

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

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

C Name of organization
 JOHNS HOPKINS BAYVIEW MEDICAL CENTER INC

Doing business as

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

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

D Employer identification number
 52-1341890

E Telephone number
 (443) 997-5771

F Name and address of principal officer:
 CARL FRANCIOLI
 4940 EASTERN AVENUE
 BALTIMORE, MD 21224

G Gross receipts \$ 674,476,841

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

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

J Website: ▶ HTTP://WWW.HOPKINSMEDICINE.ORG/JOHNS_HOPKINS_BAYV

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1984 **M** State of legal domicile: MD

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 JOHNS HOPKINS BAYVIEW MEDICAL CENTER, A MEMBER OF JOHNS HOPKINS MEDICINE, PROVIDES COMPASSIONATE HEALTH CARE THAT IS FOCUSED ON THE UNIQUENESS AND DIGNITY OF EACH PERSON WE SERVE. WE OFFER THIS CARE IN AN ENVIRONMENT THAT PROMOTES, EMBRACES AND HONORS THE DIVERSITY OF OUR GLOBAL COMMUNITY. WITH A RICH AND LONG TRADITION OF MEDICAL CARE, EDUCATION AND RESEARCH, WE ARE DEDICATED TO PROVIDING AND ADVANCING MEDICINE THAT IS RESPECTFUL AND NURTURING OF THE LIVES OF THOSE WE TOUCH.

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	4,099
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	8,913,128
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	5,832,342	47,316,736
9 Program service revenue (Part VIII, line 2g)	588,870,813	565,111,859
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,565,056	620,568
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	54,134,012	57,327,828
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	655,402,223	670,376,991
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	189,800	4,762,500
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	270,053,876	275,817,604
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	369,971,129	383,162,753
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	640,214,805	663,742,857
19 Revenue less expenses. Subtract line 18 from line 12	15,187,418	6,634,134

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	422,528,431	440,914,055
21 Total liabilities (Part X, line 26)	402,710,900	462,104,184
22 Net assets or fund balances. Subtract line 21 from line 20	19,817,531	-21,190,129

Part II Signature Block

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

Sign Here

 Signature of officer _____ Date 2021-05-14
 CARL FRANCIOLI V.P. FINANCE/CFO
 Type or print name and title _____

Paid Preparer Use Only

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

JOHNS HOPKINS BAYVIEW MEDICAL CENTER'S DEPARTMENT OF MEDICINE IS COMMITTED TO THE PRACTICE OF PRIMARY AND SPECIALTY MEDICAL CARE, THE TEACHING OF MEDICAL STUDENTS, RESIDENTS, FELLOWS, ALLIED HEALTH PROFESSIONALS, AND PHYSICIANS, RESEARCH AND DEVELOPMENT IN BASIC SCIENCE, CLINICAL CARE, HEALTH SERVICES DELIVERY, AND MEDICAL EDUCATION, ADMINISTRATION OF MEDICAL ACTIVITIES.

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

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

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

4a (Code:) (Expenses \$ 149,741,601 including grants of \$ 0) (Revenue \$ 102,351,190)
See Additional Data

4b (Code:) (Expenses \$ 94,328,353 including grants of \$ 0) (Revenue \$ 92,880,394)
See Additional Data

4c (Code:) (Expenses \$ 53,636,985 including grants of \$ 0) (Revenue \$ 38,076,080)
See Additional Data

(Code:) (Expenses \$ 260,420,402 including grants of \$ 4,762,500) (Revenue \$ 351,003,352)

AMONG THE OTHER PROGRAM SERVICES PROVIDED AT JOHNS HOPKINS BAYVIEW MEDICAL CENTER IS MEDICAL TREATMENT AT THE BURN CENTER. MARYLAND'S REGIONAL BURN CENTER PROVIDES AN INTERNATIONALLY RECOGNIZED COMPREHENSIVE PROGRAM OF CARE FOR PATIENTS WITH BURNS AND WOUNDS. OUR GOAL FOCUSES ON RETURNING PATIENTS TO THEIR HIGHEST LEVEL OF FUNCTION BY ATTENDING TO THE PHYSICAL, PSYCHOLOGICAL, SOCIAL AND VOCATIONAL ASPECTS OF THEIR LIVES. OUR SPECIALTY SERVICES INCORPORATE ACUTE ADULT AND PEDIATRIC BURN TREATMENT, PLASTIC AND RECONSTRUCTIVE BURN SURGERY, REPAIR OF COMPLEX SURGICAL WOUNDS. THE COMPLEX NATURE OF BURNS AND THEIR UNIQUE PHYSICAL AND PSYCHOLOGICAL ASPECTS REQUIRE THE EXPERTISE OF A MULTIDISCIPLINARY TEAM OF PROVIDERS. OUR HEALTH CARE TEAM CONSISTS OF SPECIALIST SURGEONS, INTENSIVISTS, NURSES, PHYSICAL AND OCCUPATIONAL THERAPISTS, NUTRITIONISTS, PHARMACISTS, PSYCHOLOGISTS, SOCIAL WORKERS AND CASE COORDINATORS, AS WELL AS OTHER SUPPORT SERVICES. WE ARE RECOGNIZED AS A STATE-OF-THE-ART FACILITY, PROVIDING INDIVIDUALIZED COORDINATED CARE FOR BURN PATIENTS.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 260,420,402 including grants of \$ 4,762,500) (Revenue \$ 351,003,352)

4e Total program service expenses ▶ 558,127,341

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, covering various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and related party transactions.

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 3 main columns: Question/Description, Yes, No. Rows include 1a (Form 1096), 1b (Forms W-2G), and 1c (gambling winnings).

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

Main form area containing questions 2a through 16 with input fields and checkboxes.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (15), 1b (11), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (Yes), 7a (Yes), 7b (Yes), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

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

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, and 1d Total (add lines 1b and 1c).

Table for question 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. Includes sub-questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like BROADWAY SERVICES INC, AMN HEALTHCARE INC, etc.

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e	46,225,877		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,090,859		
	g Noncash contributions included in lines 1a - 1f:\$	1g			
	h Total. Add lines 1a-1f		47,316,736		

Program Service Revenue			(A)	(B)	(C)	(D)
		Business Code				
2a NET PATIENT SRVC		621990	565,111,859	565,111,859		
b						
c						
d						
e						
f All other program service revenue.						
g Total. Add lines 2a-2f.			565,111,859			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,617,523			1,617,523	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real	278,156			
			(ii) Personal				
		b Less: rental expenses	6b	0			
		c Rental income or (loss)	6c	278,156			
	d Net rental income or (loss)			278,156			278,156
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	2,959,000	143,895		
			(ii) Other				
		b Less: cost or other basis and sales expenses	7b	4,099,850	0		
		c Gain or (loss)	7c	-1,140,850	143,895		
	d Net gain or (loss)			-996,955	-996,955		
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a		8,913,128			
10b			0				
c Net income or (loss) from sales of inventory			8,913,128		8,913,128		
Miscellaneous Revenue		Business Code					
11a RETAIL PHARMACY REVENUE		446110	23,440,049			23,440,049	
b OTHER OPERATING REV		900099	19,618,679	19,618,679			
c ADMIN/MGMT FEES		900099	4,500,383			4,500,383	
d All other revenue			577,433	577,433			
e Total. Add lines 11a-11d			48,136,544				
12 Total revenue. See instructions			670,376,991	584,311,016	8,913,128	29,836,111	

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	4,762,500	4,762,500		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	209,999,672	174,712,928	35,286,744	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	15,905,883	13,233,180	2,672,703	
9 Other employee benefits	33,533,257	27,898,584	5,634,673	
10 Payroll taxes	16,378,792	13,626,625	2,752,167	
11 Fees for services (non-employees):				
a Management				
b Legal	920,860	766,126	154,734	
c Accounting				
d Lobbying	150,939		150,939	
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 Schedule O)	55,928,100	51,130,453	4,797,647	
12 Advertising and promotion	425,014	353,598	71,416	
13 Office expenses	104,753,710	87,151,695	17,602,015	
14 Information technology	2,564,322	2,133,433	430,889	
15 Royalties				
16 Occupancy	10,181,898	8,471,009	1,710,889	
17 Travel	657,535		657,535	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	328,225	273,073	55,152	
20 Interest	3,593,068	2,989,316	603,752	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	29,444,445	24,496,825	4,947,620	
23 Insurance	12,568,596	10,456,665	2,111,931	
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 - AF	123,513,853	102,759,527	20,754,326	
b LAB SERVICES	16,201,126	13,478,812	2,722,314	
c PROVIDER CARE - PACE CL	4,856,450	4,856,450	0	
d SECURITY SERVICES	4,282,404	3,562,822	719,582	
e All other expenses	12,792,208	11,013,720	1,778,488	
25 Total functional expenses. Add lines 1 through 24e	663,742,857	558,127,341	105,615,516	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	25,331,564	1	39,008,492
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	7,940,055	3	8,069,413
	4 Accounts receivable, net	70,887,707	4	52,480,329
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	10,955,397	8	12,783,000
	9 Prepaid expenses and deferred charges	1,767,081	9	1,171,863
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	529,973,096		
	b Less: accumulated depreciation	369,704,494		
	11 Investments—publicly traded securities	23,563,392	11	34,867,276
	12 Investments—other securities. See Part IV, line 11	14,538,351	12	2,472,903
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	81,413,790	15	129,792,177
16 Total assets. Add lines 1 through 15 (must equal line 34)	422,528,431	16	440,914,055	
Liabilities	17 Accounts payable and accrued expenses	57,603,934	17	62,017,114
	18 Grants payable		18	
	19 Deferred revenue	0	19	4,005,316
	20 Tax-exempt bond liabilities	59,712,637	20	41,690,000
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	285,394,329	25	354,391,754
	26 Total liabilities. Add lines 17 through 25	402,710,900	26	462,104,184
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	11,877,476	27	-29,259,542
	28 Net assets with donor restrictions	7,940,055	28	8,069,413
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	19,817,531	32	-21,190,129	
33 Total liabilities and net assets/fund balances	422,528,431	33	440,914,055	

