT HEALTH CARE PUBLIC CHARITY
THE LIVING LEGACY FOUNDATION 1730 TWIN SPRIGGS RD, STE 200 BALTIMORE, MD 21227	52-1736533	501(C)(3)	15,000.	0.			TO SUPPORT HEALTH CARE PUBLIC CHARITY
RONALD MCDONALD HOUSE CHARITIES INC - 635 WEST LEXINGTON ST - BALTIMORE, MD 21201	36-2934689	501(C)(3)	20,000.	0.			TO SUPPORT HEALTH CARE PUBLIC CHARITY
JOHNS HOPKINS HEALTH SYSTEM 3910 KESWICK RD, S BLDG, STE 4300A BALTIMORE, MD 21211	52-1465301	501(C)(3)	26,094,000.	0.			TO SUPPORT HEALTH CARE PUBLIC CHARITY

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 7.
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2017)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BELIEVE IN TOMORROW CHILDREN'S FOUNDATION - 6601 FREDERICK RD - BALTIMORE, MD 21228	52-1332737	501(C)(3)	75,000.	0.			TO SUPPORT HEALTH CARE PUBLIC CHARITY

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:

THE BOARD OF TRUSTEES HAS DELEGATED THE FACILITATION AND ACCOUNTING FOR ALL
GRANT PROGRAMS ADMINISTERED BY JOHNS HOPKINS HOSPITAL TO THE OFFICERS,
DIRECTORS, AND KEY EMPLOYEES OF THE ORGANIZATION.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization THE JOHNS HOPKINS HOSPITAL	Employer identification number 52-0591656
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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 checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax 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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2017

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 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) RONALD R. PETERSON CORPORATE VICE CHAIRMAN	(i)	0.	0.	0.	0.	0.	0.
	(ii)	1,454,645.	806,842.	827,434.	42,910.	23,046.	3,154,877.
(2) KEVIN W. SOWERS, M.S.N., R.N., CORPORATE VICE CHAIRMAN	(i)	0.	0.	0.	0.	0.	0.
	(ii)	0.	250,000.	117,110.	0.	0.	367,110.
(3) RENEE DEMSKI VP QUALITY	(i)	0.	0.	0.	0.	0.	0.
	(ii)	244,725.	70,619.	21,275.	57,828.	22,793.	417,240.
(4) AMY DEUTSCHENDORF VP CARE COORD & CLINICAL	(i)	0.	0.	0.	0.	0.	0.
	(ii)	271,307.	73,013.	7,941.	56,311.	10,006.	418,578.
(5) KENNETH GRANT VP GENERAL SERVICES	(i)	0.	0.	0.	0.	0.	0.
	(ii)	350,630.	100,766.	149,953.	71,006.	27,714.	700,069.
(6) DEBORAH J. BAKER VP NURSING & PATIENT CARE	(i)	0.	0.	0.	0.	0.	0.
	(ii)	351,000.	100,064.	72,877.	145,285.	26,087.	695,313.
(7) KEITH HILL VP CORPORATE SECURITY	(i)	0.	0.	0.	0.	0.	0.
	(ii)	257,928.	62,712.	12,384.	28,291.	2,495.	363,810.
(8) SALLY W. MACCONNELL VP FACILITIES	(i)	0.	0.	0.	0.	0.	0.
	(ii)	523,780.	0.	235,420.	76,493.	14,799.	850,492.
(9) REDONDA G. MILLER, M.D. PRESIDENT	(i)	0.	0.	0.	0.	0.	0.
	(ii)	763,304.	261,182.	34,885.	87,778.	22,647.	1,169,796.
(10) G. DANIEL SHEALER, JR. VP & GEN COUNSEL, VP CORP	(i)	0.	0.	0.	0.	0.	0.
	(ii)	619,348.	170,353.	209,866.	48,027.	13,236.	1,060,830.
(11) KATHY SMITH VP MKTG & COMMUNICATIONS	(i)	0.	0.	0.	0.	0.	0.
	(ii)	209,248.	47,790.	11,534.	25,309.	11,638.	305,519.
(12) PETER HILL VP MEDICAL AFFAIRS	(i)	0.	0.	0.	0.	0.	0.
	(ii)	391,576.	44,084.	38,872.	22,867.	18,059.	515,458.
(13) KRISTENA LUKISH VP HUMAN RESOURCES	(i)	0.	0.	0.	0.	0.	0.
	(ii)	239,955.	18,432.	17,638.	7,876.	14,273.	298,174.
(14) CHARLES REULAND, SC.D. VP & COO	(i)	0.	0.	0.	0.	0.	0.
	(ii)	494,375.	144,481.	129,592.	40,568.	24,413.	833,429.
(15) DANIEL B. SMITH VP FINANCE & CFO	(i)	0.	0.	0.	0.	0.	0.
	(ii)	485,303.	140,297.	331,971.	59,489.	22,181.	1,039,241.
(16) SAMUEL H. CLARK, JR. ASSISTANT SECRETARY	(i)	0.	0.	0.	0.	0.	0.
	(ii)	265,004.	75,342.	45,127.	67,813.	22,340.	475,626.

