

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2014, or tax year beginning JUL 1, 2014, and ending JUN 30, 2015

2014

Department of the Treasury Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Name of exempt organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number

52-0591656

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

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 5 rows (1a-5a) and 2 columns (b Total revenue, b Total tax, b Tax based on investment income, b Balance due). Includes handwritten values for 1a and 1b.

Part II Declaration of Officer

- 6. I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal... If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent...

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

Sign Here [Signature] | 5-3-2016 | SR VP FINANCE & TREASURE
Signature of officer Date Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return.

Form section for ERO's Use Only with fields for signature, name, date, EIN, and phone number.

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Form section for Paid Preparer Use Only with fields for name, signature, date, EIN, and phone number.

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2014

Department of the Treasury
Internal Revenue Service

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning **JUL 1, 2014** and ending **JUN 30, 2015**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE JOHNS HOPKINS HOSPITAL		D Employer identification number 52-0591656
	Doing business as		E Telephone number (443) 997-5724
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 2,835,290,600.
	3910 KESWICK RD, S BLDG	4300A	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code BALTIMORE, MD 21211		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: RONALD J WERTHMAN SAME AS C ABOVE		H(c) Group exemption number	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.HOPKINSMEDICINE.ORG/HOPKINSHOSPITAL			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1867	M State of legal domicile: MD

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE JOHNS HOPKINS HOSPITAL PROVIDES QUALITY MEDICAL HEALTH CARE REGARDLESS OF RACE, CREED, SEX,			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13	
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	12190	
	6 Total number of volunteers (estimate if necessary)	6	1608	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	31,950,169.	
b Net unrelated business taxable income from Form 990-T, line 34	7b	-699,192.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	14,497,543.	14,556,804.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,946,815,203.	2,015,579,932.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	26,891,334.	21,443,445.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22,261,578.	53,160,459.	
		2,010,465,658.	2,104,740,640.	
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,738,480.	2,813,506.
		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)	743,329,607.	770,811,714.
		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)	1,180,831,588.	1,272,501,847.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,926,899,675.	2,046,127,067.	
19 Revenue less expenses. Subtract line 18 from line 12		83,565,983.	58,613,573.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)	3,031,685,560.	3,012,473,689.	
	22 Net assets or fund balances. Subtract line 21 from line 20	1,692,185,160.	1,723,006,348.	
	1,339,500,400.	1,289,467,341.		

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 5-3-2016
	Type or print name and title RONALD J WERTHMAN, SR. VP FINANCE & TREASURER	

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

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE JOHNS HOPKINS HOSPITAL PROVIDES QUALITY MEDICAL HEALTH CARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE, OR ABILITY TO PAY. IN KEEPING WITH THE HOSPITAL'S COMMITMENT TO SERVE ALL MEMBERS OF ITS COMMUNITY, FREE CARE AND/OR SUBSIDIZED CARE, CARE

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

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

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

4a (Code:) (Expenses \$ 127,155,178. including grants of \$ 0.) (Revenue \$ 123,390,548.) NEUROSURGERY

THE DEPARTMENT OF NEUROSURGERY AT THE JOHNS HOPKINS HOSPITAL ("JHH") CONTINUES ITS MISSION TO IMPROVE THE LIVES OF PATIENTS BY BUILDING UPON A TRADITION OF DEEP COLLABORATION. THE DEPARTMENT IS COMPRISED OF OVER 20 FULL TIME CLINICAL NEUROSURGEONS THAT PROVIDE CARE TO OUR PATIENTS WITH THE HELP OF SPECIALIZED NURSES AND OTHER HEALTH CARE PROVIDERS IN THE OPERATING ROOMS, OUTPATIENT CLINICAL BUILDING, AND OUR INPATIENT CRITICAL CARE AND ACUTE CARE UNITS. DURING FISCAL YEAR 2012 THE JOHNS HOPKINS HOSPITAL OPENED ITS' NEW CLINICAL FACILITIES - THE SHEIKH ZAYED TOWER AND THE CHARLOTTE R. BLOOMBERG CHILDREN'S CENTER - WHICH OFFER ENHANCED LEVELS OF NEUROLOGICAL AND NEUROSURGICAL CARE. THE OPENING OF

4b (Code:) (Expenses \$ 86,485,073. including grants of \$ 0.) (Revenue \$ 119,380,386.) CARDIAC SURGERY

THE CARDIOLOGISTS, CARDIAC SURGEONS, INTERVENTIONAL RADIOLOGISTS, AND VASCULAR SURGEONS AT THE JOHNS HOPKINS HEART AND VASCULAR INSTITUTE WORK TOGETHER TO PROVIDE HIGH QUALITY, COMPREHENSIVE CARE AND THE MOST ADVANCED TREATMENTS KNOWN TO MEDICINE.

FOR GENERATIONS, PEOPLE WITH SERIOUS HEART PROBLEMS HAVE TURNED TO JOHNS HOPKINS CARDIOLOGISTS AND CARDIAC SURGEONS FOR HELP. RECOGNIZED WORLDWIDE, HOPKINS CARDIOLOGISTS PROVIDE COMPREHENSIVE CARE OF THE HIGHEST QUALITY, ENSURING THAT PATIENTS RECEIVE THE MOST ADVANCED TREATMENTS KNOWN TO MEDICINE. OUR CARDIOLOGY PROGRAM FEATURES EXPERT

4c (Code:) (Expenses \$ 259,575,866. including grants of \$ 0.) (Revenue \$ 292,344,652.) ONCOLOGY

SINCE ITS INCEPTION IN 1973, THE SIDNEY KIMMEL COMPREHENSIVE CANCER CENTER AT THE JOHNS HOPKINS HOSPITAL HAS BEEN DEDICATED TO BETTER UNDERSTANDING HUMAN CANCERS AND FINDING MORE EFFECTIVE TREATMENTS. FOR OVER FORTY YEARS THE KIMMEL CENTER HAS BEEN TURNING RESEARCH INTO RESULTS. FROM THE BEGINNING, KIMMEL CANCER CENTER LEADERS HAD A UNIQUE VISION OF WHAT OUR CANCER CENTER SHOULD BE. ITS HALLMARKS WERE INTERDISCIPLINARY COLLABORATION AND INNOVATION THAT TRANSCENDED THE ARTIFICIAL BOUNDARIES OF INDIVIDUAL DEPARTMENTS, LABORATORIES, AND CLINICS. OUR MISSION WAS TO RAPIDLY TRANSFER DISCOVERIES ABOUT CANCER FROM THE BENCH TO THE BEDSIDE. THAT FOCUS AND MISSION REMAINS

4d Other program services (Describe in Schedule O.) (Expenses \$ 1,283,092,861. including grants of \$ 2,813,506.) (Revenue \$ 1,499,712,419.)

4e Total program service expenses 1,756,308,978.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O response

Main table with columns for question number, description, sub-questions (1a-14b), and Yes/No checkboxes. Includes questions about Form 1096, Form W-2G, Form W-3, and various IRS forms.

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

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 14		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 13		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **MD**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **THE CORPORATION - 443-997-5724**
3910 KESWICK RD, SOUTH BLDG, 4TH FLOOR, STE. 4300A, BALTIMORE, MD 21211

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) FRANCIS X. KNOTT VICE CHAIRMAN	1.00 2.00	X						0.	0.	0.
(2) BARBARA P. DOVER TRUSTEE	1.00 1.00	X						0.	0.	0.
(3) GEORGE L. BUNTING, JR. TRUSTEE	1.00 1.00	X						0.	0.	0.
(4) RONALD J. DANIELS, J.D., LL.M TRUSTEE	1.00 1.00	X						0.	0.	0.
(5) JAMES T. DRESHER, JR. TRUSTEE	1.00 1.00	X						0.	0.	0.
(6) IRA T. FINE, M.D. TRUSTEE	1.00 1.00	X						0.	0.	0.
(7) CHRISTOPHER W. KERSEY, M.D., MB TRUSTEE	1.00 1.00	X						0.	0.	0.
(8) TRACI S. LERNER TRUSTEE	1.00 1.00	X						0.	0.	0.
(9) MILTON H. MILLER, JR. TRUSTEE	1.00 1.00	X						0.	0.	0.
(10) RONALD R. PETERSON PRESIDENT	32.00 28.00	X	X					0.	2,133,111.	481,135.
(11) PAUL B. ROTHMAN, M.D. VICE CHAIRMAN	1.00 4.00	X	X					0.	0.	0.
(12) DAVID C. HODGSON CHAIRMAN	1.00 2.00	X						0.	0.	0.
(13) THEODORE L. DEWEESE, M.D. TRUSTEE	1.00 1.00	X						0.	0.	0.
(14) MARJORIE RODGERS CHESHIRE TRUSTEE	1.00 1.00	X						0.	0.	0.
(15) KENNETH GRANT V.P., GENERAL SERVICES	42.00 18.00		X					0.	508,984.	156,856.
(16) KAREN B. HALLER, PH.D. V.P., NURSING & P.C. SVCS	60.00 60.00			X				479,754.	0.	148,192.
(17) KEITH HILL V.P., CORPORATE SECURITY	29.00 31.00		X					0.	284,680.	36,857.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SALLY W. MACCONNELL V.P., FACILITIES	53.00 7.00			X				0.	749,429.	296,712.
(19) STEPHANIE L. REEL V.P., MGMT SYSTEMS & INFO	1.00 1.00			X				0.	0.	0.
(20) JUDY A. REITZ, SC.D EXECUTIVE V.P. & C.O.O.	52.00 8.00			X				0.	1,380,456.	511,708.
(21) REDONDA G. MILLER, M.D. V.P., MEDICAL AFFAIRS	1.00			X				0.	0.	0.
(22) G. DANIEL SHEALER, JR. VP & GEN COUNSEL, VP CORP	32.00 28.00			X				0.	887,946.	302,902.
(23) RONALD J. WERTHMAN V.P. FINANCE & TREASURER	30.00 30.00			X				0.	1,196,659.	341,507.
(24) SAMUEL H. CLARK, JR. ASSISTANT SECRETARY	6.00 54.00			X				0.	403,238.	50,391.
(25) RENEE DEMSKI V.P. FOR QUALITY	5.00 55.00			X				0.	241,201.	50,891.
(26) BONNIE WINDSOR V.P., HUMAN RESOURCES	60.00			X				0.	303,768.	217,423.
1b Sub-total								479,754.	8,089,472.	2,594,574.
c Total from continuation sheets to Part VII, Section A								5,042,591.	4,783,810.	2,923,645.
d Total (add lines 1b and 1c)								5,522,345.	12,873,282.	5,518,219.

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

882

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
WHITING TURNER CONTRACTING CO 300 EAST JOPPA RD, BALTIMORE, MD 21286	CONSTRUCTION	22,988,085.
BROADWAY TRANSPORT SERVICE INC 3709 EAST MONUMENT ST, BALTIMORE, MD 21205	TRANSPORT SERVICE	11,533,561.
AMN HEALTHCARE INC PO BOX 281939, ATLANTA, GA 30384	STAFFING	10,750,456.
QUEST DIAGNOSTICS 3 GIRALDA FARMS, MADISON, NJ 07940	LAB SERVICES	7,424,642.
CJS SOLUTIONS GROUP, LLC PO BOX 628370, ORLANDO, FL 32862-8370	CONSULTING	6,078,963.

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

138

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) PETER B. MANCINO ASSISTANT SECRETARY	5.00 55.00			X				0.	279,799.	51,821.
(28) AMY DEUTSCHENDORF V.P. CARE COORD & CLINICAL RESOURCE	60.00			X				0.	258,115.	55,506.
(29) KATHY SMITH V.P. MKTG & COMMUNICATIONS	55.00 5.00			X				0.	208,140.	45,561.
(30) THOMAS TRZCINSKI ASSISTANT TREASURER	36.00 24.00			X				0.	234,964.	95,633.
(31) EDWARD B. CHAMBERS ADMINISTRATOR PEDIATRICS	60.00				X			285,505.	0.	195,749.
(32) ALLEN VALENTINE ADMINISTRATOR PATHOLOGY	60.00				X			218,160.	0.	76,098.
(33) JOHN HUNDT ADMINISTRATOR SURGERY	60.00				X			253,740.	0.	34,545.
(34) STEVEN MANDELL SR DIRECTOR INFO SVCS	60.00				X			282,214.	0.	162,442.
(35) JAMES SCHEULEN JHM DIRECTOR	60.00				X			256,883.	0.	98,111.
(36) JANE HILL DIR, PATIENT REL & PAT FAM	60.00				X			212,962.	0.	59,654.
(37) TERRY LANGBAUM ADMIN. COMPREHENSIVE CANCER	60.00				X			266,309.	0.	74,947.
(38) DIANN SNYDER DIRECTOR OF NURSING	60.00				X			204,927.	0.	60,619.
(39) DANIEL ASHBY SR DIRECTOR PHARMACY	60.00				X			202,677.	15,702.	61,957.
(40) RICHARD THOMAS ADMINISTRATOR	60.00				X			215,777.	0.	39,485.
(41) KAREN DAVIS DIRECTOR OF NURSING	60.00				X			213,255.	6,401.	48,651.
(42) MARTIN BLEDSOE ADMINISTRATOR	60.00				X			242,438.	0.	78,647.
(43) DEBORAH BAKER DIRECTOR OF NURSING	60.00				X			211,852.	0.	49,564.
(44) SHARON KRUMM DIRECTOR OF NURSING	60.00				X			187,111.	0.	225,860.
(45) CHARLES BARBARA ADMINISTRATOR	60.00				X			211,913.	0.	36,152.
(46) JAHANSHA BEHZAD ADMINISTRATOR	60.00				X			190,251.	0.	46,501.
Total to Part VII, Section A, line 1c										

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

Table with columns: (A) Name and title, (B) Average hours per week, (C) Position (checkboxes), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for Elizabeth Ambinder, Walker Wylie, Alan Coltri, etc.

Total to Part VII, Section A, line 1c 5,042,591. 4,783,810 923,645.

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	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	716,943.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	13,839,861.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		14,556,804.			
Program Service Revenue	Business Code					
	2 a NET PATIENT SRV	446110	1,480,464,346.	1,480,464,346.		
	b ONCOLOGY REVENUE	446110	292,344,652.	292,344,652.		
	c NEUROSURGERY REVENUE	446110	123,390,548.	123,390,548.		
	d CARDIAC REVENUE	446110	119,380,386.	119,380,386.		
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f		2,015,579,932.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		15,802,917.		15,802,917.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	453,000.			
		(ii) Personal				
		b Less: rental expenses	0.			
	c Rental income or (loss)	453,000.				
	d Net rental income or (loss)		453,000.		453,000.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	734,870,000.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	729,068,331.	161,141.		
		c Gain or (loss)	5,801,669.	-161,141.		
	d Net gain or (loss)		5,640,528.		5,640,528.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	259,850.			
		b Less: direct expenses	0.			
c Net income or (loss) from fundraising events			259,850.		259,850.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a	2,569,855.				
	b Less: cost of goods sold	1,320,488.				
	c Net income or (loss) from sales of inventory		1,249,367.		1,249,367.	
Miscellaneous Revenue		Business Code				
11 a PHARMACY REV	446110	31,950,169.		31,950,169.		
b MISCELLANEOUS REV.	900099	15,977,266.	15,977,266.			
c CAFETERIA INCOME	900099	2,559,902.	2,559,902.			
d All other revenue	900099	710,905.	710,905.			
e Total. Add lines 11a-11d		51,198,242.				
12 Total revenue. See instructions.		2,104,740,640.	2,034,828,005.	31,950,169.	23,405,662.	

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	2,813,506.	2,813,506.		
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	4,289,689.		4,289,689.	
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	570,774,126.	507,493,817.	63,280,309.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	53,186,001.	46,936,646.	6,249,355.	
9 Other employee benefits	94,977,380.	82,466,284.	12,511,096.	
10 Payroll taxes	47,584,518.	41,993,337.	5,591,181.	
11 Fees for services (non-employees):				
a Management				
b Legal	2,514,113.	2,218,705.	295,408.	
c Accounting	3,187,449.	2,812,924.	374,525.	
d Lobbying	88,778.		88,778.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	972,449.	858,186.	114,263.	
13 Office expenses	521,742,430.	505,503,807.	16,238,623.	
14 Information technology				
15 Royalties				
16 Occupancy	3,308,071.	2,919,373.	388,698.	
17 Travel	3,976,390.	3,509,424.	466,966.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,916,264.	1,691,103.	225,161.	
20 Interest	20,099,012.	17,737,378.	2,361,634.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	127,935,065.	122,272,647.	5,662,418.	
23 Insurance	25,670,265.	22,654,009.	3,016,256.	
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 JHU	247,539,074.	219,850,712.	27,688,362.	0.
b PURCHASED SERVICES	188,327,311.	57,780,700.	130,546,611.	0.
c ORGAN PROCUREMENT	27,593,445.	27,593,445.	0.	0.
d PROFESSIONAL MEDICAL FE	20,424,437.	20,424,437.	0.	0.
e All other expenses	77,207,294.	66,778,538.	10,428,756.	
25 Total functional expenses. Add lines 1 through 24e	2,046,127,067.	1,756,308,978.	289,818,089.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	64,095,265.	1	95,641,693.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	3,857,697.	3	2,562,155.
	4	Accounts receivable, net	287,163,004.	4	316,158,648.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net	193,455,349.	7	203,360,785.
	8	Inventories for sale or use	49,848,802.	8	57,654,682.
	9	Prepaid expenses and deferred charges	10,673,163.	9	16,411,954.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,211,459,409.		
	10b	Less: accumulated depreciation	10b 831,469,558.		
	10c		1,433,722,969.	10c	1,379,989,851.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	746,350,766.	12	619,462,065.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	242,518,545.	15	321,231,856.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,031,685,560.	16	3,012,473,689.	
Liabilities	17	Accounts payable and accrued expenses	198,968,929.	17	209,908,678.
	18	Grants payable	2,195,201.	18	2,306,750.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	832,352,877.	20	766,587,853.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	658,668,153.	25	744,203,067.
	26	Total liabilities. Add lines 17 through 25	1,692,185,160.	26	1,723,006,348.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	1,328,868,467.	27	1,278,983,478.
	28	Temporarily restricted net assets	10,631,933.	28	10,483,863.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	1,339,500,400.	33	1,289,467,341.
	34	Total liabilities and net assets/fund balances	3,031,685,560.	34	3,012,473,689.

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	2,104,740,640.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,046,127,067.
3	Revenue less expenses. Subtract line 2 from line 1	3	58,613,573.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,339,500,400.
5	Net unrealized gains (losses) on investments	5	-16,266,868.
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	-92,379,764.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,289,467,341.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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.	X	
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?	X	
3b	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	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2014

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

The organization is not a private foundation because it is: (For lines 1 through 11, 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.)
- 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - 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 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 2014 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2014. 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 - 2013. 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 - 2014. 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 - 2013. 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 9 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. 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 - 2013. 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 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

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? 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.		
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? 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.		

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)? 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).		

Section D. 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

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 The organization satisfied the Activities Test. Complete line 2 below.

b The organization is the parent of each of its supported organizations. Complete line 3 below.

c 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.

		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.		
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? 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.		
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? Provide details in Part VI.		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			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 2014 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-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

Lined area for supplemental information.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Name of the organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number

52-0591656

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>328,272.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>273,719.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>114,952.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>10,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>5,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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
<u>7</u>	 <hr/> <hr/> <hr/>	\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>8</u>	 <hr/> <hr/> <hr/>	\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>9</u>	 <hr/> <hr/> <hr/>	\$ <u>350,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>10</u>	 <hr/> <hr/> <hr/>	\$ <u>5,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>11</u>	 <hr/> <hr/> <hr/>	\$ <u>19,157.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>12</u>	 <hr/> <hr/> <hr/>	\$ <u>16,461.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u>		\$ <u>3,072,236.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>14</u>		\$ <u>5,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>15</u>		\$ <u>138,132.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>16</u>		\$ <u>10,363.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>17</u>		\$ <u>19,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>18</u>		\$ <u>7,601.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u>		\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>20</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>21</u>		\$ <u>7,050.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>22</u>		\$ <u>14,365.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>23</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>24</u>		\$ <u>31,896.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE JOHNS HOPKINS HOSPITAL

52-0591656

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 8,825.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ 1,069,669.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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
<u>31</u>	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>32</u>	 <hr/> <hr/> <hr/>	\$ <u>90,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>33</u>	 <hr/> <hr/> <hr/>	\$ <u>17,010.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>34</u>	 <hr/> <hr/> <hr/>	\$ <u>33,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>35</u>	 <hr/> <hr/> <hr/>	\$ <u>11,158.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>36</u>	 <hr/> <hr/> <hr/>	\$ <u>7,800.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ 235,733.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39		\$ 223,237.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42		\$ 6,809.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44		\$ 360,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46		\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47		\$ 10,199.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48		\$ 135,240.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52		\$ <u>21,566.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53		\$ <u>10,932.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	<hr/> <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	<hr/> <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	<hr/> <hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	<hr/> <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	<hr/> <hr/> <hr/> <hr/>	\$ 8,608.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	<hr/> <hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62		\$ 7,486.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63		\$ 11,210.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64		\$ 6,220.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66		\$ 5,595.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE JOHNS HOPKINS HOSPITAL

52-0591656

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$ <u>12,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74		\$ <u>27,775.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75		\$ <u>16,850.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76		\$ <u>11,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77		\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78		\$ <u>22,195.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80		\$ <u>8,670.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81		\$ <u>5,073.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82		\$ <u>35,976.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83		\$ <u>11,402.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84		\$ <u>153,481.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$ <u>29,122.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86		\$ <u>2,034,122.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87		\$ <u>20,005.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88		\$ <u>109,617.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89		\$ <u>9,147.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90		\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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
91	<hr/> <hr/> <hr/> <hr/>	\$ 7,889.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	<hr/> <hr/> <hr/> <hr/>	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE JOHNS HOPKINS HOSPITAL

52-0591656

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization

Employer identification number

THE JOHNS HOPKINS HOSPITAL

52-0591656

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
 ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		88,778.
j Total. Add lines 1c through 1i			88,778.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE JOHNS HOPKINS HOSPITAL PAID ITS PARENT CORPORATION, THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION \$88,778 DURING THE FISCAL YEAR ENDED JUNE 30, 2015 TO SUPPORT THEIR LOBBYING ACTIVITIES. THE JOHNS HOPKINS HEALTH SYSTEM MAINTAINS A DEPARTMENT OF GOVERNMENTAL RELATIONS. THE PRIMARY PURPOSE OF THIS DEPARTMENT IS TO MAINTAIN CONTACT WITH ELECTED

Part IV Supplemental Information *(continued)*

AND APPOINTED STATE OFFICIALS, AND OCCASIONAL FEDERAL OFFICIALS,
REGARDING ISSUES WHICH IMPACT THE JOHNS HOPKINS HEALTH SYSTEM OR ITS
AFFILIATES AS WELL AS THE HEALTHCARE INDUSTRY IN GENERAL.

Multiple horizontal lines for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2014

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number

52-0591656

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Form for Part II Conservation Easements, including questions 1-9 and a table for lines 2a-2d.

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-1b and 2a-2b.

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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

Part V Endowment Funds. Complete if the organization answered "Yes" to 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 in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---------------------------------------------------------------------------------------|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		9,442,317.		9,442,317.
b Buildings		1,010,373,508.	310,039,277.	700,334,231.
c Leasehold improvements		2,152,829.	1,740,521.	412,308.
d Equipment		1,069,245,436.	459,635,717.	609,609,719.
e Other		120,245,319.	60,054,043.	60,191,276.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,379,989,851.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) U.S. TREASURY NOTES &		
(B) BONDS	28,035,402.	END-OF-YEAR MARKET VALUE
(C) CORPORATE BONDS	18,787,296.	END-OF-YEAR MARKET VALUE
(D) ASSET BACKED SECURITIES	15,641,611.	END-OF-YEAR MARKET VALUE
(E) EQUITIES AND EQUITY FUNDS	186,849,792.	END-OF-YEAR MARKET VALUE
(F) ALTERNATIVE INVESTMENTS	184,554,888.	END-OF-YEAR MARKET VALUE
(G) EQUITY INVESTMENTS	72,353,142.	END-OF-YEAR MARKET VALUE
(H) FIXED INCOME FUNDS	110,510,055.	END-OF-YEAR MARKET VALUE
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	619,462,065.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM OTHERS	6,915,910.
(2) DUE FROM AFFILIATES	17,241,546.
(3) CASH CAPITAL PROJECTS	1,081,982.
(4) SPECIAL INV. FUND	66,219,452.
(5) FINANCING EXPENSES - BONDS	40,930,698.
(6) DEPT LT - MARRIOTT NUTR SERV	350,000.
(7) OTHER ASSETS	188,095,268.
(8) GOODWILL	397,000.
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	321,231,856.

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) ADVANCES FROM THIRD PARTY	89,964,127.
(3) DUE TO AFFILIATES	11,821,365.
(4) OTHER LIABILITIES	274,640,548.
(5) WORKERS COMP TAIL LIABILITY	10,941,551.
(6) POST RETIREMENT BENEFITS	1,546,343.
(7) EST. MALPRACTICE COSTS	88,344,132.
(8) PENSION LIABILITY	266,945,001.
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	744,203,067.

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" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	2,089,795,000.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a -16,266,868.		
	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	-16,266,868.
3	Subtract line 2e from line 1		3	2,106,061,868.
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 -1,321,228.		
	c Add lines 4a and 4b		4c	-1,321,228.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,104,740,640.

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

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

1	Total expenses and losses per audited financial statements		1	2,028,260,000.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	2,028,260,000.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b 17,867,067.		
	c Add lines 4a and 4b		4c	17,867,067.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	2,046,127,067.

Part XIII Supplemental Information.

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

PART X, LINE 2:

FASB'S GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES CLARIFIES THE ACCOUNTING FOR UNCERTAINTY OF INCOME TAX POSITIONS. THIS GUIDANCE DEFINES THE THRESHOLD FOR RECOGNIZING TAX RETURN POSITIONS IN THE FINANCIAL STATEMENTS AS MORE LIKELY THAN NOT THAT THE POSITION IS SUSTAINABLE, BASED ON ITS TECHNICAL MERITS. THIS GUIDANCE ALSO PROVIDES GUIDANCE ON THE MEASUREMENT, CLASSIFICATION AND DISCLOSURE OF TAX RETURN POSITIONS IN THE FINANCIAL STATEMENTS. THERE WAS NO IMPACT ON JOHNS HOPKINS HEALTH SYSTEMS FINANCIAL STATEMENTS DURING THE YEARS ENDED JUNE 30, 2015 AND 2014.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

RECLASS OF COGS -1,320,488.

AUDIT/BOOK ADJUSTMENT -740.

TOTAL TO SCHEDULE D, PART XI, LINE 4B -1,321,228.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RECLASS OF COGS -1,320,488.

AUDIT/BOOK ADJUSTMENT 429.

INTEREST ON SWAP 19,187,126.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 17,867,067.

