

PUBLIC DISCLOSURE COPY

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Under section 6109(c), 527 or 501(c)(2) of the Internal Revenue Code, except private foundations, this information is not to be disclosed to the public under section 6109(c).

2021

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

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning _____, 2021, and ending _____, 20

B Check if applicable: _____

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

MALLORY FAIRLESS 10/25/2022

Part III Statement of Program Service Accomplishments

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

- 1 Briefly describe the organization's mission: THE JOINT COMMISSION PERIODICALLY EVALUATES AND ACCREDITS HEALTH CARE ORGANIZATIONS AND PROGRAMS IN THE US. THE COMPREHENSIVE ACCREDITATION PROCESS EVALUATES AN ORGANIZATION'S COMPLIANCE WITH JOINT COMMISSION DEVELOPED STANDARDS AND CMS CONDITIONS OF PARTICIPATION (COPS), AND OTHER ACCREDITATION REQUIREMENTS THAT DIRECTLY AND INDIRECTLY RELATE TO THE (SEE SCHEDULE O)
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [checked] No
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [checked] No
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 \$ 116,570,848 including grants of \$) (Revenue \$ 166,593,493)
SURVEY AND CERTIFICATION FEES ARE GENERATED AS A CONSEQUENCE OF PERFORMING ACCREDITATION SURVEYS THAT ARE DESIGNED TO EVALUATE AN ORGANIZATION'S COMPLIANCE WITH JOINT COMMISSION STANDARDS AND CMS CONDITIONS OF PARTICIPATION (COPS), AND OTHER ACCREDITATION REQUIREMENTS. THE SUBSCRIPTION BILLING PROGRAM ALLOWS ORGANIZATIONS TO PAY AN ANNUAL SUBSCRIPTION FEE FOR THEIR PARTICIPATION IN THE ONGOING SERVICES PROVIDED BY THE JOINT COMMISSION. REVENUE FROM ANNUAL ACCREDITATION SUBSCRIPTION FEES IS RECOGNIZED RATABLY OVER THE PERIOD TO WHICH THE SUBSCRIPTION FEES RELATE.

4b (Code:) (Expenses \$ 8,431,650 including grants of \$) (Revenue \$ 7,235,382)
PERFORMANCE MEASUREMENT & RELATED ACTIVITIES AT THE JOINT COMMISSION ADVANCE HEALTHCARE QUALITY AND PATIENT SAFETY BY UNDERTAKING SCIENTIFICALLY CREDIBLE RESEARCH THAT INFORMS HEALTH SERVICES PRACTICE AND POLICY. THE PROGRAM SUPPORTS THE DEVELOPMENT OF EVIDENCE-BASED AND MEANINGFUL PERFORMANCE MEASURES, SOUND STATISTICAL AND ANALYTICAL APPROACHES TO DATA ANALYSIS, AND THE IDENTIFICATION OF PERFORMANCE IMPROVEMENT AND PATIENT SAFETY STRATEGIES.

4c (Code:) (Expenses \$ 6,842,905 including grants of \$) (Revenue \$ 6,842,905)
THE JOINT COMMISSION PROVIDES COMMON MANAGEMENT SERVICES, REFERRED TO AS SHARED SERVICES FEES, OF THE ACTIVITIES CARRIED ON FOR RELATED ORGANIZATIONS. SEE SCHEDULE R FOR LIST OF RELATED ORGANIZATIONS.

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

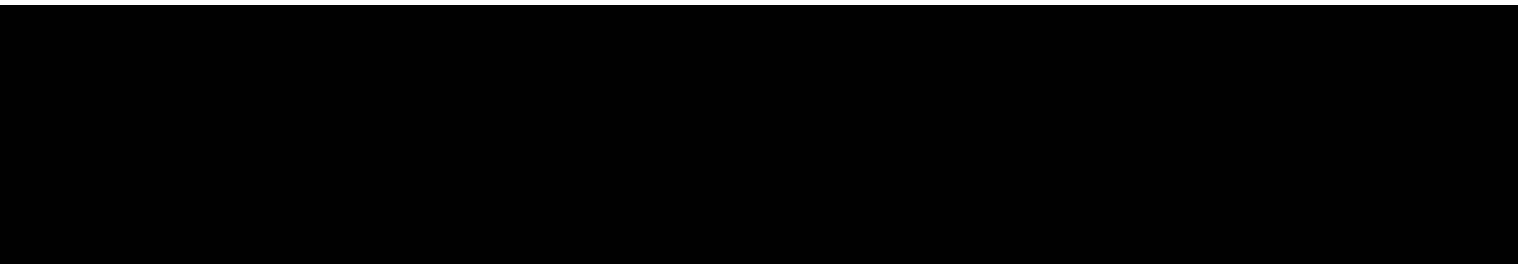
4e Total program service expenses a 131,845,403

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	



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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		
6			

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

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----							██████████	█	██████████	
							██████████	█	██████████	
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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
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Part X Balance Sheet

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

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	1	
	2 Savings and temporary cash investments	2	
	3 Pledges and grants receivable, net	3	
	4 Accounts receivable, net	4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	6	
	7 Notes and loans receivable, net	7	
	8 Inventories for sale or use	8	
	9 Prepaid expenses and deferred charges	9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	
	b Less: accumulated depreciation	10b	10c
	11 Investments—publicly traded securities	11	
12 Investments—other securities. See Part IV, line 11	12		
Liabilities			
Net Assets or Fund Balances			