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 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) PETER B. MANCINO SECRETARY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	278,180.	52,325.	12,248.	26,680.	21,500.	390,933.	0.
(18) THOMAS TRZCINSKI TREASURER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	239,481.	70,738.	2,950.	75,211.	23,504.	411,884.	0.
(19) GREGORY MILLER ASSISTANT TREASURER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	203,341.	29,739.	1,658.	44,945.	19,575.	299,258.	0.
(20) EDWARD B. CHAMBERS ADMINISTRATOR PEDIATRICS	(i)	278,130.	35,998.	45,757.	86,637.	28,796.	475,318.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) ALLEN VALENTINE ADMINISTRATOR PATHOLOGY	(i)	185,257.	26,233.	2,162.	85,949.	18,314.	317,915.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) JOHN HUNDT ADMINISTRATOR SURGERY	(i)	241,296.	30,141.	25,809.	64,710.	9,926.	371,882.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(23) STEVEN MANDELL SR DIRECTOR INFO SVCS	(i)	244,848.	34,963.	5,700.	67,635.	25,784.	378,930.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(24) JAMES SCHEULEN JHM DIRECTOR	(i)	246,811.	42,135.	31,564.	67,729.	21,991.	410,230.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(25) ELIZABETH AMBINDER ADMINISTRATOR	(i)	145,377.	18,950.	3,836.	42,389.	23,819.	234,371.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(26) DIANN SNYDER DIRECTOR OF NURSING	(i)	169,472.	22,232.	100,286.	43,428.	12,981.	348,399.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(27) MARTIN BLEDSOE ADMINISTRATOR	(i)	195,591.	43,210.	30,125.	81,611.	23,622.	374,159.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(28) SHARON KRUMM DIRECTOR OF NURSING	(i)	175,509.	22,710.	3,563.	68,196.	9,399.	279,377.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(29) WALKER WYLIE EXECUTIVE MANAGEMENT	(i)	286,788.	80,391.	74,950.	60,658.	24,626.	527,413.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(30) JANE HILL DIR, PATIENT REL & PAT FAM	(i)	188,568.	27,259.	67,778.	57,275.	18,631.	359,511.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(31) RAKHMIN KHOSHAYEV CARDIAC PHYSICIAN	(i)	269,165.	1,000.	871.	29,622.	26,398.	327,056.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(32) AMY PORTER-TACORONTE CAO ONCOLOGY	(i)	300,130.	55,916.	972.	22,795.	22,122.	401,935.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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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 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				
(33) LAURIE SALETNIK SR DIRECTOR PERIOPERATIVE SRV	(i)	205,471.	61,573.	13,507.	146,191.	9,560.	436,302.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(34) DALAL J. HALDEMAN, PH.D. FORMER OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	370,861.	105,781.	55,118.	57,745.	19,468.	608,973.	0.
(35) KAREN B. HALLER, PH.D. FORMER OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	331,959.	74,411.	83,639.	75,595.	21,774.	587,378.	54,617.
(36) PAMELA D. PAULK FORMER OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	612,576.	206,208.	718,697.	56,146.	12,521.	1,606,148.	291,330.
(37) JUDY A. REITZ, SC.D. FORMER OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	252,859.	0.	0.	252,859.	95,699.
(38) RONALD J. WERTHMAN FORMER OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	786,164.	385,786.	1,336,875.	69,014.	22,039.	2,599,878.	641,448.
(39) BONNIE WINDSOR FORMER OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	7,941.	64,947.	56,176.	0.	413.	129,477.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

JHHS (THE PARENT ORGANIZATION) PAID HOUSING ALLOWANCE TO OFFICERS OF JHH

FOR RECRUITMENT PURPOSES.

PART I, LINE 4B:

MAKE WHOLE PLAN & SERP I PLAN:

THE MAKE WHOLE AND SERP I PLANS ARE FROZEN, NON-TAX QUALIFIED DEFINED

BENEFIT PLANS. PARTICIPATION IN THE PLANS IS LIMITED TO THE EXISTING PLAN

PARTICIPANTS. THE BENEFITS UNDER THE PLANS ARE BASED UPON THE

PARTICIPANT'S LENGTH OF SERVICE AND COMPENSATION. THE MAKE WHOLE PLAN WAS

DESIGNED TO REPLACE THE BENEFITS THE PARTICIPANTS LOST DUE TO THE

COMPENSATION LIMITS IMPOSED BY LAW UPON OUR QUALIFIED DEFINED BENEFIT PLAN.

IN THE MANNER REQUIRED BY APPLICABLE IRS RULES, THE DESIGN OF EACH OF THESE

ARRANGEMENTS WAS APPROVED AS REASONABLE, 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.

FURTHERMORE, IF A PARTICIPANT VOLUNTARILY TERMINATES EMPLOYMENT OR IS

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.