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	670,376,991
2	Total expenses (must equal Part IX, column (A), line 25)	2	663,742,857
3	Revenue less expenses. Subtract line 2 from line 1	3	6,634,134
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19,817,531
5	Net unrealized gains (losses) on investments	5	286,574
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	-47,928,368
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-21,190,129

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

Additional Data

Software ID:

Software Version:

EIN: 52-1341890

Name: JOHNS HOPKINS BAYVIEW
MEDICAL CENTER INC

Form 990 (2019)

Form 990, Part III, Line 4a:

DEPARTMENT OF MEDICINE: THE DEPARTMENT OF MEDICINE IS COMMITTED TO THE PRACTICE OF PRIMARY AND SPECIALITY MEDICARE CARE, THE TEACHING OF MEDICAL STUDENTS, RESIDENTS, FELLOWS, ALLIED HEALTH PROFESSIONALS, AND PHYSICIANS, RESEARCH AND DEVELOPMENT IN BASIC SCIENCE, CLINICAL CARE, HEALTH SERVICES DELIVERY, AND MEDICAL EDUCATION, ADMINISTRATION OF MEDICAL ACTIVITIES AT JOHNS HOPKINS BAYVIEW MEDICAL CENTER.

Form 990, Part III, Line 4b:

DEPARTMENT OF SURGERY: THE DEPARTMENT OF SURGERY OFFERS COMPREHENSIVE SURGICAL CARE, INCLUDING SPECIALTIES IN GASTROINTESTINAL AND ABDOMINAL WALL SURGERY, TRAUMA AND SURGICAL CRITICAL CARE, BARIATRIC SURGERY, BURN AND RECONSTRUCTIVE SURGERY, SURGICAL ONCOLOGY, THORACIC SURGERY AND VASCULAR SURGERY. THE DEPARTMENT OF SURGERY FEATURES THE LATEST IN SURGICAL TECHNOLOGY, INCLUDING VIDEOSCOPIIC AND MINIMALLY-INVASIVE APPROACHES TO THE TREATMENT OF SURGICAL DISORDERS AND 24/7 EMERGENCY COVERAGE OF OUR LEVEL II TRAUMA CENTER.

Form 990, Part III, Line 4c:

DEPARTMENT OF EMERGENCY MEDICINE: HOUSING MARYLAND'S ONLY REGIONAL BURN CENTER, A DESIGNATED LEVEL II TRAUMA CENTER AND PEDIATRIC CENTER DESIGNED FOR EMERGENCY AND INPATIENT PEDIATRIC CARE. JOHNS HOPKINS BAYVIEW MEDICAL CENTER IS WELL PREPARED TO PROVIDE THE CARE NECESSARY FOR THE MOST COMPLEX EMERGENCY CASES. OUR MODERN FACILITIES AND COMPASSIONATE STAFF CONTINUE JOHNS HOPKINS MEDICINE'S TRADITION OF MEDICAL INNOVATION WITH PATIENT-FAMILY-CENTERED APPROACH.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RONALD PETERSON FORMER OFFICER, TRUSTEE	1.00 59.00						X	0	2,888,940	0
KEVIN W SOWERS MSN RN FAA TRUSTEE/CORP VICE CHAIRMAN	1.00 59.00	X		X				0	1,922,816	256,802
CHARLES B REULAND SCD FORMER OFFICER	0.00 60.00						X	0	890,638	283,777
INEZ STEWART TRUSTEE	1.00 59.00	X						0	1,020,669	150,978
RICHARD G BENNETT MD PRESIDENT/TRUSTEE	60.00 0.00	X		X				0	976,145	144,809
THOMAS B TRZCINSKI TREASURER	1.00 59.00			X				0	411,249	360,110
CARL FRANCIOLI VP FINANCE	60.00 0.00			X				0	508,987	243,501
DAVID B HELLMANN MD VP RESEARCH/TRUSTEE	59.00 1.00	X		X				621,054	0	74,777
MARIA V KOSZALKA VP PATIENT CARE SERVICES	60.00 0.00			X				0	472,897	172,714
KANIKA KHANNA ADMINISTRATOR	50.00 0.00					X		520,499	0	112,720

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHERYL R KOCH VP OPERATIONS AND FACILITIES	60.00 0.00			X				0	358,696	250,262
PETER MANCINO SECRETARY	1.00 59.00			X				0	412,223	145,845
RENEE J BLANDING MD VP MEDICAL AFFAIRS	60.00 0.00			X				492,844	0	46,858
CAROL SYLVESTER VP CARE MGMT & POP HLTH	60.00 0.00			X				0	301,136	230,453
CRAIG R BRODIAN VP HUMAN RESOURCES	60.00 0.00			X				0	357,122	141,185
DANIELLE WHARTON VP SUPPORT SERVICES	60.00 0.00			X				0	272,591	172,318
CYNTHIA WALTERS SR DIR HOSPITAL CAPITAL MGMT	50.00 0.00					X		204,427	0	226,970
CHARLES CRONAUER DIRECTOR OF FINANCE	50.00 0.00					X		214,037	0	201,259
LISA FILBERT CHIEF OF STAFF	50.00 0.00					X		209,583	0	187,557
WILLIAM HALE SPECIAL ADVISOR	50.00 0.00					X		222,879	0	77,456

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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SARAH MILLER COULSON TRUSTEE	1.00 0.00	X						0	0	0
JAMES T DRESHER JR TRUSTEE	1.00 0.00	X						0	0	0
RICHARD BASTINELLI TRUSTEE	1.00 0.00	X						0	0	0
FAGAN HARRIS TRUSTEE	1.00 0.00	X						0	0	0
JUDY HUANG MD TRUSTEE	1.00 59.00	X						0	0	0
MICHAEL SEAN BEATTY TRUSTEE	1.00 0.00	X						0	0	0
STEPHANIE COOPER GREENBERG TRUSTEE	1.00 0.00	X						0	0	0
CHARLES SCHEELER CHAIRMAN	1.00 0.00	X		X				0	0	0
SHERIDAN SMITH TRUSTEE	1.00 0.00	X						0	0	0
KENNETH M STUZIN TRUSTEE VICE CHAIRMAN	1.00 0.00	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
FRANCIS X KNOTT TRUSTEE	1.00 0.00	X						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

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
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
JOHNS HOPKINS BAYVIEW
MEDICAL CENTER INC

Employer identification number
52-1341890

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 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>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (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>		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (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>	Yes	No
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):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (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			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 52-1341890

Name: JOHNS HOPKINS BAYVIEW
MEDICAL CENTER INC

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 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-.
1				
2				
3				
4				
5				
6				

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals	(b) Affiliated group totals
----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

150,939	
150,939	
663,591,918	
663,742,857	
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-

250,000	
0	
0	

- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	111,233	117,693	140,086	150,939	519,951
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

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

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

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

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ 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.

Name of the organization
JOHNS HOPKINS BAYVIEW
MEDICAL CENTER INC

Employer identification number
52-1341890

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X ▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds.