Multiple horizontal lines for additional entries.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

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

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
 - a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		BEST DRESS SALE	GOLF CLASSIC	1	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	163,000.	90,000.	6,850.	259,850.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	163,000.	90,000.	6,850.	259,850.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶				
						259,850.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

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

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

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

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

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

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2014

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

**Open to Public
Inspection**

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

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
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 _____ %	<input checked="" type="checkbox"/>	
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>500</u> %	<input checked="" type="checkbox"/>	
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"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		<input checked="" type="checkbox"/>
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?		
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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)			35,249,003.	0.	35,249,003.	1.72%
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			35,249,003.		35,249,003.	1.72%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			29,148,060.	2,167,844.	26,980,216.	1.32%
f Health professions education (from Worksheet 5)			121,183,771.		121,183,771.	5.92%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			945,167.	0.	945,167.	.05%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			2,806,386.	104,283.	2,702,103.	.13%
j Total Other Benefits			154,083,384.	2,272,127.	151,811,257.	7.42%
k Total Add lines 7d and 7j			189,332,387.	2,272,127.	187,060,260.	9.14%

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			14,375.	0.	14,375.	.00%
2 Economic development			156,698.	0.	156,698.	.01%
3 Community support			1,783,261.	1,950.	1,781,311.	.09%
4 Environmental improvements			430,801.	21,370.	409,431.	.02%
5 Leadership development and training for community members						
6 Coalition building			249,879.	0.	249,879.	.01%
7 Community health improvement advocacy			623,401.	0.	623,401.	.03%
8 Workforce development			252,831.	36,312.	216,519.	.01%
9 Other			247,054.	23,090.	223,964.	.01%
10 Total			3,758,300.	82,722.	3,675,578.	.18%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		X
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount		
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		
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	513,123,173.		
6 Enter Medicare allowable costs of care relating to payments on line 5	6	478,573,863.		
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	34,549,310.		
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other				

Section C. Collection Practices

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

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

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

Part V Facility Information

Section A. Hospital Facilities

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

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

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

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

Table with columns: Licensed hospital, Gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Row 1: X in Licensed hospital column.

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

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

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

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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

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

Billing and Collections

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 non-payment?	17	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Actions that require a legal or judicial process			
d <input type="checkbox"/> Other similar actions (describe in Section C)			
e <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			

Part V Facility Information (continued)

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

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?

	Yes	No
19		X

If "Yes", check all actions in which the hospital facility or a third party engaged:

- a Reporting to credit agency(ies)
- b Selling an individual's debt to another party
- c Actions that require a legal or judicial process
- d Other similar actions (describe in Section C)

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):

- a Notified individuals of the financial assistance policy on admission
- b Notified individuals of the financial assistance policy prior to discharge
- c Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- d Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e Other (describe in Section C)
- f 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?

21	X	
----	---	--

If "No," indicate why:

- a The hospital facility did not provide care for any emergency medical conditions
- b The hospital facility's policy was not in writing
- c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- d Other (describe in Section C)

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

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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d Other (describe in Section C)

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?

23		X
24		X

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

THE JOHNS HOPKINS HOSPITAL:

PART V, SECTION B, LINE 5: TO GATHER INPUT FROM PERSONS WHO REPRESENT

THE BROAD INTERESTS OF THE COMMUNITY SERVED BY JHH THE FOLLOWING WAS DONE:

A) SELF-ADMINISTERED SURVEYS WERE OFFERED TO PATIENTS WHO VISITED THE EAST BALTIMORE MEDICAL CENTER (EBMC) ADULT AND PEDIATRIC CLINICS. SIXTY-SEVEN RESIDENTS OF THE 'COMMUNITY BENEFITS SERVICE AREA' (CBSA) COMPLETED THE SURVEY.

B) TELEPHONE SURVEY OF 150 RANDOMLY SELECTED EAST BALTIMORE RESIDENTS WAS CONDUCTED. THE PARTICIPANTS REPRESENTED THE SEVEN ZIP CODES WHICH DEFINES JHH'S CBSA.

C) IN PERSON AND PHONE INTERVIEWS WITH FORTY-EIGHT COMMUNITY LEADERS, HEALTH EXPERTS AND ELECTED OFFICIALS. THE INDIVIDUALS INTERVIEWED WERE SELECTED BECAUSE THEY HAD SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH AND/OR REPRESENTED THE BROAD INTERESTS OF THE COMMUNITY SERVED BY JHH, INCLUDING THE INTERESTS OF MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS WITH CHRONIC DISEASE NEEDS.

D) EIGHT FOCUS GROUPS WERE HELD OVER A 10-DAY PERIOD FROM JUNE 5 TO 15, 2012. SEVEN OF THE GROUPS WERE FACILITATED IN ENGLISH BY A CONSULTANT FROM CARNAHAN GROUP, AND ONE FOCUS GROUP WAS FACILITATED IN SPANISH BY A JOHNS HOPKINS GRADUATE STUDENT CONTRACTED BY CARNAHAN GROUP. THERE WERE 42 PARTICIPANTS IN THE EIGHT FOCUS GROUPS.

THE JOHNS HOPKINS HOSPITAL:

PART V, SECTION B, LINE 11: THE JHH IMPLEMENTATION STRATEGY FOR THE CHNA SPELLS OUT IN CONSIDERABLE DETAIL WAYS THAT JHH INTENDS TO ADDRESS THE

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

MULTIPLE HEALTH NEEDS OF OUR COMMUNITY IN OUR TEN PRIORITY AREAS. AS THE HOSPITAL BEGINS TO USE THIS VALUABLE TOOL, THE IMPLEMENTATION STRATEGY ITSELF SHOULD BE CONSIDERED A DYNAMIC DOCUMENT AND MAY CHANGE AS JHH GAINS EXPERIENCE IN IMPLEMENTING PROGRAMS AND MEASURING OUTCOMES.

THE JOHNS HOPKINS HOSPITAL

PART V, LINE 16B, FAP APPLICATION WEBSITE:

WWW.HOPKINSMEDICINE.ORG/PATIENT CARE/PAY BILL/PAYMENT ASSISTANCE.HTML

THE JOHNS HOPKINS HOSPITAL

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

WWW.HOPKINSMEDICINE.ORG/PATIENT CARE/PAY BILL/PAYMENT ASSISTANCE.HTML

THE JOHNS HOPKINS HOSPITAL:

PART V, SECTION B, LINE 22D: MARYLAND IS THE ONLY STATE IN WHICH ALL PAYORS (GOVERNMENTALLY-INSURED, COMMERCIALY INSURED, OR SELF-PAY) ARE CHARGED THE SAME PRICE FOR SERVICES AT ANY GIVEN HOSPITAL.

UNDER THIS SYSTEM, MARYLAND HOSPITALS ARE REGULATED BY A STATE AGENCY: THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC).

Part VI Supplemental Information

Provide the following information.

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

PART I, LINE 7:

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

PART I, LINE 7G:

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

PART II, COMMUNITY BUILDING ACTIVITIES:

IN FY 2015, THE JOHNS HOPKINS HOSPITAL COMMUNITY BENEFIT PROGRAM INCLUDED NUMEROUS INITIATIVES THAT SUPPORT THE HOSPITALS EFFORTS TO MEET THE NEEDS OF THE COMMUNITY. THESE INITIATIVES ARE DECENTRALIZED AND USE A VARIETY OF METHODS TO IDENTIFY COMMUNITY NEEDS. OVER 300 PROGRAMS AND INITIATIVES WERE CARRIED OUT OR SUPPORTED BY ADMINISTRATIVE, CLINICAL, AND OPERATIONAL DEPARTMENTS AT THE JOHNS HOPKINS HOSPITAL.

Part VI Supplemental Information (Continuation)

PART III, LINE 2:

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

PART III, LINE 3:

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

PART III, LINE 4:

THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION AND AFFILIATES AUDITED FINANCIAL STATEMENTS PAGES 13 AND 14.

PART III, LINE 8:

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

PART III, LINE 9B:

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

PART VI, LINE 2:

THE DEVELOPMENT OF THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND THE

Part VI Supplemental Information (Continuation)

IMPLEMENTATION STRATEGY WAS LED BY THE JOHNS HOPKINS HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT TASK FORCE AND INVOLVED THE CONTRIBUTIONS OF OVER 350 INDIVIDUALS THROUGH DIRECT INTERVIEWS, SURVEYS AND FOCUS GROUPS. KEY STAKEHOLDER GROUPS INCLUDED BUT WERE NOT LIMITED TO, COMMUNITY RESIDENTS, MEMBERS OF FAITH BASED ORGANIZATIONS, HEALTH CARE PROVIDERS, NEIGHBORHOOD ASSOCIATION LEADERS, ELECTED OFFICIALS, HEALTH PROFESSIONALS, JOHNS HOPKINS MEDICINE LEADERSHIP AND OTHER EXPERTS BOTH INTERNAL AND EXTERNAL TO JOHNS HOPKINS.

JOHNS HOPKINS HOSPITAL (JHH) ALSO GATHERED SECONDARY DATA, HOSPITAL INPATIENT AND OUTPATIENT DATA, AND SURVEY DATA. THE BALTIMORE CITY 2011 NEIGHBORHOOD HEALTH PROFILES WERE THE MAIN SOURCE OF DEMOGRAPHIC AND HEALTH INDICATOR DATA.

FOR THE PURPOSE OF IDENTIFYING HEALTH NEEDS FOR JHH, A HEALTH PRIORITY IS DEFINED AS A MEDICAL CONDITION OR FACTOR THAT IS CENTRAL TO THE STATE OF HEALTH OF THE RESIDENTS IN THE CBSA. WITH THIS IN MIND, A MODIFIED MATRIX BASED ON FOWLER AND DANNENBERG'S REVISED DECISION MATRIX WAS DEVELOPED TO GLEAN PRIORITIES FROM THE PRIMARY AND SECONDARY DATA COLLECTED. THIS MATRIX IS A TOOL USED IN HEALTH PROGRAM PLANNING INTERVENTION STRATEGIES, AND USES A RANKING SYSTEM OF "HIGH," "MEDIUM" AND "LOW" TO DISTINGUISH THE STRONGEST OPTIONS BASED ON EFFECTIVENESS, EFFICIENCY AND SUSTAINABILITY, AMONG OTHERS. AS SOME OF THESE CATEGORIES DID NOT DIRECTLY APPLY TO THIS PORTION OF THE CHNA, WE TAILORED THE MATRIX TO SERVE OUR NEEDS, LISTING HEALTH PRIORITIES AND RANKING THEM WITHIN THE CONTEXT OF DATA COLLECTED. A LIST OF HEALTH CONCERNS WAS COMPILED BASED ON THE HEALTH PROFILE, SURVEYS, INTERVIEWS, FOCUS GROUPS AND DISCHARGE DATA; OTHER SOURCES WERE TAKEN INTO ACCOUNT WHEN APPLICABLE, FOR EXAMPLE, THE MARYLAND STATE HEALTH IMPROVEMENT PROCESS (SHIP) MEASURES, BALTIMORE CITY'S HEALTHY BALTIMORE 2015, AND A POWERPOINT PRESENTATION GIVEN BY THE CHAIR OF THE DEPARTMENT

Part VI Supplemental Information (Continuation)

OF MEDICINE, DR. MYRON WEISFELDT.

FOR EACH DATA SOURCE, EVERY HEALTH CONCERN WAS ASSIGNED A RANK OF "HIGH," "MEDIUM" OR "LOW" TAKING INTO CONSIDERATION THE FREQUENCY OF MENTION, PERCEIVED IMPORTANCE WITHIN THE COMMUNITY AND SUBSTANTIAL DIFFERENCES IN SECONDARY DATA BETWEEN THE CBSA, BALTIMORE CITY AND MARYLAND.

PART VI, LINE 3:

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

JHH (FINANCIAL COUNSELORS/PATIENT FINANCIAL SERVICES REPRESENTATIVES, SOCIAL SERVICES DEPARTMENT PERSONNEL AND/OR MEDICAL ASSISTANCE/MEDICAID ELIGIBILITY TECHNICIAN) WILL PROVIDE PATIENTS WITH ASSISTANCE IN DETERMINING ELIGIBILITY FOR AND MAKING APPLICATION TO A VARIETY OF SPECIAL ENTITLEMENT PROGRAMS THAT PROVIDE FINANCIAL ASSISTANCE BOTH TOWARD PAYMENT OF MEDICAL BILLS AND GENERAL EXPENSES. THE FINANCE DEPARTMENT, IN CONJUNCTION WITH THE SOCIAL SERVICES DEPARTMENT, WILL INTERVIEW PATIENTS TO DETERMINE POTENTIAL ELIGIBILITY FOR MARYLAND MEDICAL ASSISTANCE AS WELL AS OTHER SPECIAL PROGRAMS.

PART VI, LINE 4:

JHH GEOGRAPHIC SERVICE AREA IS URBAN.

THE HOSPITAL CONSIDERS ITS COMMUNITY BENEFIT SERVICE AREA (CBSA) AS THE GEOGRAPHIC AREA CONTAINED WITHIN THE FOLLOWING NINE ZIP CODES: 21202,

Part VI Supplemental Information (Continuation)

21205, 21206, 21213, 21218, 21219, 21222, 21224 AND 21231. THIS AREA REFLECTS THE POPULATION WITH THE LARGEST USAGE OF THE EMERGENCY DEPARTMENTS AND THE MAJORITY OF RECIPIENTS OF COMMUNITY CONTRIBUTIONS AND PROGRAMMING. WITHIN THE CBSA, JHH HAS FOCUSED ON CERTAIN TARGET POPULATIONS SUCH AS THE ELDERLY, AT-RISK CHILDREN AND ADOLESCENTS, UNINSURED INDIVIDUALS AND HOUSEHOLDS, AND UNDERINSURED AND LOW-INCOME INDIVIDUALS AND HOUSEHOLDS.

THE GENERAL DATA FOR THIS COMMUNITY BENEFIT SERVICE AREA ARE AS FOLLOWS: TOTAL POPULATION WAS 304,276 OF WHICH 48.8% WERE MALES AND 51.2% WERE FEMALES, AVERAGE HOUSEHOLD INCOME WAS \$60,305, 11.2% OF RESIDENTS ARE UNINSURED, 37.2% OF RESIDENTS ARE COVERED BY MEDICAID/MEDICARE, 23.8% OF PEOPLE HAD INCOME BELOW THE FEDERAL POVERTY GUIDELINES.

NUMBER OF OTHER HOSPITALS SERVING THE COMMUNITY OR COMMUNITIES: 26
FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREAS OR POPULATIONS ARE PRESENT IN THE COMMUNITY .

PART VI, LINE 5:

FOR THE LAST 30 YEARS, MARYLAND HOSPITALS HAVE MET THEIR COMMUNITY BENEFIT OBLIGATIONS IN A UNIQUE MANNER THAT BUILDS THE COSTS OF UNCOMPENSATED CARE - CHARITY CARE AND PATIENT BAD

DEBT AND GRADUATE MEDICAL EDUCATION INTO THE RATES THAT HOSPITALS ARE REIMBURSED BY ALL PAYORS. THE SYSTEM IS BASED IN FEDERAL AND STATE LAW AND BENEFITS ALL MARYLAND RESIDENTS, INCLUDING THOSE IN NEED OF FINANCIAL ASSISTANCE TO PAY THEIR HOSPITAL BILLS.

MARYLAND IS THE ONLY STATE IN WHICH ALL PAYORS GOVERNMENTALLY INSURED, COMMERCIALY INSURED, OR SELF PAY ARE CHARGED THE SAME PRICE FOR SERVICES AT ANY GIVEN HOSPITAL.

Part VI Supplemental Information (Continuation)

UNDER THIS SYSTEM, MARYLAND HOSPITALS ARE REGULATED BY A STATE AGENCY -
THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) THAT IS REQUIRED TO:

1. PUBLICLY DISCLOSE INFORMATION ON THE COST AND FINANCIAL POSITION OF HOSPITALS;
2. REVIEW AND APPROVE HOSPITAL RATES;
3. COLLECT INFORMATION DETAILING TRANSACTIONS BETWEEN HOSPITALS AND FIRMS WITH WHICH THEIR TRUSTEES HAVE A FINANCIAL INTEREST; AND,
4. 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 [HTTP://WWW.HSCRC.STATE.MD.US/COMMUNITY BENEFITS/DOCUMENTS/ CBR_FY2007_FINAL_REPORT.PDF](http://www.hscrc.state.md.us/community_benefits/documents/ CBR_FY2007_FINAL_REPORT.PDF).

BECAUSE OF THIS UNIQUE STRUCTURE MARYLAND HOSPITALS COMMUNITY BENEFITS NUMBERS WILL NOT COMPARE WITH THE REST OF THE NATIONS 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.

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.

Part VI Supplemental Information (Continuation)

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.

PART VI, LINE 6:

THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION (JHHS) IS INCORPORATED IN THE STATE OF MARYLAND TO, AMONG OTHER THINGS, FORMULATE POLICY AMONG AND PROVIDE CENTRALIZED MANAGEMENT FOR JHHS AND AFFILIATES. JHHS IS ORGANIZED AND OPERATED FOR THE PURPOSE OF PROMOTING HEALTH BY FUNCTIONING AS A PARENT HOLDING COMPANY OF AFFILIATES WHOSE COMBINED MISSION IS TO PROVIDE PATIENT CARE IN THE TREATMENT AND PREVENTION OF HUMAN ILLNESS WHICH COMPARES FAVORABLY WITH THAT RENDERED BY ANY OTHER INSTITUTION IN THIS

Part VI Supplemental Information (Continuation)

COUNTRY OR ABROAD.

JHHS IS THE SOLE MEMBER OF THE JOHNS HOPKINS HOSPITAL (JHH), AN ACADEMIC MEDICAL CENTER, JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC. (JHBMC), A COMMUNITY BASED TEACHING HOSPITAL AND LONG-TERM CARE FACILITY, HOWARD COUNTY GENERAL HOSPITAL, INC. (HCGH), A COMMUNITY BASED HOSPITAL, SUBURBAN HOSPITAL, INC. (SHI), A COMMUNITY BASED HOSPITAL, SIBLEY MEMORIAL HOSPITAL (SMH), A D.C. COMMUNITY BASED HOSPITAL, AND ALL CHILDRENS HOSPITAL, INC (ACH), A FL ACADEMIC CHILDRENS HOSPITAL.

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

MD

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number
52-0591656

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOHNS HOPKINS COMMUNITY PHYSICIANS, INC - 3910 KESWICK RD, S BLDG, STE 4300A - BALTIMORE, MD 21211	52-1467441	501(C)(3)	2,687,750.	0.			SERVICES TO UNINSURED PATIENTS
RONALD MCDONALD HOUSE CHARITIES OF BALTIMORE INC - 635 WEST LEXINGTON ST - BALTIMORE, MD 21201	52-1184957	501(C)(3)	20,000.	0.			TO SUPPORT HEALTH CARE PUBLIC CHARITY
AVON PRODUCTS FOUNDATION INC 777 THIRD AVE NEW YORK, NY 10017	13-6128447	501(C)(3)	8,000.	0.			TO SUPPORT HEALTH CARE PUBLIC CHARITY
NOTRE DAME OF MARYLAND UNIVERSITY 4701 N. CHARLES ST, KSC 002A BALTIMORE, MD 21210	52-0591641	501(C)(3)	15,000.	0.			TO SUPPORT HEALTH CARE PUBLIC CHARITY
THE LIVING LEGACY FOUNDATION 1730 TWIN SPRIGGS RD, STE 200 BALTIMORE, MD 21227	52-1736533	501(C)(3)	15,000.	0.			TO SUPPORT HEALTH CARE PUBLIC CHARITY
MT. WASHINGTON PEDIATRIC HOSPITAL, INC - 1708 W ROGERS AVE - BALTIMORE, MD 21209	52-0591483	501(C)(3)	5,000.	0.			TO SUPPORT HEALTH CARE PUBLIC CHARITY

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **7.**
- 3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2014)

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

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

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

PART I, LINE 2:
 THE BOARD OF TRUSTEES HAS DELEGATED THE FACILITATION AND ACCOUNTING FOR ALL GRANT PROGRAMS ADMINISTERED BY JOHNS HOPKINS HOSPITAL TO THE OFFICERS, DIRECTORS, AND KEY EMPLOYEES OF THE ORGANIZATION.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2014

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number

52-0591656

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>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</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	X								
<p>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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>										
<p>a Receive a severance payment or change-of-control payment?</p>	4a	X								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	X								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	X								
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>										
<p>a The organization?</p>	5a	X								
<p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5b	X								
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>										
<p>a The organization?</p>	6a	X								
<p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6b	X								
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	X								
<p>8 Were any amounts reported in 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</p>	8	X								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

Schedule J (Form 990) 2014

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 in 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 in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RONALD R. PETERSON PRESIDENT	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 1,309,445.	566,178.	257,488.	456,542.	24,593.	2,614,246.	0.	
(2) KENNETH GRANT V.P., GENERAL SERVICES	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 316,744.	88,731.	103,509.	129,834.	27,022.	665,840.	57,312.	
(3) KAREN B. HALLER, PH.D. V.P., NURSING & P.C. SVCS	(i) 324,185.	71,561.	84,008.	124,951.	23,241.	627,946.	61,358.
(ii) 0.	0.	0.	0.	0.	0.	0.	
(4) KEITH HILL V.P., CORPORATE SECURITY	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 209,844.	64,848.	9,988.	34,537.	2,320.	321,537.	0.	
(5) SALLY W. MACCONNELL V.P., FACILITIES	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 383,599.	120,241.	245,589.	281,052.	15,660.	1,046,141.	193,262.	
(6) JUDY A. REITZ, SC.D EXECUTIVE V.P. & C.O.O	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 606,723.	201,896.	571,837.	486,485.	25,223.	1,892,164.	499,578.	
(7) G. DANIEL SHEALER, JR. VP & GEN COUNSEL, VP CORP	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 476,389.	149,946.	261,611.	289,970.	12,932.	1,190,848.	239,066.	
(8) RONALD J. WERTHMAN V.P. FINANCE & TREASURER	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 630,278.	232,419.	333,962.	329,550.	11,957.	1,538,166.	305,276.	
(9) SAMUEL H. CLARK, JR. ASSISTANT SECRETARY	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 241,596.	74,044.	87,598.	25,636.	24,755.	453,629.	0.	
(10) RENEE DEMSKI V.P. FOR QUALITY	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 207,136.	31,849.	2,216.	26,459.	24,432.	292,092.	0.	
(11) BONNIE WINDSOR V.P., HUMAN RESOURCES	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 238,745.	52,753.	12,270.	194,575.	22,848.	521,191.	0.	
(12) PETER B. MANCINO ASSISTANT SECRETARY	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 232,915.	46,024.	860.	31,488.	20,333.	331,620.	0.	
(13) AMY DEUTSCHENDORF V.P. CARE COORD & CLINICAL RESOURCE	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 208,859.	45,734.	3,522.	45,191.	10,315.	313,621.	0.	
(14) KATHY SMITH V.P. MKTG & COMMUNICATIONS	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 184,015.	20,410.	3,715.	13,912.	31,649.	253,701.	0.	
(15) THOMAS TRZCINSKI ASSISTANT TREASURER	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 198,127.	29,709.	7,128.	71,455.	24,178.	330,597.	0.	
(16) EDWARD B. CHAMBERS ADMINISTRATOR PEDIATRICS	(i) 233,031.	23,109.	29,365.	168,454.	27,295.	481,254.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	

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

For each individual whose compensation must be reported in 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 in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) ALLEN VALENTINE ADMINISTRATOR PATHOLOGY	(i) 166,399. (ii) 0.	20,041.	31,720.	57,796.	18,302.	294,258.	0.
(18) JOHN HUNDT ADMINISTRATOR SURGERY	(i) 210,689. (ii) 0.	21,409.	21,642.	22,836.	11,709.	288,285.	0.
(19) STEVEN MANDELL SR DIRECTOR INFO SVCS	(i) 241,819. (ii) 0.	34,514.	5,881.	134,798.	27,644.	444,656.	0.
(20) JAMES SCHEULEN JHM DIRECTOR	(i) 196,148. (ii) 0.	24,234.	36,501.	75,543.	22,568.	354,994.	0.
(21) JANE HILL DIR. PATIENT REL & PAT FAM	(i) 184,364. (ii) 0.	22,726.	5,872.	39,168.	20,486.	272,616.	0.
(22) TERRY LANGBAUM ADMIN. COMPREHENSIVE CANCER	(i) 223,882. (ii) 0.	25,429.	16,998.	52,932.	22,015.	341,256.	0.
(23) DIANN SNYDER DIRECTOR OF NURSING	(i) 160,386. (ii) 0.	17,625.	26,916.	46,720.	13,899.	265,546.	0.
(24) DANIEL ASHBY SR DIRECTOR PHARMACY	(i) 175,086. (ii) 15,600.	26,486.	1,105.	38,599.	21,605.	262,881.	0.
(25) RICHARD THOMAS ADMINISTRATOR	(i) 178,431. (ii) 0.	19,268.	18,078.	16,455.	23,030.	17,455.	0.
(26) KAREN DAVIS DIRECTOR OF NURSING	(i) 163,086. (ii) 3,794.	21,033.	29,136.	31,020.	17,096.	261,371.	0.
(27) MARTIN BLEDSOE ADMINISTRATOR	(i) 180,737. (ii) 0.	22,000.	39,701.	54,177.	24,470.	321,085.	0.
(28) DEBORAH BAKER DIRECTOR OF NURSING	(i) 158,136. (ii) 0.	16,666.	37,050.	25,075.	24,489.	261,416.	0.
(29) SHARON KRUMM DIRECTOR OF NURSING	(i) 166,673. (ii) 0.	19,563.	875.	215,949.	9,911.	412,971.	0.
(30) CHARLES BARBARA ADMINISTRATOR	(i) 184,297. (ii) 0.	20,973.	6,643.	19,100.	17,052.	248,065.	0.
(31) JAHANSHA BEHZAD ADMINISTRATOR	(i) 157,768. (ii) 0.	18,223.	14,260.	22,857.	23,644.	236,752.	0.
(32) ELIZABETH AMBINDER ADMINISTRATOR	(i) 136,094. (ii) 0.	15,603.	2,263.	33,350.	25,185.	212,495.	0.