TERMINATED BY THE EMPLOYER FOR CAUSE PRIOR TO THE APPLICABLE VESTING DATE

UNDER THE MAKE WHOLE PLAN, THE PARTICIPANT'S ENTIRE MAKE WHOLE PLAN BENEFIT

IS FORFEITED. IF A PARTICIPANT TERMINATES EMPLOYMENT FOR ANY REASON PRIOR

TO THE APPLICABLE VESTING DATE UNDER THE SERP I, THE PARTICIPANT'S ENTIRE

SERP I BENEFIT IS FORFEITED. IN ADDITION, UNDER CURRENT LAW, INTERESTS

UNDER THESE ARRANGEMENTS ARE REPORTABLE AS TAXABLE COMPENSATION WHEN THEY

BECOME VESTED, EVEN IF THOSE AMOUNTS ARE NOT YET PAYABLE TO THE PARTICIPANT

(AND EVEN IF THOSE AMOUNTS ARE NEVER PAID TO THE PARTICIPANT). NO

ROLLOVER OR OTHER TAX-DEFERRAL OPTIONS ARE AVAILABLE TO PARTICIPANTS. NOTE

THAT ANY MAKE WHOLE PLAN OR SERP I VESTED AMOUNT OR PAYMENT BEING REPORTED

AS COMPENSATION MAY ALSO HAVE BEEN REPORTED IN PREVIOUS YEAR(S) WHEN THAT

INTEREST ACCRUED UNDER THE PLAN.

SERP II PLAN & SRP PLAN:

THE SERP II AND SRP PLANS ARE ACTIVE; NON-TAX QUALIFIED DEFINED

CONTRIBUTION TARGET BENEFIT PLANS. THE PLANS ARE DESIGNED TO ACHIEVE A

REASONABLE TARGETED RETIREMENT BENEFIT LEVEL FOR EACH PARTICIPANT (IN

COMBINATION WITH THE OTHER RETIREMENT PROGRAMS OF THE EMPLOYER) BASED UPON

CERTAIN CRITERIA, SUCH AS EACH PARTICIPANT'S LENGTH OF SERVICE 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.

COMPENSATION. IN THE MANNER REQUIRED BY APPLICABLE IRS RULES, THE DESIGN

OF EACH OF THESE ARRANGEMENTS WAS APPROVED AS REASONABLE, 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. IF A PARTICIPANT VOLUNTARILY TERMINATES EMPLOYMENT OR IS

TERMINATED BY THE EMPLOYER FOR CAUSE PRIOR TO THE APPLICABLE VESTING DATE

UNDER EACH ARRANGEMENT, THE PARTICIPANT'S ACCOUNT IS FORFEITED. IN

ADDITION, UNDER CURRENT LAW, INTERESTS UNDER THESE ARRANGEMENTS ARE

REPORTABLE AS TAXABLE COMPENSATION WHEN THEY BECOME VESTED, EVEN IF THOSE

AMOUNTS ARE NOT YET PAYABLE TO THE PARTICIPANT (AND EVEN IF THOSE AMOUNTS

ARE NEVER PAID TO THE PARTICIPANT). NO ROLLOVER OR OTHER TAX-DEFERRAL

OPTIONS ARE AVAILABLE TO PARTICIPANTS. NOTE THAT ANY SERP II OR SRP PLAN

VESTED AMOUNT OR PAYMENT BEING REPORTED AS COMPENSATION MAY ALSO HAVE BEEN

REPORTED IN PREVIOUS YEAR(S) WHEN THAT INTEREST ACCRUED UNDER THE PLAN.

THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A

PARTICIPATED IN A NONQUALIFIED RETIREMENT PLAN AND RECEIVED ACCRUED

Part III Supplemental Information

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

DEFERRED COMPENSATION THAT IS REPORTED ON SCHEDULE J, PART II, COLUMN(C):

DEBORAH BAKER \$31,801; AMY PORTER-TACORONTE \$5,167; REDONDA MILLER \$70,150;

KRISTENA LUKISH \$7,876; PETER HILL \$22,867; AND PETER MANCINO \$1,500.

THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A

PARTICIPATED IN A NON QUALIFIED RETIREMENT PLAN AND RECEIVED PAYMENT FROM

THE PLAN, IT IS REPORTED ON SCHEDULE J, PART II, COLUMN (B)(III) AS WELL AS

SCHEDULE J, PART II, COLUMN (F) IF THEY WERE REQUIRED TO BE DISCLOSED ON

PRIOR YEARS FORMS 990:

KENNETH GRANT \$121,170; PAMELA D. PAULK \$693,588.54; SALLY W. MACCONNELL

\$180,767; JUDY A. REITZ, SC.D \$252,858.73; G. DANIEL SHEALER, JR. \$186,505;

RONALD WERTHMAN \$1,305,002.90; RONALD PETERSON \$34,000; DALAL HALDEMAN

\$32,544; KAREN B. HALLER \$54,617; RENEE DEMSKI \$16,543.26; GREG MILLER

\$4,153; JANE HILL \$66,112; WALKER WYLIE \$51,568; JAMES SCHEULEN \$21,984;

JOHN HUNDT \$20,016; DIANN SNYDER \$94,416; KATHY SMITH \$4,400.63; DANIEL

SMITH \$306,987; PETER MANCINO \$9,747; CHARLES REULAND \$65,928; BONNIE

WINDSOR \$45,563.05; AND LAURIE SALETNIK \$4,177.14.