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

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

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

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** 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 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		3,150,000		3,150,000
b Buildings		273,568,539	201,355,925	72,212,614
c Leasehold improvements		6,718,010	2,833,244	3,884,766
d Equipment		223,662,981	156,999,173	66,663,808
e Other		22,873,566	8,516,152	14,357,414
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				160,268,602

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) INERCOMPANY RECEIVABLES	7,556,622
(2) OTHER RECEIVABLES	8,288,908
(3) DUE FROM OTHERS	374
(4) MALPRACTICE FUNDING	711,997
(5) ASSETS-LIM-BY BOARD OF TRUSTEE	76,234,683
(6) INSURANCE RECOVERY	7,830,845
(7) LEASE ROU ASSETS	28,802,163
(8) OTHER ASSETS	366,585
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	129,792,177

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ADVANCES FROM THIRD PARTIES	16,290,474
(3) INTERCOMPANY PAYABLES	7,755,071
(4) MALPRACTICE LIABILITY	21,624,855
(5) WORKERS' COMP TAIL COVERAGE	2,110,446
(6) LONG-TERM PENSION LIABILITY	208,424,171
(7) LOSS ON MARKET VALUE SW	4,379,249
(8) LONG-TERM NOTES PAYABLE	62,958,342
(9) LEASE ROU LIABILITIES	30,849,146
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	354,391,754

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 52-1341890

Name: JOHNS HOPKINS BAYVIEW
MEDICAL CENTER INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	FASB'S GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES CLARIFIES THE ACCOUNTING FOR UNCERTAINTY OF INCOME TAX POSITIONS. THIS GUIDANCE DEFINES THE THRESHOLD FOR RECOGNIZING TAX RETURN POSITIONS IN THE FINANCIAL STATEMENTS AS "MORE LIKELY THAN NOT" THAT THE POSITION IS SUSTAINABLE, BASED ON ITS TECHNICAL MERITS. THIS GUIDANCE ALSO PROVIDES GUIDANCE ON THE MEASUREMENT, CLASSIFICATION AND DISCLOSURE OF TAX RETURN POSITIONS IN THE FINANCIAL STATEMENTS. THERE IS NO IMPACT ON JHBMC'S FINANCIAL STATEMENTS DURING THE YEARS ENDED JUNE 30, 2020 AND 2019.

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service
Name of the organization
 JOHNS HOPKINS BAYVIEW MEDICAL CENTER INC

Hospitals

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

Employer identification number
 52-1341890

OMB No. 1545-0047
2019
Open to Public Inspection

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>50000.0000000000</u> %	3b Yes	
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 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	

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

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			23,156,191	0	23,156,191	3.490 %
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			23,156,191		23,156,191	3.490 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			21,452,346	1,304,566	20,147,780	3.040 %
f Health professions education (from Worksheet 5)			47,378,269	0	47,378,269	7.140 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			31,168	0	31,168	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			823,799	0	823,799	0.120 %
j Total. Other Benefits			69,685,582	1,304,566	68,381,016	10.300 %
k Total. Add lines 7d and 7j			92,841,773	1,304,566	91,537,207	13.790 %

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			76,347	0	76,347	0.010 %
2 Economic development			0	0		
3 Community support			80,958	0	80,958	0.010 %
4 Environmental improvements			0	0		
5 Leadership development and training for community members			0	0		
6 Coalition building			0	0		
7 Community health improvement advocacy			0	0		
8 Workforce development			990,959	0	990,959	0.150 %
9 Other			0	0		
10 Total			1,148,264		1,148,264	0.170 %

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?		No
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.		
			13,055,277
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.		
			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	191,204,027
6	Enter Medicare allowable costs of care relating to payments on line 5	6	191,801,585
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-597,558
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

	(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

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

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

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

1

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
 JOHNS HOPKINS BAYVIEW MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

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

		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?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>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	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SUPPLEMENTAL INFORMATION</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.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>17</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>SEE SUPPLEMENTAL INFORMATION</u>	Yes	
a			
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)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

JOHNS HOPKINS BAYVIEW MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>500.000000000000</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 discount		
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?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15	Yes
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? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE SUPPLEMENTAL INFORMATION</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE SUPPLEMENTAL INFORMATION</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE SUPPLEMENTAL INFO</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

JOHNS HOPKINS BAYVIEW MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

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

JOHNS HOPKINS BAYVIEW MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.
- a** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - c** The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - d** The hospital facility used a prospective Medicare or Medicaid method

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Part V **Facility Information** (continued)

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

Form and Line Reference	Explanation
See Add'l Data	

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

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

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

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

Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7:	<p>- 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 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.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7G:	JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC. DOES NOT HAVE ANY SUBSIDIZED HEALTH SERVICES.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES:	- JHBMC'S COMMUNITY RELATIONS DEPARTMENT WORKS TO ESTABLISH AND FOSTER COMMUNICATION BETWEEN THE HOSPITAL AND SURROUNDING COMMUNITIES. THE DEPARTMENT INTERFACES WITH A BROAD RANGE OF NON-PROFIT, BUSINESS AND COMMUNITY ORGANIZATIONS TO SUPPORT INITIATIVES THAT IMPROVE THE WELL-BEING OF THE COMMUNITY, ADDRESSING HEALTH, HOUSING, ECONOMIC DEVELOPMENT, TRANSPORTATION AND SAFETY ISSUES WITH OUR COMMUNITY PARTNERS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2:	THE PROVISION FOR BAD DEBTS IS BASED UPON A COMBINATION OF THE PAYOR SOURCE, THE AGING OF RECEIVABLES AND MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS, TRENDS IN HEALTH INSURANCE COVERAGE, AND OTHER COLLECTION INDICATORS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3:	MARYLAND HOSPITALS ARE RATE REGULATED UNDER THE HSCRC, WHICH INCLUDES BAD DEBT AS PART OF THE REIMBURSEMENT FORMULA FOR EACH HOSPITAL. DUE TO THE RATE REGULATION, JHBMC CANNOT DETERMINE THE AMOUNT THAT REASONABLE COULD BE ATTRIBUTABLE TO PATIENTS WHO LIKELY WOULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S CHARITY CARE POLICY.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4:	THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION AND AFFILIATES AUDITED FINANCIAL STATEMENTS PAGE 15.