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

For each individual whose compensation must be reported in 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 in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(33) WALKER WYLIE EXECUTIVE MANAGEMENT	(i) 259,324. (ii) 0.	(ii) 69,554. (iii) 0.	(iii) 86,952. (i) 0.	64,204.	25,494.	505,528.	0.
(34) ALAN COLTRI CHIEF SYSTEMS ARCHITECT	(i) 174,074. (ii) 0.	(ii) 24,831. (iii) 0.	(iii) 5,444. (i) 0.	57,952.	25,032.	287,333.	0.
(35) JUDITH ROHDE ADMINISTRATOR, PEDIATRIC NU	(i) 184,953. (ii) 0.	(ii) 20,175. (iii) 0.	(iii) 2,004. (i) 0.	52,592.	9,884.	269,608.	0.
(36) RAKHMIN KHOSHAYEV CARDIAC PHYSICIAN	(i) 211,272. (ii) 0.	(ii) 0. (iii) 0.	(iii) 899. (i) 0.	14,743.	32,355.	259,269.	0.
(37) KRISTA DICKSON ADMIN. NEURO	(i) 171,693. (ii) 0.	(ii) 20,664. (iii) 0.	(iii) 818. (i) 0.	11,633.	17,741.	222,549.	0.
(38) RICHARD O. DAVIS, PH.D FORMER OFFICER	(i) 455,412. (ii) 0.	(ii) 119,524. (iii) 0.	(iii) 321,542. (i) 0.	232,844.	21,039.	1,150,361.	175,764.
(39) DALAL J. HALDEMAN, PH.D FORMER OFFICER	(i) 337,812. (ii) 0.	(ii) 123,251. (iii) 0.	(iii) 77,974. (i) 0.	50,949.	21,883.	611,869.	0.
(40) PAMELA D. PAULK FORMER OFFICER	(i) 467,027. (ii) 0.	(ii) 175,123. (iii) 0.	(iii) 230,539. (i) 0.	219,952.	11,558.	1,104,199.	150,862.
(41) JOANNE E. POLLAK FORMER OFFICER	(i) 617,739. (ii) 0.	(ii) 239,361. (iii) 0.	(iii) 361,263. (i) 0.	367,330.	30,136.	1,615,829.	310,163.
(42) STUART ERDMAN FORMER OFFICER	(i) 13,958. (ii) 0.	(ii) 37,841. (iii) 0.	(iii) 202,323. (i) 0.	0.	286.	254,408.	112,359.
	(i) 0. (ii) 0.	(ii) 0. (iii) 0.	(iii) 0. (i) 0.	0.	0.	0.	0.
	(i) 0. (ii) 0.	(ii) 0. (iii) 0.	(iii) 0. (i) 0.	0.	0.	0.	0.
	(i) 0. (ii) 0.	(ii) 0. (iii) 0.	(iii) 0. (i) 0.	0.	0.	0.	0.
	(i) 0. (ii) 0.	(ii) 0. (iii) 0.	(iii) 0. (i) 0.	0.	0.	0.	0.
	(i) 0. (ii) 0.	(ii) 0. (iii) 0.	(iii) 0. (i) 0.	0.	0.	0.	0.
	(i) 0. (ii) 0.	(ii) 0. (iii) 0.	(iii) 0. (i) 0.	0.	0.	0.	0.
	(i) 0. (ii) 0.	(ii) 0. (iii) 0.	(iii) 0. (i) 0.	0.	0.	0.	0.
	(i) 0. (ii) 0.	(ii) 0. (iii) 0.	(iii) 0. (i) 0.	0.	0.	0.	0.
	(i) 0. (ii) 0.	(ii) 0. (iii) 0.	(iii) 0. (i) 0.	0.	0.	0.	0.

Part III Supplemental Information

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

PART I, LINE 4B:**MAKE WHOLE PLAN & SERP I PLAN:**

THE MAKE WHOLE AND SERP I PLANS ARE FROZEN, NON-TAX QUALIFIED DEFINED BENEFIT PLANS. PARTICIPATION IN THE PLANS IS LIMITED TO THE EXISTING PLAN PARTICIPANTS. THE BENEFITS UNDER THE PLANS ARE BASED UPON THE PARTICIPANT'S LENGTH OF SERVICE AND COMPENSATION. THE MAKE WHOLE PLAN WAS DESIGNED TO REPLACE THE BENEFITS THE PARTICIPANTS LOST DUE TO THE COMPENSATION LIMITS IMPOSED BY LAW UPON OUR QUALIFIED DEFINED BENEFIT PLAN. IN THE MANNER REQUIRED BY APPLICABLE IRS RULES, THE DESIGN OF EACH OF THESE ARRANGEMENTS WAS APPROVED AS REASONABLE, IN ADVANCE, BY AN INDEPENDENT COMPENSATION COMMITTEE, WHICH BASED ITS DECISION ON DATA PROVIDED BY AN INDEPENDENT COMPENSATION CONSULTANT. PARTICIPANTS' INTERESTS UNDER THESE ARRANGEMENTS ARE NOT GUARANTEED OR SECURED AT ANY WAY AND AT ALL TIMES ARE SUBJECT TO CLAIMS OF EMPLOYER'S BANKRUPTCY/INSOLVENCY CREDITORS. FURTHERMORE, IF A PARTICIPANT VOLUNTARILY TERMINATES EMPLOYMENT OR IS TERMINATED BY THE EMPLOYER FOR CAUSE PRIOR TO THE APPLICABLE VESTING DATE UNDER THE MAKE WHOLE PLAN, THE PARTICIPANT'S ENTIRE MAKE WHOLE PLAN BENEFIT IS FORFEITED. IF A PARTICIPANT TERMINATES EMPLOYMENT FOR ANY REASON PRIOR TO THE APPLICABLE VESTING DATE UNDER THE SERP I, THE PARTICIPANT'S ENTIRE

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.

SERP I BENEFIT IS FORFEITED. IN ADDITION, UNDER CURRENT LAW, INTERESTS UNDER THESE ARRANGEMENTS ARE REPORTABLE AS TAXABLE COMPENSATION WHEN THEY BECOME VESTED, EVEN IF THOSE AMOUNTS ARE NOT YET PAYABLE TO THE PARTICIPANT (AND EVEN IF THOSE AMOUNTS ARE NEVER PAID TO THE PARTICIPANT). NO ROLLOVER OR OTHER TAX-DEFERRAL OPTIONS ARE AVAILABLE TO PARTICIPANTS. NOTE THAT ANY MAKE WHOLE PLAN OR SERP I VESTED AMOUNT OR PAYMENT BEING REPORTED AS COMPENSATION WAS ALSO REPORTED IN PREVIOUS YEAR(S) WHEN THAT INTEREST ACCRUED UNDER THE PLAN.

SERP II PLAN & SRP PLAN:

THE SERP II AND SRP PLANS ARE ACTIVE; NON-TAX QUALIFIED DEFINED CONTRIBUTION TARGET BENEFIT PLANS. THE PLANS ARE DESIGNED TO ACHIEVE A REASONABLE TARGETED RETIREMENT BENEFIT LEVEL FOR EACH PARTICIPANT (IN COMBINATION WITH THE OTHER RETIREMENT PROGRAMS OF THE EMPLOYER) BASED UPON CERTAIN CRITERIA, SUCH AS EACH PARTICIPANT'S LENGTH OF SERVICE AND COMPENSATION. IN THE MANNER REQUIRED BY APPLICABLE IRS RULES, THE DESIGN OF EACH OF THESE ARRANGEMENTS WAS APPROVED AS REASONABLE, IN ADVANCE, BY AN INDEPENDENT COMPENSATION COMMITTEE, WHICH BASED ITS DECISION ON DATA PROVIDED BY AN INDEPENDENT COMPENSATION CONSULTANT. PARTICIPANTS'

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.

INTERESTS UNDER THESE ARRANGEMENTS ARE NOT GUARANTEED OR SECURED AT ANY WAY AND AT ALL TIMES ARE SUBJECT TO CLAIMS OF EMPLOYER'S BANKRUPTCY/INSOLVENCY CREDITORS. IF A PARTICIPANT VOLUNTARILY TERMINATES EMPLOYMENT OR IS TERMINATED BY THE EMPLOYER FOR CAUSE PRIOR TO THE APPLICABLE VESTING DATE UNDER EACH ARRANGEMENT, THE PARTICIPANT'S ACCOUNT IS FORFEITED. IN ADDITION, UNDER CURRENT LAW, INTERESTS UNDER THESE ARRANGEMENTS ARE REPORTABLE AS TAXABLE COMPENSATION WHEN THEY BECOME VESTED, EVEN IF THOSE AMOUNTS ARE NOT YET PAYABLE TO THE PARTICIPANT (AND EVEN IF THOSE AMOUNTS ARE NEVER PAID TO THE PARTICIPANT). NO ROLLOVER OR OTHER TAX-DEFERRAL OPTIONS ARE AVAILABLE TO PARTICIPANTS. NOTE THAT ANY SERP II OR SRP PLAN VESTED AMOUNT OR PAYMENT BEING REPORTED AS COMPENSATION WAS ALSO REPORTED IN PREVIOUS YEAR(S) WHEN THAT INTEREST ACCRUED UNDER THE PLAN.

THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A PARTICIPATED IN A NONQUALIFIED RETIREMENT PLAN AND RECEIVED ACCRUED DEFERRED COMPENSATION THAT IS REPORTED ON SCHEDULE J, PART II, COLUMN(C):
 THOMAS TRCZINSKI \$4,072.00; KAREN B. HALLER, PH.D \$47,322.78; RONALD R. PETERSON \$450,612.00; RICHARD O. DAVIS, PH.D \$190,840.97; KENNETH GRANT \$58,756.33; SALLY W. MACCONNELL \$206,338.23; PAMELA D. PAULK \$167,346.14;

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.

JOANNE E. POLLAK \$222,998.71; JUDY A. REITZ, SC.D \$474,444.66; G. DANIEL SHEALER, JR. \$243,226.35; RONALD J. WERTHMAN \$263,574.45; BONNIE WINDSOR \$13,245.00; PETER B. MANCINO \$13,072.00; KEITH HILL \$14,688.00; KATHY SMITH \$2,880.00; AND KRISTA DICKSON \$3,504.00.

THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A PARTICIPATED IN A NON QUALIFIED RETIREMENT PLAN AND RECEIVED PAYMENT FROM THE PLAN, IT IS REPORTED ON SCHEDULE J, PART II, COLUMN (B)(III) AS WELL AS SCHEDULE J, PART II, COLUMN (F) IF THEY WERE REQUIRED TO BE DISCLOSED ON PRIOR YEARS FORMS 990:

MARTIN BLEDSOE \$12,092.00; RICHARD O. DAVIS, PH.D \$252,172.08; STUART ERDMAN \$185,597.65; KENNETH GRANT \$79,900.85; PAMELA D. PAULK \$206,662.45; SALLY W. MCCONNELL \$193,261.80; JOANNE E. POLLAK \$310,162.79; JUDY A. REITZ, SC.D \$499,577.78; G. DANIEL SHEALER, JR. \$239,066.30; RENEE DEMSKI \$424.00; JANE HILL \$4,760.00; RONALD J. WERTHMAN \$305,276.46; WALKER WYLIE \$31,736.00; JAMES SCHEULEN \$8,416.00; RICHARD THOMAS \$15,939.00; JAHANSHA BEHZAD \$5,000.00; KAREN B. HALLER, PH.D \$61,358.07; DALAL J. HALDEMAN, PH.D \$56,476.00; SAMUEL H. CLARK, JR. \$63,656.00; DIANN SNYDER \$23,056.00;

CHARLES BARBARA \$5,216.00; JOHN HUNDT \$19,996.00 AND TERRY LANGBAUM

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.

\$15,379.58.

PART I, LINE 7:

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

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

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990. ▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

ENTITY 1

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number
52-0591656

SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS

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
MARYLAND HEALTH AND A HIGHER EDUCATIONAL FACIL	52-09360915742176Z3	06/16/10	150,000,216	CONSTRUCTION AND EQUIPPING OF TWO								
MARYLAND HEALTH AND B HIGHER EDUCATIONAL FACIL	52-0936091574218CZ4	11/10/11	82,184,815	REFUND PRIOR ISSUES (08/29/01)								
MARYLAND HEALTH AND C HIGHER EDUCATIONAL FACIL	52-0936091574218DJ9	11/10/11	48,245,000	REFUND PRIOR ISSUES (06/26/08)								
MARYLAND HEALTH AND D HIGHER EDUCATIONAL FACIL	52-0936091574218DJ9	02/15/12	53,510,000	REFUND PRIOR ISSUES (02/09/04)								

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired		7,520,000.		4,040,000.
2 Amount of bonds legally defeased				
3 Total proceeds of issue	150,000,216.	82,184,815.	48,245,000.	53,510,000.
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	150,000,216.			
11 Other spent proceeds				
12 Other unspent proceeds				
13 Year of substantial completion	2012			

14 Were the bonds issued as part of a current refunding issue?												
15 Were the bonds issued as part of an advance refunding issue?												
16 Has the final allocation of proceeds been made?	X				X				X			X
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X				X				X			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?		X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X		X	

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990. ▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

ENTITY 2

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number
52-0591656

SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS

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
MARYLAND HEALTH AND A HIGHER EDUCATIONAL FACIL	52-0936091	574218G00	05/03/12	111,453,965.	CONSTRUCTION AND EQUIPPING OF TWO					X		X
MARYLAND HEALTH AND B HIGHER EDUCATIONAL FACIL	52-0936091	574218KK8	08/09/12	84,610,000.	REFUND PRIOR ISSUES (04/02/08)					X		X
MARYLAND HEALTH AND C HIGHER EDUCATIONAL FACIL	52-0936091	574218KL6	08/09/12	85,060,000.	REFUND PRIOR ISSUES (04/02/08)					X		X
MARYLAND HEALTH AND D HIGHER EDUCATIONAL FACIL	52-0936091	NONE	11/28/12	35,000,000.	REFUND PRIOR ISSUES (03/01/04)					X		X

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		6,360,000.		1,010,000.		1,160,000.		9,000,000.
2 Amount of bonds legally defeased								
3 Total proceeds of issue		111,453,965.		84,610,000.		85,060,000.		35,000,000.
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds		883,808.		499,839.		502,498.		
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds		110,570,157.						
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion								

14 Were the bonds issued as part of a current refunding issue?		X		X		X		X
15 Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		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?		X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X		X	

432121
10-16-14

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

Schedule K (Form 990) 2014

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

ENTITY 3

Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990. ▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number
52-0591656

SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS

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
MARYLAND HEALTH AND A HIGHER EDUCATIONAL FACIL	52-0936091	NONE	11/28/12	65,000,000	REFUND PRIOR ISSUES (08/26/08, TO REPLACE							
MARYLAND HEALTH AND B HIGHER EDUCATIONAL FACIL	52-0936091	NONE	10/24/13	9,000,000	MATURED PRINCIPAL TO REPLACE							
MARYLAND HEALTH AND C HIGHER EDUCATIONAL FACIL	52-0936091	NONE	03/31/15	11,000,000	MATURED PRINCIPAL							

Part II Proceeds

	A		B		C		D
	Yes	No	Yes	No	Yes	No	
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 Issuance costs from proceeds							
8 Credit enhancement from proceeds							
9 Working capital expenditures from proceeds							
10 Capital expenditures from proceeds							
11 Other spent proceeds							
12 Other unspent proceeds							
13 Year of substantial completion							

14 Were the bonds issued as part of a current refunding issue?							
15 Were the bonds issued as part of an advance refunding issue?							
16 Has the final allocation of proceeds been made?							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?							

Part III Private Business Use

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?	X		X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		.43 %				.14 %		
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		.66 %				.21 %		
6 Total of lines 4 and 5		1.09 %				.35 %		
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?								

Part IV Arbitrage

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	1.11	%	.54	%	.54	%		%
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	.49	%	.37	%	.37	%		%
6 Total of lines 4 and 5	1.60	%	.91	%	.91	%		%
7 Does the bond issue meet the private security or payment test?	X		X		X		X	
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?	X		X		X		X	
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?								

Part IV Arbitrage

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

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c Are there any research agreements that may result in private business use of bond-financed property?	X		X		X			
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X			
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		.13 %		.03 %		.03 %		
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		.20 %		.04 %		.05 %		
6 Total of lines 4 and 5		.33 %		.07 %		.08 %		
7 Does the bond issue meet the private security or payment test?		X		X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?								

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		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?		X		X		X		
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7 Has the organization established written procedures to monitor the requirements of section 148?		X		X		X		

Part V Procedures To Undertake Corrective Action

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

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

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME:
 MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY

(F) DESCRIPTION OF PURPOSE:
 CONSTRUCTION AND EQUIPPING OF TWO MEDICAL TOWERS.

(A) ISSUER NAME:
 MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY

(A) ISSUER NAME:
 MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY

(A) ISSUER NAME:
 MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY

(F) DESCRIPTION OF PURPOSE:
 REFUND PRIOR ISSUES (02/09/04), 02/09/04 REFINANCED 6/22/93

(A) ISSUER NAME:
 MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY

(F) DESCRIPTION OF PURPOSE:
 CONSTRUCTION AND EQUIPPING OF TWO MEDICAL TOWERS.

(A) ISSUER NAME:
 MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY

(A) ISSUER NAME:
 MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY

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

(A) ISSUER NAME:
MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY

(A) ISSUER NAME:
MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY

(A) ISSUER NAME:
MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY
(F) DESCRIPTION OF PURPOSE:
REFUND PRIOR ISSUES (08/26/08, 11/13/07, 10/05/11)

(A) ISSUER NAME:
MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY
(F) DESCRIPTION OF PURPOSE:
TO REPLACE MATURED PRINCIPAL AMOUNT OF 2012 E BOND

(A) ISSUER NAME:
MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY
(F) DESCRIPTION OF PURPOSE:
TO REPLACE MATURED PRINCIPAL AMOUNT OF 2012 E BOND

SCHEDULE K, PART III, LINES 7-9 NONQUALIFIED BONDS
THE ORGANIZATION ANSWERED 'NO' BECAUSE IT HAS NO NONQUALIFIED BONDS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number

52-0591656

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

NATIONAL ORIGIN, HANDICAP, AGE, OR ABILITY TO PAY. IN KEEPING WITH THE
HOSPITAL'S COMMITMENT TO SERVE ALL MEMBERS OF ITS COMMUNITY, FREE CARE
AND/OR SUBSIDIZED CARE, CARE PROVIDED TO PERSONS COVERED BY
GOVERNMENTAL PROGRAMS AT BELOW COST, AND HEALTH ACTIVITIES AND PROGRAMS
TO SUPPORT THE COMMUNITY MEMBERS WILL BE CONSIDERED WHERE THE NEED
AND/OR AN INDIVIDUAL'S INABILITY TO PAY COEXISTS.

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

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

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

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

Name of the organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number

52-0591656

MISSION TO THE ENTIRE COMMUNITY.

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

THESE FACILITIES ENABLES JHH TO PROVIDE PATIENT-FOCUSED NEUROLOGICAL SERVICES INCLUDING STATE-OF-THE-ART ADULT AND PEDIATRIC OPERATING ROOMS THAT INCLUDE INTRA-OPERATIVE MRI MACHINES THAT PROVIDE REAL-TIME IMAGES OF THE BRAIN DURING SURGERY. IN ADDITION, OUR NEUROLOGICAL CRITICAL CARE UNIT ("NCCU") PROVIDES COMPLETE INTENSIVE CARE MANAGEMENT TO MORE TO PATIENTS ADMITTED FROM NEUROSURGERY, NEUROLOGY, ORTHOPEDIC/SPINE AND OTOLARYNGOLOGY.

OUR PHYSICIANS ARE ABLE TO BRING NEW AND EXCEPTIONAL TREATMENTS TO OUR ADULT AND PEDIATRIC PATIENTS FASTER BECAUSE OF OUR TIGHT NETWORK OF EXPERTS WHO SPECIALIZE IN CONDITIONS SUCH AS BRAIN TUMOR, CEREBROVASCULAR DISEASE, SPINAL DEFORMITY, TUMORS AND REPAIR AND TRAUMA. WE OPERATE SEVERAL NEUROLOGICAL CENTERS OF CARE AT JOHNS HOPKINS HOSPITAL INCLUDING THE EPILEPSY CENTER AT JOHNS HOPKINS WHICH EVALUATES AND CARES FOR PATIENTS WITH SEIZURE DISORDERS FROM INFANTS THROUGH THE ELDERLY. A UNIQUE ASPECT OF OUR EPILEPSY CENTER IS THAT WE PROVIDE A CONTINUUM OF CARE FOR OUR PATIENTS ACROSS THE AGE SPECTRUM MAKING USE OF ENHANCED EPILEPSY MONITORING EQUIPMENT THAT IS SPECIFICALLY DESIGNED FOR THE EVALUATION OF ADULT AND PEDIATRIC SEIZURE DISORDERS. OUR COMPREHENSIVE BRAIN TUMOR CENTER IS ONE OF THE LARGEST BRAIN TUMOR TREATMENT AND RESEARCH CENTERS IN THE WORLD. WE TREAT AN EXTREMELY LARGE NUMBER OF PATIENTS AFFECTED BY ALL TYPES OF BRAIN TUMORS. WE TAILOR THE BEST AND MOST ADVANCED THERAPIES THAT EACH UNIQUE TUMOR DEMANDS. OUR TEAM CONSISTS OF SKILLED SURGEONS AND NEUROLOGISTS THAT CAN PROVIDE THE MOST EFFECTIVE AND SAFEST TREATMENT - EVEN ON THE MOST

Name of the organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number

52-0591656

CHALLENGING TYPES OF TUMORS. PATIENTS COME TO JOHNS HOPKINS FOR NEUROLOGICAL CARE FROM THE LOCAL BALTIMORE COMMUNITY AND THE MID-ATLANTIC REGION AS WELL AS FROM AROUND THE NATION AND THE WORLD TO RECEIVE THE MOST CUTTING-EDGE CARE, AND FIND THAT WE ARE A PLACE OF HOPE AND CARE.

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

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

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
PHYSICIANS WHO DIAGNOSE AND TREAT COMMON AND RARE CARDIAC DISEASES. SOME OF THESE INCLUDE CORONARY ARTERY DISEASE, CARDIAC ARRHYTHMIA, HEART FAILURE AND VALVULAR HEART DISEASE.

DURING FISCAL-YEAR 2014, MORE THAN 1,300 ADULT AND PEDIATRIC CARDIAC SURGERY PROCEDURES WERE PERFORMED AT THE JOHNS HOPKINS HOSPITAL. OUR LARGE VOLUME, CONSISTING OF MANY COMPLEX AND COMPLICATED PROCEDURES IN ALL AREAS, INCLUDING PEDIATRIC AND AORTIC CARDIAC PROCEDURES, ASSURES PATIENTS THAT THEY ARE RECEIVING THE BEST CARE POSSIBLE FROM SOME OF THE MOST EXPERIENCED AND EXPERTLY SKILLED SURGEONS IN THE WORLD. THE SURGEONS OF THE JOHNS HOPKINS HEART AND VASCULAR INSTITUTE SPECIALIZE

Name of the organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number

52-0591656

IN CORONARY ARTERY BYPASS SURGERY, VALVE REPLACEMENT, COGENITAL CARDIAC SURGERY AND MINIMALLY-INVASIVE CARDIAC SURGERY.

IN ADDITION TO OFFERING GROUND-BREAKING TECHNOLOGY, OUR SURGICAL PROGRAM PROVIDES PATIENTS WITH THE ADVANTAGE OF AN ON-SITE MULTI-DISCIPLINARY TEAM OF CARDIOLOGISTS, ELECTROPHYSIOLOGISTS, INTERVENTIONAL RADIOLOGISTS, VASCULAR SURGEONS, ADVANCED PRACTICE NURSES, NURSE PRACTITIONERS, DIETITIANS, PHYSICAL THERAPISTS, AND SOCIAL WORKERS. THIS TEAM OFTEN EXPANDS TO INCLUDE IMMEDIATE CARE FROM ON-SITE PHYSICIANS FROM EVERY MEDICAL SPECIALTY REQUIRED. OUR MULTI-DISCIPLINARY APPROACH AND EXPERTISE HAS GAINED US THE REPUTATION OF BEING THE BEST-PREPARED SURGICAL PRACTICE TO HANDLE PROCEDURES THAT MAY BE COMPLEX AND/OR COMPLICATED BY UNDERLYING ILLNESS OR AGE.

THE JOHNS HOPKINS HEART AND VASCULAR INSTITUTE INCLUDING CARDIOLOGY, CARDIAC SURGERY, VASCULAR SURGERY, AND IMAGING SERVICES IS LOCATED IN JHH'S NEW SHEIKH ZAYED TOWER. THE NEW FACILITIES HAVE ALLOWED OUR PHYSICIANS AND STAFF TO PROVIDE CUTTING-EDGE CARE, WHILE GIVING PATIENTS AND THEIR FAMILIES A MORE WELCOMING EXPERIENCE.

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

UNCHANGED TODAY. WITH THE CONVERGENCE OF TECHNOLOGY, BRILLIANT SCIENTIFIC MINDS, AND THE COMMITMENT OF THOSE WHO HAVE FUNDED THESE DISCOVERIES, WE HAVE COME TO A TIME WHEN WE CAN BEGIN TO ALTER THE COURSE OF CANCER IN WAYS WE COULD ONLY IMAGINE FOUR DECADES AGO. THE JOHNS HOPKINS KIMMEL CANCER CENTER IS ONE OF THE NATION'S 41 COMPREHENSIVE CANCER CENTERS DESIGNATED BY THE NATIONAL CANCER INSTITUTE, AND ONE OF THE FIRST TO EARN THAT STATUS. RESEARCH LED BY

Name of the organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number

52-0591656

ITS FACULTY IS AMONG THE MOST HIGHLY-CITED IN CANCER RESEARCH AND CLINICAL CARE. THE STRENGTH OF OUR RESEARCH AND TREATMENT PROGRAMS WAS RECOGNIZED EARLY ON BY THE NATIONAL CANCER INSTITUTE, BECOMING ONE OF THE FIRST TO EARN COMPREHENSIVE CANCER CENTER STATUS AND RECOGNITION AS A "CENTER OF EXCELLENCE." HOPKINS HAS PIONEERED FIELDS SUCH AS CANCER GENETICS, BONE MARROW TRANSPLANT MEDICINE AND CANCER IMMUNOTHERAPY. THE KIMMEL CANCER CENTER IS THE ONLY COMPREHENSIVE CANCER CENTER IN THE STATE OF MARYLAND. IT ENCOMPASSES A WIDE SPECTRUM OF SPECIALTY PROGRAMS FOR BOTH ADULTS AND CHILDREN COPING WITH CANCER, INCLUDING BONE MARROW TRANSPLANTATION AND NEW DRUG DEVELOPMENT.

DURING FISCAL-YEAR 2014, NEARLY 3,000 INPATIENTS WERE TREATED AT THE SIDNEY KIMMEL COMPREHENSIVE CANCER CENTER AND THERE WERE APPROXIMATELY 79,000 OUTPATIENT VISITS MADE TO THE JOHNS HOPKINS HOSPITAL BY ONCOLOGY PATIENTS. PATIENTS WHO VISIT THE KIMMEL CANCER CENTER HAVE ACCESS TO SOME OF THE MOST INNOVATIVE AND ADVANCED THERAPIES IN THE WORLD. BECAUSE KIMMEL CANCER CENTER RESEARCH SCIENTISTS AND CLINICIANS WORK CLOSELY TOGETHER, NEW DRUGS AND TREATMENTS DEVELOPED IN THE LABORATORY ARE QUICKLY TRANSFERRED TO THE CLINICAL SETTING, OFFERING PATIENTS CONSTANTLY IMPROVED THERAPEUTIC OPTIONS.