PART I, LINE 7:

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.

BONUSES: THE BONUSES ARE ISSUED ON A WEIGHTED FORMULA BASED ON THE
ATTAINMENT OF QUANTIFIABLE ORGANIZATION OBJECTIVES SET BY THE TRUSTEE
COMPENSATION COMMITTEE EACH YEAR. THEY ARE REVIEWED BY MANAGEMENT THAT
USES DISCRETION TO DETERMINE PAYMENT.

DEPENDENT TUITION REIMBURSEMENT: THE DEPENDENT TUITION REIMBURSEMENT
PROGRAM REIMBURSES EMPLOYEES FOR 50% LESS TAXES OF EACH DEPENDENT CHILD'S
FULL TIME UNDERGRADUATE TUITION AND MANDATORY ACADEMIC FEES, UP TO A
MAXIMUM OF 50% OF THE JOHNS HOPKINS UNIVERSITY'S FRESHMAN UNDERGRADUATE
TUITION FOR EACH ELIGIBLE DEPENDENT. DURING CALENDAR YEAR 2017 EMPLOYEES
WHO HAVE A MINIMUM OF TWO YEARS OF CONTINUOUS SERVICE ARE ELIGIBLE. THE
DEPENDENT MUST BE ENROLLED FULL TIME AT AN APPROVED, ACCREDITED COLLEGE OR
UNIVERSITY AND IN GOOD ACADEMIC STANDING. PAYMENT IS LIMITED TO FOUR YEARS
OF FULL TIME, UNDERGRADUATE STUDY PER DEPENDENT CHILD.

TUITION REIMBURSEMENT: TUITION REIMBURSEMENT IS AVAILABLE TO EMPLOYEES
THAT WORK 20 HOURS OR MORE A WEEK FOR UP TO A MAXIMUM BENEFIT OF \$10,000
PER ACADEMIC YEAR. TO RECEIVE REIMBURSEMENT, ELIGIBLE EMPLOYEES MUST
PURSUE A COURSE OF STUDY AT AN ACCREDITED UNIVERSITY OR COLLEGE THAT LEADS

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.

TO A LICENSURE, DEGREE, OR MEETS THE NECESSITY RELATED TO CURRENT POSITION

OR ANOTHER POSITION WITHIN THE ORGANIZATION.

Supplemental Information on Tax-Exempt Bonds

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

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

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	MHHEFA - 2011A	52-0936091	574218CZ4	11/10/11	82,184,815.	REFUND ISSUE DATED 08/29/2001		X		X		X
B	MHHEFA - 2012B	52-0936091	574218GQ0	05/03/12	111,453,965.	CONSTRUCT & EQUIP MED. TOWERS		X		X		X
C												
D												

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		17,040,000.		15,895,000.				
2 Amount of bonds legally defeased								
3 Total proceeds of issue		82,184,815.		111,453,965.				
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds				883,808.				
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds				110,570,157.				
11 Other spent proceeds		82,184,815.						
12 Other unspent proceeds								
13 Year of substantial completion								
14 Were the bonds issued as part of a current refunding issue?	X			X				
15 Were the bonds issued as part of an advance refunding issue?		X		X				
16 Has the final allocation of proceeds been made?	X		X					
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?			X					
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?			X					
c Are there any research agreements that may result in private business use of bond-financed property?			X					
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?			X					
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%	.00	%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%	.00	%		%		%
6 Total of lines 4 and 5		%	.00	%		%		%
7 Does the bond issue meet the private security or payment test?				X				
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?				X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?			X					

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

SCHEDULE K, PART II, LINE 11, COLUMN A

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

SCHEDULE K, PART III, COLUMN A

THE SOLE PURPOSE OF THE 2011A ISSUE WAS THE REFUNDING OF AN ISSUE DATED PRIOR TO 12/31/2002 AND THEREFORE THE ISSUE IS EXEMPT FROM REPORTING ON PART III OF SCHEDULE K

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for the latest information.**

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	14	0.	
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2017

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 33:

DIGITAL PRINTS AND PHOTOGRAPHS WERE DONATED FOR DISPLAY IN THE
HOSPITAL. THE DONATED PROPERTY WAS NOT APPRAISED AND HAD A VALUE OF
LESS THAN \$5,000.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

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:

NATIONAL ORIGIN, HANDICAP, AGE, OR ABILITY TO PAY. IN KEEPING WITH THE

HOSPITAL'S COMMITMENT TO SERVE ALL MEMBERS OF ITS COMMUNITY, FREE CARE

AND/OR SUBSIDIZED CARE, CARE PROVIDED TO PERSONS COVERED BY

GOVERNMENTAL PROGRAMS AT BELOW COST, AND HEALTH ACTIVITIES AND PROGRAMS

TO SUPPORT THE COMMUNITY MEMBERS WILL BE CONSIDERED WHERE THE NEED

AND/OR AN INDIVIDUAL'S INABILITY TO PAY COEXISTS.