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2:	<p>COMMUNITY BENEFIT PLANNING IS AN INTEGRAL PART OF THE JOHNS HOPKINS BAYVIEW MEDICAL CENTER AND JOHNS HOPKINS HOSPITAL'S STRATEGIC PLAN THROUGH AN ANNUAL STRATEGIC OBJECTIVES PLANNING PROCESS THAT INVOLVES EVALUATING THE HOSPITAL'S PROGRESS AT MEETING TWO COMMUNITY HEALTH GOALS AND DEFINES METRICS FOR DETERMINING PROGRESS. THE COMMITMENT OF JOHNS HOPKINS' LEADERSHIP TO IMPROVING THE LIVES OF ITS NEAREST NEIGHBORS IS ILLUSTRATED BY THE INCORPORATION OF COMMUNITY ENGAGEMENT INITIATIVES AT THE HIGHEST LEVEL IN THE JOHNS HOPKINS MEDICINE STRATEGIC PLAN. JHM CONSISTS OF THE JHU SCHOOL OF MEDICINE AND THE JOHNS HOPKINS HEALTH SYSTEM, WHICH INCLUDES EDUCATION AND RESEARCH IN ITS TRI-PARTITE MISSION (EDUCATION, RESEARCH AND HEALTHCARE). EVEN AT THIS CROSS ENTITY LEVEL (JHU AND JHHS) COMMUNITY BENEFIT ACTIVITIES AND PLANNING GO BEYOND HOSPITAL REQUIREMENTS AND EXPECTATIONS AND ARE A CORE OBJECTIVE FOR ALL DEPARTMENTS, SCHOOLS AND AFFILIATES. THE JOHNS HOPKINS MEDICINE INNOVATION 2023 STRATEGIC PLAN HAS MADE A STRATEGIC GOAL OF "SUPPORT THE WELL-BEING OF OUR PEOPLE AND OUR COMMUNITIES" THE SUBGOAL WILL BE TO "GROW OUR LOCAL COMMUNITY ENGAGEMENT EFFORTS TO ADDRESS IDENTIFIED NEEDS TO IMPROVE HEALTH." OUR FIVE YEAR STRATEGY WILL BE TO "PRIORITIZE COMMUNITY ENGAGEMENT EFFORTS AND FOCUS RESOURCES ON LOCAL HEALTH NEEDS." OUR OUTCOME WILL BE FROM IMPROVED COMMUNITY HEALTH STATISTICS.SENIOR LEADERSHIP DIRECTS, OVERSEES AND APPROVES ALL COMMUNITY BENEFIT WORK INCLUDING THE ALLOCATION OF FUNDS THAT SUPPORT COMMUNITY OUTREACH DIRECTED AT UNDERSERVED AND HIGH-NEED POPULATIONS IN THE CBSA. THIS HIGH LEVEL REVIEW AND EVALUATION SETS THE PRIORITIES OF THE HOSPITAL'S OUTREACH WORK AND ENSURES THE EFFECTIVE, EFFICIENT USAGE OF FUNDS TO ACHIEVE THE LARGEST IMPACT IN IMPROVING THE LIVES OF THOSE WHO LIVE IN THE COMMUNITIES WE SERVE. THIS GROUP CONDUCTS THE FINAL REVIEW AND APPROVAL OF THE FINAL REPORT'S FINANCIAL ACCURACY TO THE HOSPITALS' FINANCIAL STATEMENTS, ALIGNMENT WITH THE STRATEGIC PLAN, AND COMPLIANCE WITH REGULATORY REQUIREMENTS. INDIVIDUAL CLINICAL LEADERS ALONG WITH ADMINISTRATORS MAKE DECISIONS ON COMMUNITY BENEFIT PROGRAMS THAT EACH DEPARTMENT SUPPORTS/FUNDS THROUGH THEIR BUDGET. CLINICAL LEADERS WILL ALSO IDENTIFY AND CREATE STRATEGIES TO TACKLE COMMUNITY HEALTH NEEDS THAT ARISE IN THE CBSA AND OVERSEE DEPARTMENT PROGRAMS FOR CONTENT ACCURACY, ADHERENCE TO DEPARTMENT PROTOCOLS AND BEST PRACTICES. POPULATION HEALTH LEADERSHIP IS INVOLVED IN THE PROCESS OF PLANNING THE 2018 JHBMC COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY BY PROVIDING INPUT, FEEDBACK AND ADVICE ON THE IDENTIFIED HEALTH NEEDS AND HEALTH PRIORITIES. THE JHBMC COMMUNITY BENEFIT TEAM INTERACTS WITH ALL GROUPS IN THE HOSPITAL PERFORMING COMMUNITY BENEFIT ACTIVITIES. THEY EDUCATE, ADVOCATE AND COLLABORATE WITH INTERNAL AUDIENCES TO INCREASE UNDERSTANDING, APPRECIATION AND PARTICIPATION OF THE COMMUNITY BENEFIT REPORT PROCESS AND COMMUNITY OUTREACH ACTIVITIES. TEAM MEMBERS COLLECT AND VERIFY ALL CB DATA, COMPILE REPORT, PROVIDE INITIAL AUDIT AND VERIFICATION OF CBR FINANCIALS AND WRITE CBR NARRATIVE. THROUGHOUT THE YEAR, THE CB TEAM ATTENDS LOCAL AND REGIONAL COMMUNITY HEALTH CONFERENCES AND MEETINGS, REPRESENTS THE HOSPITAL TO EXTERNAL AUDIENCES, AND WORKS WITH COMMUNITY AND JHBMC CLINICAL LEADERS TO IDENTIFY PROMISING PROJECTS OR PROGRAMS THAT ADDRESS CBSA COMMUNITY HEALTH NEEDS. THE JHHS COMMUNITY HEALTH IMPROVEMENT STRATEGY COUNCIL (JCHISC) CONVENES MONTHLY TO BRING COMMUNITY HEALTH/COMMUNITY BENEFIT GROUPS TOGETHER WITH TAX, FINANCIAL ASSISTANCE, AND HEALTH POLICY STAFF FROM ACROSS THE HEALTH SYSTEM TO COORDINATE PROCESS, PRACTICE, AND POLICY. JCHISC MEMBERS DISCUSS ISSUES AND PROBLEMS THEY FACE IN COMMUNITY BENEFIT REPORTING, REGULATORY COMPLIANCE TO STATE AND FEDERAL COMMUNITY BENEFIT REQUIREMENTS, AND TECHNICAL ASPECTS OF ADMINISTERING AND REPORTING COMMUNITY BENEFIT SYSTEMS. WHEN NEEDED, A DESIGNATED REPRESENTATIVE FROM THE GROUP CONTACTS THE GOVERNING AGENCY FOR CLARIFICATION OR DECISION REGARDING THE ISSUES IN QUESTION TO ENSURE THAT ALL HOSPITALS REPORTS ARE CONSISTENT IN THE INTERPRETATION OF REGULATIONS.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3:	JHBMC WILL PUBLISH THE AVAILABILITY OF FINANCIAL ASSISTANCE ON A YEARLY BASIS IN THEIR LOCAL NEWSPAPERS AND WILL POST NOTICES OF AVAILABILITY AT PATIENT REGISTRATION SITES, ADMISSIONS/BUSINESS OFFICE, THE BILLING OFFICE AND AT THE EMERGENCY DEPARTMENT WITHIN JHBMC. NOTICE OF AVAILABILITY WILL ALSO BE SENT TO PATIENTS ON PATIENT BILLS. A PATIENT BILLING AND FINANCIAL ASSISTANCE INFORMATION SHEET WILL BE PROVIDED TO INPATIENTS BEFORE DISCHARGE AND WILL BE AVAILABLE TO ALL PATIENTS UPON REQUEST. JHBMC (FINANCIAL COUNSELORS/PATIENT FINANCIAL SERVICES REPRESENTATIVES, SOCIAL SERVICES DEPARTMENT PERSONNEL AND/OR MEDICAL ASSISTANCE/MEDICAID ELIGIBILITY TECHNICIAN) WILL PROVIDE PATIENTS WITH ASSISTANCE IN DETERMINING ELIGIBILITY FOR AND MAKING APPLICATION TO A VARIETY OF SPECIAL ENTITLEMENT PROGRAMS THAT PROVIDE FINANCIAL ASSISTANCE BOTH TOWARD PAYMENT OF MEDICAL BILLS AND GENERAL EXPENSES. THE FINANCE DEPARTMENT, IN CONJUNCTION WITH THE SOCIAL SERVICES DEPARTMENT, WILL INTERVIEW PATIENTS TO DETERMINE POTENTIAL ELIGIBILITY FOR MARYLAND MEDICAL ASSISTANCE AS WELL AS OTHER SPECIAL PROGRAMS.