THE KIMMEL CANCER CENTER'S BONE MARROW TRANSPLANT PROGRAM (BMT), HAS BEEN AN INTERNATIONALLY RENOWNED PROGRAM IN THE AREA OF BLOOD AND MARROW TRANSPLANTATION FOR MORE THAN 30 YEARS. IN THAT TIME, BMT HAS BECOME AN ACCEPTED, CURATIVE THERAPY FOR A BROAD RANGE OF DISEASES, INCLUDING MALIGNANT DISEASES THAT INVOLVE THE BONE MARROW SUCH AS LEUKEMIAS AND LYMPHOMAS, NONMALIGNANT DISEASES THAT INVOLVE THE BONE MARROW SUCH AS APLASTIC ANEMIA AND A VARIETY OF INHERITED DISEASES. TO

Name of the organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number

52-0591656

DATE, MORE THAN 5,000 BONE MARROW TRANSPLANTS HAVE BEEN PERFORMED AT JOHNS HOPKINS, A NATIONAL CANCER INSTITUTE-DESIGNATED COMPREHENSIVE CANCER CENTER THAT IS FULLY ACCREDITED BY THE NATIONAL MARROW DONOR PROGRAM AS AN UNRELATED DONOR TRANSPLANT CENTER. AS A NATIONAL REFERRAL CENTER FOR BMT, HOPKINS PERFORMS AROUND 300 TRANSPLANTS EACH YEAR.

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

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

JOHNS HOPKINS HEALTH SYSTEM CORPORATION, A IRC 501(C)(3) TAX EXEMPT PARENT ORGANIZATION OF THE JOHNS HOPKINS HOSPITAL ELECTS THE BOARD OF TRUSTEES.

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

THE GOVERNING BODY OF THE JOHNS HOPKINS HOSPITAL IS EMPOWERED BY ITS BY-LAWS TO MAKE CERTAIN DECISIONS; ALL OTHER DECISIONS ARE SUBJECT TO

Name of the organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number

52-0591656

APPROVAL OF THE PARENT ORGANIZATION JOHNS HOPKINS HEALTH SYSTEM CORPORATION.

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

A COPY OF THE FORM 990 IS SENT BY EMAIL TO THE ORGANIZATION'S GOVERNING BODY BEFORE IT IS FILED.

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

THE CONFLICT OF INTEREST POLICY IS A PART OF THE ANNUAL FINANCIAL AUDIT CONFIRMATION PROCESS PROVIDED ONLINE. ALL OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO COMPLY ON AN ANNUAL BASIS.

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

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

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

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

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

MINIMUM PENSION LIABILITY -64,129,984.

CHANGE IN MKT VAL. OF SWAP AGREEMENT -19,592,723.

Name of the organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number

52-0591656

NET ASSETS RELEASED -645,057.

NON-OPERATING SERVICES -8,012,000.

TOTAL TO FORM 990, PART XI, LINE 9 -92,379,764.

Multiple horizontal lines for additional entries.

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
JOHNS HOPKINS COMMUNITY PHYSICIANS, INC. - 52-1467441, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	HEALTHCARE SERVICES	MARYLAND	501(C)(3)	LINE 11C, III-FI	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
JOHNS HOPKINS HOSPITAL ENDOWMENT FUND, INC. - 23-7252596, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	MANAGEMENT OF ENDOWMENT	MARYLAND	501(C)(3)	LINE 11C, III-FI	JOHNS HOPKINS HOSPITAL ENDOWMENT FUND,		X
JOHNS HOPKINS MEDICAL SERVICES CORPORATION - 52-1232569, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	HEALTHCARE SERVICES	MARYLAND	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
JOHNS HOPKINS PARKING CORPORATION - 31-1475716, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	SUPPORTING ORGANIZATION	MARYLAND	501(C)(3)	LINE 11A, I	JOHNS HOPKINS PARKING CORPORATION		X
SUBURBAN HOSPITAL HEALTHCARE SYSTEM, INC. - 52-2052354, 8600 OLD GEORGETOWN ROAD, BETHESDA, MD 20814	HEALTHCARE SERVICES	MARYLAND	501(C)(3)	LINE 11C, III-FI	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
SUBURBAN HOSPITAL, INC. - 52-0610545 8600 OLD GEORGETOWN ROAD BETHESDA, MD 20814	HOSPITAL	MARYLAND	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
LUCY WEBB HAYES NATIONAL TRAINING SCHOOL FOR DEACONESSES - 53-0196602, 5255 LOUGHBORO RD, NW, WASHINGTON, DC 20016	HOSPITAL	DISTRICT OF COLUMBIA	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
POTOMAC HOME SUPPORT INC - 52-1750383 6001 MONTROSE ROAD NO 1020 ROCKVILLE, MD 20852	HOME HEALTH CARE	MARYLAND	501(C)(3)	LINE 9	N/A		X
SIBLEY SUBURBAN HOME HEALTH AGENCY - 52-1450142, 6001 MONTROSE ROAD NO 307, ROCKVILLE, MD 20852	HOME HEALTH CARE	MARYLAND	501(C)(3)	LINE 9	N/A		X
PEDIATRIC PHYSICIAN SERVICES, INC. - 59-3425191, 501 SIXTH AVENUE SOUTH, ST., PETERSBURG, FL 33701	PEDIATRIC MEDICAL SERVICES	FLORIDA	501(C)(3)	LINE 9	ALL CHILDREN'S HEALTH SYSTEM, INC		X
ALL CHILDREN'S HOSPITAL FOUNDATION, INC. - 59-2481738, 501 SIXTH AVENUE SOUTH, ST., PETERSBURG, FL 33701	FOUNDATION	FLORIDA	501(C)(3)	LINE 7	ALL CHILDREN'S HEALTH SYSTEM, INC		X
ALL CHILDREN'S HOSPITAL, INC. - 59-0683252 501 SIXTH AVENUE SOUTH ST., PETERSBURG, FL 33701	HOSPITAL	FLORIDA	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X

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)	(l) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
JHMI UTILITIES, LLC - 20-2814243, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	UTILITY FACILITIES	MD	N/A	RELATED	1,173,746	146,823,521		X	1,863		X	50.00%
OPHTHALMOLOGY ASSOCIATES, LLC - 52-1890957, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	OPHTHALMOLOGY SERVICES	MD	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
SUBURBAN WELLNESS CENTER, LLC - 56-2296930, 20500 GOLDENROD LANE, GERMANTOWN, MD 20874	REAL ESTATE	MD	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
GCM SUBURBAN IMAGING, LLC - 52-2326237, 1201 SEVEN LOCKS ROAD, STE. 200, ROCKVILLE, MD 20854	OUTPATIENT RADIOLOGY	MD	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
HCP VENTURE ONE CORPORATION - 52-1558858 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300 BALTIMORE, MD 21211	MEDICAL SERVICES	MD	N/A	C CORP	N/A	N/A	N/A		X
HOWARD COUNTY HEALTH SERVICES, INC. - 52-1434783, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	HEALTHCARE MANAGEMENT	MD	N/A	C CORP	N/A	N/A	N/A		X
HSI MEDICAL SERVICES CORPORATION - 52-1847705, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	HEALTHCARE-SLEEP DIAGNOSTICS	MD	N/A	C CORP	N/A	N/A	N/A		X
JOHNS HOPKINS MEDICAL MANAGEMENT CORPORATION - 52-1250028, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	NURSING SERVICES	MD	N/A	C CORP	N/A	N/A	N/A		X
JOHNS HOPKINS EMPLOYER HEALTH PROGRAMS INC, - 52-1947678, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	BENEFIT PLANS	MD	N/A	C CORP	N/A	N/A	N/A		X

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

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

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

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

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

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

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:NAME OF RELATED ORGANIZATION:JOHNS HOPKINS HOSPITAL ENDOWMENT FUND, INCDIRECT CONTROLLING ENTITY: JOHNS HOPKINS HOSPITAL ENDOWMENT FUND, INCPART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:NAME OF RELATED ORGANIZATION:SUBURBAN WELLNESS CENTER, LLCDIRECT CONTROLLING ENTITY: SUBURBAN HEALTH ENTERPRISES, INCNAME OF RELATED ORGANIZATION:GCM SUBURBAN IMAGING, LLCDIRECT CONTROLLING ENTITY: SUBURBAN HEALTH ENTERPRISES, INCNAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:HEALTHCARE SUPPLY CHAIN INNOVATIONS, LLCEIN: 47-25093073910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300ABALTIMORE, MD 21211DIRECT CONTROLLING ENTITY: JOHNS HOPKINS MEDICAL MANAGEMENT CORPORATIONNAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:JOHNS HOPKINS REGIONAL SUPPLY CHAIN NETWORK, LLCEIN: 47-29128483910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300ABALTIMORE, MD 21211

Part VII Supplemental Information

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

DIRECT CONTROLLING ENTITY: JOHNS HOPKINS MEDICAL MANAGEMENT CORPORATION

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

NAME OF RELATED ORGANIZATION:

TCAS, INC.

DIRECT CONTROLLING ENTITY: JOHNS HOPKINS MEDICAL MANAGEMENT CORPORATION

NAME OF RELATED ORGANIZATION:

SUBURBAN HEALTH ENTERPRISES, INC.

DIRECT CONTROLLING ENTITY: SUBURBAN HOSPITAL HEALTHCARE SYSTEM. INC.

THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION AND AFFILIATES

**Combined Financial Statements and
Supplementary Combining Information
June 30, 2015 and 2014**

The Johns Hopkins Health System Corporation and Affiliates

Index

June 30, 2015 and 2014

	<u>Page(s)</u>
Independent Auditor's Report	1-2
Combined Balance Sheets.....	3-4
Combined Statements of Operations and Changes in Net Assets	5
Combined Statements of Cash Flows.....	6
Notes to Combined Financial Statements.....	7-37
Report of Independent Auditors on Accompanying Combining Information	38
Supplementary Combining Financial Statements	39-42



INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
The Johns Hopkins Health System Corporation and Affiliates:

We have audited the accompanying combined financial statements of The Johns Hopkins Health System Corporation and Affiliates ("JHHS"), which comprise the combined balance sheets as of June 30, 2015 and 2014, and the related combined statements of operations and changes in net assets, and cash flows for the years then ended.

Management's Responsibility for the Combined Financial Statements

Management is responsible for the preparation and fair presentation of the combined financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of combined financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the combined financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the combined financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the combined financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the combined financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the JHHS' preparation and fair presentation of the combined financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the JHHS' internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the combined financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



Opinion

In our opinion, the combined financial statements referred to above present fairly, in all material respects, the financial position of JHHS at June 30, 2015 and 2014, and the results of their operations and changes in net assets, and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

A handwritten signature in black ink that reads "PricewaterhouseCoopers LLP". The signature is written in a cursive, flowing style.

September 23, 2015

The Johns Hopkins Health System Corporation and Affiliates
Combined Balance Sheets
June 30, 2015 and 2014
(in thousands)

ASSETS	2015	2014
Current assets:		
Cash and cash equivalents	\$ 579,489	\$ 569,702
Short-term investments	89,902	117,905
Assets whose use is limited - used for current liabilities	14,520	16,282
Patient accounts receivable, net of estimated uncollectibles of \$164,107 and \$158,664 as of June 30, 2015 and 2014, respectively	577,825	522,942
Due from others, current portion	29,709	35,964
Due from affiliates, current portion	25,426	20,764
Inventories of supplies	100,389	87,868
Estimated malpractice recoveries, current portion	37,344	224,902
Prepaid expenses and other current assets	65,547	53,978
Total current assets	<u>1,520,151</u>	<u>1,650,307</u>
Assets whose use is limited		
By long-term debt agreement for:		
Debt service reserve funds	-	4,955
Construction funds	40,929	150,811
By donors or grantors for:		
Future campus development	1,082	1,113
Pledges receivable	35,136	28,077
Other	99,430	95,910
By Board of Trustees	734,967	841,216
Interest in net assets of Howard Hospital Foundation	16,688	13,644
Other	145,196	20,896
Total assets whose use is limited	<u>1,073,428</u>	<u>1,156,622</u>
Investments	<u>1,665,257</u>	<u>1,576,615</u>
Property, plant and equipment	4,567,180	4,386,047
Less: allowance for depreciation and amortization	(1,774,055)	(1,621,180)
Total property, plant and equipment, net	<u>2,793,125</u>	<u>2,764,867</u>
Due from affiliates, net of current portion	<u>101,268</u>	<u>90,888</u>
Due from others, net of current portion	<u>1,796</u>	<u>2,796</u>
Estimated malpractice recoveries, net of current portion	<u>33,915</u>	<u>42,260</u>
Swap counterparty deposit	<u>92,690</u>	<u>80,330</u>
Other assets	<u>49,049</u>	<u>49,376</u>
Total assets	<u>\$ 7,330,679</u>	<u>\$ 7,414,061</u>

The accompanying notes are an integral part of these financial statements.

The Johns Hopkins Health System Corporation and Affiliates
Combined Balance Sheets, continued
June 30, 2015 and 2014
(in thousands)

LIABILITIES AND NET ASSETS	2015	2014
Current liabilities:		
Current portion of long-term debt and obligations under capital leases	\$ 44,477	\$ 98,705
Accounts payable and accrued liabilities	553,193	511,398
Medical claims reserve	74,584	74,627
Deferred revenue	82,779	88,561
Due to affiliates, current portion	11,724	10,110
Accrued vacation	69,569	65,385
Advances from third-party payors	131,837	140,112
Current portion of estimated malpractice costs	45,476	234,885
Total current liabilities	<u>1,013,639</u>	<u>1,223,783</u>
Long-term debt and obligations under capital leases, net of current portion	1,621,439	1,633,116
Estimated malpractice costs, net of current portion	123,312	126,747
Net pension liability	536,542	448,835
Interest rate swap liabilities	213,287	190,621
Other long-term liabilities	67,196	63,433
Total liabilities	<u>3,575,415</u>	<u>3,686,535</u>
Net assets:		
Unrestricted	3,510,059	3,501,484
Temporarily restricted	186,458	167,451
Permanently restricted	58,747	58,591
Total net assets	<u>3,755,264</u>	<u>3,727,526</u>
 Total liabilities and net assets	 <u>\$ 7,330,679</u>	 <u>\$ 7,414,061</u>

The accompanying notes are an integral part of these financial statements.

The Johns Hopkins Health System Corporation and Affiliates
Combined Statements of Operations and Changes in Net Assets
for the years ended June 30, 2015 and 2014
(in thousands)

	2015	2014
Operating revenues:		
Net patient service revenue before provision for bad debts	\$ 4,991,376	\$ 4,726,648
Provision for bad debts	(93,771)	(141,364)
Net patient service revenue	4,897,605	4,585,284
Other revenue	565,379	479,225
Investment income	69,373	53,210
Net assets released from restrictions used for operations	7,732	7,806
Total operating revenues	<u>5,540,089</u>	<u>5,125,525</u>
Operating expenses:		
Salaries, wages and benefits	2,127,874	2,035,990
Purchased services	2,020,868	1,813,942
Supplies and other	871,160	783,493
Interest	36,712	39,038
Depreciation and amortization	264,590	266,226
Total operating expenses	<u>5,321,204</u>	<u>4,938,689</u>
Income from operations	218,885	186,836
Non-operating revenues and expenses:		
Interest expense on swap agreements	(27,593)	(27,832)
Change in fair value of interest rate swap agreements	(22,666)	(6,201)
Net realized and changes in unrealized (losses) gains on investments	(25,004)	218,948
Loss on advance refunding of debt	(16,535)	-
Other non-operating expenses	(21,384)	(14,480)
Excess of revenues over expenses before noncontrolling interests	105,703	357,271
Noncontrolling interests	(11,588)	(18,965)
Excess of revenues over expenses	94,115	338,306
Contributions to affiliates	(5,586)	(8,268)
Change in funded status of defined benefit plans	(98,153)	(68,722)
Net assets released from restrictions used for purchases of property, plant, and equipment	6,687	6,295
Noncontrolling interests	11,588	18,965
Other	(76)	(103)
Increase in unrestricted net assets	<u>8,575</u>	<u>286,473</u>
Changes in temporarily restricted net assets:		
Gifts, grants and bequests	30,564	26,500
Net change in Howard Hospital Foundation	2,862	(417)
Net assets released from restrictions used for purchases of property, plant, and equipment	(6,687)	(6,295)
Net assets released from restrictions used for operations	(7,732)	(7,806)
Other	-	(2,405)
Increase in temporarily restricted net assets	<u>19,007</u>	<u>9,577</u>
Changes in permanently restricted net assets:		
Gifts, grants and bequests	(26)	1,711
Net change in Howard Hospital Foundation	182	158
Increase in permanently restricted net assets	<u>156</u>	<u>1,869</u>
Increase in net assets	27,738	297,919
Net assets at beginning of year	3,727,526	3,429,607
Net assets at end of year	<u>\$ 3,755,264</u>	<u>\$ 3,727,526</u>

The accompanying notes are an integral part of these financial statements.

The Johns Hopkins Health System Corporation and Affiliates
Combined Statements of Cash Flows
for the years ended June 30, 2015 and 2014
(in thousands)

	2015	2014
Operating activities:		
Change in net assets	\$ 27,738	\$ 297,919
Adjustments to reconcile change in net assets to net cash and cash equivalents provided by operating activities:		
Depreciation and amortization	264,571	267,158
Provision for bad debts	93,771	141,364
Net realized and changes in unrealized losses (gains) on investments	26,817	(219,182)
Change in fair value of interest rate swap agreements	22,666	6,201
Change in funded status of defined benefit plans	98,153	68,722
Restricted contributions and investment income received	(10,651)	(23,394)
Gains on and returns on equity investments	(19,067)	(14,354)
Advance refunding of debt	16,535	-
Other operating activities	24,074	(1,702)
Change in assets and liabilities:		
Patient accounts receivable	(151,974)	(141,879)
Inventories of supplies, prepaid expenses and other current assets	(22,097)	(139,660)
Due from affiliates, net	467	(17,681)
Pledges receivable	(8,370)	466
Swap counterparty deposit and other assets	(140,528)	(11,628)
Accounts payable, accrued liabilities and accrued vacation	60,357	40,499
Medical claims reserve	4,354	(3,294)
Deferred revenue	(7,162)	25,164
Advances from third-party payors	(8,275)	11,324
Accrued pension benefit costs	(10,193)	(28,011)
Estimated malpractice costs	5,368	158,901
Other long-term liabilities	2,480	(217)
Net cash and cash equivalents provided by operating activities	<u>269,034</u>	<u>416,716</u>
Investing activities:		
Purchases of property, plant and equipment	(309,687)	(260,082)
Return of equity investments	(6,289)	2,054
Purchases of investment securities	(2,259,608)	(3,986,405)
Sales of investment securities	2,421,964	3,670,349
Payments received on Affiliate notes	30,436	36,058
Advances on Affiliate notes	(40,856)	(33,930)
Other investing activities	(3,044)	(752)
Net cash and cash equivalents used in investing activities	<u>(167,084)</u>	<u>(572,708)</u>
Financing activities:		
Proceeds from restricted contributions and investment income received	10,651	23,394
Proceeds from long-term borrowings	193,980	247,000
Repayment of long-term debt and obligations under capital lease	(292,212)	(46,737)
Distributions attributable to noncontrolling interests	(4,650)	(6,692)
Other financing activities	68	(1,764)
Net cash and cash equivalents (used in) provided by financing activities	<u>(92,163)</u>	<u>215,201</u>
Change in cash and cash equivalents	9,787	59,209
Cash and cash equivalents at beginning of year	569,702	510,493
Cash and cash equivalents at end of year	<u>\$ 579,489</u>	<u>\$ 569,702</u>

The accompanying notes are an integral part of these financial statements.

The Johns Hopkins Health System Corporation and Affiliates

Notes to Combined Financial Statements

for the years ended June 30, 2015 and 2014

1. Organization and Summary of Significant Accounting Policies

Organization. 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”). In addition, it provides certain shared services including finance, human resources, payroll, accounts payable, purchasing, patient financial services, legal, and other functions. 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, Howard County General Hospital, Inc. (“HCGH”), a community based hospital, Suburban Hospital, Inc. (“SHI”), a community based hospital, Sibley Memorial Hospital (“SMH”), a community based hospital, All Children’s Hospital, Inc. (“ACH”), an academic children’s hospital, Suburban Hospital Healthcare System, Inc. (“SHHS”), a diverse healthcare system, All Children’s Health System (“ACHS”), a diverse healthcare system, Johns Hopkins Community Physicians (“JHCP”), a community based physician practice group, The Johns Hopkins Medical Services Corporation (“JHMSC”), the contracting entity for the Uniformed Services Family Health Plan contract, and the HCGH OB/GYN Associates Series, LLC (“HCOB”), a taxable community based obstetrics and gynecology practice. JHHSC is also the sole shareholder of Howard County Health Services, Inc. (“HCSI”), a taxable entity organized to hold interests in various health care enterprises, Johns Hopkins Medical Management Corp. (“JHMMC”), a taxable entity organized to provide temporary nursing and clerical staffing and to promote ambulatory care arrangements in support of JHHS, and Johns Hopkins Employer Health Programs, Inc. (“EHP”), a taxable third-party administrator for employee health benefit plans self-funded by the constituent employee sponsors. JHHSC owns a 99.8% interest in Ophthalmology Associates, LLC (“OA”), a taxable professional services organization which operates an ophthalmology center at Green Spring Station. JHHSC and the Johns Hopkins University (the “University”) each own a 50% membership interest in Johns Hopkins HealthCare LLC (“JHHC”), a taxable managed care entity supporting JHHS and the University in cooperative strategies by which patient care, education, and research may be advanced. JHHSC consolidates JHHC. These entities are all consolidated operating entities and are collectively known as the “Affiliates”.

Use of estimates. The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Basis of presentation. The accompanying combined financial statements and supplementary combining schedules have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Principles of combination. The combined financial statements include the accounts of JHHSC and all Affiliates after elimination of all significant intercompany accounts and transactions.

Cash and cash equivalents. Cash and cash equivalents include amounts invested in accounts with depository institutions which are readily convertible to cash, with original maturities of three months or less. Total deposits maintained at these institutions at times exceed the amount insured by federal agencies and therefore, bear a risk of loss. JHHS has not experienced such losses on these funds.

The Johns Hopkins Health System Corporation and Affiliates

Notes to Combined Financial Statements

for the years ended June 30, 2015 and 2014

Through arrangements with banks, excess operating cash is invested daily. This investment is considered a cash equivalent in the accompanying Combined Balance Sheets. JHHS earns interest on these funds at a rate that is based upon the bank's Federal Funds rate. The interest is recorded in the Combined Statements of Operations and Changes in Net Assets as investment income.

Inventories of supplies. Inventories of supplies are composed of medical supplies, drugs, linen, and parts inventory for repairs. Inventories of supplies are recorded at lower of cost or market using a first in, first out method.

Assets whose use is limited. Assets whose use is limited ("AWUIL") or restricted by the donor are recorded at fair value at the date of donation. Investment income or losses on investments of temporarily or permanently restricted assets is recorded as an increase or decrease in temporarily or permanently restricted net assets to the extent restricted by the donor or law. The cost of securities sold is based on the specific identification method.

Assets whose use is limited include assets held by trustees under debt agreements, assets restricted by the board of trustees, pledges receivable, beneficial interest remainder trusts, interest in the net assets of Howard Hospital Foundation, and net assets set aside pursuant to their temporarily and permanently restricted nature. These assets consist primarily of cash and short term investments, accrued interest and pledges receivable. The carrying amounts reported in the Combined Balance Sheets represent fair value.

Investments and investment income. Investments in equity securities with readily determinable fair values and all investments in debt securities are classified as trading and are recorded at fair value in the Combined Balance Sheets. Debt and equity securities traded on a national securities and international exchange are valued as of the last reported sales price on the last business day of the fiscal year; investments traded on the over-the-counter market and listed securities for which no sale was reported on that date are valued at the average of the last reported bid and ask prices.

Investments include equity method investments in managed funds, which include hedge funds, private partnerships and other investments which do not have readily ascertainable fair values and may be subject to withdrawal restrictions. Investments in hedge funds, private partnerships, and other investments in managed funds (collectively "alternative investments"), are accounted for under the equity method. The equity method income or loss from these alternative investments is included in the Combined Statements of Operations and Changes in Net Assets as an unrealized gain or loss above excess of revenues over expenses.

Alternative investments are less liquid than other types of investments held by JHHS. These instruments may contain elements of both credit and market risk. Such risks include, but are not limited to, limited liquidity, absence of oversight, dependence upon key individuals, emphasis on speculative investments, and nondisclosure of portfolio composition.

Investment income earned on cash and investment balances (interest and dividends) is reported in the operating income section of the Combined Statements of Operations and Changes in Net Assets under 'Investment income'. Realized gains or losses related to the sale of investments, and changes in unrealized gains or losses on investments are included in the non-operating section of the Combined Statements of Operations and Changes in Net Assets included in excess of revenues over expenses unless the income or loss is restricted by donor or law.

Investments in companies in which JHHS does not have control, but has the ability to exercise significant influence over operating and financial policies, are accounted for using the equity method of accounting, and operating results flow through investment income on the Combined Statements of Operations and Changes in Net Assets. Dividends received are recorded as a reduction of the carrying amount of the investment.

The Johns Hopkins Health System Corporation and Affiliates

Notes to Combined Financial Statements

for the years ended June 30, 2015 and 2014

Investments in companies in which JHHS does not have control, nor has the ability to exercise significant influence over operating and financial policies, are accounted for using the cost method of accounting. Investments are originally recorded at cost, with dividends received being recorded as investment income.

Property, plant and equipment. Property, plant and equipment acquisitions are recorded at cost. Equipment is recorded as an asset if the individual cost is at least \$5 thousand and the useful life is at least two years. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method. Equipment under capital lease obligations is amortized on the straight-line method over the shorter period of lease term or estimated useful life of the equipment. Estimated useful lives assigned by JHHS range from 2 to 25 years for land improvements, 3 to 45 years for buildings and improvements, 2 to 25 years for fixed and movable equipment, and 2 to 20 years for leasehold improvements (using the lesser of the lease term or the useful life of the improvement). Interest costs incurred on borrowed funds, net of income earned, during the period of construction of capital assets are capitalized as a component of the cost of acquiring those assets. Repair and maintenance costs are expensed as incurred. When property, plant and equipment are retired, sold or otherwise disposed of, the asset's carrying amount and related accumulated depreciation are removed from the accounts and any gain or loss is included in operating income.

The cost of software is capitalized provided the cost of the project is at least \$30 thousand (\$100 thousand for JHH) and the expected life is at least two years. Costs include payment to vendors for the purchase of software and assistance in its installation, payroll costs of employees directly involved in the software installation, and capitalized interest costs of the software project. Preliminary costs to document system requirements, vendor selection, and any costs incurred before the software purchase are expensed. Capitalization of costs ends when the project is completed and is ready to be used. Where implementation of the project is in phases, only those costs incurred which further the development of the project are capitalized. Costs incurred to maintain the system are expensed.

