

**Exempt Organization Declaration and Signature for Electronic Filing**

For calendar year 2013, or tax year beginning JUL 1, 2013, and ending JUN 30, 2014

**2013**

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)

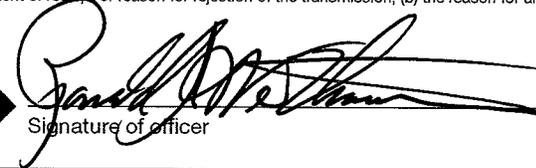
Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, 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.

<b>1a</b> Form 990 check here	<input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b>	<u>2,010,465,658.</u>
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b>	
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b>	
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	<b>4b</b>	
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b</b> Balance due (Form 8868, Part I, line 3c or Part II, line 8c)	<b>5b</b>	

**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 (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- 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 contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

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 2013 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here  | 5/12/15 | **SENIOR VP FINANCE & TREA**  
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. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-file (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

<b>ERO's Use Only</b>	ERO's signature 	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code				EIN
					Phone no.

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.

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

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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](http://www.irs.gov/form990).

Open to Public Inspection

**A** For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>THE JOHNS HOPKINS HOSPITAL</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>3910 KESWICK RD, SOUTH BLDG, 4TH FLOOR 4300A</b> City or town, state or province, country, and ZIP or foreign postal code <b>BALTIMORE, MD 21211</b> <b>F</b> Name and address of principal officer: <b>RONALD J WERTHMAN</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>52-0591656</b> <b>E</b> Telephone number <b>(443) 997-5724</b> <b>G</b> Gross receipts \$ <b>2,826,105,466.</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> 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		
<b>J</b> Website: ▶ <b>WWW.HOPKINSMEDICINE.ORG/HOPKINSHOSPITAL</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1867</b> <b>M</b> State of legal domicile: <b>MD</b>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>THE JOHNS HOPKINS HOSPITAL PROVIDES QUALITY MEDICAL HEALTH CARE REGARDLESS OF RACE, CREED, SEX,</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>13</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>12</b>
	<b>5</b>	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	<b>12020</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>761</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>13,098,323.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>-2,619,301.</b>
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>16,681,987.</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	<b>1,899,807,380.</b>	<b>1,946,815,203.</b>
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>28,276,615.</b>	<b>26,891,334.</b>
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>20,972,461.</b>	<b>22,261,578.</b>
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,965,738,443.</b>	<b>2,010,465,658.</b>
<b>Expenses</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>2,739,641.</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>753,902,882.</b>	<b>743,329,607.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶	<b>0.</b>	<b>0.</b>
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,138,847,326.</b>	<b>1,180,831,588.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,895,489,849.</b>	<b>1,926,899,675.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>70,248,594.</b>	<b>83,565,983.</b>
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>2,889,884,183.</b>	<b>3,031,685,560.</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>1,647,575,906.</b>	<b>1,692,185,160.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>1,242,308,277.</b>	<b>1,339,500,400.</b>

**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.

<b>Sign Here</b>	Signature of officer <b>RONALD J WERTHMAN, SENIOR VP FINANCE &amp; TREASURER</b> Type or print name and title	Date	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	Firm's name ▶	Firm's EIN ▶	Check if self-employed <input type="checkbox"/>
	Firm's address ▶	Phone no.	PTIN

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 \$ 112,459,464. including grants of \$ 0.) (Revenue \$ 136,574,632.) 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 CHILDRENS CENTER - WHICH OFFER ENHANCED LEVELS OF NEUROLOGICAL AND NEUROSURGICAL CARE. THE OPENING OF

4b (Code: ) (Expenses \$ 85,378,478. including grants of \$ 0.) (Revenue \$ 90,527,665.) 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 \$ 245,898,024. including grants of \$ 0.) (Revenue \$ 304,241,430.) 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 \$ 1,213,277,552. including grants of \$ 2,738,480.) (Revenue \$ 1,422,538,039.)

4e Total program service expenses 1,657,013,518.

**Part IV Checklist of Required Schedules**

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

**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 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 individuals in the United States 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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		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 so, 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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		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? <b>Note.</b> 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

Main table with columns for question numbers (1a-14b), Yes/No, and numerical responses (e.g., 691, 12020, 0).

**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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	1a	13	
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>b</b> Enter the number of voting members included in line 1a, above, who are independent	1b	12	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
<b>6</b> Did the organization have members or stockholders?	6		X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	8a	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	8b	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **MD**
- 18** Section 6104 requires an organization to make its Forms 1023 (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, physical address, and telephone number of the person who possesses the books and records of the organization: **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	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. TRUSTEE	1.00	X						0.	0.	0.
(8) TRACI S. LERNER TRUSTEE	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.	1,980,826.	1,418,697.
(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	X						0.	0.	0.
(14) KENNETH GRANT V.P., GENERAL SERVICES	42.00 18.00			X				0.	453,475.	168,660.
(15) DALAL J. HALDEMAN, PH.D V.P., MKTG & COMMUNICATION	55.00 5.00			X				0.	461,836.	76,194.
(16) KAREN B. HALLER, PH.D. V.P., NURSING & P.C. SVCS	60.00			X				453,990.	0.	161,781.
(17) KEITH HILL V.P., CORPORATE SECURITY	29.00 31.00			X				0.	207,379.	28,281.