Part XI Reconciliation of Net Assets

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

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

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

	Yes	No
2a		

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) ERIC LANGSHUR ----- COMMISSIONER	2.0 ----- 1.0	✓						0	0	0
(26) KYLE GREGG, MD ----- COMMISSIONER	2.0 ----- 0.0	✓						0	0	0
(27) GREENOGGARD GREEN, PHD, RN ----- COMMISSIONER	2.0 ----- 0.0	✓						0	0	0
(28) JOSEPH J. PARKS, MD ----- COMMISSIONER	2.0 ----- 0.0	✓						0	0	0
(29) LENWORTH M. JACOBS, JR., MBBS, MPH, DSC (HON), FACS, FWACS (HON) ----- COMMISSIONER	2.0 ----- 0.0	✓						0	0	0
(30) MARK A. KELLEY, MD, MACP, FRCP ----- COMMISSIONER	2.0 ----- 1.0	✓						0	0	0
(31) MARVIN STROHSCHHEIN, JR., DDS ----- COMMISSIONER	2.0 ----- 0.0	✓						0	0	0
(32) MICHAEL B. SIMON,										

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

^a Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

Employer identification number

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supported organization(s), by having giving)Tj 0 nizationion with its su (supporting organiza

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	a	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .							



Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in 0 CIDn/how 0 CIDn/(the)-100 (organizatio 0 CIDn/haed)-100 (such)-100 (control)-100 (an purposenw.		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		

Part V

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

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2		

Schedule of Contributors

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

2021

Name of the organizationGo to

Name of organization JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS	Employer identification number 36-2229255
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 371,635	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 254,542	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 101,640	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ -----	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 52,829	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ 11,333	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

Part II Noncash Property

Name of organization JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS	Employer identification number 36-2229255
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ^a \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

^a 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.

^a Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Employer identification number

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)

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) _____		

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:			



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 - Identifier	Explanation
<p>SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE</p>	<p>THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE JOINT COMMISSION AND ITS AFFILIATES ARE EXEMPT FROM FEDERAL INCOME TAXATION UNDER SECTION 501(A) AS ORGANIZATIONS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC). THE JOINT COMMISSION AND ITS AFFILIATES ARE SUBJECT TO INCOME TAXES ON INCOME DETERMINED TO BE UNRELATED BUSINESS TAXABLE INCOME (UBTI), WHICH IS TAXED AT THE CORPORATE INCOME TAX RATE.</p> <p>THE JOINT COMMISSION CONTINUES TO EVALUATE ITS TAX POSITIONS PURSUANT TO THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) SUBTOPIC 740-10, INCOME TAXES OVERALL. AS OF DECEMBER 31, 2021, THE JOINT COMMISSION BELIEVES IT HAS TAKEN NO SIGNIFICANT UNCERTAIN TAX POSITIONS.</p> <p>THE JOINT COMMISSION AND EACH OF ITS AFFILIATES HAVE BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER IRC SECTION 509(A) AND MAY RECEIVE DEDUCTIBLE CONTRIBUTIONS UNDER SECTION 170(C). BOTH THE JOINT COMMISSION AND JCR ARE ORGANIZATIONS THAT NORMALLY RECEIVE MORE THAN 33 1/3% OF THEIR SUPPORT FROM CONTRIBUTIONS, MEMBERSHIP FEES, AND GROSS RECEIPTS FROM ACTIVITIES RELATED TO ITS EXEMPT FUNCTIONS AND NO MORE THAN 33 1/3% OF ITS SUPPORT FROM GROSS INVESTMENT INCOME AND UNRELATED BUSINESS TAXABLE INCOME UNDER IRC SECTION 509(A)(2). THE CENTER IS ORGANIZED AND OPERATED EXCLUSIVELY FOR THE BENEFIT OF, TO PERFORM THE FUNCTIONS OF, OR TO CARRY OUT THE PURPOSE OF THE JOINT COMMISSION UNDER IRC SECTION 509(A)(3).</p>

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

- ^a Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 - ^a Attach to Form 990.
- ^a Go to www.irs.gov/Form990 for instructions and the latest information.

Part II

Officers, Directors, Trustees, Key Employees and Highest Compensated Employees (continued)

(a) Name	(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 reported in prior Form 990 or Form 990-EZ Base Compensation
				(i) KATHRYN E. SPATES			
				EXEC DIRECTOR FEDERAL RELATIONS			
				(ii)			
	(17) SUZANNE [REDACTED] RAY						
	SENIOR DIRECTOR FIELD OPERATIONS						

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 - Identifier	Explanation
<p>SCHEDULE J, PART I, LINE 1A - FIRST-CLASS OR CHARTER TRAVEL</p>	<p>THE JOINT COMMISSION BOARD TRAVEL POLICY PERMITS REIMBURSEMENT FOR THE PURCHASE OF UPGRADE COUPONS FOR FIRST-CLASS AIR TRAVEL.</p> <p>THE JOINT COMMISSION'S STAFF TRAVEL POLICY PERMITS STAFF TO FLY BUSINESS CLASS ON INTERNATIONAL FLIGHTS, EXCLUDING EUROPE.</p> <p>THE JOINT COMMISSION CEO IS ALLOWED TO TRAVEL FIRST-CLASS ON BUSINESS TRIPS THROUGHOUT THE UNITED STATES AND INTERNATIONAL.</p> <p>FIRST CLASS TRAVEL BENEFITS ARE NOT TREATED AS TAXABLE COMPENSATION TO THE INTERESTED PERSON.</p>
<p>SCHEDULE J, PART I, LINE 1A - PERSONAL SERVICES</p>	<p>FOUR OFFICERS UTILIZED AN ALLOWANCE FOR TAX PREPARATION AND ONE OFFICER UTILIZED AN ALLOWANCE FOR FINANCIAL PLANNING SERVICES. NOT ALL OFFICERS ELIGIBLE FOR THE SERVICES UTILIZE THEM. THESE SERVICES ARE TREATED AS TAXABLE COMPENSATION AND REPORTED ON FORM 990, PART VII, COLUMN D AS REPORTABLE COMPENSATION.</p>
<p>SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN</p>	<p>ALL OFFICERS ARE ALLOWED TO PARTICIPATE IN A NONQUALIFIED SUPPLEMENTAL DEFINED BENEFIT RETIREMENT PLAN, BUT SOME CHOOSE NOT TO PARTICIPATE AND RECEIVE A LUMP SUM INSTEAD. THE INCREASES OR DECREASES IN THE VALUE OF THE PLAN DURING THE YEAR ARE REFLECTED IN COLUMN C DEFERRED COMPENSATION ON SCHEDULE J, PART II.</p> <p>IN THE EVENT THAT A PARTICIPANT TERMINATES EMPLOYMENT BEFORE BECOMING VESTED IN THE PLAN, THE DECREASES WILL BE REPORTED IN COLUMN C DEFERRED COMPENSATION ON SCHEDULE J.</p>