Gifts of long-lived assets such as land, buildings or equipment are reported as unrestricted support, and are excluded from the excess of revenues over expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expiration of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Impairment of long-lived assets. Long-lived assets are reviewed for impairment when events and circumstances indicate that the carrying amount of an asset may not be recoverable. JHHS' policy is to record an impairment loss when it is determined that the carrying amount of the asset exceeds the sum of the expected undiscounted future cash flows resulting from use of the asset and its eventual disposition. Impairment losses are measured as the amount by which the carrying amount of the asset exceeds its fair value and are reported in the non-operating section of the Combined Statements of Operations and Changes in Net Assets. Long-lived assets to be disposed of are reported at the lower of the carrying amount or fair value less cost to sell. No material impairment charges were recorded in 2015 or 2014.

Financing expenses. Financing expenses incurred in connection with the issuance of debt have been capitalized and are included in other assets in the Combined Balance Sheets. The expenses are being amortized over the terms of the related debt issues using the effective interest method. The total amount capitalized as of June 30, 2015 and 2014 was \$8.1 million and \$7.4 million, respectively. The total amount expensed for the period ended June 30, 2015 and 2014 was \$988 thousand and \$721 thousand, respectively.

The Johns Hopkins Health System Corporation and Affiliates

Notes to Combined Financial Statements

for the years ended June 30, 2015 and 2014

Intangible asset. In connection with the acquisition of ACH in 2011, an intangible asset for the trade name "All Children's Hospital" of \$11.7 million was recognized, and is recorded in other long-term assets on the Balance Sheets. The trade name is considered to have an indefinite useful life and is not amortized into results of operations. The trade name is reviewed for impairment annually or more often if impairment indicators arise. No impairment charges were recorded for the years ended June 30, 2015 and 2014.

Medical claims reserve. JHHC's medical claims reserve is an estimate of payments to be made for reported claims and losses incurred but not reported. The estimate was developed using actuarial methods based upon historical data for payment patterns, cost trends, and other relevant factors. The estimate is continually reviewed and adjusted as necessary as experience develops or new information becomes known; such adjustments are included in current operating income.

Deferred revenue. JHHC's capitated receipts received in advance for future services to be provided are recorded as deferred revenue.

Accrued vacation. JHHS records a liability for amounts due to employees for future absences which are attributable to services performed in the current and prior periods.

Advances from third-party payors. JHHS receives advances from some of its third-party payors so that those payors can receive the stated prompt pay discount allowed in the State of Maryland. Advances are recorded as a liability in the Combined Balance Sheets.

Estimated malpractice costs. The provision for estimated medical malpractice claims includes estimates of the ultimate gross costs for both reported claims and claims incurred but not reported. Additionally, an insurance recovery has been recorded representing the amount expected to be recovered from the self-insured captive insurance company.

Swap agreements. The value of the interest rate swap agreements entered into by JHHS are adjusted to fair value monthly at the close of each accounting period based upon quotations from market makers. The change in fair value, if any, is recorded in the non-operating section of the Combined Statements of Operations and Changes in Net Assets. Entering into interest rate swap agreements involves, to varying degrees, elements of credit, default, prepayment, market and documentation risk in excess of the amounts recognized on the Balance Sheets. Such risks involve the possibility that there will be no liquid market for these agreements. The counterparty to these agreements may default on its obligation to perform and there may be unfavorable changes in interest rates.

Noncontrolling interests. JHHC is owned by JHHSC and the University, each member having a 50% interest. JHHC's profits are divided between the members based on product line. Based on control, JHHSC consolidates JHHC and records noncontrolling interests for the profits attributable to the University. Additionally, JHHC owns a 50% interest in Priority Partners Managed Care Organization, Inc. ("Priority Partners"), a for-profit joint venture. Based on control, JHHC consolidates Priority Partners and records noncontrolling interests for 50% of the profits.

Asset retirement obligations. Accounting for asset retirement obligations provides for the recognition of an estimated liability for legal obligations associated with the retirement of tangible long-lived assets, including obligations that are conditional upon a future event. JHHS measures asset retirement obligations at fair value when incurred and capitalizes a corresponding amount as part of the related long-lived assets. The increase in the capitalized cost is included in determining depreciation expense over the estimated useful life of these assets. Since the fair value of the asset retirement obligation is determined using a present value approach, accretion of the obligation due to the passage of time until its settlement is recognized each year as part of interest expense in the Combined Statements of Operations and Changes in Net Assets.

The Johns Hopkins Health System Corporation and Affiliates

Notes to Combined Financial Statements

for the years ended June 30, 2015 and 2014

Temporarily and permanently restricted net assets. Temporarily restricted net assets are those whose use has been limited by donors or law to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained in perpetuity. Income generated from these assets is available as restricted by the donor or for general program support.

Donor restricted gifts. Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. Unconditional promises to give cash to JHHS greater than one year are discounted using a rate of return that a market participant would expect to receive at the date the pledge is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose for the restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the Combined Statements of Operations and Changes in Net Assets as net assets released from restrictions. Donor restricted contributions whose restrictions are met within the same year as received and unrestricted contributions are reported as other revenue in the Combined Statements of Operations and Changes in Net Assets.

Grants. JHHS receives various grants from individuals and agencies of the Federal and State Governments for the purpose of furthering its mission of providing patient care. Grants are recognized as support and the related project costs are recorded as expenses when services related to grants are incurred. Grant receivables are included in due from others in the Combined Balance Sheets and grant income is included in other revenue in the Combined Statements of Operations and Changes in Net Assets.

Managed care revenues. Premium revenue is recognized during the period in which JHHC or Priority Partners is obligated to provide services to its enrollees. Global contract revenue is based on global rate agreements with various third-party payors who, based on medical procedures, pay contractual packaged prices. Net patient service revenue is reported at estimated net realizable amounts from patients, third-party payors, and others for services rendered. Management fees represent capitated payments for management services from Johns Hopkins University, JHMSC, and EHP, and are recognized when obligated to provide the service.

Other revenue. Other revenue contains ancillary services such as discharge pharmacies and shared services provided to non-consolidating affiliates.

Excess of revenues over expenses. The Combined Statements of Operations and Changes in Net Assets include excess of revenues over expenses. Changes in unrestricted net assets which are excluded from excess of revenues over expenses, consistent with industry practice, include, among other items, changes in unrealized gains and losses on investments other than trading securities, change in funded status of defined benefit plans, changes in accounting principle, permanent transfers of assets to and from affiliates for other than goods or services, and contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets).

Non-operating revenues and expenses. For purposes of display, transactions deemed by management to be ongoing, major, or central to the provision of health care services are reported as revenues and expenses. Peripheral or incidental transactions are reported as non-operating revenues and expenses. For the years ended June 30, 2015 and 2014, non-operating revenues and expenses are composed primarily of interest paid and changes in market value on interest rate swap agreements, realized and changes in unrealized gains (losses) on investments, non-operating services, and loss on advance refunding of debt.

Income taxes. JHHSC and Affiliates, except JHMMC, EHP, HCSI, OA, HCOB, and JHHC are not-for-profit organizations that qualify under Section 501(c)(3) of the Internal Revenue Code, and are therefore not subject to tax under current income tax regulations.

The Johns Hopkins Health System Corporation and Affiliates

Notes to Combined Financial Statements

for the years ended June 30, 2015 and 2014

JHHC is classified as a partnership for Federal and State income tax purposes and accordingly, there is no provision for income taxes in the accompanying combined financial statements. Taxable income or loss passes through to and is reported by the members in their respective tax returns. Taxable subsidiaries of Affiliates account for income taxes in accordance with Financial Accounting Standards Board (“FASB”) guidance on accounting for income taxes. Deferred income taxes are recognized for the tax consequences in future years for differences between the tax basis of assets and liabilities and their financial reporting amounts at each year end. Affiliate subsidiaries otherwise exempt from Federal and State taxation are nonetheless subject to taxation at corporate tax rates at both the Federal and State levels on their unrelated business income. Total taxes paid to Federal and State tax authorities during the years ended June 30, 2015 and 2014 amounted to \$37.5 million and \$33.9 million, respectively.

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. The guidance also provides guidance on the measurement, classification and disclosure of tax return positions in the financial statements. There was no impact on JHHS’ financial statements during the years ended June 30, 2015 and 2014.

New accounting standards. In May 2014, the FASB issued a standard on Revenue from Contracts with Customers. This standard implements a single framework for recognition of all revenue earned from customers. This framework ensures that entities appropriately reflect the consideration to which they expect to be entitled in exchange for goods and services by allocating transaction price to identified performance obligations and recognizing revenue as performance obligations are satisfied. Qualitative and quantitative disclosures are required to enable users of financial statements to understand the nature, amount, timing, and uncertainty of revenue and cash flows arising from contracts with customers. The standard is effective for fiscal years beginning after December 15, 2017. JHHSC is evaluating the impact this will have on the combined financial statements beginning in fiscal year 2019.

2. Net Patient Service Revenue

JHHS has agreements with third-party payors that provide for payments to JHHS at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined. Adjustments mandated by the Health Services Cost Review Commission (“Commission” or “HSCRC”) are also included in contractual adjustments, a portion of which are also included in established rates.

The State of Maryland has been granted a waiver by the federal government exempting the State from national Medicare and Medicaid reimbursement principles. JHH, JHBMC, HCGH and SHI charges for inpatient as well as outpatient and emergency services performed at the hospitals are regulated by the Commission. JHHS’ management has made all submissions required by the Commission and believes JHHS is in compliance with Commission requirements. Management believes that the waiver and Commission regulation will remain in effect through December 31, 2018.

Effective January 1, 2014, with retroactive application to revenues generated by services provided after June 30, 2013, the Commission and the Center for Medicare and Medicaid Services entered into a Global Budget Revenue Agreement (“GBR”). The agreement will remain in effect through December 31, 2018. The GBR moves from a Medicare per admission methodology to a per capita population health based methodology. However, all hospitals continue to receive reimbursement

The Johns Hopkins Health System Corporation and Affiliates

Notes to Combined Financial Statements

for the years ended June 30, 2015 and 2014

under an all payor basis. The methodology also includes a new waiver test. Under the new waiver test, growth in revenue per capita will be limited to a rate of 3.58% for the State of Maryland in total. The new agreement sets a hospital's revenue base annually under a global budget arrangement, whereby revenue would be fixed regardless of changes in volume and patient mix for Maryland residents. Hospital revenue for Maryland residents receiving care at Maryland hospitals is subject to this global budget. However, out of state patients receiving care at Maryland hospitals are not subject to the global budget. The hospital would receive full rate authority for any out of state volume and growth, or would receive less revenue for lower volumes of out of state patients. HCGH has negotiated to include out of state volume within their global budget; therefore, all in state and out of state volumes are subject to their global budget.

Under the Commission reimbursement methodology, amounts collected for services to patients under the Medicare and Medicaid programs are computed at approximately 94% of Commission approved charges. Other payors are eligible to receive up to a 2.25% discount on prompt payment of claims.

SMH and ACH operate outside of the State of Maryland, and are paid prospectively based upon negotiated rates for commercial insurance carriers, and predetermined rates per discharge for Medicaid and Medicare program beneficiaries. Payment arrangements include cost-based reimbursement, per diem payments, prospectively determined rates per discharge, discounted charges, and fee schedules. Net patient service revenues are booked at estimated realizable amounts due from patients, third-party payors, and others for services rendered, and include estimated retroactive revenue adjustments due to future audits and reviews. Retroactive adjustments are estimated and are considered in the recognition of revenue in the period the services are rendered. Such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to audits and reviews.

ACH received final audited rates for previously-audited cost report years 2001, 2002, 2005, 2006, 2007 and 2008 during the twelve months ended June 30, 2015. Retroactive settlements for these years are included in net patient service revenue in the Combined Statements of Operations and Changes in Net Assets.

During the year ended June 30, 2015, SMH received no final audits for Medicare cost report years. As of June 30, 2015, SMH has Medicare cost report years 2009 through 2014 open.

Capitation payments included in net patient service revenue are recognized as premium revenues during the period in which JHHS Affiliates are obligated to provide services to its enrollees at contractually determined rates.

JHHS' not-for-profit Affiliates provide care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Such patients are identified based on information obtained from the patient and subsequent analysis. Because the Affiliates do not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue. Direct and indirect costs for these services amounted to \$53.4 million and \$62.3 million for the years ended June 30, 2015 and 2014, respectively. The costs of providing charity care services are based on a calculation which applies a ratio of costs to charges to the gross uncompensated charges associated with providing care to charity patients. The ratio of cost to charges is calculated based on JHHS' total expenses (less bad debt expense) divided by gross patient service revenue.

Patient accounts receivable are reported net of estimated allowances for uncollectible accounts and contractual adjustments in the accompanying financial statements. 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. The provision for bad debts related to patient service

The Johns Hopkins Health System Corporation and Affiliates
Notes to Combined Financial Statements
for the years ended June 30, 2015 and 2014

revenue is presented as a deduction from patient service revenue on the face of the Combined Statements of Operations and Changes in Net Assets. For uninsured patients that do not qualify for charity care, the Hospital recognizes revenue on the basis of its standard rates for services provided. On the basis of historical experience, a significant portion of the Hospitals uninsured patients will be unable or unwilling to pay for the services provided. Thus, a significant provision for bad debts is recorded related to uninsured patients in the period services are provided. Management continuously assesses the adequacy of the allowance for uncollectible accounts based upon historical write-off experience and payment trends by payor classification.

Patient service revenue, net of contractual allowances (but before the provision for bad debts), recognized in the year ending June 30, 2015 from these major payor sources is as follows:

	<u>Third-Party Payors</u>	<u>Self-pay</u>	<u>Total All Payors</u>
Patient service revenue (net of contractual allowances)	\$ 4,913,775	\$ 77,601	\$ 4,991,376

Patient service revenue, net of contractual allowances (but before the provision for bad debts), recognized in the year ending June 30, 2014 from these major payor sources is as follows:

	<u>Third-Party Payors</u>	<u>Self-pay</u>	<u>Total All Payors</u>
Patient service revenue (net of contractual allowances)	\$ 4,608,343	\$ 118,305	\$ 4,726,648

The following table depicts the mix of gross accounts receivable from patients and third-party payors as of June 30, 2015 and 2014:

	2015	2014
Medicare	19.2%	20.6%
Medicaid	13.4%	15.9%
Blue Cross and Blue Shield	13.8%	11.8%
Medicaid managed care organizations	7.5%	8.5%
Self pay and other third-party payers	46.1%	43.2%
Total	<u>100.0%</u>	<u>100.0%</u>

3. Pledges Receivable

As of June 30, 2015 and 2014, the value of pledges receivable before discounts was \$42.0 million and \$32.3 million, respectively. Pledges receivable have been discounted at rates ranging from 0.11% to 6.0% and consist of the following (in thousands):

The Johns Hopkins Health System Corporation and Affiliates
Notes to Combined Financial Statements
for the years ended June 30, 2015 and 2014

As of June 30, 2015	1 Year	2 –5 Years	5 Years or Greater	Totals
Departmental campaigns	\$ 3,345	\$ 9,377	\$ 1,604	\$ 14,326
Future campus development	3,212	8,065	9,533	20,810
	<u>\$ 6,557</u>	<u>\$ 17,442</u>	<u>\$ 11,137</u>	<u>\$ 35,136</u>

As of June 30, 2014	1 Year	2 –5 Years	5 Years or Greater	Totals
Departmental campaigns	\$ 3,183	\$ 7,412	\$ 1,664	\$ 12,259
Future campus development	4,450	8,812	2,556	15,818
	<u>\$ 7,633</u>	<u>\$ 16,224</u>	<u>\$ 4,220</u>	<u>\$ 28,077</u>

Pledges are deemed to be fully collectible and therefore, no allowance for uncollectible pledges has been recorded.

4. Fair Value Measurements

FASB's guidance on the fair value option for financial assets and financial liabilities permits companies to choose to measure many financial assets and liabilities, and certain other items at fair value. This guidance requires a company to record unrealized gains and losses on items for which the fair value option has been elected in its performance indicator. The fair value option may be applied on an instrument by instrument basis. Once elected, the fair value option is irrevocable for that instrument. The fair value option can be applied only to entire instruments and not to portions thereof. JHHS has not elected fair value accounting for any asset or liability that is not currently required to be measured at fair value.

JHHS follows the guidance on fair value measurements, which defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date, establishes a framework for measuring fair value, and expands disclosures about such fair value measurements. This guidance applies to other accounting pronouncements that require or permit fair value measurements and, accordingly, this guidance does not require any new fair value measurements.

This guidance discusses valuation techniques such as the market approach, cost approach and income approach. The guidance establishes a three-tier level hierarchy for fair value measurements based upon the transparency of inputs used to value an asset or liability as of the measurement date. The three-tier hierarchy prioritizes the inputs used in measuring fair value as follows:

- Level 1 – Observable inputs such as quoted market prices for identical assets or liabilities in active markets;
- Level 2 – Observable inputs for similar assets or liabilities in an active market, or other than quoted prices in an active market that are observable either directly or indirectly; and
- Level 3 – Unobservable inputs in which there is little or no market data that require the reporting entity to develop its own assumptions. There are no instruments requiring Level 3 classification.

The financial instrument's categorization within the hierarchy is based upon the lowest level of input that is significant to the fair value measurement. Each of the financial instruments below has been valued utilizing the market approach.

The Johns Hopkins Health System Corporation and Affiliates
Notes to Combined Financial Statements
for the years ended June 30, 2015 and 2014

The following table presents the financial instruments carried at fair value as of June 30, 2015 grouped by hierarchy level:

<u>Assets</u>	Total Fair Value	Level 1	Level 2
Cash and cash equivalents (1)	\$ 630,666	\$ 630,666	\$ -
Commercial paper (1)	26,482	26,482	-
Certificates of deposit (1)	1,822	-	1,822
U.S. Treasuries (2)	398,064	-	398,064
Corporate bonds (2)	304,319	-	304,319
Asset backed securities (2)	177,784	-	177,784
Equities and equity funds (3)	980,859	731,143	249,716
Fixed income funds (4)	233,750	146,530	87,220
Totals	<u>\$ 2,753,746</u>	<u>\$ 1,534,821</u>	<u>\$ 1,218,925</u>
 <u>Liabilities</u>			
Interest rate swap agreements (5)	<u>\$ 213,287</u>	<u>\$ -</u>	<u>\$ 213,287</u>

The following table presents the financial instruments carried at fair value as of June 30, 2014 grouped by hierarchy level:

<u>Assets</u>	Total Fair Value	Level 1	Level 2
Cash and cash equivalents (1)	\$ 613,394	\$ 613,394	\$ -
Commercial paper (1)	22,521	22,521	-
Certificates of deposit (1)	2,033	-	2,033
U.S. Treasuries (2)	513,485	-	513,485
Corporate bonds (2)	367,592	-	367,592
Asset backed securities (2)	117,486	-	117,486
Equities and equity funds (3)	993,172	668,330	324,842
Fixed income funds (4)	227,634	220,769	6,865
Totals	<u>\$ 2,857,317</u>	<u>\$ 1,525,014</u>	<u>\$ 1,332,303</u>
 <u>Liabilities</u>			
Interest rate swap agreements (5)	<u>\$ 190,621</u>	<u>\$ -</u>	<u>\$ 190,621</u>

- (1) Cash equivalents, commercial paper, money market funds, and overnight investments include investments with original maturities of three months or less. Certificates of deposit are carried at amortized cost. Certificates of deposit and commercial paper that have original maturities greater than three months are considered short-term investments. Cash and cash equivalents, commercial paper, money market funds, and overnight investments are rendered level 1 due to their frequent pricing and ease of converting to cash. Computed prices and frequent evaluation versus fair value render the certificates of deposit level 2.
- (2) For investments in U.S. Treasuries (notes, bonds, and bills), corporate bonds, and asset backed securities, fair value is based on quotes for similar securities; therefore these investments are rendered level 2. These investments fluctuate in value based upon changes in interest rates.
- (3) Equities include individual equities and investments in mutual funds, and commingled trusts. The individual equities and mutual funds are valued based on the closing price on the primary market and are rendered level 1. The commingled trusts and hedge funds are valued regularly within each month utilizing NAV per unit and are rendered level 2.

The Johns Hopkins Health System Corporation and Affiliates
Notes to Combined Financial Statements
for the years ended June 30, 2015 and 2014

- (4) Fixed income funds are investments in mutual funds and commingled trusts investing in fixed income instruments. The underlying fixed investments are principally U.S. Treasuries, corporate bonds, commercial paper, and mortgage backed securities. The mutual funds are valued based on the closing price on the primary market and are rendered level 1. The commingled trusts are valued regularly within each month utilizing NAV per unit and are rendered level 2.
- (5) The interest rate swap agreements, discussed further in footnote 9 "Derivative Financial Instruments," are valued using a swap valuation model that utilizes an income approach using observable market inputs including long-term interest rates, LIBOR swap rates, and credit default swap rates.

During 2015 and 2014, there were no significant transfers between level 1 and 2.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair value. Furthermore, while JHHS believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value as of the reporting date.

JHHS holds alternative investments that are not traded on national exchanges or over-the counter markets. These alternative investments are valued utilizing the net asset values provided by the underlying investment companies unless management determines some other valuation is more appropriate. There are no unfunded commitments related to JHHS' alternative investments.

The following table displays information by major alternative investment category as of June 30, 2015 (in thousands):

Description	Carrying Value	Liquidity	Notice Period	Receipt of Proceeds
Global asset allocation	\$ 279,158	Monthly or quarterly	5 to 30 days	Within 10 to 30 days, 95% in 5 days of redemption, 5% in 30 days after withdrawal or 90% within 30 days, 10% after annual audit
Fund of funds	\$ 111,831	Monthly or quarterly	15 to 70 days	Within 5 days, within 30 days, or 90% in 30 to 60 days, 10% after annual audit
Hedge Funds	\$ 12,628	Quarterly	60 days	95% within 30 days of redemption date; 5% within 120 days of redemption date
Total	<u>\$ 403,617</u>			

The following table displays information by major alternative investment category as of June 30, 2014 (in thousands):

Description	Carrying Value	Liquidity	Notice Period	Receipt of Proceeds
Global asset allocation	\$ 230,986	Daily or monthly	Same day or 5 days	Day after trade, or within 15 to 30 days, 95% in 5 days of redemption, 5% in 30 days after withdrawal
Fund of funds	\$ 108,368	Monthly or quarterly	25 to 70 days	Within 30 days, or 90% in 30 to 60 days, 10% after annual audit
Hedge Funds	\$ 11,822	Quarterly	60 days	95% within 30 days of redemption date; 5% within 120 days of redemption date
Total	<u>\$ 351,176</u>			

The estimated total fair value of long-term debt excluding capital leases, rendered level 2 based on quoted market prices for the same or similar issues, was approximately \$1.7 billion and \$1.8 billion for the years ended June 30, 2015 and 2014, respectively.

The Johns Hopkins Health System Corporation and Affiliates
Notes to Combined Financial Statements
for the years ended June 30, 2015 and 2014

5. Cash and Cash Equivalents, Investments, and Assets Whose Use is Limited

Cash and cash equivalents and investments (short and long-term) as of June 30 consisted of the following (in thousands):

	2015 Carrying Amount	2014 Carrying Amount
Cash and cash equivalents measured at fair value	\$ 630,666	\$ 613,394
Cash and cash equivalents included in AWUIL	(51,177)	(43,692)
Total cash and cash equivalents	<u>\$ 579,489</u>	<u>\$ 569,702</u>
U.S. Treasuries	190,085	252,770
Commercial paper	25,526	21,968
Certificates of deposit	1,822	2,033
Corporate bonds	165,804	249,090
Asset backed securities	96,607	62,170
Fixed income funds	175,478	168,413
Equities and equity funds	585,992	503,488
Short and long-term investments measured at fair value	<u>1,241,314</u>	<u>1,259,932</u>
Investments in affiliates	195,430	168,154
Alternative investments	318,415	266,434
Total short and long-term investments	<u>\$ 1,755,159</u>	<u>\$ 1,694,520</u>

Assets whose use is limited as of June 30 consisted of the following (in thousands):

	2015 Carrying Amount	2014 Carrying Amount
Commercial paper	\$ 956	\$ 553
U.S. Treasuries	207,979	260,715
Corporate bonds	138,515	118,502
Asset backed securities	81,177	55,316
Fixed income funds	58,272	59,221
Equities and equity funds	394,867	489,684
Assets whose use is limited measured at fair value	<u>881,766</u>	<u>983,991</u>
Cash in AWUIL reported as cash and cash equivalents on leveling table	51,177	43,692
Alternative investments	85,202	84,742
Pledges receivable	35,136	28,077
Beneficial interest remainder trust	17,438	18,525
Interest in net assets of HHF	16,688	13,644
Other	541	233
Total assets whose use is limited	<u>\$ 1,087,948</u>	<u>\$ 1,172,904</u>

Realized and unrealized gains on investments for the years ended June 30, included in the non-operating revenues and expenses section of the Statement of Operations consisted of the following (in thousands):

The Johns Hopkins Health System Corporation and Affiliates
Notes to Combined Financial Statements
for the years ended June 30, 2015 and 2014

	2015	2014
Realized gains on investments	\$ 45,735	\$ 54,703
Changes in unrealized (losses) gains on investments	(70,739)	164,245
Total	<u>\$ (25,004)</u>	<u>\$ 218,948</u>

Investments recorded under the cost or equity method as of June 30 consisted of the following (in thousands):

Affiliate	Cost / Equity	%	2015	2014
Johns Hopkins International, LLC ("JHI")	Equity	50.00%	\$ 39,082	\$ 22,436
Johns Hopkins Home Care Group, Inc. ("JHHCG")	Equity	50.00%	9,908	8,515
FSK Land Corporation	Equity	50.00%	7,910	6,564
Mt. Washington Pediatric Hospital and Foundation	Equity	50.00%	34,604	30,092
JHMI Utilities, LLC	Equity	50.00%	12,487	11,602
Sibley-Suburban Home Health Agency, Inc.	Equity	50.00%	6,468	5,089
West County, LLC	Equity	50.00%	7,979	7,637
MCIC Bermuda	Cost	10.00%	57,941	57,941
Other			19,051	18,278
			<u>\$ 195,430</u>	<u>\$ 168,154</u>

Summarized below are the aggregate assets, liabilities, revenues and expenses for JHI, Mt. Washington Pediatric Hospital and Foundation, and JHMI Utilities, LLC as of and for the year ended June 30, 2015 and June 30, 2014 (in thousands):

	2015	2014
Assets	\$ 500,060	\$ 429,666
Liabilities	311,948	282,774
Revenues	325,678	269,918
Expenses	279,487	246,753

During the year ended June 30, 2014, JHHS entered into a stock purchase agreement with Premier, Inc. ("Premier") whereby JHHS acquired 1.44 million class B shares of common stock for \$1.5 million in cash and \$1.0 million in value from its existing ownership of Premier. Premier went public on November 1, 2013. The class B shares vest ratably over a seven year period. Once vested, JHHS has the option to convert the vested class B shares to class A shares. No vested class B shares were converted during the years ended June 30, 2015 and 2014. The cost basis of the class B shares increases as the shares vest. As of June 30, 2015 and June 30, 2014 the total cost basis of the class B shares was \$5.0 million and \$3.7 million, respectively.