Form and Line Reference	Explanation
PART VI, LINE 4:	<p>IN 2015, THE JOHNS HOPKINS HOSPITAL (JHH) AND JOHNS HOPKINS BAYVIEW MEDICAL CENTER (JHBMC) MERGED THEIR RESPECTIVE COMMUNITY BENEFIT SERVICE AREAS (CBSA) IN ORDER TO BETTER INTEGRATE COMMUNITY HEALTH AND COMMUNITY OUTREACH ACROSS THE EAST AND SOUTHEAST BALTIMORE CITY AND COUNTY REGION. THE GEOGRAPHIC AREA CONTAINED WITHIN THE NINE ZIP CODES INCLUDES 21202, 21205, 21206, 21213, 21218, 21219, 21222, 21224, AND 21231. THIS AREA REFLECTS THE POPULATION WITH THE LARGEST USAGE OF THE EMERGENCY DEPARTMENTS AND THE MAJORITY OF RECIPIENTS OF COMMUNITY CONTRIBUTIONS AND PROGRAMMING. WITHIN THE CBSA, JHH AND JHBMC HAVE FOCUSED ON CERTAIN TARGET POPULATIONS SUCH AS THE ELDERLY, AT-RISK CHILDREN AND ADOLESCENTS, UNINSURED INDIVIDUALS AND HOUSEHOLDS, AND UNDERINSURED AND LOW-INCOME INDIVIDUALS AND HOUSEHOLDS. THE CBSA COVERS APPROXIMATELY 27.9 SQUARE MILES WITHIN THE CITY OF BALTIMORE OR APPROXIMATELY 34% PERCENT OF THE TOTAL 80.94 SQUARE MILES OF LAND AREA FOR THE CITY AND 25.6 SQUARE MILES IN BALTIMORE COUNTY. IN TERMS OF POPULATION, AN ESTIMATED 305,895 PEOPLE LIVE WITHIN CBSA, OF WHICH THE POPULATION IN CITY ZIP CODES ACCOUNTS FOR 38% OF THE CITY'S POPULATION AND THE POPULATION IN COUNTY ZIP CODES ACCOUNTS FOR 8% OF THE COUNTY'S POPULATION (2016 CENSUS ESTIMATE OF BALTIMORE CITY POPULATION, 620,961, AND BALTIMORE COUNTY POPULATION, 831,026). WITHIN THE CBSA, THERE ARE THREE BALTIMORE COUNTY NEIGHBORHOODS - DUNDALK, SPARROWS POINT, AND EDGEMERE. BALTIMORE CITY IS TRULY A CITY OF NEIGHBORHOODS WITH OVER 270 OFFICIALLY RECOGNIZED NEIGHBORHOODS. THE BALTIMORE CITY DEPARTMENT OF HEALTH HAS SUBDIVIDED THE CITY AREA INTO 23 NEIGHBORHOODS OR NEIGHBORHOOD GROUPINGS THAT ARE COMPLETELY OR PARTIALLY INCLUDED WITHIN THE CBSA. THESE NEIGHBORHOODS ARE BELAIR-EDISON, CANTON, CEDONIA/FRANKFORD, CLAREMONT/ARMISTEAD, CLIFTON-BEREA, DOWNTOWN/SETON HILL, FELLS POINT, GREATER CHARLES VILLAGE/BARCLAY, GREATER GOVANS, GREENMOUNT EAST (WHICH INCLUDES NEIGHBORHOODS SUCH AS OLIVER, BROADWAY EAST, JOHNSTON SQUARE, AND GAY STREET), HAMILTON, HIGHLANDTOWN, JONESTOWN/OLDTOWN, LAURAVILLE, MADISON/EAST END, MIDTOWN, MIDWAY-COLDSTREAM, NORTHWOOD, ORANGEVILLE/EAST HIGHLANDTOWN, PATTERSON PARK NORTH & EAST, PERKINS/MIDDLE EAST, SOUTHEASTERN, AND THE WAVERLIES. THE JOHNS HOPKINS HOSPITAL IS IN THE NEIGHBORHOOD CALLED PERKINS/MIDDLE EAST, AND THE NEIGHBORHOODS THAT ARE CONTIGUOUS TO PERKINS/MIDDLE EAST INCLUDE GREENMOUNT EAST (INCLUDING OLIVER, BROADWAY EAST, JOHNSTON SQUARE, AND GAY STREET), CLIFTON-BEREA, MADISON/EAST END, PATTERSON PARK NORTH & EAST, FELLS POINT, CANTON, AND JONESTOWN/OLDTOWN. RESIDENTS OF MOST OF THESE NEIGHBORHOODS ARE PRIMARILY AFRICAN AMERICAN, WITH THE EXCEPTIONS OF FELLS POINT, WHICH IS PRIMARILY WHITE, AND PATTERSON PARK NORTH & EAST, WHICH REPRESENTS A DIVERSITY OF RESIDENT ETHNICITIES. WITH THE EXCEPTIONS OF FELLS POINT, CANTON, AND PATTERSON PARK N&E, THE MEDIAN HOUSEHOLD INCOME OF MOST OF THESE NEIGHBORHOODS IS SIGNIFICANTLY LOWER THAN THE BALTIMORE CITY MEDIAN HOUSEHOLD INCOME. MEDIAN INCOME IN FELLS POINT, CANTON, AND PATTERSON PARK N&E SKEWS HIGHER, AND THERE ARE HIGHER PERCENTAGES OF WHITE HOUSEHOLDS HAVING HIGHER MEDIAN INCOMES RESIDING IN THESE NEIGHBORHOODS. IN SOUTHEAST BALTIMORE, THE CBSA POPULATION DEMOGRAPHICS HAVE HISTORICALLY TRENDED AS WHITE MIDDLE-INCOME, WORKING-CLASS COMMUNITIES, HIGHLANDTOWN, SOUTHEASTERN, ORANGEVILLE/E. HIGHLANDTOWN; HOWEVER, IN THE PAST FEW DECADES, SOUTHEAST BALTIMORE HAS BECOME MUCH MORE DIVERSE WITH A GROWING LATINO POPULATION CLUSTERED AROUND PATTERSON PARK, HIGHLANDTOWN, ORANGEVILLE/E. HIGHLANDTOWN. MEDIAN INCOMES IN THESE NEIGHBORHOODS RANGE FROM SIGNIFICANTLY BELOW THE CITY MEDIAN IN SOUTHEASTERN TO WELL ABOVE THE MEDIAN IN HIGHLANDTOWN. IN BALTIMORE COUNTY, LARGELY SERVED BY JHBMC, DUNDALK, SPARROWS POINT, AND EDGEMERE HAVE BEEN PREDOMINANTLY WHITE WITH INCREASING POPULATIONS OF HISPANIC AND AFRICAN AMERICAN RESIDENTS. NEIGHBORHOODS FARTHER NORTH OF THE JOHNS HOPKINS HOSPITAL INCLUDE BELAIR-EDISON, CEDONIA/FRANKFORD, CLAREMONT/ARMISTEAD, CLIFTONBEREA, GREATER CHARLES VILLAGE/BARCLAY, GREATER GOVANS, HAMILTON, LAURAVILLE, MIDTOWN, MIDWAY-COLDSTREAM, NORTHWOOD, AND THE WAVERLIES. RESIDENTS OF THESE NEIGHBORHOODS ARE RACIALLY MORE DIVERSE THAN IN THE NEIGHBORHOODS CLOSEST TO JHH AND MEDIAN HOUSEHOLD INCOMES RANGE FROM SIGNIFICANTLY ABOVE THE MEDIAN TO CLOSE TO THE MEDIAN HOUSEHOLD INCOME FOR BALTIMORE CITY. SINCE THE END OF THE SECOND WORLD WAR, THE POPULATION OF BALTIMORE CITY HAS BEEN LEAVING THE CITY TO THE SURROUNDING SUBURBAN COUNTIES. THIS DEMOGRAPHIC TREND ACCELERATED IN THE 1960S AND 1970S, GREATLY AFFECTING THE NEIGHBORHOODS AROUND JHH AND JHBMC. AS THE POPULATION OF BALTIMORE CITY DROPPED, THERE HAS BEEN A CONSIDERABLE DISINVESTMENT IN HOUSING STOCK IN THESE NEIGHBORHOODS. ECONOMIC CONDITIONS THAT RESULTED IN THE CLOSING OR RELOCATION OF MANUFACTURING AND INDUSTRIAL JOBS IN BALTIMORE CITY AND BALTIMORE COUNTY LED TO HIGHER UNEMPLOYMENT IN THE NEIGHBORHOODS AROUND THE JOHN</p>

Form and Line Reference	Explanation
PART VI, LINE 4:	<p>S HOPKINS HOSPITAL AND JOHNS HOPKINS BAYVIEW MEDICAL CENTER, AND SOCIAL TRENDS DURING THE 1970S AND 1980S LED TO INCREASES IN SUBSTANCE ABUSE AND VIOLENT CRIME AS WELL. GREATER HEALTH DISPARITIES ARE FOUND IN THESE NEIGHBORHOODS CLOSEST TO THE HOSPITALS COMPARED TO MARYLAND STATE AVERAGES AND SURROUNDING COUNTY AVERAGES. THE JUNE 2012 CHARTS OF SELECTED BLACK VS. WHITE CHRONIC DISEASE RISK METRICS FOR BALTIMORE CITY PREPARED BY THE MARYLAND OFFICE OF MINORITY HEALTH AND HEALTH DISPARITIES HIGHLIGHTS SOME OF THESE HEALTH DISPARITIES INCLUDING HIGHER EMERGENCY DEPARTMENT VISIT RATES FOR ASTHMA, DIABETES, AND HYPERTENSION IN BLACKS COMPARED TO WHITES, HIGHER HEART DISEASE AND CANCER MORTALITY IN BLACKS THAN WHITES , HIGHER RATES OF ADULT SMOKING, AND LOWER PERCENTAGES OF ADULTS AT A HEALTHY WEIGHT.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5:	<p>- COMMUNITY BENEFIT INVESTMENTS SUPPORT THE HOSPITAL'S STRATEGIC TRANSFORMATION GOALS OF 1) ACCESS TO CARE, AND 2) CARE COORDINATION ACROSS THE CONTINUUM.THE ACCESS PARTNERSHIP, CARE-A-VAN, AND THE MARY HARVIN TRANSFORMATION CENTER ARE THREE EXAMPLES OF PROGRAMS COMMUNITY BENEFIT INVESTMENTS THAT SUPPORT. CALLED TO CARE SUPPORTS THE CARE COORDINATION GOAL BY ESTABLISHING ACTIVE PARTICIPATION IN HEALTH DECISIONS AND CARE MANAGEMENT FOR FAMILY AND FRIEND CAREGIVERS. BALTIMORE POPULATION HEALTH WORKFORCE COLLABORATIVE SUPPORTS THE ACCESS TO CARE AND CARE COORDINATION STRATEGIES BY PROVIDING ADDITIONAL COMMUNITY HEALTH WORKERS AND PEER RECOVERY SPECIALISTS TO ASSIST IN CONNECTING COMMUNITIES TO RESOURCES AND BRIDGING BEHAVIORAL HEALTH CARE.- PLEASE SEE FORM 990, SCHEDULE O FOR A DESCRIPTION OF SIGNIFICANT COVID-19 RESPONSE ACTIVITIES.- FOR THE LAST 30 YEARS, MARYLAND HOSPITALS HAVE MET THEIR COMMUNITY BENEFIT OBLIGATIONS IN A UNIQUE MANNER THAT BUILDS THE COSTS OF UNCOMPENSATED CARECHARITY CARE AND PATIENT BAD DEBTAND 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 PAYORSGOVERNMENTALLY-INSURED, COMMERCIALIYINSURED, OR SELF-PAYARE CHARGED THE SAME PRICE FOR SERVICES AT ANY GIVEN HOSPITAL.UNDER THIS SYSTEM, MARYLAND HOSPITALS ARE REGULATED BY A STATE AGENCYTHE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC)THAT IS REQUIRED TO: PUBLICLY DISCLOSE INFORMATION ON THE COST AND FINANCIAL POSITION OF HOSPITALS; REVIEW AND APPROVE HOSPITAL RATES; COLLECT INFORMATION DETAILING TRANSACTIONS BETWEEN HOSPITALS AND FIRMS WITH WHICH THEIR TRUSTEES HAVE A FINANCIAL INTEREST; AND, MAINTAIN THE SOLVENCY OF EFFICIENT AND EFFECTIVE HOSPITALS.SINCE 2000, THE RATE SETTING COMMISSION HAS HAD ITS OWN FRAMEWORK FOR REPORTING HOSPITALS' COMMUNITY BENEFITS AND ISSUING A REPORT ANNUALLY REGARDING HOSPITALS' COMMUNITY BENEFIT TOTALS. THAT REPORT IS AVAILABLE ON HTTPS://HSCRC.STATE.MD.US/PAGES/INIT_CB.ASPXBECAUSE OF THIS UNIQUE STRUCTURE MARYLAND HOSPITALS' COMMUNITY BENEFITS NUMBERS WILL NOT COMPARE WITH THE REST OF THE NATION'S HOSPITALS. HOWEVER, MARYLAND HOSPITALS MEET OR EXCEED THE COMMUNITY BENEFIT STANDARD ESTABLISHED BY THE IRS IN 1969. ADDITIONAL DETAIL ILLUSTRATING THIS CAN BE FOUND WITHIN THIS SCHEDULE H REPORT.</p>