SCHEDULE K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Employer identification number

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A											
B											
C											
D											

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired				
2 Amount of bonds legally defeased				
3 Total proceeds of issue				
4 Gross proceeds in reserve funds				
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows				
7				

Part III Private Business Use

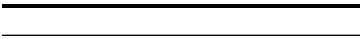
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?								
2 Are there any lease arrangements that may result in private business use of bond-financed property?								
3a Are there any management or service contracts that may result in private business use of bond-financed property?								
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?								
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government a		%		%		%		%
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 a		%		%		%		%
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

Part VI

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

Return Reference - Identifier	Explanation
<p>SCHEDULE BOND PORTION TO WERE JOINT</p> <p>FOR SCHEDULE BOND PORTION TO WERE JOINT</p> <p>DESCRIPTION OF PURPOSE</p>	<p>to questions on Schedule K (see instructions).</p>



Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 1 - ORGANIZATION MISSION CONTINUED 2 OF 6</p>	<p>(CONTINUATION FROM ABOVE)</p> <p>SENTINEL EVENT POLICY</p> <p>THE JOINT COMMISSION'S SENTINEL EVENT POLICY IS DESIGNED TO HELP HEALTH CARE ORGANIZATIONS TO IDENTIFY THE UNDERLYING CAUSES OF SENTINEL EVENTS AND TAKE ACTION TO PREVENT THEIR RECURRENCE. A SENTINEL EVENT IS AN UNEXPECTED OCCURRENCE INVOLVING DEATH OR SERIOUS PHYSICAL - INCLUDING LOSS OF LIMB OR FUNCTION - OR PSYCHOLOGICAL INJURY, OR THE RISK THEREOF. "RISK THEREOF" MEANS THAT, ALTHOUGH NO HARM OCCURRED ON THIS OCCASION, ANY RECURRENCE WOULD CREATE ANOTHER CHANCE FOR A SERIOUS ADVERSE OUTCOME. ANY TIME A SENTINEL EVENT OCCURS, THE HEALTH CARE ORGANIZATION IS</p>