THE JOHNS HOPKINS HOSPITAL 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, THE JOHNS HOPKINS

HOSPITAL RECOGNIZES THESE AMOUNTS AS CHARITY CARE IN MEETING ITS

MISSION TO THE ENTIRE COMMUNITY.

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

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.

THE JOHNS HOPKINS HOSPITAL 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, THE JOHNS HOPKINS

HOSPITAL RECOGNIZES THESE AMOUNTS AS CHARITY CARE IN MEETING ITS

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

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization THE JOHNS HOPKINS HOSPITAL	Employer identification number 52-0591656
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MISSION TO THE ENTIRE COMMUNITY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

UNCHANGED TODAY. WITH THE CONVERGENCE OF TECHNOLOGY, BRILLIANT

SCIENTIFIC MINDS, AND THE COMMITMENT OF THOSE WHO HAVE FUNDED THESE

DISCOVERIES, WE HAVE COME TO A TIME WHEN WE CAN BEGIN TO ALTER THE

COURSE OF CANCER IN WAYS WE COULD ONLY IMAGINE FOUR DECADES AGO. THE

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

COMPREHENSIVE CANCER CENTERS DESIGNATED BY THE NATIONAL CANCER

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

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

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

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

THE FIRST TO EARN COMPREHENSIVE CANCER CENTER STATUS AND RECOGNITION AS

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

GENETICS, BONE MARROW TRANSPLANT MEDICINE AND CANCER IMMUNOTHERAPY.

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

STATE OF MARYLAND. IT ENCOMPASSES A WIDE SPECTRUM OF SPECIALTY

PROGRAMS FOR BOTH ADULTS AND CHILDREN COPING WITH CANCER, INCLUDING

BONE MARROW TRANSPLANTATION AND NEW DRUG DEVELOPMENT.

DURING THE FISCAL YEAR ENDED JUNE 30, 2018, 2,853 INPATIENTS WERE

TREATED AT THE SIDNEY KIMMEL COMPREHENSIVE CANCER CENTER AT JOHNS

HOPKINS HOSPITAL. DURING THE SAME PERIOD THERE 100,849 ADULT

OUTPATIENT AND 8,157 PEDIATRIC OUTPATIENT VISITS MADE IN THE CENTER.

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,

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NEW DRUGS AND TREATMENTS DEVELOPED IN THE LABORATORY ARE QUICKLY
 TRANSFERRED TO THE CLINICAL SETTING, OFFERING PATIENTS CONSTANTLY
 IMPROVED THERAPEUTIC OPTIONS.

THE KIMMEL CANCER CENTER'S BONE MARROW TRANSPLANT PROGRAM (BMT), HAS
 BEEN AN INTERNATIONALLY RENOWNED PROGRAM IN THE AREA OF BLOOD AND
 MARROW TRANSPLANTATION FOR MORE THAN 30 YEARS. IN THAT TIME, BMT HAS
 BECOME AN ACCEPTED, CURATIVE THERAPY FOR A BROAD RANGE OF DISEASES,
 INCLUDING MALIGNANT DISEASES THAT INVOLVE THE BONE MARROW SUCH AS
 LEUKEMIA AND LYMPHOMA, NONMALIGNANT DISEASES THAT INVOLVE THE BONE
 MARROW SUCH AS APLASTIC ANEMIA AND A VARIETY OF INHERITED DISEASES. TO
 DATE, MORE THAN 5,000 BONE MARROW TRANSPLANTS HAVE BEEN PERFORMED AT
 JOHNS HOPKINS, A NATIONAL CANCER INSTITUTE-DESIGNATED COMPREHENSIVE
 CANCER CENTER THAT IS FULLY ACCREDITED BY THE NATIONAL MARROW DONOR
 PROGRAM AS AN UNRELATED DONOR TRANSPLANT CENTER. AS A NATIONAL
 REFERRAL CENTER FOR BMT, HOPKINS PERFORMS AROUND 300 TRANSPLANTS 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

Name of the organization THE JOHNS HOPKINS HOSPITAL	Employer identification number 52-0591656
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THERAPIES WITH OUR INVESTIGATORS UNDERTAKING THE FIRST USE OF
PERSONALIZED GENOME SCANNING TO REVEAL THE GENE MUTATION THAT CAUSED A
PERSON'S INHERITED FROM OF PANCREATIC CANCER.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

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 MORE
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, PROGRAM SERVICE ACCOMPLISHMENTS:

PATHOLOGISTS, RADIOLOGISTS, SOCIAL WORKERS, PATIENT ADVOCATES, NUTRITIONISTS, IMMUNOGENETICS EXPERTS, SUBSTANCE ABUSE EXPERTS, PHARMACISTS, PSYCHIATRISTS, THE CHAPLAIN'S SERVICE AND MORE.

ORGAN TRANSPLANTATION ALSO INVOLVES THE TIMELY, SELFLESS DECISION-MAKING OF GRIEVING FAMILY MEMBERS OF BRAIN DEAD DONORS, AND THE BRAVERY AND GENEROSITY OF LIVING RELATED DONORS, WHOSE ORGANS WILL SAVE AND EXTEND THE LIVES OF THOSE ON THE WAITING LISTS.