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

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

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

Form and Line Reference	Explanation
JOHNS HOPKINS BAYVIEW MEDICAL CENTER	<p>PART V, SECTION B, LINE 5: - THE CHNA PROCESS FOR JOHNS HOPKINS BAYVIEW MEDICAL CENTER (JHBMC) AND THE JOHNS HOPKINS HOSPITAL (JHH) 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 JHBMC/JHH, 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 JHBMC/JHH COMMUNITY BENEFIT SERVICE AREA (CBSA).- 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.</p>
JOHNS HOPKINS BAYVIEW MEDICAL CENTER	<p>PART V, SECTION B, LINE 6A: JHBMC CONDUCTED ITS CHNA WITH THE JOHNS HOPKINS HOSPITAL (JHH) AND COLLABORATED WITH ALL NON PROFIT HOSPITALS IN BALTIMORE CITY THROUGH JOINT COMMUNITY BENEFIT COALITION.</p>

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

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

Form and Line Reference	Explanation
JOHNS HOPKINS BAYVIEW MEDICAL CENTER	PART V, SECTION B, LINE 6B: JHBMC AND A CONSORTIUM OF BALTIMORE CITY NONPROFIT HOSPITALS COLLABORATED WITH THE BALTIMORE CITY DEPARTMENT OF HEALTH WHEN CONDUCTING THE MOST RECENT CHNA.
JOHNS HOPKINS BAYVIEW MEDICAL CENTER	PART V, SECTION B, LINE 11: - AN INTERACTIVE RESOURCE INVENTORY WAS CREATED TO HIGHLIGHT AVAILABLE PROGRAMS AND SERVICES WITHIN JHBMC AND JHH CBSA. THE INVENTORY IDENTIFIES ORGANIZATIONS AND AGENCIES IN THE COMMUNITY THAT ARE SERVING THE VARIOUS TARGET POPULATIONS WITHIN EACH OF THE PRIORITY NEEDS. - THE JHBMC/JHH IMPLEMENTATION STRATEGY FOR THE CHNA SPELLS OUT IN CONSIDERABLE DETAIL WAYS THAT JHBMC INTENDS TO ADDRESS THE MULTIPLE HEALTH NEEDS OF OUR COMMUNITY IN OUR TEN PRIORITY AREAS. AS THE HOSPITAL BEGINS TO USE THIS VALUABLE TOOL, THE IMPLEMENTATION STRATEGY ITSELF SHOULD BE CONSIDERED A DYNAMIC DOCUMENT AND MAY CHANGE AS JHBMC GAINS EXPERIENCE IN IMPLEMENTING PROGRAMS AND MEASURING OUTCOMES.

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 7A	HTTPS://WWW.HOPKINSMEDICINE.ORG/ABOUT/COMMUNITY_HEALTH/JOHNS-HOPKINS-BAYVIEW/_FILES/JHBMC-CHNA-IMPLEMENTATION-2018.PDF
PART V, SECTION B, LINE 10A	HTTPS://WWW.HOPKINSMEDICINE.ORG/JOHNS_HOPKINS_BAYVIEW/COMMUNITY_SERVICES/HEALTH_NEEDS_INITIATIVES/COMMUNITY_HEALTH_NEEDS_ASSESSMENT.HTML

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

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

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

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

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

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

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

Schedule I (Form 990)

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization: JOHNS HOPKINS BAYVIEW MEDICAL CENTER INC

Employer identification number

52-1341890

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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.

Table with 8 columns: (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, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 5
3 Enter total number of other organizations listed in the line 1 table.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	THE BOARD OF TRUSTEES HAS DELEGATED THE FACILITATION AND ACCOUNTING FOR ALL GRANT PROGRAMS ADMINISTERED BY JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC. TO THE OFFICERS, DIRECTORS, AND KEY EMPLOYEES OF THE ORGANIZATION.

Additional Data

Software ID:
Software Version:
EIN: 52-1341890
Name: JOHNS HOPKINS BAYVIEW
MEDICAL CENTER INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOHNS HOPKINS HEALTH SYSTEM 3910 KESWICK RD BALTIMORE, MD 21211	52-1465301	501(C)(3)	4,600,000				COMMUNITY OUTREACH
DUNDALK RENAISSANCE CORPORATION 11 CENTER PLACE 1ST FL DUNDALK, MD 21222	52-2306483	501(C)(3)	40,000				COMMUNITY OUTREACH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHEAST COMMUNITY DEVELOPMENT CORPORATION 3700 EASTERN AVE BALTIMORE, MD 21224	52-1034460	501(C)(3)	100,000				COMMUNITY OUTREACH
CHESAPEAKE GATEWAY CHAMBER OF COMMERCE 405 WILLIAMS CT STE 108 BALTIMORE, MD 21220	52-0663241	501(C)(3)	7,500				COMMUNITY OUTREACH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CREATIVE ALLIANCE 3134 EASTERN AVE BALTIMORE, MD 21224	52-1919988	501(C)(3)	15,000				COMMUNITY OUTREACH

Schedule J
(Form 990)

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

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
JOHNS HOPKINS BAYVIEW
MEDICAL CENTER INC

Employer identification number
52-1341890

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)	
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee	
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	No
b Any related organization?	6b	No
If "Yes," on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7 Yes	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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 are not listed on Form 990, Part VII.