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 1 - ORGANIZATION MISSION CONTINUED 3 OF 6</p>	<p>(CONTINUATION FROM ABOVE)</p> <p>INFECTION PREVENTION AND CONTROL INITIATIVES</p> <p>INFECTION PREVENTION AND CONTROL IS A CRITICAL COMPONENT OF SAFE, QUALITY HEALTH CARE. THE JOINT COMMISSION IS ADDRESSING THIS IMPORTANT ISSUE WITH A NUMBER OF INITIATIVES AND PRODUCTS THROUGH THE EFFORTS OF THE DEPARTMENT OF HEALTH SERVICES RESEARCH. SOME EXAMPLES OF THE DEPARTMENT'S WORK INCLUDE:</p> <p>* THE JOINT COMMISSION, THE PEW CHARITABLE TRUSTS, AND THE CDC CO-SPONSORED A TECHNICAL EXPERT PANEL (TEP) MEETING IN MAY 2018 TO IDENTIFY SPECIFIC, EFFECTIVE AND RECOMMENDED ACTIVITIES THAT ANTIBIOTIC STEWARDSHIP PROGRAMS (ASPS) SHOULD BE DOING BASED ON CURRENT SCIENTIFIC EVIDENCE AND THE EXPERIENCE OF LEADING ORGANIZATIONS. IN 2020, WITH SUPPORT FROM THE PEW CHARITABLE TRUSTS, RESEARCH STAFF CONDUCTED A CROSS-SECTIONAL OBSERVATIONAL STUDY USING AN ELECTRONIC QUESTIONNAIRE TO DETERMINE THE EXTENT TO WHICH HOSPITALS ARE CURRENTLY IMPLEMENTING THE FOLLOWING ANTIBIOTIC STEWARDSHIP PRACTICES: A) DEVELOPMENT OF FACILITY-SPECIFIC TREATMENT GUIDELINES, B) MEASURING APPROPRIATE USE AND CONCORDANCE OF CARE WITH THESE GUIDELINES, C) ENGAGING CLINICIANS WHILE THE PATIENT IS ON THE UNIT, D) DIAGNOSTIC STEWARDSHIP, E) MEASUREMENT OF ANTIMICROBIAL UTILIZATION DATA, AND F) MEASURING HOSPITAL-ACQUIRED CLOSTRIDIUM DIFFICILE INFECTION RATES (CDI).</p> <p>* IN 2018, CDC STAFF APPROACHED THE JOINT COMMISSION ABOUT ANALYZING AND POSSIBLY PUBLISHING OUR EXPERIENCE WITH REQUIRED REPORTING OF SERIOUS INFECTION PREVENTION AND CONTROL (IPC) BREACHES TO STATE HEALTH DEPARTMENTS. BEGINNING IN OCTOBER 2016, THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) ISSUED EXPANDED GUIDANCE REQUIRING ACCREDITING ORGANIZATIONS AND STATE SURVEY AGENCIES TO REPORT SERIOUS INFECTION CONTROL BREACHES TO RELEVANT STATE HEALTH DEPARTMENTS. THIS STUDY SOUGHT TO CHARACTERIZE AND SUMMARIZE THE JOINT COMMISSION'S EARLY EXPERIENCES AND FINDINGS IN APPLYING THIS GUIDANCE TO FACILITIES ACCREDITED UNDER THE AMBULATORY AND OFFICE-BASED SURGERY PROGRAMS IN 2017. THE ANALYSIS IDENTIFIED NUMEROUS OPPORTUNITIES FOR IMPROVED STAFF TRAINING AND COMPETENCIES. RESULTS RELATED TO AMBULATORY SETTINGS WERE PUBLISHED IN THE JOINT COMMISSION JOURNAL ON QUALITY AND PATIENT SAFETY. PHASE 2 OF THIS PROJECT IS UNDERWAY BY APPLYING THE SAME METHODOLOGY TO REPORTED BREACHES FROM HOSPITALS IN ORDER TO COMPARE THE NUMBER AND TYPES OF BREACHES BETWEEN HOSPITALS AND AMBULATORY SETTINGS.</p> <p>* RESEARCH STAFF, TOGETHER WITH COLLABORATORS FROM UNIVERSITY OF IOWA, IMPLEMENTED A PROJECT TO EXAMINE RECENT LITERATURE ON THE RELATIONSHIP BETWEEN SAFETY CULTURE AND INFECTION PREVENTION AND CONTROL-RELATED (IPC) PROCESSES AND HEALTHCARE-ASSOCIATED INFECTIONS (HAIs) IN U.S. HEALTHCARE ORGANIZATIONS. WE ALSO SOUGHT TO QUANTITATIVELY CHARACTERIZE THE CHALLENGES TO EMPIRICALLY ESTABLISHING THESE RELATIONSHIPS AND LIMITATIONS OF CURRENT RESEARCH. AUTHORS FREQUENTLY REPORTED EXPERIENCING IMPROVEMENTS IN SAFETY CULTURE WHEN NOT DIRECTLY MEASURED. THE FINDINGS SUGGESTED THAT ASSOCIATIONS BETWEEN IMPROVEMENT AND SAFETY CULTURE MAY BE BI-DIRECTIONAL SUCH THAT POSITIVE SAFETY CULTURE CONTRIBUTES TO SUCCESSFUL INTERVENTIONS AND IMPLEMENTING EFFECTIVE INTERVENTIONS DRIVES IMPROVEMENTS IN CULTURE.</p> <p>* PFIZER INDEPENDENT GRANTS FOR LEARNING AND CHANGE (IGLC) AND THE JOINT COMMISSION HAVE BEEN COLLABORATING SINCE 2012 ON PROJECTS THAT SUPPORT ANTIMICROBIAL STEWARDSHIP. THE GOAL WAS TO ACCELERATE THE DEVELOPMENT AND ADOPTION OF EVIDENCE-BASED APPROACHES THAT HAVE THE CAPACITY TO PREVENT OR CONTAIN ANTIMICROBIAL RESISTANCE AND THAT SUPPORT AND PROMOTE APPROPRIATE USE OF ANTIMICROBIAL AGENTS. IN 2018, THIS WORK WAS EXPANDED TO INCLUDE AN RFP FOR RESEARCH ON ANTIMICROBIAL STEWARDSHIP PRACTICES IN THE ASIA-PACIFIC REGION. SIX TWO-YEAR PROJECTS WERE AWARDED FUNDING, COVERING ANTIBIOTIC STEWARDSHIP PRACTICES IN INDIA, CAMBODIA, VIETNAM, MICRONESIA, NEPAL, PHILIPPINES, MALAYSIA AND CHINA.</p> <p>* THE JOINT COMMISSION CONTINUES TO WORK CLOSELY WITH CDC, SHEA, APIC, IDSA AND OTHER GROUPS TO HELP ENSURE COORDINATION AND COLLABORATION AMONG ORGANIZATIONS WORKING TO REDUCE THE BURDEN OF INFECTIONS. THE JOINT COMMISSION'S COMPREHENSIVE ACCREDITATION STANDARDS AND NATIONAL PATIENT SAFETY GOALS SPECIFIC TO INFECTION PREVENTION AND CONTROL HAVE FACILITATED BROADER IMPLEMENTATION OF CDC PRACTICE RECOMMENDATIONS. THESE STANDARDS EMPHASIZE INFECTION PREVENTION, CONTINUOUS STRATEGIC SURVEILLANCE FOR INFECTION AND INFECTION-RELATED RISKS, AND TIMELY INTERVENTIONS TO ADDRESS IDENTIFIED PROBLEMS.</p> <p>* CONTINUE TO REVIEW, UPDATE, AND MAINTAIN THE CONTENTS OF A WEB PORTAL CONTAINING LINKS TO KEY GUIDANCE DOCUMENTS RELATED TO INFECTION PREVENTION AND CONTROL AND HEALTHCARE-ASSOCIATED INFECTIONS. ACCESS IS FREE TO ALL.</p> <p>PATIENT SAFETY RESEARCH</p> <p>THE JOINT COMMISSION'S DIVISION OF HEALTHCARE QUALITY EVALUATION WORKS WITH EXTERNAL COLLABORATORS TO ADVANCE THE FIELD OF PATIENT SAFETY RESEARCH. JOINT COMMISSION RESEARCH INITIATIVES INCLUDE:</p> <p>(CONTINUATION BELOW)</p>