Name of the organization THE JOHNS HOPKINS HOSPITAL	Employer identification number 52-0591656
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EXPERTISE AND DEDICATION ON THE PART OF THE TEAM, WHO WORK 365 DAYS EACH YEAR, 24 HOUR A DAY, TO MANAGE SEVERAL THOUSAND PATIENTS IN END STAGE ORGAN FAILURE AWAITING TRANSPLANTATION ON OUR TRANSPLANT WAIT LISTS, AND WHO RECOVER ORGANS FROM LOCAL, REGIONAL AND NATIONAL HOSPITALS WHEN ORGANS ARE MATCHED TO OUR PATIENTS. COUNTLESS HIGH-STAKES DECISIONS ARE MADE ON BEHALF OF OUR PATIENTS ON THE WAIT LIST SOME OF WHOM WILL DIE UNLESS A MATCHED ORGAN BECOMES AVAILABLE. FOR EACH ORGAN THAT BECOMES AVAILABLE, THE TEAM MUST DECIDE IF THE ORGAN IS HEALTHY ENOUGH, AND IF THE RECIPIENT IS STABLE ENOUGH TO WITHSTAND COMPLEX SURGERY TO SAVE THEIR LIFE.

WE PROVIDE CARE TO OUR ABDOMINAL TRANSPLANT PATIENTS ON THE 9TH FLOOR OF THE ZAYED INPATIENT CARE TOWER, IN A DEDICATED TRANSPLANT UNIT OF 32 BEDS. ADDITIONALLY, ABDOMINAL TRANSPLANT PATIENTS HAVE A DEDICATED AMBULATORY SPACE ON THE FOURTH FLOOR OF THE JOHNS HOPKINS OUTPATIENT CENTER, WHICH IS DESIGNED FOR MULTIDISCIPLINARY CARE. THORACIC TRANSPLANT PATIENTS SHARE SERVICES WITH THE CARDIOVASCULAR AND LUNG SURGERY TEAMS ON THE 10TH FLOOR OF THE ZAYED TOWER. TRANSPLANT PATIENTS HAVE ACCESS TO INTENSIVE CARE SERVICES IN THE SURGICAL INTENSIVE CARE UNIT, THE CARDIOVASCULAR INTENSIVE CARE UNIT, AND THE PEDIATRIC INTENSIVE CARE UNIT. MEDICAL UNITS IN HEPATOLOGY, CARDIOLOGY, PULMONARY AND PEDIATRIC MEDICAL AND SURGICAL UNITS FURTHER SUPPORT THE INPATIENT TRANSPLANT PROGRAM.

ORGAN TRANSPLANTATION IS A HIGHLY REGULATED SERVICE, AND A TEAM OF QUALITY AND REGULATORY PROFESSIONALS HELP THE TEAM TO MEET QUALITY STANDARDS AND EXPECTATIONS ON A DAILY BASIS, BY COLLECTING AND

Name of the organization THE JOHNS HOPKINS HOSPITAL	Employer identification number 52-0591656
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SUBMITTING DATA ON ALL OF OUR WAIT LISTED AND TRANSPLANTED PATIENTS TO

THE UNITED NETWORK FOR ORGAN SHARING (UNOS), AND TO THE SRTR, THE

SCIENTIFIC REGISTRY OF TRANSPLANT RECIPIENTS. OVERSIGHT OF ALL ORGAN

TRANSPLANT PROGRAMS IN THE US COMES UNDER THE AUSPICES OF UNOS, CMS,

AND STATE REGULATORY AGENCIES, AND STANDARDS FOR OUTCOMES, ONGOING

QUALITY MONITORING AND CONTINUOUS QUALITY IMPROVEMENT ARE MANDATED IN

ORDER TO MAINTAIN THE CERTIFICATION OF THE PROGRAM. OUTCOMES ARE

SHARED WITH PATIENTS NATIONALLY, ON ALL PARAMETERS, INCLUDING WAIT LIST

TIME TO TRANSPLANT, WAIT LIST MORTALITY, ONE AND THREE YEAR GRAFT

SURVIVAL, AND ONE AND THREE YEAR PATIENT SURVIVAL.

AT JOHNS HOPKINS, SOME OF THE TRANSPLANT MILESTONES AND DISCOVERIES

INCLUDE:

INNOVATIONS IN LIVING DONOR AND RECIPIENT RESEARCH, TRANSPLANT

EPIDEMIOLOGY, AND NOVEL TRANSPLANT PROCEDURES THAT HAVE CHANGED

TRANSPLANT PRACTICE AROUND THE WORLD

FIRST LAPAROSCOPIC LIVING DONOR NEPHRECTOMY

FIRST MULTI-CENTER PAIRED KIDNEY EXCHANGE

FIRST FIVE-PERSON KIDNEY EXCHANGE

INNOVATIVE HEPATITIS C AND HIV-POSITIVE ORGAN TRANSPLANT PROGRAMMING

OUR TRANSPLANT PROGRAMS INCLUDE ADULT AND PEDIATRIC KIDNEY TRANSPLANT,

ADULT AND PEDIATRIC LIVER TRANSPLANT, ADULT AND PEDIATRIC HEART

TRANSPLANT, ADULT PANCREAS TRANSPLANT, ADULT LUNG TRANSPLANT, AND

MULTI-ORGAN TRANSPLANT FOR PATIENTS IN NEED OF MULTIPLE ORGANS. WE

ALSO OFFER CARE TO ALL PATIENTS IN END-STAGE ORGAN FAILURE WHO MAY OR

MAY NOT QUALIFY FOR AN ORGAN TRANSPLANT. OUR MULTIDISCIPLINARY CARE

TEAM PROVIDES EXTENSIVE EDUCATION FOR PATIENTS AND CAREGIVERS AND

Name of the organization THE JOHNS HOPKINS HOSPITAL	Employer identification number 52-0591656
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TRAINS TRANSPLANT SURGEONS, AND TRANSPLANT MEDICAL AND NURSING

SPECIALISTS IN ALL DISCIPLINES.

CURRENTLY, THERE ARE OVER 1,400 PATIENTS ON THE JOHNS HOPKINS KIDNEY

TRANSPLANT WAIT LIST, 376 PATIENTS ON THE LIVER TRANSPLANT WAIT LIST,

40 PATIENTS ON THE HEART TRANSPLANT WAIT LIST, AND NUMEROUS PATIENTS ON

THE LUNG, PANCREAS AND MULTI-ORGAN WAIT LISTS. IN FY '2018, WE

PERFORMED 382 ADULT AND PEDIATRIC SOLID ORGAN TRANSPLANTS, EVALUATED

OVER 1,600 PATIENTS FOR TRANSPLANT CANDIDACY, AND ADDED 818 PATIENTS TO

OUR WAIT LISTS.

THE PROGRAM GOAL IS TO PROVIDE EACH PATIENT WITH THEIR BEST OPPORTUNITY

TO LIVE THE FULLEST, MOST ENRICHING LIVES POSSIBLE. OUR EXPERIENCED

AND DEDICATED MULTIDISCIPLINARY TEAM IS DETERMINED TO BRING THEIR

SKILLS AND EXPERTISE TO AS MANY PATIENTS FACING END-STAGE ORGAN FAILURE

AS POSSIBLE.

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

JOHNS HOPKINS HEALTH SYSTEM, INC., 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

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

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

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 SENT BY EMAIL TO THE ORGANIZATION'S GOVERNING
BODY BEFORE IT IS FILED.

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

THE CONFLICT OF INTEREST POLICY IS A PART OF THE ANNUAL DISCLOSURE
STATEMENT PROCESS. ALL OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES
ARE REQUIRED TO REPORT ANY CONFLICTS OF INTEREST AND TO COMPLY WITH THE
CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS.

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

EVERY THREE YEARS AN INDEPENDENT STUDY IS CONDUCTED GATHERING INDUSTRY
COMPENSATION AVERAGES FROM SELECT PEER INSTITUTIONS. EVERY YEAR THE JOHNS
HOPKINS BOARD OF TRUSTEES COMPENSATION COMMITTEE REVIEWS COMPENSATION
AMOUNTS FOR OFFICERS AND ALL EMPLOYEES AT THE DIRECTOR AND HIGHER LEVELS.

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

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

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

MINIMUM PENSION LIABILITY 28,313,999.

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

CHANGE IN MKT VAL. OF SWAP AGREEMENT	36,094,907.
NET ASSETS RELEASED	-151,589.
NON-OPERATING SERVICES	-10,310,531.
INTERCOMPANY TRANSFERS	-26,028,239.
TOTAL TO FORM 990, PART XI, LINE 9	27,918,547.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
JOHNS HOPKINS HEALTH SYSTEM CORPORATION - 52-1465301, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	SUPPORTING ORGANIZATION	MARYLAND	501(C)(3)	LINE 12C, III-FI	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
HOWARD COUNTY GENERAL HOSPITAL, INC - 52-2093120, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	HOSPITAL	MARYLAND	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
HOWARD COUNTY LIQUIDATION CORPORATION - 52-0892284, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	INACTIVE TAX-EXEMPT ORGANIZATION	MARYLAND	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC - 52-1341890, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	HOSPITAL	MARYLAND	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2017

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 COMMUNITY PHYSICIANS, INC - 52-1467441, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	HEALTHCARE SERVICES	MARYLAND	501(C)(3)	LINE 12C, III-FI	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
JOHNS HOPKINS HOSPITAL ENDOWMENT FUND, INC - 23-7252596, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	MANAGEMENT OF ENDOWMENT	MARYLAND	501(C)(3)	LINE 12C, III-FI	JOHNS HOPKINS HOSPITAL ENDOWMENT FUND,		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 3	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	N/A		X
PEDIATRIC PHYSICIAN SERVICES, INC - 59-3425191, 501 SIXTH AVENUE SOUTH, ST. PETERSBURG, FL 33701	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, 501 SIXTH AVENUE SOUTH, ST. PETERSBURG, FL 33701	FOUNDATION	FLORIDA	501(C)(3)	LINE 7	ALL CHILDREN'S HEALTH SYSTEM, INC		X
JOHNS HOPKINS ALL CHILDREN'S HOSPITAL, INC - 59-0683252, 501 SIXTH AVENUE SOUTH, ST. PETERSBURG, FL 33701	HOSPITAL	FLORIDA	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
ALL CHILDREN'S RESEARCH INSTITUTE, INC - 59-2481742, 501 SIXTH AVENUE SOUTH, ST. PETERSBURG, FL 33701	RESEARCH	FLORIDA	501(C)(3)	LINE 4	ALL CHILDREN'S HEALTH SYSTEM, INC		X