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

(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				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	JHHS PAID HOUSING ALLOWANCE FOR A HIGHEST PAID EMPLOYEE OF JHBMC FOR OVERSEAS LIVING PURPOSES. THIS AMOUNT WAS INCLUDED AS TAXABLE INCOME.
PART I, LINE 4B	A SELECT GROUP OF SENIOR LEADERS OF THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION (JHSC) PARTICIPATE IN SUPPLEMENTAL RETIREMENT/DEFERRED COMPENSATION PROGRAMS, INCLUDING SOME LEGACY ARRANGEMENTS THAT ARE NO LONGER AVAILABLE TO NEW HIRES. PRE-2011 PARTICIPANTS RECEIVE CASH PAYMENTS EACH YEAR DETERMINED WITH REFERENCE TO THEIR SERVICE WITH JHSC AND THEIR FINAL AVERAGE COMPENSATION. AS OF JANUARY 2019, FUTURE CASH PAYMENTS ARE MADE ACCORDING TO A FIXED SCHEDULE FOR THESE PARTICIPANTS. POST-2011 PARTICIPANTS ACCRUE BENEFITS UNDER A DEFINED CONTRIBUTION FORMULA WHERE CONTRIBUTIONS ARE TIERED BY POSITION LEVEL. CONTRIBUTIONS MADE IN 2018 AND PRIOR YEARS GENERALLY VEST AFTER THE LATER OF FIVE YEARS OF SERVICE WITH JHSC OR THREE YEARS OF PLAN PARTICIPATION; CONTRIBUTIONS MADE IN 2019 AND FUTURE YEARS VEST THREE YEARS AFTER EACH CONTRIBUTION IS MADE, WITH FULL VESTING ON THE LATER OF AGE 65 OR THREE YEARS OF PLAN PARTICIPATION. ALL CONTRIBUTIONS VEST ON DEATH, DISABILITY OR INVOLUNTARY TERMINATION WITHOUT CAUSE. IF A PARTICIPANT VOLUNTARILY TERMINATES EMPLOYMENT OR IS TERMINATED BY THE EMPLOYER FOR CAUSE PRIOR TO THE APPLICABLE VESTING DATE, THE PARTICIPANT'S ENTIRE NON-VESTED BENEFIT IS FORFEITED ALL OF THESE ARRANGEMENTS WERE APPROVED, IN ADVANCE, BY AN INDEPENDENT COMPENSATION COMMITTEE, WHICH BASED ITS DECISION ON DATA PROVIDED BY AN INDEPENDENT COMPENSATION CONSULTANT. PARTICIPANTS' INTERESTS UNDER THESE ARRANGEMENTS ARE NOT GUARANTEED OR SECURED AT ANY WAY AND AT ALL TIMES ARE SUBJECT TO CLAIMS OF EMPLOYER'S BANKRUPTCY/INSOLVENCY CREDITORS. THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A RECEIVED PAYMENT FROM ONE OR MORE SUPPLEMENTAL RETIREMENT/DEFERRED COMPENSATION PROGRAMS, WITH PAYMENTS REPORTED IN SCHEDULE J, PART II, COLUMN (B)(III); THE TOTAL OF AMOUNTS PAYABLE DURING 2019 BUT REPORTED AS DEFERRED COMPENSATION IN COLUMN (C) IN PREVIOUS YEARS IS REPORTED IN SCHEDULE J, PART II, COLUMN (F). THE AMOUNTS BELOW MAY REFLECT ANNUAL CASH PAYMENTS OR MULTIPLE YEARS OF ACCRUALS THAT VESTED IN 2019. RICHARD BENNETT \$112,136; CARL FRANCIOLI \$17,008; CHERYL KOCH \$12,004; MARIA KOSZALKA \$51,595; AND CHARLES REULAND \$76,804. IN ADDITION TO THOSE LISTED ABOVE, RONALD PETERSON RECEIVED PAYMENT FROM A SUPPLEMENTAL RETIREMENT PROGRAM THAT WAS IN PLACE PRIOR TO 1986 AND SUBJECT TO DIFFERENT TAX RULES. MR. PETERSON ACCRUED BENEFITS OVER A 40+ YEAR CAREER AT JOHNS HOPKINS HEALTH SYSTEM AND THE BENEFIT HAS BEEN REPORTED ON THE FORM 990 TWICE ALREADY: ONCE WHEN ACCRUED AND AGAIN WHEN INCLUDED AS TAXABLE INCOME FOR MEDICARE TAX PURPOSES. BENEFITS ARE PAID AS AN ANNUITY TO MR. PETERSON OVER HIS REMAINING LIFETIME AND TAXED FOR INCOME TAX PURPOSES AS PAID. UNDER FORM 990 REPORTING REQUIREMENTS, MR. PETERSON'S BENEFIT IS REQUIRED TO BE REPORTED A THIRD TIME WHEN PAID. DURING 2019, MR. PETERSON RECEIVED A PAYMENT OF \$1,275,825; THIS AMOUNT IS REPORTED IN SCHEDULE J, PART II, COLUMN (B)(III). MR. PETERSON ALSO PARTICIPATED IN A LEGACY PROGRAM, FUNDED WITH EMPLOYEE CONTRIBUTIONS, THAT RESULTED IN A TOTAL PAYOUT OF \$1,613,115.30 DURING 2019; THIS AMOUNT IS REPORTED IN SCHEDULE J, PART II, COLUMN (B)(III).
PART I, LINE 7	ANNUAL INCENTIVE PLAN: EXECUTIVES PARTICIPATE IN AN ANNUAL INCENTIVE PLAN THAT REWARDS PARTICIPANTS FOR THE ACHIEVEMENT OF ORGANIZATION OBJECTIVES APPROVED BY THE JOHNS HOPKINS MEDICINE COMPENSATION COMMITTEE EACH YEAR, INCLUDING FINANCIAL AND NON-FINANCIAL MEASURES. A PORTION OF THE OVERALL AWARD IS DETERMINED BASED ON INDIVIDUAL PERFORMANCE. DEPENDENT TUITION REIMBURSEMENT: DUE TO THEIR CLOSE COLLABORATION WITH THE JOHNS HOPKINS UNIVERSITY (JHU), JHSC PROVIDES LEADERS WITH DEPENDENT TUITION REIMBURSEMENT ON A SIMILAR BASIS AS THEIR JHU COUNTERPARTS. DEPENDENT TUITION REIMBURSEMENT IS TAXABLE FOR JHSC EMPLOYEES. THE DEPENDENT MUST BE ENROLLED FULL TIME AT AN APPROVED, ACCREDITED COLLEGE OR UNIVERSITY AND IN GOOD ACADEMIC STANDING. PAYMENT IS LIMITED TO FOUR YEARS OF FULL TIME, UNDERGRADUATE STUDY PER DEPENDENT CHILD. TUITION REIMBURSEMENT: TUITION REIMBURSEMENT IS AVAILABLE TO EMPLOYEES THAT WORK 20 HOURS OR MORE A WEEK FOR UP TO A MAXIMUM BENEFIT OF \$10,000 PER ACADEMIC YEAR. TO RECEIVE REIMBURSEMENT, ELIGIBLE EMPLOYEES MUST PURSUE A COURSE OF STUDY AT AN ACCREDITED UNIVERSITY OR COLLEGE THAT LEADS TO A LICENSURE, DEGREE, OR MEETS THE NECESSITY RELATED TO CURRENT POSITION OR ANOTHER POSITION WITHIN THE ORGANIZATION.
PART VII, SECTION A, QUESTION 5	THE FOLLOWING OFFICERS OF JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC. ARE PAID AND REPORTED BY THE JOHNS HOPKINS UNIVERSITY (EIN 52-0595110). THE JOHNS HOPKINS UNIVERSITY (JHU) IS A 501(C)(3) NOT DIRECTLY RELATED TO JHBMC. JHBMC REIMBURSES JOHNS HOPKINS UNIVERSITY FOR THE COMPENSATION AND THE AMOUNTS ARE REPORTED ON THE 990 AS PURCHASED SERVICES IN FUNCTIONAL EXPENSE. THE SERVICES PROVIDED TO THE FILING ORGANIZATION ARE PAID THROUGH A CHARGEBACK BETWEEN THE FILING ORGANIZATION AND JHU. RENEE BLANDING - BASE COMPENSATION \$375,492.96, BONUS & INCENTIVE COMPENSATION \$68,634.00, OTHER REPORTABLE COMPENSATION \$48,717.20, DEFERRED COMPENSATION \$45,203.28 AND NON TAXABLE BENEFITS \$1,655.04 AND DAVID HELLMANN - BASE COMPENSATION \$442,070.96, BONUS & INCENTIVE COMPENSATION \$178,983.00, OTHER REPORTABLE COMPENSATION \$0.00, DEFERRED COMPENSATION \$54,112.80 AND NON TAXABLE BENEFITS \$20,664.40.

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
JOHNS HOPKINS BAYVIEW
MEDICAL CENTER INC

Employer identification number

52-1341890

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MHHEFA - 2004B CP	52-0936091	57421V3AA	02-09-2004	101,990,000	REFUND PRIOR ISSUES (7/21/1993)		X		X		X

Part II Proceeds

				A	B	C	D				
1	Amount of bonds retired			60,300,000							
2	Amount of bonds legally defeased										
3	Total proceeds of issue			101,990,000							
4	Gross proceeds in reserve funds										
5	Capitalized interest from proceeds										
6	Proceeds in refunding escrows										
7	Issuance costs from proceeds										
8	Credit enhancement from proceeds										
9	Working capital expenditures from proceeds										
10	Capital expenditures from proceeds										
11	Other spent proceeds			101,990,000							
12	Other unspent proceeds										
13	Year of substantial completion			2004							
				Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?			X							
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?				X						
16	Has the final allocation of proceeds been made?			X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?			X							

Part III Private Business Use

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

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?								
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?								
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?								
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?								
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?								