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Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 1 - ORGANIZATION MISSION CONTINUED 5 OF 6</p>	<p>(CONTINUATION FROM ABOVE)</p> <ul style="list-style-type: none"> * DEVELOPMENT OF AN ASSISTED LIVING COMMUNITY (ALC) ACCREDITATION PROGRAM. THE CARE PROVIDED IN THESE SETTINGS IS RAPIDLY CHANGING AND THESE SETTINGS ARE TAKING ON MUCH MORE COMPLEX RESIDENTS. AS MORE AND MORE OF THE AGING POPULATION ARE SEEKING ALTERNATIVES TO LONG TERM CARE FACILITIES AND AS THE AGING POPULATION RAPIDLY INCREASES THE NEED FOR ASSISTED LIVING OVERSIGHT IS BECOMING MORE RELEVANT. * DEVELOPMENT AND REVISION OF WORKPLACE VIOLENCE PREVENTION STANDARDS FOR THE HOSPITAL AND CRITICAL ACCESS HOSPITAL ACCREDITATION PROGRAMS AND A COMPENDIUM TO PROVIDE A STANDARDIZED APPROACH TO HEALTHCARE WORKPLACE VIOLENCE PREVENTION, REPORTING, AND POST-INCIDENT STRATEGIES. THIS PROJECT IS EXPANDING TO OTHER ACCREDITATION PROGRAMS. * REVISION OF EMERGENCY MANAGEMENT (EM) HOSPITAL AND CRITICAL HOSPITAL STANDARDS TO STRENGTHEN ORGANIZATIONS' ABILITY TO PREPARE AND RESPOND TO EMERGENCIES. ONCE THE HOSPITAL AND CRITICAL ACCESS HOSPITAL STANDARDS ARE COMPLETE, STANDARDS FOR OTHER ACCREDITATION PROGRAMS WILL BE REVIEWED AND REVISED. * DEVELOPMENT OF A MATERNAL LEVELS OF CARE VERIFICATION PROGRAM. THIS NEW PROGRAM WAS DEVELOPED UTILIZING THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS OBSTETRIC CARE CONSENSUS FROM 2015. THE PROGRAM ENSURES THAT MOTHERS ARE BEING CARED FOR AT THE RIGHT FACILITY THAT HAS THE PROPER RESOURCES, PERSONNEL, TRAINING, AND EQUIPMENT FOR THE COMPLEXITY OF THE PREGNANCY. * NEW AND REVISED STANDARDS FOR WATER MANAGEMENT PROGRAMS FOR HOSPITAL, CRITICAL ACCESS HOSPITAL, AND NURSING CARE CENTERS ACCREDITATION PROGRAMS TO HELP PROTECT IMMUNOCOMPROMISED PATIENTS AND RESIDENTS FROM WATERBORNE PATHOGEN-RELATED ILLNESSES. * REVISIONS TO THE ADVANCED DISEASE-SPECIFIC CARE CERTIFICATION REQUIREMENTS FOR CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD). * REVISIONS TO THE HEALTH CARE STAFFING SERVICES CERTIFICATION PROGRAM REQUIREMENTS ALONG WITH DEVELOPMENT OF OFF-SITE REVIEW PROCESS. * REVISIONS TO THE REQUIREMENTS FOR THE ADVANCED CERTIFICATION PROGRAM FOR VENTRICULAR ASSIST DEVICES (VADS) THAT INCORPORATES BEST PRACTICES BASED ON A DECISION MEMO RELEASED IN DECEMBER 2020 BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES. * REVISIONS TO THE ENVIRONMENT OF CARE AND LIFE SAFETY CODE CHAPTERS WITHIN ALL ACCREDITATION PROGRAMS TO STRENGTHEN ALIGNMENT WITH NFPA CODE. * REVISIONS TO THE NURSING CARE CENTER ACCREDITATION PROGRAM TO REFLECT THE MOST CURRENT CLINICAL PRACTICE GUIDELINES AND BEST PRACTICES FOR INFECTION CONTROL, DEMENTIA CARE, STAFF RECRUITMENT, RETENTION AND WELLNESS, PRESSURE INJURIES, AND MEDICATION SAFETY. * REVISIONS TO ALL STROKE CERTIFICATION PROGRAMS REQUIREMENTS TO ALIGN WITH AMERICAN HEART ASSOCIATION GUIDELINES. * DEVELOPMENT (IN PROGRESS) OF A RURAL HEALTH CLINIC ACCREDITATION PROGRAM THAT WILL INCLUDE DEEMING RECOGNITION. * DEVELOPMENT OF A NEW ADVANCED CERTIFICATION FOR PERINATAL CARE PROGRAM WITH ACOG PARTNERSHIP. REVISIONS TO THE CURRENT CERTIFICATION PROGRAM TO INCLUDE ALL COMPLEXITIES OF PREGNANCY AND DELIVERY. * DEVELOPMENT OF NEW REQUIREMENTS TO REDUCE HEALTH CARE DISPARITIES FOR ALL ACCREDITATION PROGRAMS. * REVISIONS TO BEHAVIORAL HEALTH CARE ACCREDITATION REQUIREMENTS TO ENHANCE THE QUALITY, SAFETY, AND ETHICAL PRACTICE RELATED TO MEDICATION ASSISTED TREATMENT AND OFFICE BASED OPIOID TREATMENT. * REVISIONS TO INFECTION CONTROL (IC) CHAPTER REQUIREMENTS FOR ALL ACCREDITATION PROGRAMS. * DEVELOPMENT (IN PROGRESS) OF NEW REQUIREMENTS FOR CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS (CCBHC) FOR THE BEHAVIORAL HEALTH CARE ACCREDITATION PROGRAM. * THE JOINT COMMISSION IS WORKING WITH EXPERTS TO EXPLORE THE FOLLOWING SAFETY AND QUALITY ISSUES THAT MAY BE CONSIDERED FOR INCLUSION IN STANDARDS: <ul style="list-style-type: none"> * EHR SAFETY * CYBERSECURITY * HOSPITAL AT HOME * TELEHEALTH * RESTRAINT/SECLUSION REQUIREMENT REVISIONS FOR THE BEHAVIORAL HEALTH CARE PROGRAM * ALIGNMENT WITH ISO 15189 REQUIREMENTS FOR LABORATORY ACCREDITATION PROGRAM <p>(CONTINUATION BELOW)</p>