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
SURGIKID OF FLORIDA, INC - 59-3441883 501 SIXTH AVENUE SOUTH ST. PETERSBURG, FL 33701	MEDICAL SERVICES	FLORIDA	501(C)(3)	LINE 10	ALL CHILDREN'S HEALTH SYSTEM, INC		X
KIDS HOME CARE, INC. - 59-3476049 501 SIXTH AVENUE SOUTH ST. PETERSBURG, FL 33701	HOME HEALTH CARE	FLORIDA	501(C)(3)	LINE 10	ALL CHILDREN'S HEALTH SYSTEM, INC		X
WEST COAST NEONATOLOGY, INC - 59-3398308 501 SIXTH AVENUE SOUTH ST. PETERSBURG, FL 33701	NEONATAL CARE	FLORIDA	501(C)(3)	LINE 10	ALL CHILDREN'S HEALTH SYSTEM, INC		X
ALL CHILDREN'S HEALTH SYSTEM, INC - 59-2481740, 501 SIXTH AVENUE SOUTH, ST. PETERSBURG, FL 33701	MANAGEMENT SERVICES	FLORIDA	501(C)(3)	LINE 12C, III-FI	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
JHMI UTILITIES, LLC - 20-2814243, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	UTILITY FACILITIES	MD	N/A	RELATED	2,798,821.	160,083,846.		X	9,687.		X	50.00%
OPHTHALMOLOGY ASSOCIATES, LLC - 52-1890957, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	OPHTHALMOLOGY SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SUBURBAN WELLNESS CENTER, LLC - 56-2296930, 20500 GOLDENROD LANE, GERMANTOWN, MD 20874	REAL ESTATE	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
GCM SUBURBAN IMAGING, LLC - 52-2326237, 1201 SEVEN LOCKS ROAD, STE. 200, ROCKVILLE, MD 20854	OUTPATIENT RADIOLOGY	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		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
HCP VENTURE ONE CORPORATION - 52-1558858 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300 BALTIMORE, MD 21211	MEDICAL SERVICES	MD	N/A	C CORP	N/A	N/A	N/A		X
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
HSI MEDICAL SERVICES CORPORATION - 52-1847705, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	HEALTHCARE-SLEEP DIAGNOSTICS	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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
HEALTHCARE SUPPLY CHAIN INNOVATIONS, LLC - 47-2509307, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE	GROUP PURCHASING	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
JOHNS HOPKINS REGIONAL SUPPLY CHAIN NETWORK, LLC - 47-2912848, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE	GROUP PURCHASING	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
TCAS, INC. - 52-1979344 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300 BALTIMORE, MD 21211	NURSING SERVICES	MD	N/A	C CORP	N/A	N/A	N/A		X
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
VARIOUS CHARITABLE REMAINDER TRUSTS 3910 KESWICK RD, STE. 4300A BALTIMORE, MD 21211	CHARITABLE REMAINDER TRUSTS	MD	N/A	TRUST	0.	71,358.	100%		X

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

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

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

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

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

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

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

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 OF RELATED ORGANIZATION:

JOHNS HOPKINS HOSPITAL ENDOWMENT FUND, INC

DIRECT CONTROLLING ENTITY: JOHNS HOPKINS HOSPITAL ENDOWMENT FUND, INC

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME OF RELATED ORGANIZATION:

SUBURBAN WELLNESS CENTER, LLC

DIRECT CONTROLLING ENTITY: SUBURBAN HEALTH ENTERPRISES, INC

NAME OF RELATED ORGANIZATION:

GCM SUBURBAN IMAGING, LLC

DIRECT CONTROLLING ENTITY: SUBURBAN HEALTH ENTERPRISES, INC

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

HEALTHCARE SUPPLY CHAIN INNOVATIONS, LLC

EIN: 47-2509307

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

BALTIMORE, MD 21211

DIRECT CONTROLLING ENTITY: JOHNS HOPKINS MEDICAL MANAGEMENT CORPORATION

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

JOHNS HOPKINS REGIONAL SUPPLY CHAIN NETWORK, LLC

EIN: 47-2912848

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

BALTIMORE, MD 21211

Part VII Supplemental Information.

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

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.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. THE JOHNS HOPKINS HOSPITAL	Employer identification number (EIN) or 52-0591656
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 3910 KESWICK RD, S BLDG, NO. 4300A	Social security number (SSN)
	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 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

THE CORPORATION

• The books are in the care of ▶ 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 EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning JUL 1, 2017, and ending JUN 30, 2018.

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

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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