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SCHEDULE K, PART II, COLUMN A, LINE 11	THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS OF THE ISSUE THAT ARE NO LONGER IN ESCROW

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

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

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

2019
Open to Public Inspection

Department of the Treasury

Name of the organization
JOHNS HOPKINS BAYVIEW
MEDICAL CENTER INC

Employer identification number

52-1341890

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 8	PURSUANT TO THE CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY (CARES) ACT, JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC. RECOGNIZED \$41,919,738 OF FUNDING FROM THE PROVIDER RELIEF FUND ADMINISTERED BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION, AN AGENCY OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES DURING FY20. THIS AMOUNT HAS BEEN RECOGNIZED AS GRANT REVENUE ON PART I, LINE 8 OF THE ORGANIZATION'S FORM 990.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 2	<p>JHBMC STAFF MEMBERS HAVE BEEN ASSISTING IN A UNIFIED AND MULTI-PRONG COVID RESPONSE. NUMEROUS WEEKLY ON CAMPUS AND OFF CAMPUS COVID TESTING/ VACCINATION ACTIVITIES ARE BEING CONDUCTED REGULARLY INCLUDING A AN ONSITE MOBILE CARE-A-VAN TEST SITE. IN COMMUNITY VACCINATIONS ARE BEING CONDUCTED IN MULTIPLE SENIOR HOUSING CENTERS, COMMUNITY SITES, FAITH INSTITUTIONS AND CONGREGANT LIVING ENVIRONMENTS. FOCUS ON MARGINALIZED POPULATIONS INCLUDING THE LATINO COMMUNITY HAVE BEEN ADDRESSED. STAFF HAS PARTICIPATED IN VARIOUS COVID AND VACCINE RELATED ACTIVITIES INCLUDING SERVICE AS LIAISON OFFICER IN JHBMC COMMAND CENTER, SERVICE AS REGISTRARS AND THROUGH-PUT COORDINATORS AT VACCINATION SITES, ON AND OFF CAMPUS, ON CAMPUS DEPLOYMENT AS SAFETY OFFICERS, SAFETY COORDINATORS IN ICU, MICU, WENZ UNIT, ED, NP3 NP4 BIOMED SAFETY CHECKS FOR PPE'S. REGULAR WELLNESS INFORMATION HAS BEEN PROVIDED IN THE COMMUNITY THROUGH E-MAIL INFORMATION DISTRIBUTION AND REGULAR ZOOM CALLS WITH CLINICAL EXPERTS. DURING THE PANDEMIC PERIOD 1,680 EMPLOYEES WERE PROVIDED 3,360 BAGS OF FOOD DURING A 12-DAY PERIOD.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	CHARLIE SCHEELER IS A TRUSTEE OF JOHNS HOPKINS MEDICINE AND JOHNS HOPKINS BAYVIEW MEDICAL CENTER. STEPHANIE REEL IS AN OFFICER OF JOHNS HOPKINS MEDICINE, JOHNS HOPKINS HEALTH SYSTEM CORPORATION, AND THE JOHNS HOPKINS HOSPITAL. MR. SCHEELER AND MS. REEL HAVE A BUSINESS RELATIONSHIP

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CHANGE IN MARKET VALUE OF SWAP AGREEMENT -391,853. INTEREST EXPENSE ON SWAP AGREEMENT -1,136,254. CHANGE IN FUND STATUS DEFINED BENEFIT PLANS -26,744,000. NET PERIODIC PENSION COST -11,743,001. NET ASST REL FROM OP -577,433. OTHER NON OPERATING EXPENSE -7,335,827.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
JOHNS HOPKINS BAYVIEW
MEDICAL CENTER INC

Employer identification number

52-1341890

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

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

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

(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	
(1) OPHTHALMOLOGY ASSOCIATES LLC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1890957	OPHTHALMOLOGY SERVICES	MD	N/A									
(2) HEALTHCARE SUPPLY CHAIN INNOVATIONS LLC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 47-2509307	GROUP PURCHASING	MD	N/A									
(3) JOHNS HOPKINS REGIONAL SUPPLY CHAIN NETWORK LLC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 47-2912848	GROUP PURCHASING	MD	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) HOWARD COUNTY HEALTH SERVICES INC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1434783	HEALTHCARE MANAGEMENT	MD	N/A	C					No
(2) HSI MEDICAL SERVICES CORPORATION 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1847705	HEALTHCARE - SLEEP DIAGNOSTICS	MD	N/A	C					No
(3) JOHNS HOPKINS MEDICAL MANAGEMENT CORPORATION 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1250028	NURSING SERVICES	MD	N/A	C					No
(4) JOHNS HOPKINS EMPLOYER HEALTH PROGRAMS INC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1947678	BENEFIT PLANS	MD	N/A	C					No
(5) TCAS INC 5755 CEDAR LANE COLUMBIA, MD 21044 52-1979344	NURSING SERVICES	MD	N/A	C					No
(6) SUBURBAN HEALTH ENTERPRISES INC 8600 OLD GEORGETOWN ROAD BETHESDA, MD 20814 52-2052352	MEDICAL OFFICE LEASING AND RELEASING	MD	N/A	C					No
(7) VARIOUS CHARITABLE REMAINDER TRUSTS 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211	CHARITABLE REMAINDER TRUSTS	MD	N/A	T		255,363	100.000 %		No

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

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

		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b	Gift, grant, or capital contribution to related organization(s)		No
c	Gift, grant, or capital contribution from related organization(s)		No
d	Loans or loan guarantees to or for related organization(s)		No
e	Loans or loan guarantees by related organization(s)		No
f	Dividends from related organization(s)		No
g	Sale of assets to related organization(s)		No
h	Purchase of assets from related organization(s)		No
i	Exchange of assets with related organization(s)		No
j	Lease of facilities, equipment, or other assets to related organization(s)		No
k	Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l	Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o	Sharing of paid employees with related organization(s)	Yes	
p	Reimbursement paid to related organization(s) for expenses		No
q	Reimbursement paid by related organization(s) for expenses		No
r	Other transfer of cash or property to related organization(s)		No
s	Other transfer of cash or property from related organization(s)		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 52-1341890
Name: JOHNS HOPKINS BAYVIEW
 MEDICAL CENTER INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1465301	SUPPORTING ORGANIZATION	MD	501(C)(3)	LINE 12C, III-FI	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
5755 CEDAR LANE COLUMBIA, MD 21044 52-2093120	HOSPITAL	MD	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1467441	HEALTHCARE SERVICES	MD	501(C)(3)	LINE 12C, III-FI	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 23-7252596	SUPPORTING ORGANIZATION	MD	501(C)(3)	LINE 12C, III-FI	JOHNS HOPKINS HOSPITAL ENDOWMENT CORPORATION		No
3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1232569	HOSPITAL	MD	501(C)(3)	LINE 12B, II	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-0591656	HOSPITAL	MD	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
8600 OLD GEORGETOWN ROAD BETHESDA, MD 20814 52-2052354	SUPPORTING ORGANIZATION	MD	501(C)(3)	LINE 12C, III-FI	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
8600 OLD GEORGETOWN ROAD BETHESDA, MD 20814 52-0610545	HOSPITAL	MD	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
6001 MONTROSE ROAD NO 1020 ROCKVILLE, MD 20852 52-1750383	HOME HEALTH CARE	MD	501(C)(3)	LINE 10	N/A		No
6001 MONTROSE ROAD NO 307 ROCKVILLE, MD 20852 52-1450142	HOME HEALTH CARE	MD	501(C)(3)	LINE 10	N/A		No
3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 59-3425191	PEDIATRIC MEDICAL SERVICES	FL	501(C)(3)	LINE 10	ALL CHILDREN'S HEALTH SYSTEM INC		No
3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 59-2481738	FOUNDATION	FL	501(C)(3)	LINE 7	ALL CHILDREN'S HEALTH SYSTEM INC		No
3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 59-0683252	HOSPITAL	FL	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 59-2481742	RESEARCH	FL	501(C)(3)	LINE 4	ALL CHILDREN'S HEALTH SYSTEM INC		No
3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 59-3441883	MEDICAL SERVICES	FL	501(C)(3)	LINE 10	ALL CHILDREN'S HEALTH SYSTEM INC		No
3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 59-3476049	HOME HEALTH CARE	FL	501(C)(3)	LINE 10	ALL CHILDREN'S HEALTH SYSTEM INC		No
3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 59-3398308	NEONATAL CARE	FL	501(C)(3)	LINE 10	ALL CHILDREN'S HEALTH SYSTEM INC		No
3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 59-2481740	MANAGEMENT SERVICES	FL	501(C)(3)	LINE 12C, III-FI	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
5255 LOUGHBORO ROAD NW WASHINGTON, DC 20016 53-0196602	HOSPITAL	DC	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership		(i) Section 512 (b)(13) controlled entity?	
									Yes	No
HOWARD COUNTY HEALTH SERVICES INC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1434783	HEALTHCARE MANAGEMENT	MD	N/A	C						No
HSI MEDICAL SERVICES CORPORATION 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1847705	HEALTHCARE - SLEEP DIAGNOSTICS	MD	N/A	C						No
JOHNS HOPKINS MEDICAL MANAGEMENT CORPORATION 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1250028	NURSING SERVICES	MD	N/A	C						No
JOHNS HOPKINS EMPLOYER HEALTH PROGRAMS INC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1947678	BENEFIT PLANS	MD	N/A	C						No
TCAS INC 5755 CEDAR LANE COLUMBIA, MD 21044 52-1979344	NURSING SERVICES	MD	N/A	C						No
SUBURBAN HEALTH ENTERPRISES INC 8600 OLD GEORGETOWN ROAD BETHESDA, MD 20814 52-2052352	MEDICAL OFFICE LEASING AND RELEASING	MD	N/A	C						No
VARIOUS CHARITABLE REMAINDER TRUSTS 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211	CHARITABLE REMAINDER TRUSTS	MD	N/A	T		255,363	100.000 %			No