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 1 - ORGANIZATION MISSION CONTINUED 6 OF 6</p>	<p>(CONTINUATION FROM ABOVE)</p> <p>THE SPEAK UP INITIATIVES FOR THE GENERAL PUBLIC</p> <p>THE JOINT COMMISSION, TOGETHER WITH THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS), CONTINUE TO DEVELOP MATERIALS FOR THE NATIONAL SPEAK UP PROGRAM TO URGE PATIENTS TO TAKE AN ACTIVE ROLE IN PREVENTING HEALTH CARE ERRORS BY BECOMING INVOLVED AND INFORMED PARTICIPANTS ON THE HEALTH CARE TEAM.</p> <p>THE SPEAK UP PROGRAM FEATURES BROCHURES, POSTERS AND BUTTONS ON OVER 25 PATIENT SAFETY TOPICS, SUCH AS FIVE THINGS YOU CAN DO TO PREVENT INFECTION, HELP PREVENT ERRORS IN YOUR CARE, OR AVOID A RETURN TRIP TO THE HOSPITAL. SPEAK UP POSTERS ARE AVAILABLE TO THE GENERAL PUBLIC AT NO COST ON THE JOINT COMMISSION'S WEBSITE.</p> <p>THE JOINT COMMISSION ALSO DEVELOPED A SERIES OF ANIMATED SPEAK UP VIDEOS TO ENCOURAGE PATIENTS TO SPEAK UP AND BE ACTIVE PARTICIPANTS IN THEIR HEALTH CARE. PRODUCED BY THE JOINT COMMISSION, THESE ENTERTAINING 60-SECOND VIDEOS ARE INTENDED AS PUBLIC SERVICE ANNOUNCEMENTS AND AIR ON THE JOINT COMMISSION'S YOUTUBE CHANNEL, ON THE JOINT COMMISSION WEBSITE, AND IN OTHER VENUES. THE CAST OF CHARACTERS INTRODUCED IN THE VIDEOS ENCOUNTER EVERYDAY SITUATIONS WHERE THEY HAVE TO READ INSTRUCTIONS, INSPECT LABELS, AND "SPEAK UP" TO ASK THEIR DOCTORS AND CAREGIVERS QUESTIONS. THE VIDEOS POINT OUT THAT YOU SHOULD BE JUST AS COMFORTABLE SPEAKING UP ABOUT YOUR HEALTH CARE WHETHER IN A DOCTOR'S OFFICE OR AT THE HOSPITAL. THE VIDEOS HAVE PROVEN TO BE WIDELY POPULAR WITH AUDIENCES ALL OVER THE WORLD, AND HAVE BEEN DOWNLOADED BY ORGANIZATIONS IN MORE THAN 70 COUNTRIES.</p> <p>QUALITY CHECK AND QUALITY REPORTS</p> <p>QUALITY CHECK OFFERS A COMPREHENSIVE COMPENDIUM OF QUALITY AND SAFETY-RELATED PERFORMANCE INFORMATION ON THE NEARLY 22,000 JOINT COMMISSION-ACCREDITED HEALTH CARE ORGANIZATIONS AND PROGRAMS THROUGHOUT THE UNITED STATES. THESE QUALITY REPORTS MAKE PUBLICLY AVAILABLE SPECIFIC INFORMATION REGARDING ORGANIZATION ACCREDITATION STATUS, PERFORMANCE IN CARING FOR PATIENTS WITH COMMON CONDITIONS (SUCH AS PNEUMONIA) AND COMPLIANCE WITH NATIONAL PATIENT SAFETY GOAL REQUIREMENTS, AMONG OTHER FEATURES. QUALITY REPORTS UTILIZE A USER-FRIENDLY FORMAT WITH CHECKS, PLUSES AND MINUSES TO HELP THE PUBLIC COMPARE HEALTH CARE ORGANIZATION PERFORMANCE IN KEY AREAS.</p> <p>OTHER RESOURCES</p> <p>THE JOINT COMMISSION'S DASH (DATA ANALYTICS FOR SAFE HEALTHCARE) IS A COLLECTION OF PROPRIETARY BUSINESS INTELLIGENCE TOOLS DEVELOPED TO SUPPORT ORGANIZATIONS AND EMPOWER THEM TO MAKE MORE INFORMED DECISIONS TO DRIVE QUALITY IMPROVEMENT AND REDUCE HARM. THE JOINT COMMISSION PROVIDES DATA TRANSPARENCY IN A CONVENIENT PLATFORM TO POWER PROCESS AND FOCUS ON RELEVANT NEEDS TO DRIVE EFFICIENCY AND EFFECTIVENESS TO IMPROVE CARE RESULTS. THE DASH BUSINESS INTELLIGENCE OFFERINGS INCLUDE ACCELERATE PI™, ILLUMINATE ANALYTICS™, AND SAFER@ DASHBOARD. ACCELERATE PI™ ALLOWS A HEALTH CARE ORGANIZATION TO COMPARE TO NATIONAL, STATE, AND AVERAGES FROM JOINT COMMISSION-ACCREDITED ORGANIZATIONS. ILLUMINATE ANALYTICS™ HELPS DRIVE MEANINGFUL, ACTIONABLE CONCLUSIONS FROM DISPARATE DATA SOURCES THAT ENHANCE THE QUALITY AND SAFETY OF THE CARE PROVIDED. SAFER@ DASHBOARD EMPOWERS HEALTH CARE LEADERS AND BUSINESS USERS IN THEIR EFFORTS TO DELIVER SAFE, HIGH-QUALITY CARE AND BETTER PRIORITIZE FUTURE IMPROVEMENT EFFORTS.</p> <p>ADDITIONAL RESOURCES DEDICATED TO PHYSICIANS, NURSES, AND CONSUMERS ARE AVAILABLE FREE ON THE JOINT COMMISSION'S WEB SITE. SUCH DEDICATED RESOURCES INCLUDE PATIENT SAFETY TOPICS, PHYSICIAN LEADER MONTHLY NEWSLETTER, CORONAVIRUS (COVID-19) RESOURCES, AND THE LATEST TOPICS AROUND NURSING AND NURSES ROLES IN PATIENT SAFETY.</p>
<p>FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE</p>	<p>THE BOARD OF DIRECTORS MAY, BY RESOLUTION, APPOINT AN EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE SHALL CONSIST OF ONE COMMISSIONS APPOINTED BY EACH MEMBER OF THE CORPORATION TO THE BOARD OF COMMISSIONS AND ONE COMMISSIONER APPOINTED BY THE BOARD OF COMMISSIONERS.</p> <p>IT SHALL BE THE DUTY OF THE EXECUTIVE COMMITTEE TO EXERCISE THE POWERS OF THE BOARD WHEN THE BOARD IS NOT IN SESSION, INCLUDING, WITHOUT LIMITATION, TO TAKE SUCH EMERGENCY ACTIONS FOR THE BOARD AS MAY BE REQUIRED BETWEEN MEETINGS OF THE BOARD, AND OTHERWISE EXERCISE THE AUTHORITY OF THE BOARD OF COMMISSIONERS IN THE MANAGEMENT OF THE CORPORATION TO THE EXTENT THAT THE BOARD MAY LAWFULLY PROVIDE BY RESOLUTION; COUNCIL WITH THE PRESIDENT REGARDING CERTAIN MATTERS; AND ACT UPON RECOMMENDATION OF THE CHAIR OF THE BOARD ON THE APPOINTMENTS TO THE STANDING COMMITTEES.</p>
<p>FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS</p>	<p>THE JOINT COMMISSION HAS FIVE CORPORATE MEMBERS WHO MUST APPROVE CHANGES TO THE ORGANIZATION'S BYLAWS AND ARTICLES OF INCORPORATION. THE MEMBERS ASSIST WITH APPOINTING COMMISSIONERS TO THE BOARD. IN ADDITION, THE MEMBERS MUST APPROVE THE DISSOLUTION OF THE ORGANIZATION.</p>
<p>FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY</p>	<p>SEE NARRATIVE FOR LINE 6</p>