JHHS consolidates certain affiliates that it owns 50% or more, but less than 100%, because JHHS has control and significant influence over those affiliates. The net asset activity attributable to the noncontrolling interests consisted of the following as of June 30, (in thousands):

The Johns Hopkins Health System Corporation and Affiliates
Notes to Combined Financial Statements
for the years ended June 30, 2015 and 2014

	2015	2014
Net assets attributable to noncontrolling interests at beginning of period	\$ 71,421	\$ 59,105
Income attributable to noncontrolling interests	11,588	18,965
Distributions attributable to noncontrolling interests	(4,650)	(6,692)
Other comprehensive income attributable to noncontrolling interests	-	43
Net assets attributable to noncontrolling interests at end of period	<u>\$ 78,359</u>	<u>\$ 71,421</u>

6. Property, Plant and Equipment

Property, plant and equipment and accumulated depreciation and amortization consisted of the following as of June 30 (in thousands):

	<u>2015</u>		<u>2014</u>	
	Cost	Accumulated Depreciation and Amortization	Cost	Accumulated Depreciation and Amortization
Land and land improvements	\$ 170,646	\$ 12,644	\$ 158,752	\$ 11,438
Buildings and improvements	2,226,815	774,585	2,164,271	709,494
Fixed and moveable equipment	1,749,502	853,855	1,664,795	771,656
Capitalized software	160,008	132,971	168,812	128,592
Construction in progress	260,209	-	229,417	-
	<u>\$ 4,567,180</u>	<u>\$ 1,774,055</u>	<u>\$ 4,386,047</u>	<u>\$ 1,621,180</u>

Accruals for purchases of property, plant and equipment as of June 30, 2015 and 2014 amounted to \$23.6 million and \$22.4 million, respectively, and are included in accounts payable and accrued liabilities in the Combined Balance Sheets. Depreciation and amortization expense for the years ended June 30, 2015 and 2014 amounted to \$264.6 million and \$266.2 million, respectively.

During the year ended June 30, 2015 and 2014, JHHS retired long-lived assets determined to have no future value. During 2015, the original cost and corresponding accumulated depreciation of these long-lived assets was \$112.9 million and \$107.6 million, respectively. No proceeds from retirement were received in 2015. During 2014, the original cost and corresponding accumulated depreciation of these long-lived assets was \$67.7 million and \$66.4 million, respectively. No proceeds from retirement were received in 2014.

7. Medical Claims Reserves

JHHC's activity related to its liability for unpaid health claims for the years ended June 30 are summarized in the table below (in thousands):

The Johns Hopkins Health System Corporation and Affiliates
Notes to Combined Financial Statements
for the years ended June 30, 2015 and 2014

	2015	2014
Balance, July 1	\$ 102,531	\$ 105,825
Incurred related to:		
Current year	1,095,017	981,898
Prior year	(15,684)	(24,541)
Total incurred	<u>1,079,333</u>	<u>957,357</u>
Paid related to:		
Current year	988,132	878,367
Prior year	86,847	82,284
Total paid	<u>1,074,979</u>	<u>960,651</u>
Balance, June 30	<u>\$ 106,885</u>	<u>\$ 102,531</u>

The medical claims reserve is inherently subject to a number of highly variable circumstances, including changes in payment patterns, cost trends and other relevant factors. Consequently, the actual experience may vary materially from the original estimate. The above medical claims reserves include intercompany activity that is eliminated in combination.

8. Debt

Debt as of June 30 is summarized as follows (in thousands):

	<u>Interest Rate(s)</u>	<u>Final Maturity</u>	<u>2015</u>	<u>2014</u>
Tax Exempt Maryland Health and Higher Education Facilities Authority ("MHHEFA") Bonds and Notes:				
1985 Series A and B – Pooled Loan Program Issue (JHBMC, JHHSC)	1.00%	2030	\$ 4,163	\$ 5,411
1990 Series - Revenue Bonds (JHH)	7.30% to 7.35%	2019	40,545	47,243
2004 Series A - Revenue Bonds (SHI)	4.7% to 5.5%	2016	3,310	8,145
2004 – Commercial Paper Revenue Notes Series B (JHBMC)	0.07%	2025	69,510	73,930
2008 Series - Revenue Bonds (JHH)	3.65% to 5.00%	2048	-	48,245
2010 Series - Revenue Bonds (JHH)	4.38% to 5.00%	2040	148,195	148,195
2011 Series A - Revenue Bonds (JHH)	2.00% to 5.00%	2026	67,095	69,755
2011 Series B – Revenue Bonds (JHH)	1.26%	2042	48,245	48,245
2012 Series A – Note (JHH)	0.55%	2023	49,470	50,845
2012 Series B - Revenue Bonds (JHH)	2.00% to 5.00%	2033	91,200	94,090
2012 Series C – Revenue Bonds (JHH)	0.94%	2038	83,600	83,975
2012 Series D – Revenue Bonds (JHH)	0.94%	2038	83,900	84,330
2012 Series E – Floating Rate Note (JHH)	0.66%	2029	100,000	100,000
2013 Series A – Revenue Bonds (JHHSC)	0.71%	2046	88,250	88,250
2013 Series B – Revenue Bonds (JHHSC)	0.69%	2029	57,490	59,710
2013 Series C – Revenue Bonds (JHHSC)	3.00% to 5.00%	2043	238,000	238,000
2015 Series A - Revenue Bonds (JHHSC)	2.00% to 5.00%	2040	134,735	-
2015 Series B - Revenue Bonds (JHHSC)	0.67%	2018	48,245	-
Tax Exempt City of St. Petersburg Health Facilities Authority Revenue				
2002 Series - Revenue Bonds (ACH)	4.0% to 5.5%	2021	-	18,330
2007 Series B – Revenue Refunding Bonds (ACH)	0.45%	2034	-	25,875
2009 Series A – Revenue Refunding Bonds (ACH)	3.5% to 6.5%	2039	-	67,036
2012 Series A – Revenue Refunding Bonds (ACH)	0.63%	2035	97,450	99,100
Tax Exempt District of Columbia Revenue Bonds:				
2009 Series - Revenue Bonds (SMH)	4.00% to 6.50%	2039	-	69,032
Taxable Revenue Bonds:				
2013 Series – Taxable Bonds (JHHSC)	1.42% to 2.77%	2023	148,165	148,165
Other debt:				
Johns Hopkins Endowment (JHHSC)	6.00%	2018	1,446	1,873
			<u>1,603,014</u>	<u>1,677,780</u>
Unamortized premiums and discounts, net			29,533	18,890
Obligations under capital leases			<u>33,369</u>	<u>35,151</u>
			1,665,916	1,731,821
Current maturities of long-term debt			<u>(44,477)</u>	<u>(98,705)</u>
Total long-term debt and obligations under capital leases, net of current portion			<u>\$ 1,621,439</u>	<u>\$ 1,633,116</u>

The Johns Hopkins Health System Corporation and Affiliates

Notes to Combined Financial Statements

for the years ended June 30, 2015 and 2014

Obligated Group

The Johns Hopkins Health System Obligated Group ("JHHS Obligated Group") consists of JHH, JHBMC, HCGH, SHI, SHHS, SMH, ACH and JHHSC. The most recent admission to the JHHS Obligated Group was ACH in November 2014. All of the debt of JHH, JHBMC, HCGH, SHI, SHHS, SMH, ACH and JHHSC is parity debt, and as such is jointly and separately liable through a claim on and a security interest in all of JHH's, JHBMC's, HCGH's, SHI's, SHHS', SMH's, ACH's, and JHHSC's receipts as defined in the Master Loan Agreement with MHHEFA. JHH, JHBMC, HCGH, SHI, SHHS, SMH, ACH and JHHSC are required to achieve a defined minimum debt service coverage ratio each year. As of June 30, 2015 the outstanding JHH, JHBMC, HCGH, SHI, SHHS, SMH, ACH and JHHSC parity debt was \$1.7 billion. As of June 30, 2014 the outstanding JHH, JHBMC, HCGH, SHI, SHHS, SMH, and JHHSC parity debt was \$1.5 billion. As of June 30, 2014, the total amount of debt outstanding under the ACH Obligated Group was \$211.0 million.

2015 Series A Revenue Bonds - JHHSC

In May 2015, JHHSC closed the Series 2015A tax-exempt revenue bond issuance of \$134.7 million to advance refund its SMH 2009 series revenue bonds, as well as its ACH 2009A series revenue bonds. The Series 2015A bonds were sold at a premium of \$13.8 million which is being accounted for using the bond outstanding method. The SMH 2009 series bonds (\$60.9 million outstanding as of the advance refunding date) were issued as tax-exempt revenue bonds with fixed interest rates and a final maturity date of October 1, 2039. The ACH 2009A series bonds (\$63.3 million outstanding as of the advance refunding date) were issued as tax-exempt revenue bonds with fixed interest rates and a final maturity date of November 15, 2039. The SMH 2009 series bonds and the ACH 2009A series bonds had a call provision where the bonds could not be redeemed for 10 years. Therefore, all future interest costs plus principal were placed in an escrow account with a trustee that will make the required principal and interest payments until which time the bonds can be called and redeemed in 2019. The advance refunding of the interest costs created a charge of \$16.5 million that is included in the non-operating section of the Combined Statements of Operations and Changes in Net Assets. As of June 30, 2014, the SMH 2009 and ACH 2009A series bonds included \$10.8 million of adjustments made at the time of acquisition of SMH and ACH to increase the value of the debt to fair value. These adjustments were being amortized to interest expense over the life of the respective debt.

The 2015A Bonds consisted of serial bonds and term bonds. They were issued at coupon rates of 5.00%, 4.00% and 2.00%, and reflect a premium structure resulting in yield to maturities ranging from 0.29% to 4.027%. The final maturity date is May 15, 2040.

2015 Series B Revenue Bonds - JHHSC

In May 2015, JHHSC closed the Series 2015B tax-exempt revenue bond issuance of \$48.2 million to refund its outstanding JHHS 2008B revenue bonds. The 2015B Bonds are variable rate bonds that were issued with a three year term and a mandatory repurchase date of May 15, 2018. They pay interest monthly based on 67% of one-month LIBOR plus 0.55%. The reset date for LIBOR is on the first business day of each month.

2002 Series Revenue Bonds and 2007 Series B Revenue Bonds - ACH

On October 1, 2014, a conditional notice of optional redemption was issued for the 2002 Series and 2007 Series B Bonds. On October 31, 2014, the 2002 Series bonds were redeemed in the principal amounts of \$18.3 million plus accrued interest. Also on October 31, 2014, the 2007 Series B bonds were redeemed in the principal amounts of \$25.9 million plus accrued interest.

2012 Series E Bonds - JHH

On July 1, 2014, JHH made an \$11.0 million principal payment related to the scheduled maturity of its 2012 Series E bonds. In connection with this principal payment, in March 2015, JHH issued an additional \$11.0 million of bonds to replace the matured principal amount. The additional bonds are subject to the same terms and conditions of the original 2012 Series E bonds.

The Johns Hopkins Health System Corporation and Affiliates

Notes to Combined Financial Statements

for the years ended June 30, 2015 and 2014

2013 Series C Revenue Bonds - JHHSC

In August 2013, JHHSC issued \$238.0 million of tax-exempt MHHEFA Revenue Bonds ("2013 Series C Bonds") to finance construction of a new hospital on the SMH campus, and construction of a new Cancer Center and Emergency Department expansion projects on the JHBMC campus. The 2013 Series C Bonds were structured as serial bonds with maturities from 2016 through 2033, as well as two term bonds maturing 2038 and 2043. The 2013 Series C Bonds pay a fixed rate of interest ranging from 3.00% to 5.00%, and pay interest semi-annually on May 15th and November 15th. Principal and sinking fund payments range from \$1.6 million to \$39.5 million starting May 15, 2016.

Letters of Credit

As of June 30, 2015, the MHHEFA Pooled Loan Program Issue was supported by a letter of credit agreement provided by TD Bank, which has an expiration date of August 27, 2019. In connection with the 2004 MHHEFA Commercial Paper Revenue Notes, JHBMC entered into an \$89.6 million line of credit agreement with Wells Fargo to provide for payment of such commercial paper at maturity, subject to certain conditions described therein. This agreement expires on October 31, 2016 subject to extension or earlier termination. No amounts were outstanding as of June 30, 2015 or 2014.

For the debt of JHHS and Affiliates, total maturities of debt and sinking fund requirements, excluding capital leases, during the next five fiscal years and thereafter are as follows as of June 30, 2015 (in thousands):

2016	\$	42,816
2017		34,271
2018		140,060
2019		43,004
2020		47,698
Thereafter		1,295,165
	<u>\$</u>	<u>1,603,014</u>

For the debt of JHHS and Affiliates described above, interest costs on debt and interest rate swaps incurred, paid and capitalized in the years ended June 30 are as follows (in thousands):

	2015	2014
Net interest costs:		
Capitalized	\$ 12,181	\$ 11,629
Expensed	64,305	66,870
Allocated to others	63	58
	<u>\$ 76,549</u>	<u>\$ 78,557</u>
Interest costs paid	<u>\$ 75,306</u>	<u>\$ 76,182</u>

Capital Leases

SHHS has a lease agreement with an unrelated party for the lease of real property. The leased property consists of land and a building, located in north Bethesda, Maryland, which is known as the Suburban Outpatient Medical Center ("SOMC"). The lease term began on August 1, 2001 and will continue through December 31, 2026. The base rent escalates 2.25% per year, in accordance with the lease agreement. The lease contains four optional renewal periods for five years each. The SOMC lease has been recorded as a capital lease.

JHHC has a lease agreement with an unrelated party for the lease of a Cat Scan machine. The lease term began in May 2013 and will continue through May 2018. The base rent is fixed in accordance with the lease agreement. The lease has been recorded as a capital lease.

The Johns Hopkins Health System Corporation and Affiliates
Notes to Combined Financial Statements
for the years ended June 30, 2015 and 2014

The total leased property of \$39.9 million is reflected in property, plant and equipment as of June 30, 2015 and 2014. Accumulated depreciation on the leased assets was \$22.1 million and \$20.1 million as of June 30, 2015 and 2014, respectively.

Depreciation expense on these leased assets is included within depreciation expense in the Combined Statements of Operations and Changes in Net Assets.

The future minimum lease payments required under JHHS capital leases are as follows as of June 30, 2015 (in thousands):

	Capital Lease Payments
2016	\$ 4,471
2017	4,502
2018	4,595
2019	4,341
2020	4,439
2021 and thereafter	31,430
Minimum lease payments	<u>53,778</u>
Interest on capital lease obligations	<u>(20,409)</u>
Net minimum payments	33,369
Current portion of capital lease obligation	<u>(1,661)</u>
Capital lease obligation, less current	<u>\$ 31,708</u>

9. Derivative Financial Instruments

JHHS' primary objective for holding derivative financial instruments is to manage interest rate risk. Derivative financial instruments are recorded at fair value and are included in other long-term liabilities. The total notional amount of interest rate swap agreements was \$758.9 million and \$766.6 million as of June 30, 2015 and 2014, respectively.

JHHS follows accounting guidance on derivative financial instruments that are based on whether the derivative instrument meets the criteria for designation as cash flow or fair value hedges. All of JHHS' derivative financial instruments are interest rate swap agreements without hedge accounting designation.

JHHS does not hold derivative instruments for the purpose of managing credit risk and limits the amount of credit exposure to any one counterparty and enters into derivative transactions with high quality counterparties. JHHS recognizes gains and losses from changes in fair values of interest rate swap agreements as a non-operating revenue or expense within excess of revenues over expenses on the Combined Statements of Operations and Changes in Net Assets.

Each swap agreement has certain collateral thresholds whereby, on a daily basis, if the fair value of the swap agreement declines such that its devaluation exceeds the threshold, cash must be deposited by JHHS with the swap counterparty for the difference between the threshold amount and the fair value. As of June 30, 2015 and 2014, the amount of required collateral was \$92.7 million and \$80.3 million, respectively.

The Johns Hopkins Health System Corporation and Affiliates
Notes to Combined Financial Statements
for the years ended June 30, 2015 and 2014

The following table summarizes JHHS' interest rate swap agreements (in thousands):

Swap Type	Expiration Date	Counterparty	JHHS		Notional Amount at June 30	
			Pays	JHHS Receives	2015	2014
Fixed	2022	J.P. Morgan	3.3290%	67% of 1-Month LIBOR	\$ 49,500	\$ 50,800
Fixed	2025	Bank of America	3.3265%	67% of 1-Month LIBOR	69,500	73,900
Fixed	2021	J.P. Morgan	3.9190%	68% of 1-Month LIBOR	25,000	25,000
Fixed	2034	Royal Bank of Canada	3.6235%	62.2% of 1-Month LIBOR + 0.27%	14,500	14,500
Fixed	2034	Citibank, N.A.	3.6235%	62.2% of 1-Month LIBOR + 0.27%	24,200	24,200
Fixed	2039	Goldman Sachs Capital Markets, L.P.	3.9110%	67% of 1-Month LIBOR	150,000	150,000
Fixed	2040	Goldman Sachs Capital Markets, L.P.	3.9220%	67% of 1-Month LIBOR	150,000	150,000
Fixed	2039	Goldman Sachs Capital Markets, L.P.	3.9460%	67% of 1-Month LIBOR	40,000	40,000
Fixed	2038	Goldman Sachs Capital Markets, L.P.	3.8190%	67% of 1-Month LIBOR	82,900	84,100
Fixed	2038	Merrill Lynch Capital Services	3.8091%	67% of 1-Month LIBOR	83,800	84,600
Fixed	2025	Goldman Sachs Capital Markets, L.P.	3.6910%	67% of 1-Month LIBOR	9,500	9,500
Fixed	2047	Citibank, N.A.	3.8505%	61.8% of 1-Month LIBOR + 0.25%	60,000	60,000
					<u>\$ 758,900</u>	<u>\$ 766,600</u>

Fair value of derivative instruments as of June 30 (in thousands):

	Derivatives reported as liabilities			
	2015		2014	
	Balance Sheet Caption	Fair Value	Balance Sheet Caption	Fair Value
Interest rate swaps not designated as hedging instruments	Interest Rate Swap liabilities	\$ 213,287	Interest Rate Swap liabilities	\$ 190,621

Derivatives not designated as hedging instruments as of June 30 (in thousands):

Classification of derivative loss in Statement of Operations	Amount of gain (loss) recognized in change in unrestricted net assets	
	2015	2014
Interest rate swaps: Non-operating expense	\$ (22,666)	\$ (6,201)

10. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets as of June 30 (in thousands) are restricted to:

	2015	2014
Purchase of property, plant, and equipment	\$ 43,454	\$ 35,797
Health care services	135,903	126,073
Health education and counseling	4,882	3,235
Indigent care	2,219	2,346
	<u>\$ 186,458</u>	<u>\$ 167,451</u>

The Johns Hopkins Health System Corporation and Affiliates
Notes to Combined Financial Statements
for the years ended June 30, 2015 and 2014

Permanently restricted net assets as of June 30 (in thousands) are restricted to:

	2015	2014
Health care services	\$ 45,841	\$ 45,982
Health education and counseling	12,906	12,609
	<u>\$ 58,747</u>	<u>\$ 58,591</u>

The JHHS endowments do not include amounts designated by the Board of Trustees to function as endowments. As required by generally accepted accounting principles, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

The Board of Trustees of JHHS has interpreted UPMIFA in the State of Maryland, the State of Florida, and the District of Columbia as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds, absent explicit donor stipulations to the contrary. As a result of this interpretation, JHHS classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the organization in a manner consistent with the standard of prudence prescribed by UPMIFA.

11. Pension Plans

The Affiliates sponsor a variety of defined benefit pension plans (the "Plans") covering substantially all of their employees. The retirement income benefits are based on a combination of years of service and compensation at various points of service. The FASB's guidance on employer's accounting for defined benefit pension and other postretirement plans requires that the funded status of defined benefit postretirement plans be recognized on JHHS' Combined Balance Sheets, and changes in the funded status be reflected as a change in net assets.

The funding policy of all Affiliates is to make sufficient contributions to meet the Internal Revenue Service minimum funding requirements. Assets in the Plans as of June 30, 2015 and 2014 consisted of cash and cash equivalents, equities and equity funds, fixed income funds, and alternative investments. All assets are managed by external investment managers, consistent with the Plans' investment policy.

The Johns Hopkins Health System Corporation and Affiliates
Notes to Combined Financial Statements
for the years ended June 30, 2015 and 2014

The change in benefit obligation, plan assets, and funded status of the Plans is shown below (in thousands):

<u>Change in benefit obligation</u>	2015	2014
Benefit obligation as of beginning of year	\$ 1,697,672	\$ 1,421,257
Service cost	62,453	52,881
Interest cost	77,502	71,507
Actuarial loss	41,283	196,275
Benefits paid	(49,276)	(44,248)
Benefit obligation as of June 30	<u>\$ 1,829,634</u>	<u>\$ 1,697,672</u>
 <u>Change in plan assets</u>	 2015	 2014
Fair value of plan assets as of beginning of year	\$ 1,248,837	\$ 1,013,133
Actual return on plan assets	(18,280)	164,579
Employer contribution	111,560	115,523
Benefits paid	(49,025)	(44,398)
Fair value of plan assets as of June 30	<u>\$ 1,293,092</u>	<u>\$ 1,248,837</u>
 <u>Funded Status as of June 30</u>	 2015	 2014
Fair value of plan assets	\$ 1,293,092	\$ 1,248,837
Projected benefit obligation	(1,829,634)	(1,697,672)
Unfunded status	<u>\$ (536,542)</u>	<u>\$ (448,835)</u>

Amounts recognized in the Combined Balance Sheets consist of (in thousands):

	2015	2014
Net pension liability	\$ (536,542)	\$ (448,835)
Net amount recognized	<u>\$ (536,542)</u>	<u>\$ (448,835)</u>

The projected benefit obligation is greater than the fair value of plan assets for all plans that are aggregated with these statements.

Amounts not yet recognized in net periodic benefit cost and included in unrestricted net assets consist of (in thousands):

	2015	2014
Actuarial net loss	\$ 637,752	\$ 539,711
Prior service cost	279	273
	<u>\$ 638,031</u>	<u>\$ 539,984</u>
 Accumulated benefit obligation	 <u>\$ 1,687,713</u>	 <u>\$ 1,563,231</u>

The Johns Hopkins Health System Corporation and Affiliates
Notes to Combined Financial Statements
for the years ended June 30, 2015 and 2014

Net Periodic Pension Cost

	2015	2014
Service cost	\$ 62,453	\$ 52,881
Interest cost	77,502	71,507
Expected return on plan assets	(92,123)	(79,694)
Amortization of prior service cost	(6)	794
Recognized net actuarial loss	51,873	39,647
Settlement loss recognized	1,666	2,082
Net periodic pension cost	<u>\$ 101,365</u>	<u>\$ 87,217</u>

Components of net periodic pension cost (in thousands):

Other Changes in Plan Assets and Benefit Obligations Recognized in Unrestricted Net Assets	2015	2014
Net loss	\$ 151,686	\$ 111,389
Amortization of net loss	(53,539)	(41,576)
Amortization of prior service cost	6	(794)
Total recognized in unrestricted net assets	<u>\$ 98,153</u>	<u>\$ 69,019</u>
Total loss recognized in net periodic benefit cost and unrestricted net assets	<u>\$ 199,518</u>	<u>\$ 156,236</u>

The estimated net loss and prior service cost credit that will be amortized from unrestricted net assets into net periodic pension cost over the next fiscal year are \$52.3 million and (\$33) thousand, respectively.

The assumptions used in determining net periodic pension cost for all plans except the SMH plan where noted are as follows for the years ended June 30:

	2015	2014
Discount rate	4.64%	5.12%
Expected return on plan assets	8.00%	8.00%
Rate of compensation increase - ultimate	2.50%	2.50%

The SMH plan utilized a rate of return on assets of 7.00% for the years ended June 30, 2015 and 2014, respectively, due to the nature of the plan being frozen and management's future expectations surrounding this plan.

The assumptions used in determining the benefit obligations for all plans except the SMH plan where noted are as follows as of July 1:

	2015	2014
Discount rate	4.76%	4.64%
Expected return on plan assets	8.00%	8.00%
Rate of compensation increase - ultimate	2.50%	2.50%

The Johns Hopkins Health System Corporation and Affiliates

Notes to Combined Financial Statements

for the years ended June 30, 2015 and 2014

The SMH plan utilized an expected rate of return on assets of 7.00% for the years ended June 30, 2015 and 2014, respectively, due to the nature of the plan being frozen and management's future expectations surrounding this plan.

The expected rate of return on plan assets assumption, excluding SMH, was developed based on historical returns for the major asset classes. This review also considered both current market conditions and projected future conditions.

Plan Assets

Pension plan weighted average asset allocations as of June 30 by asset class are as follows:

<u>Asset Class</u>	2015	2014
Cash and cash equivalents	1.34%	1.88%
Equities and equity funds	16.95%	32.49%
Fixed income funds	43.79%	28.49%
Alternative investments	<u>37.92%</u>	<u>37.14%</u>
Total	<u>100.00%</u>	<u>100.00%</u>

The Plans assets are invested among and within various asset classes in order to achieve sufficient diversification in accordance with JHHS' risk tolerance. This is achieved through the utilization of asset managers and systematic allocation to investment management style(s), providing a broad exposure to different segments of the fixed income and equity markets. The Plans strive to allocate assets between equity securities (including global asset allocation) and debt securities at a target rate of approximately 75% and 25%, respectively.

Fair Value of Plan Assets

Fair value is the price that would be received from selling an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The three-tier hierarchy prioritizes the inputs used in measuring fair value as follows:

- Level 1 – Observable inputs such as quoted market prices for identical assets or liabilities in active markets;
- Level 2 – Observable inputs for similar assets or liabilities in an active market, or other than quoted prices in an active market that are observable either directly or indirectly; and
- Level 3 – Unobservable inputs in which there is little or no market data that require the reporting entity to develop its own assumptions.