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	SEE NARRATIVE FOR LINE 6
FORM 990, PART VI, LINE 8B - COMMITTEE AUTHORITY TO ACT ON BEHALF OF GOVERNING BODY	SEE NARRATIVE FOR LINE 1A
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE JOINT COMMISSION'S MANAGEMENT, INCLUDING THE PRESIDENT, CFO, CONTROLLER, CORPORATE COMPLIANCE & PRIVACY OFFICER, AND GENERAL COUNSEL PERFORMED A DETAILED REVIEW OF THE FORM 990 WITH THE PAID TAX PREPARER. ONCE THIS LEVEL OF REVIEW WAS PERFORMED, A THOROUGH WALK THROUGH OF FORM 990 WAS DONE WITH THE FINANCE COMMITTEE PRIOR TO FILING. A COPY OF THE FORM 990 WAS PROVIDED TO THE ENTIRE BOARD OF COMMISSIONERS PRIOR TO FILING. A FINAL FILED PUBLIC DISCLOSURE COPY OF THE RETURN WILL BE PLACED ON THE ORGANIZATION'S WEBSITE FOR THE PUBLIC ONCE ACCEPTED BY THE IRS.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	<p>THE POLICY STATES THAT ANY DECISION THAT COULD RESULT IN AN ACTUAL OR PERCEIVED CONFLICT OF INTEREST MUST BE AVOIDED. ALL STAFF AND BOARD MEMBERS REVIEW THE POLICY ON AN ANNUAL BASIS AND COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE EACH YEAR, WHICH IS DESIGNED TO IDENTIFY INTERESTS THAT COULD GIVE RISE TO POSSIBLE CONFLICTS.</p> <p>ALTHOUGH MANY SUCH POTENTIAL CONFLICTS ARE AND WILL BE DEEMED INCONSEQUENTIAL, EVERY INDIVIDUAL OF THE ORGANIZATION HAS AN ONGOING RESPONSIBILITY TO DISCLOSE SITUATIONS THAT INVOLVE PERSONAL, FAMILY, OR BUSINESS RELATIONSHIPS THAT COULD BE PERCEIVED AS A CONFLICT OF INTEREST. THE INTERESTS IDENTIFIED ARE REVIEWED BY THE CORPORATE COMPLIANCE OFFICER, GENERAL COUNSEL, AND GOVERNANCE COMMITTEE AND APPROPRIATELY MANAGED. ALL DISCLOSURES ARE PURSUED UNTIL 100% COMPLETED.</p> <p>PRIOR TO ANY BOARD OR COMMITTEE MEETING, A MEMBER IS REQUIRED TO DISCLOSE A CONFLICT OF INTEREST OR POSSIBLE CONFLICT OF INTEREST ON ANY MATTER DURING A MEETING AND THEN NOT VOTE OR USE PERSONAL INFLUENCE ON THE MATTER. THE MINUTES OF THE MEETING REFLECTS THAT A DISCLOSURE WAS MADE AND THE MEMBER ABSTAINED FROM VOTING. AT THE BEGINNING OF EACH BOARD OR COMMITTEE MEETING A REQUEST IS MADE TO DISCLOSE ANY POTENTIAL CONFLICT OF INTEREST.</p> <p>THE COMPLIANCE OFFICER MONITORS AND REVIEWS THE CONFLICT OF INTEREST POLICY AS WELL AS THE RESPONSES TO THE QUESTIONNAIRES ON AN ANNUAL BASIS. THE ORGANIZATION ALSO HAS AVAILABLE AN INDEPENDENT HOTLINE NUMBER FOR STAFF TO REPORT ANONYMOUSLY ANY POTENTIAL CONFLICTS DURING THE YEAR.</p>
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>THE CEO'S COMPENSATION ARRANGEMENT IS SUBJECT TO AN INDEPENDENT BOARD COMMITTEE REVIEW AND APPROVAL REFERRED TO AS THE HUMAN RESOURCES AND EXECUTIVE COMPENSATION COMMITTEE. THE JOINT COMMISSION ENGAGED AN INDEPENDENT COMPENSATION CONSULTANT TO ASSIST IN DETERMINING COMPENSATION OF ITS CEO. IN SETTING THE CEO'S COMPENSATION, THE ORGANIZATION'S HUMAN RESOURCES AND EXECUTIVE COMPENSATION COMMITTEE RELIES ON RECENT COMPENSATION STUDIES THAT PROVIDE COMPENSATION DATA FOR COMPARABLE POSITION IN OTHER ORGANIZATIONS TO SUPPORT ITS DECISION-MAKING PROCESS.</p> <p>THE HUMAN RESOURCES AND EXECUTIVE COMPENSATION COMMITTEE ADEQUATELY DOCUMENTS ITS COMPENSATION DETERMINATIONS AND DELIBERATIONS REGARDING COMPENSATION IN ITS COMMITTEE MINUTES ON A TIMELY BASIS. EACH VOTING COMMITTEE MEMBER HAS BEEN DETERMINED TO BE INDEPENDENT IN ACCORDANCE WITH INTERMEDIATE SANCTIONS REGULATIONS AND SIGNS THE BOARD'S CONFLICT OF INTEREST POLICY ANNUALLY TO ENSURE THAT HE OR SHE IS INDEPENDENT. THE BOARD ENGAGES IN AN ACTIVE REVIEW OF THE COMPENSATION RECOMMENDED BY THE COMMITTEE. IN ADDITION, THE BOARD CONDUCTS AN ANNUAL EVALUATION OF THE CEO.</p> <p>THE PROCESS FOR DETERMINING THE TOP MANAGEMENT OFFICIALS', DR. MARK CHASSIN, CEO, COMPENSATION IS UNDERTAKEN ANNUALLY.</p>

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

a Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?

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

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	4	
b Gift, grant, or capital contribution to related organization(s)		4
c Gift, grant, or capital contribution from related organization(s)		4
d Loans or loan guarantees to or for related organization(s)		4
e Loans or loan guarantees by related organization(s)		4
f Dividends from related organization(s)		4
g Sale of assets to related organization(s)		4
h Purchase of assets from related organization(s)		4
i Exchange of assets with related organization(s)		4
j Lease of facilities, equipment, or other assets to related organization(s)	4	
k Lease of facilities, equipment, or other assets from related organization(s)		4
l Performance of services or membership or fundraising solicitations for related organization(s)	4	
m Performance of services or membership or fundraising solicitations by related organization(s)	4	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	4	
o Sharing of paid employees with related organization(s)	4	
p Reimbursement paid to related organization(s) for expenses	4	
q Reimbursement paid by related organization(s) for expenses	4	
r Other transfer of cash or property to related organization(s)		4
s Other transfer of cash or property from related organization(s)		4

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) JOINT COMMISSION RESOURCES, INC.	A	1,298,097	ACTUAL
(2) JOINT COMMISSION RESOURCES, INC.	L	6,247,647	CONTRACTUAL
(3) JOINT COMMISSION CENTER FOR TRANSFORMING HEALTHCARE	L	595,258	CONTRACTUAL
(4) JOINT COMMISSION RESOURCES, INC.	Q	4,612,357	ACTUAL
(5) JOINT COMMISSION CENTER FOR TRANSFORMING HEALTHCARE	Q	574,050	CONTRACTUAL
(6) (SEE STATEMENT)			

Part IV**Identification of Related Organizations Taxable as a Corporation or Trust** (continued)

(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 (J, D, T, JT, ET, etc.)	(i) Section of	

Part V**Transactions with Related Organizations** (continued)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount Involved	(d) Method of determining amount involved
(6) JOINT COMMISSION RESOURCES, INC.	J	252,749	ACTUAL
(7) JOINT COMMISSION RESOURCES, INC.	M	77,675	ACTUAL

Part VII**Supplemental Information.** Provide additional information for responses to questions on Schedule R (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE R, PART IV, COLUMN (B) - PRIMARY ACTIVITY	PROVIDES INTERNATIONAL STANDARDS AND ACCREDITATION AND CERTIFICATION PROGRAMS FOR HEALTHCARE ORGANIZATIONS THROUGHOUT CHINA.
SCHEDULE R, PART IV, COLUMN (H) - FORM 5471 FILING OBLIGATION	JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS (TJC) INDIRECTLY OWNS 100% OF THE OWNERSHIP IN JCI ACCREDITATION (BEIJING) CO., LTD THROUGH THEIR CONTROL OF JOINT COMMISSION RESOURCES, INC. (JCR) (EIN: 36-3521721). JCR FILED THE FORM 5471 ON BEHALF OF TJC. THEREFORE, THE FORM 5471 FILING OBLIGATION FOR TJC HAS BEEN SATISFIED PURSUANT TO REGS. §1.6038-2(J).