The following table presents the plan assets carried at fair value as of June 30, 2015 grouped by hierarchy level (in thousands):

Assets	Fair Value	Level 1	Level 2
Cash equivalents (1)	\$ 17,323	\$ 17,323	\$ -
Equities and equity funds (2)	219,133	121,867	97,266
Fixed income funds (3)	566,245	365,088	201,157
Alternative investments (4)	<u>490,391</u>	<u>-</u>	<u>490,391</u>
Totals	<u>\$ 1,293,092</u>	<u>\$ 504,278</u>	<u>\$ 788,814</u>

The Johns Hopkins Health System Corporation and Affiliates

Notes to Combined Financial Statements

for the years ended June 30, 2015 and 2014

The following table presents the plan assets carried at fair value as of June 30, 2014 grouped by hierarchy level (in thousands):

Assets	Fair Value	Level 1	Level 2
Cash equivalents (1)	\$ 23,488	\$ 23,488	\$ -
Equities and equity funds (2)	405,780	52,024	353,756
Fixed income funds (3)	355,816	244,771	111,045
Alternative investments (4)	463,753	-	463,753
Totals	<u>\$ 1,248,837</u>	<u>\$ 320,283</u>	<u>\$ 928,554</u>

- (1) Cash and cash equivalents, commercial paper, and money market funds include investments with original maturities of three months or less, and are rendered level 1 due to their frequent pricing and ease of converting to cash.
- (2) Equities include individual equities and investments in mutual funds, and commingled trusts. The individual equities and mutual funds are valued based on the closing price on the primary market and are rendered level 1. The commingled trusts and hedge funds are valued regularly within each month utilizing NAV per unit and are rendered level 2.
- (3) Fixed income funds are investments in mutual funds and commingled trusts investing in fixed income instruments. The underlying fixed investments are principally U.S. Treasuries, corporate bonds, commercial paper, and mortgage backed securities. The mutual funds are valued based on the closing price on the primary market and are rendered level 1. The commingled trusts are valued regularly within each month utilizing NAV per unit and are rendered level 2.
- (4) Alternative investments include investments that are not traded on national exchanges or over-the-counter markets. These investments are valued at net asset values provided by the underlying investment companies unless management determines some other valuation is more appropriate. This valuation technique coupled with short term redemption notice periods renders these investments level 2.

There are no unfunded commitments related to the Plans' alternative investments.

The following table displays information by major alternative investment category as of June 30, 2015 (in thousands):

Description	Fair Value	Liquidity	Notice Period	Receipt of Proceeds
Global asset allocation	\$ 281,159	Monthly	5 to 30 days	Within 15 days, or 95% on or within 5 days of redemption date, 5% within 3 to 30 days
Fund of funds	399	Quarterly	45 days	95% to 98% received as cash, within 30, 2% to 5% as cash in 3 days or as securities
Hedge funds	174,690	Monthly, quarterly, or bi-annually	30 to 95 days	90% to 95% within 15 to 30 days, 5% to 10% after annual audit or redemption date
Credit funds	34,143	Annually	60 to 90 days	Within 30 days, or 90% within 10 days, 10% after annual audit
Total	<u>\$ 490,391</u>			

The Johns Hopkins Health System Corporation and Affiliates

Notes to Combined Financial Statements

for the years ended June 30, 2015 and 2014

The following table displays information by major alternative investment category as of June 30, 2014 (in thousands):

Description	Fair Value	Liquidity	Notice Period	Receipt of Proceeds
Global asset allocation	\$ 260,875	Daily or monthly	Same day or 5 to 30 days	Day after trade, or within 15 days, or 95% on redemption date, 5% within 3 days
Fund of funds	2,912	Quarterly	45 days	90% within 30, 10% after annual audit
Hedge funds	162,280	Monthly, quarterly, or bi-annually	30 to 95 days	90% to 95% within 15 to 30 days, 5% to 10% after annual audit or redemption date
Credit funds	37,686	Annually	60 to 90 days	Within 30 days, or 90% within 10 days, 10% after annual audit
Total	<u>\$ 463,753</u>			

Contributions and Estimated Future Benefit Payments

JHHS expects to contribute \$118.2 million to its pension plans in the fiscal year ending June 30, 2016.

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid in each of the following fiscal years as of June 30, 2015 (in thousands):

2016	\$ 60,856
2017	64,192
2018	71,048
2019	77,746
2020	84,417
Thereafter	514,223

Defined Contribution Plans

HCGH participates in a defined contribution 401(k) savings plan available to all employees, which was amended during 1996. The revised plan provides that HCGH will contribute 1% to 2% of each employee's total compensation in addition to contributing from fifty cents to one dollar and fifty cents, based on years of service, for each dollar contributed by the employee. HCGH's contribution match basis is limited to 6% of the employee's total compensation. HCGH contributed approximately \$3.4 million and \$3.1 million to the plan for the years ended June 30, 2015 and 2014, respectively.

SMH participates in a defined contribution 401(k) savings plan available to all eligible employees. Under the plan, SMH matches one-half of a maximum 3% of employee contributions. SMH contributed approximately \$2.9 million and \$1.3 million to the plan for the years ended June 30, 2015 and 2014, respectively.

ACH participates in a defined contribution retirement plan of ACHS covering substantially all of its employees. Contributions are determined at the discretion of the Board of Directors of ACHS. ACH contributed approximately \$7.0 million and \$5.7 million to the plan for the years ended June 30, 2015 and 2014, respectively.

12. Professional and General Liability Insurance

The University and JHHS and Affiliates participate in an agreement with four other medical institutions to provide a program of professional and general liability insurance for each member institution. As part of this program, the participating medical institutions have formed a risk retention group ("RRG") and a captive insurance company to provide self-insurance for a portion of their risk.

JHH and the University each have a 10% ownership interest in the RRG and the captive insurance company, which is included in investments on the Combined Balance Sheets. The medical institutions obtain primary and excess liability insurance coverage from commercial insurers and the RRG. The primary coverage is written by the RRG, and a portion of the risk is

The Johns Hopkins Health System Corporation and Affiliates
Notes to Combined Financial Statements
for the years ended June 30, 2015 and 2014

reinsured with the captive insurance company. Commercial excess insurance and reinsurance is purchased under a claims-made policy by the participating institutions for claims in excess of primary coverage retained by the RRG and the captive. Primary retentions range between \$1.0 million and \$5.0 million per incident. Primary coverage is insured under a retrospectively rated claims-made policy; premiums are accrued based upon an estimate of the ultimate cost of the experience to date of each participating member institution. The basis for loss accruals for unreported claims under the primary policy is an actuarial estimate of asserted and unasserted claims including reported and unreported incidents and includes costs associated with settling claims. Projected losses were discounted using 0.87% and 0.64% as of June 30, 2015 and 2014, respectively.

Effective December 15, 2013, ACH entered into the RRG to prospectively provide self-insurance for a portion of its risk. Prior to December 15, 2013, ACH maintained a claims-made commercial insurance policy. Claims incurred but not reported prior to December 15, 2013 are covered by separate "tail" policies issued by commercial insurance carriers and are subject to retention limits. Losses from asserted and un-asserted claims identified under ACH's incident reporting systems are accrued based on estimates that incorporate ACH's past experience, as well as other considerations, including the nature of each claim or incident and relevant trend factors. Accruals for losses attributable to incidents that have occurred but that have not been identified under the incident reporting system have been made based upon the Hospital's experience and industry data.

JHHS applies the provisions of ASU 2010-24, "Presentation of Insurance Claims and Related Insurance Recoveries", which clarifies that health care entities should not net insurance recoveries against the related claims liabilities. JHHS recorded an increase in its assets and liabilities in the accompanying consolidated Balance Sheet as of June 30, 2015 and 2014 as follows:

Caption on Combined Balance Sheet	2015	2014
Estimated malpractice recoveries, current portion	\$ 37,344	\$ 224,902
Estimated malpractice recoveries, net of current	33,915	42,260
Total assets	<u>\$ 71,259</u>	<u>\$ 267,162</u>
Current portion of estimated malpractice costs	\$ 37,344	\$ 224,902
Estimated malpractice costs, net of current portion	33,915	42,260
Total liabilities	<u>\$ 71,259</u>	<u>\$ 267,162</u>

The assets and liabilities represent JHHS' estimated self-insured captive insurance recoveries for claims reserves and certain claims in excess of self-insured retention levels. The insurance recoveries and liabilities have been allocated between short-term and long-term assets and liabilities based upon the expected timing of the claims payments. The adoption had no impact on JHHS' results of operations or cash flows.

Professional and general liability insurance expense incurred by JHHS and Affiliates was \$58.2 million and \$45.2 million for the years ended June 30, 2015 and 2014, respectively. Reserves were \$168.8 million and \$361.6 million as of June 30, 2015 and 2014, respectively.

The Johns Hopkins Health System Corporation and Affiliates
Notes to Combined Financial Statements
for the years ended June 30, 2015 and 2014

13. Related Party Transactions

During the years ended June 30, 2015 and 2014, JHHS and its Affiliates engaged in various related party transactions. These transactions were not eliminated because these entities are not consolidated. There were no significant intercompany profits that were eliminated. The following is a summary of the significant related party transactions and balances for the year ended June 30:

Revenue/(expense) transactions (in thousands):

	2015	2014
Pharmacy management and patient discharge planning costs to JHHCG	\$ (23,838)	\$ (20,872)
Security and management of housekeeping and parking garage services provided by Broadway Services, Inc	(20,482)	(21,888)
Utility, telecommunication and clinical application services provided by JHMI Utilities, LLC	(74,223)	(71,269)

Due from/(to) related party balances as of June 30 (in thousands):

	2015	2014
Note receivable - JHMI Utilities, LLC	\$ 10,525	\$ 10,525
Due from other affiliates, net	3,177	129
Due from affiliates, current portion, net	<u>\$ 13,702</u>	<u>\$ 10,654</u>
Note receivable - JHMI Utilities, LLC	\$ 93,690	\$ 84,489
Due from other affiliates	7,578	6,399
Due from affiliates, net of current portion	<u>\$ 101,268</u>	<u>\$ 90,888</u>

Affiliate Notes Receivable:

JHHS has made loans to certain affiliates that do not consolidate within JHHS. The loans to these affiliates do not eliminate in consolidation. The short-term portion of these notes receivable are included in Due from affiliates, current portion, and the long-term portion is included in Due from affiliates, net of current portion in the Combined Balance Sheets.

JHH and JHHSC have affiliate notes receivable with JHMI Utilities, LLC. JHH's note receivable has a balance of \$5.0 million as of June 30, 2015 and 2014. JHHSC's note receivable has a balance of \$99.2 million and \$90.0 million as of June 30, 2015 and 2014, respectively. The JHH note receivable has an initial repayment date of December 1, 2019, accrues interest in the initial period at a fixed rate of 6.0%, with interest payments paid monthly. The JHHSC note receivable is due in April 2023, accrues interest at a fixed rate of 5.85%, with principal and interest payments paid monthly.

14. Contracts, Commitments and Contingencies

There are several lawsuits pending in which JHHS has been named as a defendant. In the opinion of JHHS' management, after consultation with legal counsel, the potential liability, in the event of adverse settlement, will not have a material impact on JHHS' financial position.

The Johns Hopkins Health System Corporation and Affiliates

Notes to Combined Financial Statements

for the years ended June 30, 2015 and 2014

In one such case, a physician formerly employed by JHHSC and leased to JHCP to provide obstetrical and gynecological services, illegally and without the knowledge of JHHSC, photographed his patients and possibly others with what JHHSC understands to be his personal photographic and video equipment and stored those images electronically. This occurred for an unknown period of time. JHHSC reached an agreement with plaintiffs' attorneys to settle the class action lawsuit in the amount of \$190 million. The settlement was formalized by the plaintiffs' attorneys and JHHSC, and was fully approved by the Court on September 19, 2014. While one class member appealed the fund approval order, she later dismissed her appeal with prejudice on February 5, 2015, and the approval order became final and non-appealable. JHHSC maintains both primary and excess medical malpractice insurance coverage for this claim through its captive insurer, MCIC, with commercial excess reinsurance policies providing additional protection. MCIC and its reinsurers covered \$186 million of the indemnity payment plus expense costs and \$4 million of the indemnity was paid from other policies and deductibles other than MCIC. In connection with the settlement, under the provisions of ASU 2010-24, JHHSC recorded a current liability and corresponding insurance recovery for \$190 million as of June 30, 2014. As of June 30, 2015, this liability and corresponding recovery were reversed as MCIC and its reinsurers have paid their respective portions.

As a result of the settlement agreement, JHH was required to post collateral to MCIC in the amount of approximately \$124 million in February, 2015. This collateral is recorded within the other assets whose is limited line item on the combined balance sheets. JHH entered into a Control Agreement among JHH, MCIC and PNC bank which provides MCIC with the first priority perfected security interest in a dedicated account. On July 21, 2014, JHH signed a pledge agreement with MCIC which outlines the terms that would permit MCIC to draw from the account under the Control Agreement. Drawdown of the collateral by MCIC would take place only in the event another large claim develops which would require use of the excess layers within the 2013 policy year above the level of reinsurance coverage that still remains. The collateral requirement will be monitored annually by MCIC and released accordingly as the 2013 policy matures based upon actuarially determined measures. As of June 30, 2015, there are no additional claims in the 2013 policy year which exceed the self-insured layers within MCIC.

In another case, on April 1, 2015, a complaint was filed in the Circuit Court for Baltimore City against The Johns Hopkins University, its Bloomberg School of Public Health and its School of Medicine, The Johns Hopkins Health System Corporation and The Johns Hopkins Hospital (collectively the "Johns Hopkins Defendants"), as well as another institution and a pharmaceutical company. The case was removed to the United States District Court for the District of Maryland the same day. The claims arise from human experiments conducted in Guatemala between 1946 and 1948 (the "Study") under the auspices of the United States Public Health Service, the Guatemala government, and the Pan American Sanitary Bureau. The complaint alleges that physicians and scientists employed by defendants "approved, encouraged, and directed nonconsensual and nontherapeutic human experiments in Guatemala" in which research subjects were intentionally exposed to and infected with venereal diseases without informed consent, and that the individuals were not told about the consequences of the experiments or given follow-up care, treatment, or education. The complaint includes various claims, including, without limitation, claims of lack of consent/lack of informed consent, negligence, battery, unjust enrichment, wrongful death, fraud or deceit by misrepresentation, fraudulent concealment, and intentional infliction of emotional distress, and seeks compensatory damages in excess of \$75 thousand and punitive damages of \$1 billion. The Johns Hopkins Defendants dispute both the factual allegations and legal claims in the complaint. The Johns Hopkins Defendants did not initiate, pay for, direct, or conduct the Study. In 2010, the United States government accepted responsibility for the Study and apologized to all who were affected by it. Management and legal counsel believe the claims asserted are not supported by the facts or the law. JHHSC and JHH intend to vigorously defend the lawsuit.

The Johns Hopkins Health System Corporation and Affiliates

Notes to Combined Financial Statements

for the years ended June 30, 2015 and 2014

JHHSC believes that JHHSC, JHH and any other affiliates against which a claim is asserted have legal defenses to such a claim and, based on the facts currently known, JHHSC does not anticipate that JHHSC or any of its affiliates will be affected financially in a materially adverse way.

JHHS and Affiliates

JHHS has agreements with the University, under which the University provides medical administration and educational services, conducts medical research programs, provides patient care medical services, provides resident physicians who furnish services at JHHS hospitals, and provides certain other administrative and technical support services through the physicians employed by The Johns Hopkins University School of Medicine ("JHUSOM"). Compensation for providing medical administration and educational services is paid to the University by JHHS; funding for services in conducting medical research is paid from grant funds and by JHHS; compensation for patient care medical care services is derived from billings to patients (or third-party payors) by the University; and compensation for other support services is paid to the University by JHHS. The aggregate amount of purchased services incurred by JHHS under these agreements was \$291.4 million and \$271.3 million for the years ended June 30, 2015 and 2014, respectively.

JHH had non-cancellable commitments under construction contracts of \$59.8 million and \$30.6 million as of June 30, 2015 and 2014, respectively, relating primarily to its campus redevelopment plan which includes the construction of a new Cardiovascular and Critical Care Adult Tower and a Children's Hospital.

Commitments for leases that do not meet the criteria for capitalization are classified as operating leases with related rentals charged to operations as incurred. The following is a schedule by year of future minimum lease payments under operating leases as of June 30, 2015, that have initial or remaining lease terms in excess of one year (in thousands).

2016	\$	19,576
2017		18,825
2018		16,921
2019		15,775
2020		12,714

Rental expense for all operating leases for the years ended June 30, 2015 and 2014 amounted to \$43.7 million and \$41.7 million, respectively.

Asset Retirement Obligations

During 2006, JHHS recorded asset retirement obligations associated with the abatement of asbestos in several of its buildings constructed prior to 1980. The fair value of the estimated asset retirement obligations as of June 30, 2015 and 2014 was \$19.4 million.

The change in asset retirement obligation for the years ended June 30 consisted of the following (in thousands):

	2015	2014
Retirement obligation at beginning of year	\$ 19,446	\$ 19,398
Liabilities settled	(612)	(657)
Accretion expense	584	705
Retirement obligation at end of year	<u>\$ 19,418</u>	<u>\$ 19,446</u>

The Johns Hopkins Health System Corporation and Affiliates

Notes to Combined Financial Statements

for the years ended June 30, 2015 and 2014

The Johns Hopkins Hospital

In 2005, JHH and the University created a Limited Liability Company (JHMI Utilities, LLC) to provide utility and telecommunication services for their East Baltimore Campus. Each member owns 50% of the LLC and shares equally in the governance of the LLC. The LLC has also assumed the liability for the JHH's 1985 Pooled Loan obligation of \$8.5 million. The cost of acquiring and upgrading the existing utility facilities, the construction of a new power plant and an upgrade of the telecommunication system have been financed through the issuance of tax exempt bonds by MHHEFA and the proceeds of the Pooled Loan program sponsored by MHHEFA. JHH and the University have guaranteed the total debt issued by MHHEFA. As of June 30, 2015, the amount of the debt guarantee by JHH was \$49.6 million. JHH accounts for this investment under the equity method of accounting.

JHH has pledged investments, having an aggregate market value of \$25.9 million as of June 30, 2015 and 2014, for JHHS compliance with regulations of the Workers Compensation Commission and the Department of Economic and Employment Development's Unemployment Insurance Fund. These investments are included in assets whose use is limited by board of trustees in the Combined Balance Sheet.

Department of Defense Agreement - MSC

JHMSC entered into a contract with the Department of Defense to provide the TRICARE Prime benefit to eligible beneficiaries enrolled in the Johns Hopkins Uniformed Services Family Health Plan ("USFHP"). Under the USFHP contract, JHMSC provides services covered under the TRICARE Designated Provider Contract to enrollees for a monthly capitation fee. Revenues generated under the contract were \$378.0 million and \$353.0 million for the years ended June 30, 2015 and 2014, respectively. The current sole source commercial contract was awarded for the period commencing October 1, 2013 through September 30, 2023, with a Base Year and nine one-year Option Periods to be exercised at the Government's discretion. The Base Year has been exercised with the first Option Period to begin on October 1, 2014.

15. Functional Expenses

JHHS provides general health care services to residents within its geographic location as well as to national and international patients. Expenses related to providing these services for the years ended June 30 consisted of the following (in thousands):

	2015	2014
Health care services	\$ 4,262,984	\$ 3,997,378
General and administrative services	1,042,080	933,686
Fundraising	7,278	6,417
Program service	8,862	1,208
Total expenses	<u>\$ 5,321,204</u>	<u>\$ 4,938,689</u>

16. The Johns Hopkins Hospital Endowment Fund, Incorporated

The Endowment Corporation was organized for the purpose of holding and managing the endowment and certain other funds transferred from and for the benefit of JHHS. The affairs of the Endowment Corporation are managed by a Board of Trustees, comprised of Trustees who are self-perpetuating. Neither JHHS nor any Affiliate holds legal title to any Endowment Corporation funds. The Board of Trustees may, in its discretion, award funds from the Endowment Corporation to organizations other than JHHS if the Board of Trustees determines that doing so is for the support, benefit of, or in furtherance of the mission of JHHS. Accordingly, these amounts are not presented in the combined financial statements of JHHS and its Affiliates until they are subsequently distributed to JHHS and its affiliates from the Endowment Corporation. The Endowment Corporation's net assets were \$661.5 million and \$676.9 million as

The Johns Hopkins Health System Corporation and Affiliates
Notes to Combined Financial Statements
for the years ended June 30, 2015 and 2014

of June 30, 2015 and 2014, respectively. The Endowment Corporation's distributions from net assets to JHHS and its affiliates were \$10.8 million and \$12.9 million for the years ended June 30, 2015 and 2014, respectively, and were recorded as other revenue.

17. Subsequent Events

JHHS has performed an evaluation of subsequent events through September 23, 2015, which is the date the financial statements were issued.

**SUPPLEMENTARY COMBINING INFORMATION
AND COMBINING SUPPLEMENTARY OPINION**



**REPORT OF INDEPENDENT AUDITORS
ON ACCOMPANYING COMBINING INFORMATION**

To the Board of Trustees of
The Johns Hopkins Health System Corporation and Affiliates

We have audited the combined financial statements of The Johns Hopkins Health System Corporation and Affiliates as of June 30, 2015 and 2014 and for the years then ended and our report thereon appears on page 1 of this document. Those audits were conducted for the purpose of forming an opinion on the combined financial statements taken as a whole. The combining information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the combined financial statements. The combining information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves and other additional procedures, in accordance with auditing standards generally accepted in the United States of America. In our opinion, the combining information is fairly stated, in all material respects, in relation to the combined financial statements taken as a whole. The combining information is presented for purposes of additional analysis of the combined financial statements rather than to present the financial position and results of operations of the individual companies and is not a required part of the combined financial statements. Accordingly, we do not express an opinion on the financial position and results of operations of the individual companies.

A handwritten signature in black ink that reads "PricewaterhouseCoopers LLP". The signature is written in a cursive, flowing style.

September 23, 2015

The Johns Hopkins Health System Corporation and Affiliates

Supplementary Combining Balance Sheets

June 30, 2015

(in thousands)

	The Johns Hopkins Hospital	Johns Hopkins Bayview Medical Center, Inc.	Howard County General Hospital, Inc.	Suburban Hospital, Inc. and Consolidated Entities	Sibley Memorial Hospital	Sibley Other Affiliates	All Children's Hospital, Inc.	The Johns Hopkins Health System Corporation	Suburban Hospital Healthcare System, Inc.	Eliminations	Johns Hopkins Health System Obligated Group Subtotal	Johns Hopkins HealthCare LLC and Subsidiaries	Other	Eliminations	Combined Johns Hopkins Health System Corporation and Affiliates
ASSETS															
Current assets:															
Cash and cash equivalents	\$ 95,642	\$ 6,500	\$ 14,030	\$ 17,463	\$ 36,020	\$ 3,422	\$ 132,653	\$ 56,990	\$ 696	\$ -	\$ 363,416	\$ 146,211	\$ 69,862	\$ -	\$ 579,489
Short-term investments	17,547	14,302	9,622	203	763	271	708	7,765	-	-	51,181	37,986	735	-	89,902
Assets whose use is limited - used for curr liabs	13,300	-	-	1,220	-	-	-	-	-	-	14,520	-	-	-	14,520
Patient accounts receivables, net of estimated uncollectibles of \$164,107	316,159	66,696	30,112	34,589	32,856	-	55,688	-	653	-	536,753	47,082	17,900	(23,910)	577,825
Due from others, current portion	6,916	2,639	398	4,797	4,019	1	-	1,608	72	-	20,450	5,168	4,091	-	29,709
Due from affiliates, current portion	17,242	706	87	212	-	-	13,510	44,320	49	(24,979)	51,147	25,287	3,971	(54,979)	25,426
Inventories of supplies	57,655	8,936	5,076	9,755	4,003	-	8,845	5,448	183	-	99,901	-	488	-	100,389
Estimated malpractice recoveries, current portion	21,371	2,980	984	1,144	3,858	-	2,668	-	-	-	33,005	800	3,539	-	37,344
Prepaid expenses and other current assets	16,412	1,620	1,894	2,873	5,222	39	10,718	2,237	688	-	41,703	21,346	2,498	-	65,547
Total current assets	562,244	104,379	62,203	72,256	86,741	3,733	224,790	118,368	2,341	(24,979)	1,212,076	283,880	103,084	(78,889)	1,520,151
Assets whose use is limited															
By long-term debt agreements for:															
Debt service reserve funds	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Construction fund	-	995	-	-	39,934	-	-	-	-	-	40,929	-	-	-	40,929
Future campus development	1,082	-	-	-	-	-	-	-	-	-	1,082	-	-	-	1,082
Pledges receivable	2,562	255	-	4,565	-	16,886	-	-	-	-	24,268	-	10,868	-	35,136
Other	-	7,327	-	23,759	4,966	36,790	11,881	-	-	-	84,723	-	14,707	-	99,430
By Board of Trustees	66,219	14,416	-	135,170	72,371	310,969	14,248	-	121,424	-	734,817	-	150	-	734,967
Interest in net assets of HHF/ACHF	-	-	16,688	-	-	-	73,728	-	-	-	90,416	-	-	(73,728)	16,688
Other	129,011	1,065	133	1,780	-	-	-	12,810	197	-	144,996	200	-	-	145,196
Total assets whose use is limited	198,874	24,058	16,821	165,274	117,271	364,645	99,857	12,810	121,621	-	1,121,231	200	25,725	(73,728)	1,073,428
Investments	601,915	86,494	102,896	-	321,083	11,467	234,656	183,662	5,645	-	1,547,818	65,937	105,222	(53,720)	1,665,257
Property, plant and equipment	2,211,459	494,500	248,580	244,525	489,192	198	534,220	103,593	83,716	-	4,409,983	35,528	121,669	-	4,567,180
Less: allowance for depreciation and amort	(831,470)	(284,637)	(98,790)	(143,086)	(75,289)	(22)	(151,125)	(57,587)	(40,125)	-	(1,682,131)	(14,700)	(77,224)	-	(1,774,055)
Total property, plant and equipment, net	1,379,989	209,863	149,790	101,439	413,903	176	383,095	46,006	43,591	-	2,727,852	20,828	44,445	-	2,793,125
Due from affiliates, net of current portion	203,361	1,071	785	1,257	1,333	-	995	699,811	-	(713,002)	195,611	472	309	(95,124)	101,268
Due from others, net of current portion	-	1,796	-	-	-	-	-	-	-	-	1,796	-	-	-	1,796
Estimated malpractice recoveries, net of current portion	17,914	2,498	825	959	3,234	-	4,847	-	-	-	30,277	671	2,967	-	33,915
Swap counterparty deposit	-	-	-	-	-	-	-	-	-	-	-	-	92,690	-	92,690
Other assets	10,795	47	44	18	3,987	-	11,766	10,657	2,136	-	39,450	5,372	4,227	-	49,049
Total assets	\$ 2,975,092	\$ 430,206	\$ 333,364	\$ 341,203	\$ 947,552	\$ 380,021	\$ 960,006	\$ 1,071,314	\$ 175,334	\$ (737,981)	\$ 6,876,111	\$ 377,360	\$ 378,669	\$ (301,461)	\$ 7,330,679
LIABILITIES AND NET ASSETS															
Current liabilities:															
Current portion of long-term debt and capital lease obligation															
\$ 23,220	\$ 6,648	\$ -	\$ 3,282	\$ -	\$ -	\$ 1,800	\$ 7,838	\$ 1,277	\$ -	\$ 44,065	\$ 412	\$ -	\$ -	\$ -	\$ 44,477
Accounts payable and accrued liabilities	192,789	48,883	24,400	32,833	46,680	2,199	60,091	67,082	1,573	-	476,170	45,551	31,472	-	553,193
Medical claims reserve	-	-	-	-	-	-	-	-	-	-	-	106,885	-	(32,301)	74,584
Deferred revenue	-	7,104	-	-	-	-	-	-	-	-	7,104	74,611	1,064	-	82,779
Current portion of due to affiliates	11,821	12,347	9,777	3,883	7,788	454	4,089	-	77	(24,979)	25,257	11,896	21,159	(46,588)	11,724
Accrued vacation	19,427	6,052	6,159	7,394	9,827	28	7,925	12,572	185	-	69,569	-	-	-	69,569
Advances from third-party payors	89,964	17,220	9,712	8,282	-	-	6,659	-	-	-	131,837	-	-	-	131,837
Current portion of est malpractice costs	22,597	3,162	1,056	1,168	8,940	-	4,802	-	-	-	41,725	-	3,751	-	45,476
Total current liabilities	359,818	101,416	50,744	56,842	73,235	2,681	85,366	87,492	3,112	(24,979)	795,727	239,355	57,446	(78,889)	1,013,639
Long-term debt and capital lease obligation, net of current portion															
705,986	64,038	-	45	-	-	-	95,650	724,012	31,079	-	1,620,810	629	-	-	1,621,439
Est malpractice costs, net of current portion	65,747	9,573	3,630	1,877	6,254	-	25,006	-	-	-	112,087	-	11,225	-	123,312
Net pension liability	266,945	129,760	852	2,180	2,184	-	-	134,621	-	-	536,542	-	-	-	536,542
Long-term note payable affiliate	96,495	59,022	154,081	46,865	251,969	-	92,993	11,577	-	(713,002)	-	1,455	93,832	(95,124)	163
Interest rate swap liabilities	159,880	8,491	15,039	2,376	-	-	27,501	-	-	-	213,287	-	-	-	213,287
Other long-term liabilities	30,753	3,103	2,312	2,813	15,887	26	1,798	2,683	810	-	60,185	2,828	4,020	-	67,033
Total liabilities	1,685,624	375,403	226,658	112,998	349,529	2,707	328,314	960,385	35,001	(737,981)	3,338,638	244,267	166,523	(174,013)	3,575,415
Net assets:															
Unrestricted	1,278,988	47,221	89,884	199,881	594,011	326,557	609,047	109,439	140,333	-	3,395,361	133,093	97,169	(115,564)	3,510,059
Temporarily restricted	10,480	4,057	13,422	17,405	2,167	37,548	9,187	1,490	-	-	95,756	-	91,347	(645)	186,458
Permanently restricted	-	3,525	3,400	10,919	1,845	13,209	13,458	-	-	-	46,356	-	23,630	(11,239)	58,747
Total net assets	1,289,468	54,803	106,706	228,205	598,023	377,314	631,692	110,929	140,333	-	3,537,473	133,093	212,146	(127,448)	3,755,264
Total liabilities and net assets	\$ 2,975,092	\$ 430,206	\$ 333,364	\$ 341,203	\$ 947,552	\$ 380,021	\$ 960,006	\$ 1,071,314	\$ 175,334	\$ (737,981)	\$ 6,876,111	\$ 377,360	\$ 378,669	\$ (301,461)	\$ 7,330,679

The Johns Hopkins Health System Corporation and Affiliates
Supplementary Combining Balance Sheets
June 30, 2014
(in thousands)

	The Johns Hopkins Hospital	Johns Hopkins Bayview Medical Center, Inc.	Howard County General Hospital, Inc.	Suburban Hospital, Inc. and Consolidated Entities	Sibley Memorial Hospital	Sibley Other Affiliates	All Children's Hospital, Inc.	The Johns Hopkins Health System Corporation	Suburban Hospital Healthcare System, Inc.	Eliminations	Johns Hopkins Health System Obligated Group Subtotal	Johns Hopkins HealthCare LLC and Subsidiaries	Other	Eliminations	Combined Johns Hopkins Health System Corporation and Affiliates
ASSETS															
Current assets:															
Cash and cash equivalents	\$ 64,095	\$ 13,911	\$ 13,282	\$ 11,516	\$ 37,583	\$ 2,165	\$ 123,464	\$ 61,385	\$ 634	\$ -	\$ 328,035	\$ 168,775	\$ 72,892	\$ -	\$ 569,702
Short-term investments	44,018	11,519	8,479	203	757	482	707	13,078	-	-	79,243	37,917	745	-	117,905
Assets whose use is limited - used for curr liabs	13,635	-	-	1,597	1,050	-	-	-	-	-	16,282	-	-	-	16,282
Patient accounts receivables, net of estimated uncollectibles of \$158,664	287,163	60,007	31,006	39,193	32,305	-	60,031	-	770	-	510,475	17,101	14,476	(19,110)	522,942
Due from others, current portion	8,398	4,425	297	3,873	6,548	-	-	1,467	111	-	25,119	6,979	3,866	-	35,964
Due from affiliates, current portion	13,683	713	207	142	4,200	-	10,181	34,757	72	(26,492)	37,463	26,048	4,817	(47,564)	20,764
Inventories of supplies	49,849	7,534	4,650	8,529	3,512	-	8,529	4,648	165	-	87,416	-	452	-	87,868
Estimated malpractice recoveries, current portion	60,656	3,677	1,104	944	2,259	-	-	18,995	-	-	87,635	788	136,479	-	224,902
Prepaid expenses and other current assets	10,672	1,913	2,190	3,545	4,900	26	10,280	1,966	725	-	36,217	15,536	2,225	-	53,978
Total current assets	552,169	103,699	61,215	69,542	93,114	2,673	213,192	136,296	2,477	(26,492)	1,207,885	273,144	235,952	(66,674)	1,650,307
Assets whose use is limited															
By long-term debt agreements for:															
Debt service reserve funds	-	-	-	-	4,955	-	-	-	-	-	4,955	-	-	-	4,955
Construction fund	-	25,555	-	-	125,256	-	-	-	-	-	150,811	-	-	-	150,811
Future campus development	1,113	-	-	-	-	-	-	-	-	-	1,113	-	-	-	1,113
Pledges receivable	3,858	298	-	4,407	-	10,894	-	-	-	-	19,457	-	8,620	-	28,077
Other	-	6,699	-	25,056	5,260	31,680	11,817	-	-	-	80,512	-	15,398	-	95,910
By Board of Trustees	65,214	4,279	-	139,030	182,043	313,208	14,719	-	122,573	-	841,066	-	150	-	841,216
Interest in net assets of HHF/ACHF	-	-	13,644	-	-	-	72,803	-	-	-	86,447	-	-	(72,803)	13,644
Other	5,489	1,171	133	1,615	-	-	-	12,185	203	-	20,796	100	-	-	20,896
Total assets whose use is limited	75,674	38,002	13,777	170,108	317,514	355,782	99,339	12,185	122,776	-	1,205,157	100	24,168	(72,803)	1,156,622
Investments	702,333	76,823	81,406	50	170,038	10,723	242,611	168,289	4,400	-	1,456,673	65,446	90,458	(35,962)	1,576,615
Property, plant and equipment	2,191,339	467,830	245,757	244,775	383,428	199	519,221	100,346	87,836	-	4,240,731	26,352	118,964	-	4,386,047
Less: allowance for depreciation and amort	(757,616)	(275,140)	(85,872)	(144,724)	(61,891)	(14)	(119,262)	(52,152)	(42,110)	-	(1,538,781)	(10,451)	(71,948)	-	(1,621,180)
Total property, plant and equipment, net	1,433,723	192,690	159,885	100,051	321,537	185	399,959	48,194	45,726	-	2,701,950	15,901	47,016	-	2,764,867
Due from affiliates, net of current portion	193,455	1,004	252	406	430	-	323	486,420	-	(506,339)	175,951	944	309	(86,316)	90,888
Due from others, net of current portion	-	2,796	-	-	-	-	-	-	-	-	2,796	-	-	-	2,796
Estimated malpractice recoveries, net of current portion	25,252	4,096	1,230	1,052	2,518	-	3,319	-	-	-	37,467	878	3,915	-	42,260
Swap counterparty deposit	-	-	-	-	-	-	-	-	-	-	-	-	80,330	-	80,330
Other assets	10,920	56	47	39	4,515	-	11,815	7,892	2,219	-	37,503	5,968	5,905	-	49,376
Total assets	\$ 2,993,526	\$ 419,166	\$ 317,812	\$ 341,248	\$ 909,666	\$ 369,363	\$ 970,558	\$ 859,276	\$ 177,598	\$ (532,831)	\$ 6,825,382	\$ 362,381	\$ 488,053	\$ (261,755)	\$ 7,414,061
LIABILITIES AND NET ASSETS															
Current liabilities:															
Current portion of long-term debt and capital lease obligation															
	\$ 76,872	\$ 6,604	\$ -	\$ 4,946	\$ 1,050	\$ -	\$ 4,941	\$ 2,887	\$ 1,083	\$ -	\$ 98,383	\$ 322	\$ -	\$ -	\$ 98,705
Accounts payable and accrued liabilities	182,170	53,012	22,921	31,396	29,501	131	49,397	69,186	1,277	-	438,991	43,891	28,516	-	511,398
Medical claims reserve	-	-	-	-	-	-	-	-	-	-	-	102,531	-	(27,904)	74,627
Deferred revenue	-	-	-	-	-	-	-	-	-	-	-	87,837	724	-	88,561
Current portion of due to affiliates	14,630	5,872	8,975	5,253	322	2,329	1,416	3,566	49	(26,492)	15,920	12,360	20,600	(38,770)	10,110
Accrued vacation	18,995	6,225	5,384	6,834	8,396	46	7,962	11,359	184	-	65,385	-	-	-	65,385
Advances from third-party payors	96,765	16,847	9,269	7,595	-	-	9,636	-	-	-	140,112	-	-	-	140,112
Current portion of est malpractice costs	61,705	3,834	1,168	963	4,936	-	6,614	18,995	-	-	98,215	-	136,670	-	234,885
Total current liabilities	451,137	92,394	47,717	56,987	44,205	2,506	79,966	105,993	2,593	(26,492)	857,006	246,941	186,510	(66,674)	1,223,783
Long-term debt and capital lease obligation, net of current portion															
Est malpractice costs, net of current portion	67,990	10,488	3,850	3,143	5,388	-	24,194	-	32,359	-	1,632,156	960	-	-	1,633,116
Net pension liability	199,400	119,535	426	1,827	6,103	-	-	121,544	-	-	448,835	-	-	-	448,835
Long-term note payable affiliate	48,250	59,612	158,058	48,575	188,095	-	-	3,749	-	(506,339)	-	4,077	82,239	(86,316)	-
Interest rate swap liabilities	140,288	9,314	12,864	2,991	-	-	25,164	-	-	-	190,621	-	-	-	190,621
Other long-term liabilities	29,640	3,006	1,846	3,365	12,524	-	1,924	2,161	911	-	55,377	2,628	5,428	-	63,433
Total liabilities	1,654,026	363,859	224,761	120,289	324,297	2,506	337,326	768,952	35,863	(532,831)	3,299,048	254,606	285,871	(152,990)	3,686,535
Net assets:															
Unrestricted	1,328,871	48,310	79,274	191,496	581,173	327,641	609,852	88,927	141,735	-	3,397,279	107,775	92,471	(96,041)	3,501,484
Temporarily restricted	10,629	3,472	10,559	18,544	2,352	26,106	9,306	1,397	-	-	82,365	-	85,998	(912)	167,451
Permanently restricted	-	3,525	3,218	10,919	1,844	-	13,110	14,074	-	-	46,690	-	23,713	(11,812)	58,591
Total net assets	1,339,500	55,307	93,051	220,959	585,369	366,857	633,232	90,324	141,735	-	3,526,334	107,775	202,182	(108,765)	3,727,526
Total liabilities and net assets	\$ 2,993,526	\$ 419,166	\$ 317,812	\$ 341,248	\$ 909,666	\$ 369,363	\$ 970,558	\$ 859,276	\$ 177,598	\$ (532,831)	\$ 6,825,382	\$ 362,381	\$ 488,053	\$ (261,755)	\$ 7,414,061

The Johns Hopkins Health System Corporation and Affiliates
Supplementary Combining Statements of Operations and Changes in Net Assets
June 30, 2015
(in thousands)

	The Johns Hopkins Hospital	Johns Hopkins Bayview Medical Center, Inc.	Howard County General Hospital, Inc.	Suburban Hospital, Inc. and Consolidated Entities	Sibley Memorial Hospital	Sibley Other Affiliates	All Children's Hospital, Inc.	The Johns Hopkins Health System Corporation	Suburban Hospital Healthcare System, Inc.	Eliminations	Johns Hopkins Health System Obligated Group Subtotal	Johns Hopkins HealthCare LLC and Subsidiaries	Other	Eliminations	Combined Johns Hopkins Health System Corporation and Affiliates
Operating revenues:															
Net patient service revenue before provision for bad debts	\$ 1,879,981	\$ 539,599	\$ 251,579	\$ 258,603	\$ 262,765	\$ -	\$ 415,086	\$ -	\$ 9,938	\$ -	\$ 3,617,551	\$ 1,543,328	\$ 649,304	\$ (818,807)	\$ 4,991,376
Provision for bad debts	(19,830)	(23,763)	(8,689)	(7,755)	(10,151)	-	(6,668)	-	(64)	-	(76,920)	(5,163)	(11,688)	-	(93,771)
Net patient service revenue	1,860,151	515,836	242,890	250,848	252,614	-	408,418	-	9,874	-	3,540,631	1,538,165	637,616	(818,807)	4,897,605
Other revenue	224,852	58,640	4,916	20,645	38,197	2,005	51,306	267,873	8,195	(188,571)	488,058	63,216	150,251	(136,146)	565,379
Investment income	11,081	1,875	1,779	1,676	5,702	5,399	6,804	75,142	1,418	-	110,676	1,443	11,072	(53,818)	69,373
Net assets released from restrict used for operations	645	553	-	1,936	1,242	94	356	61	-	-	4,887	-	2,845	-	7,732
Total operating revenues	2,096,729	576,904	249,585	275,105	297,755	7,498	466,684	343,076	19,487	(188,571)	4,144,252	1,602,824	801,784	(1,008,771)	5,540,089
Operating expenses:															
Salaries, wages and benefits	770,776	247,023	111,078	116,317	142,636	1,014	213,534	152,631	4,033	-	1,759,042	104,613	274,227	(10,008)	2,127,874
Purchased services	609,569	189,319	61,659	66,255	62,513	954	98,769	129,709	6,491	(169,912)	1,055,326	1,419,191	491,296	(944,945)	2,020,868
Supplies and other	499,233	97,412	41,972	63,664	64,120	53	67,369	2,508	2,574	-	838,905	7,888	24,367	-	871,160
Interest	20,226	1,201	5,212	824	3,091	-	5,034	16,791	2,901	(18,659)	36,621	-	91	-	36,712
Depreciation and amortization	128,456	25,504	15,555	15,820	18,670	8	34,386	10,336	3,155	-	251,890	5,104	7,596	-	264,590
Total operating expenses	2,028,260	560,459	235,476	262,880	291,030	2,029	419,092	311,975	19,154	(188,571)	3,941,784	1,536,796	797,577	(954,953)	5,321,204
Income from operations	68,469	16,445	14,109	12,225	6,725	5,469	47,592	31,101	333	-	202,468	66,028	4,207	(53,818)	218,885
Non-operating revenues and expenses:															
Interest expense on swap agreements	(19,187)	(2,570)	(1,534)	(951)	-	-	(3,351)	-	-	-	(27,593)	-	-	-	(27,593)
Change in fair value of swap agreements	(19,593)	823	(2,176)	615	-	-	(2,335)	-	-	-	(22,666)	-	-	-	(22,666)
Change in realized and unrealized gains (losses) on investments	(10,465)	(1,076)	(1,200)	(2,075)	6,811	6,261	(16,357)	(528)	(1,697)	-	(20,326)	-	(4,678)	-	(25,004)
Other non-operating expenses	(8,012)	-	-	-	(10,826)	1	(14,571)	(2,724)	-	-	(36,132)	-	(22)	(1,765)	(37,919)
Excess of revenues over (under) expenses before noncontrolling interests	11,212	13,622	9,199	9,814	2,710	11,731	10,978	27,849	(1,364)	-	95,751	66,028	(493)	(55,583)	105,703
Noncontrolling interests	-	-	-	-	-	-	-	-	89	-	89	(3,442)	533	(6,768)	(11,588)
Excess of revenues over (under) expenses	11,212	13,622	9,199	9,814	2,710	11,731	10,978	27,849	(1,275)	-	95,840	62,586	40	(64,351)	94,115
Contributions (to) from affiliates	-	-	(568)	(75)	(75)	-	(11,833)	6,473	11	-	(6,067)	(40,710)	5,131	36,060	(5,586)
Change in funded status of defined benefit plans	(64,130)	(14,711)	(421)	(2,267)	(2,612)	-	-	(14,012)	-	-	(98,153)	-	-	-	(98,153)
Net assets released from restrictions used for purchases of property, plant, and equipment	3,035	-	2,400	913	-	-	50	229	-	-	6,627	-	60	-	6,687
Noncontrolling interests	-	-	-	-	-	-	-	-	(89)	-	(89)	3,442	(533)	8,768	11,588
Other	-	-	-	-	12,721	(12,721)	-	(27)	(49)	-	(76)	-	-	-	(76)
(Decrease) increase in unrestricted net assets	(49,883)	(1,089)	10,610	8,385	12,744	(990)	(805)	20,512	(1,402)	-	(1,918)	25,318	4,698	(19,523)	8,575
Changes in temporarily restricted net assets:															
Gifts, grants and bequests	3,531	1,138	2,401	1,710	-	12,593	554	-	-	-	22,310	-	8,254	-	30,564
Net change in HHF and ACF	-	-	2,862	-	-	-	(267)	-	-	-	2,595	-	-	267	2,862
Net assets released from restrictions used for purchases of property, plant, and equipment	(3,035)	-	(2,400)	(913)	-	-	(50)	(229)	-	-	(6,627)	-	(60)	-	(6,687)
Net assets released from restrict used for operations	(645)	(553)	-	(1,936)	(1,242)	(94)	(356)	(61)	-	-	(4,887)	-	(2,845)	-	(7,732)
Other	-	-	-	-	1,152	(1,152)	-	-	-	-	-	-	-	-	-
(Decrease) increase in temporarily restricted net assets	(149)	585	2,863	(1,139)	(90)	11,347	(119)	93	-	-	13,391	-	5,349	267	19,007
Changes in permanently restricted net assets:															
Gifts, grants and bequests	-	-	-	-	-	100	(42)	-	-	-	58	-	(83)	(1)	(26)
Net change in HHF and ACF	-	-	182	-	-	-	(574)	-	-	-	(392)	-	-	574	182
Increase (decrease) in permanently restricted net assets	-	-	182	-	-	100	(616)	-	-	-	(334)	-	(83)	573	156
(Decrease) increase in net assets	(50,032)	(504)	13,655	7,246	12,654	10,457	(1,540)	20,605	(1,402)	-	11,139	25,318	9,964	(18,683)	27,738
Net assets at beginning of year	1,339,500	55,307	93,051	220,959	585,369	366,857	633,232	90,324	141,735	-	3,526,334	107,775	202,182	(108,765)	3,727,526
Net assets at end of year	\$ 1,289,468	\$ 54,803	\$ 106,706	\$ 228,205	\$ 598,023	\$ 377,314	\$ 631,692	\$ 110,929	\$ 140,333	\$ -	\$ 3,537,473	\$ 133,093	\$ 212,146	\$ (127,448)	\$ 3,755,264

The Johns Hopkins Health System Corporation and Affiliates
Supplementary Combining Statements of Operations and Changes in Net Assets
June 30, 2014
(in thousands)

	The Johns Hopkins Hospital	Johns Hopkins Bayview Medical Center, Inc.	Howard County General Hospital, Inc.	Suburban Hospital, Inc. and Consolidated Entities	Sibley Memorial Hospital	Sibley Other Affiliates	All Children's Hospital, Inc.	The Johns Hopkins Health System Corporation	Suburban Hospital Healthcare System, Inc.	Eliminations	Johns Hopkins Health System Obligated Group Subtotal	Johns Hopkins HealthCare LLC and Subsidiaries	Other	Eliminations	Combined Johns Hopkins Health System Corporation and Affiliates
Operating revenues:															
Net patient service revenue before provision for bad debts	\$ 1,862,007	\$ 523,812	\$ 242,532	\$ 251,540	\$ 231,731	\$ -	\$ 387,822	\$ -	\$ 10,213	\$ -	\$ 3,509,657	\$ 1,369,736	\$ 609,968	\$ (762,713)	\$ 4,726,648
Provision for bad debts	(58,044)	(31,390)	(9,934)	(8,267)	(8,744)	-	(6,149)	-	(66)	-	(122,594)	(4,630)	(14,140)	-	(141,364)
Net patient service revenue	1,803,963	492,422	232,598	243,273	222,987	-	381,673	-	10,147	-	3,387,063	1,365,106	595,828	(762,713)	4,585,284
Other revenue	180,684	46,830	5,107	17,807	37,708	865	38,082	231,134	8,085	(169,135)	397,167	51,787	128,695	(98,424)	479,225
Investment income	9,764	1,687	1,084	1,861	6,672	5,367	4,138	82,701	1,530	-	114,804	1,317	2,247	(65,158)	53,210
Net assets released from restrict used for operations	716	769	-	1,702	904	109	971	(57)	-	-	5,114	-	2,692	-	7,806
Total operating revenues	1,995,127	541,708	238,789	264,643	268,271	6,341	424,864	313,778	19,762	(169,135)	3,904,148	1,418,210	729,462	(926,295)	5,125,525
Operating expenses:															
Salaries, wages and benefits	743,306	243,882	114,262	118,525	139,184	1,133	205,273	129,131	4,222	(1,208)	1,697,710	94,487	253,701	(9,908)	2,035,990
Purchased services	576,095	169,718	52,478	59,914	56,844	2,133	89,632	118,991	6,841	(152,546)	980,100	1,228,539	456,532	(851,229)	1,813,942
Supplies and other	437,553	90,667	41,457	67,363	49,212	91	62,197	2,377	2,714	-	753,631	7,131	22,731	-	783,493
Interest	20,971	277	5,365	960	3,412	-	5,785	14,729	2,823	(15,381)	38,941	-	97	-	39,038
Depreciation and amortization	131,105	23,326	15,985	15,256	20,142	15	36,529	8,806	3,456	-	254,620	3,787	7,819	-	266,226
Total operating expenses	1,909,030	527,870	229,547	262,018	268,794	3,372	399,416	274,034	20,056	(169,135)	3,725,002	1,333,944	740,880	(861,137)	4,938,689
Income from operations	86,097	13,838	9,242	2,625	(523)	2,969	25,448	39,744	(294)	-	179,146	84,266	(11,418)	(65,158)	186,836
Non-operating revenues and expenses:															
Interest expense on swap agreements	(19,250)	(2,733)	(1,533)	(951)	-	-	(3,365)	-	-	-	(27,832)	-	-	-	(27,832)
Change in fair value of swap agreements	(5,357)	875	(598)	542	-	-	(1,663)	-	-	-	(6,201)	-	-	-	(6,201)
Change in realized and unrealized gains (losses) on investments	53,974	3,115	3,017	14,185	43,835	44,058	34,689	17	11,395	-	208,285	-	10,663	-	218,948
Other non-operating expenses	(7,112)	-	(242)	-	-	-	(2,135)	(2,724)	-	-	(12,213)	-	(1,214)	(1,053)	(14,480)
Excess of revenues over (under) expenses before noncontrolling interests	108,352	15,095	9,886	16,401	43,312	47,027	52,974	37,037	11,101	-	341,185	84,266	(1,969)	(66,211)	357,271
Noncontrolling interests	-	-	-	-	-	-	-	-	138	-	138	(8,114)	5	(10,994)	(18,965)
Excess of revenues over (under) expenses	108,352	15,095	9,886	16,401	43,312	47,027	52,974	37,037	11,239	-	341,323	76,152	(1,964)	(77,205)	338,306
Contributions from (to) affiliates	3,904	(191)	(702)	(483)	-	-	(20,279)	(797)	(847)	-	(19,395)	(67,082)	17,819	60,390	(8,268)
Change in funded status of defined benefit plans	(11,939)	(17,376)	1,308	3,716	(3,278)	-	-	(41,153)	-	-	(68,722)	-	-	-	(68,722)
Net assets released from restrictions used for purchases of property, plant, and equipment	2,058	-	4,157	72	-	-	-	8	-	-	6,295	-	-	-	6,295
Noncontrolling interests	-	-	-	-	-	-	-	-	(138)	-	(138)	8,114	(5)	10,994	18,965
Other	-	-	-	-	9,563	(9,563)	-	30	(49)	-	(19)	-	(84)	-	(103)
Increase (decrease) in unrestricted net assets	102,375	(2,472)	14,649	19,706	49,597	37,464	32,695	(4,875)	10,205	-	259,344	17,184	15,766	(5,821)	286,473
Changes in temporarily restricted net assets:															
Gifts, grants and bequests	(7)	(184)	4,157	3,814	10	5,030	654	558	-	-	14,032	-	12,468	-	26,500
Net change in HHF and ACF	-	-	(417)	-	-	-	(93)	-	-	-	(510)	-	-	93	(417)
Net assets released from restrictions used for purchases of property, plant, and equipment	(2,058)	-	(4,157)	(72)	-	-	-	(8)	-	-	(6,295)	-	-	-	(6,295)
Net assets released from restrict used for operations	(716)	(769)	-	(1,702)	(904)	(109)	(971)	57	-	-	(5,114)	-	(2,692)	-	(7,806)
Other	(2,405)	-	-	-	818	(818)	-	-	-	-	(2,405)	-	-	-	(2,405)
(Decrease) increase in temporarily restricted net assets	(5,186)	(953)	(417)	2,040	(76)	4,103	(410)	607	-	-	(292)	-	9,776	93	9,577
Changes in permanently restricted net assets:															
Gifts, grants and bequests	-	-	-	60	-	-	70	-	-	-	130	-	1,581	-	1,711
Net change in HHF and ACF	-	-	158	-	-	-	993	-	-	-	1,151	-	-	(993)	158
Increase in permanently restricted net assets	-	-	158	60	-	-	1,063	-	-	-	1,281	-	1,581	(993)	1,869
Increase (decrease) in net assets	97,189	(3,425)	14,390	21,806	49,521	41,567	33,348	(4,268)	10,205	-	260,333	17,184	27,123	(6,721)	297,919
Net assets at beginning of year	1,242,311	58,732	78,661	199,153	535,848	325,290	599,884	94,592	131,530	-	3,266,001	90,591	175,059	(102,044)	3,429,607
Net assets at end of year	\$ 1,339,500	\$ 55,307	\$ 93,051	\$ 220,959	\$ 585,369	\$ 366,857	\$ 633,232	\$ 90,324	\$ 141,735	\$ -	\$ 3,526,334	\$ 107,775	\$ 202,182	\$ (108,765)	\$ 3,727,526