**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.	670,517.	316,098.
(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.	1,209,707.	647,402.
(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.	825,326.	256,525.
(23) RONALD J. WERTHMAN V.P. FINANCE & TREASURER	30.00 30.00			X				0.	1,145,582.	378,039.
(24) SAMUEL H. CLARK, JR. ASSISTANT SECRETARY	6.00 54.00			X				0.	387,634.	109,340.
(25) STUART ERDMAN ASSISTANT TREASURER	36.00 24.00			X				0.	512,579.	166,328.
(26) BONNIE WINDSOR V.P., HUMAN RESOURCES	60.00			X				0.	241,126.	193,993.
<b>1b Sub-total</b>								453,990.	8,095,987.	3,921,338.
<b>c Total from continuation sheets to Part VII, Section A</b>								5,174,370.	3,494,520.	3,325,206.
<b>d Total (add lines 1b and 1c)</b>								5,628,360.	11,590,507.	7,246,544.

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 **814**

	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	X	
4 For an 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	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		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	39,283,449.
BROADWAY TRANSPORT SERVICE INC 3709 EAST MONUMENT ST, BALTIMORE, MD 21205	TRANSPORT SERVICE	13,787,936.
QUEST DIAGNOSTICS 3 GIRALDA FARMS, MADISON, NJ 07940	LAB SERVICES	7,811,454.
AMN HEALTHCARE INC PO BOX 281939, ATLANTA, GA 30384	STAFFING	7,790,766.
PARTNER PROFESSIONAL STAFFING, 4605 E GAILBRAITH RD, STE 200, CINCINNATI, OH	STAFFING	6,819,822.

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 **143**

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.	284,232.	48,768.
(28) EDWARD B. CHAMBERS ADMINISTRATOR PEDIATRICS	60.00				X			296,900.	0.	186,518.
(29) ALLEN VALENTINE ADMINISTRATOR PATHOLOGY	60.00				X			215,490.	0.	106,375.
(30) JOHN HUNDT ADMINISTRATOR SURGERY	60.00				X			261,097.	0.	57,502.
(31) STEVEN MANDELL SR DIRECTOR INFO SVCS	60.00				X			276,587.	0.	154,775.
(32) JAMES SCHEULEN JHM DIRECTOR	60.00				X			237,502.	0.	108,787.
(33) JANE HILL DIR, PATIENT REL & PAT FAM	60.00				X			208,681.	0.	93,648.
(34) TERRY LANGBAUM ADMIN. COMPREHENSIVE CANC	60.00				X			254,849.	0.	85,714.
(35) CHRISTINA LUNDQUIST ADMINISTRATOR	60.00				X			227,649.	0.	56,745.
(36) DIANN SNYDER DIRECTOR OF NURSING	60.00				X			188,880.	0.	106,163.
(37) DANIEL ASHBY SR DIRECTOR PHARMACY	60.00				X			217,755.	0.	64,986.
(38) RICHARD THOMAS ADMINISTRATOR	60.00				X			227,204.	0.	77,719.
(39) KAREN DAVIS DIRECTOR OF NURSING	60.00				X			195,853.	0.	55,135.
(40) MARTIN BLEDSOE ADMINISTRATOR	60.00				X			214,985.	0.	91,764.
(41) DEBORAH BAKER DIRECTOR OF NURSING	60.00				X			182,553.	0.	62,102.
(42) SHARON KRUMM DIRECTOR OF NURSING	60.00				X			188,991.	0.	153,110.
(43) CHARLES BARBARA ADMINISTRATOR	60.00				X			246,012.	0.	39,945.
(44) JAHANSHA BEHZAD ADMINISTRATOR	60.00				X			180,262.	0.	52,393.
(45) ELIZABETH AMBINDER ADMINISTRATOR	60.00				X			154,663.	0.	75,376.
(46) WALKER WYLIE EXECUTIVE MANAGEMENT	20.00 40.00					X		393,474.	0.	117,085.
Total to Part VII, Section A, line 1c										



**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	3,435,132.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	11,062,411.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	<b>Total.</b> Add lines 1a-1f			14,497,543.		
Program Service Revenue	2 a	NET PATIENT SRV	Business Code	446110	1,415,471,476.	1,402,373,153.	13,098,323.
	b	ONCOLOGY REVENUE	446110	304,241,430.	304,241,430.		
	c	NEUROSURGERY REVENUE	446110	136,574,632.	136,574,632.		
	d	CARDIAC REVENUE	446110	90,527,665.	90,527,665.		
	e						
	f	All other program service revenue					
	g	<b>Total.</b> Add lines 2a-2f			1,946,815,203.		
	3	Investment income (including dividends, interest, and other similar amounts)			14,622,318.		14,622,318.
4	Income from investment of tax-exempt bond proceeds						
5	Royalties						
Other Revenue	6 a	Gross rents	(i) Real	453,000.			
		Less: rental expenses	(ii) Personal	0.			
		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	826,532,000.			
		Less: cost or other basis and sales expenses	(ii) Other	813,713,139.	549,845.		
		Gain or (loss)		12,818,861.	-549,845.		
		d	Net gain or (loss)			12,269,016.	
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	403,730.			
		Less: direct expenses	b	0.			
		c	Net income or (loss) from fundraising events			403,730.	
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
		Less: direct expenses	b				
		c	Net income or (loss) from gaming activities				
	10 a	Gross sales of inventory, less returns and allowances	a	2,616,786.			
		Less: cost of goods sold	b	1,376,824.			
		c	Net income or (loss) from sales of inventory			1,239,962.	
	Miscellaneous Revenue			Business Code			
11 a	MISCELLANEOUS REV.	900099	17,106,335.	17,106,335.			
b	CAFETERIA INCOME	900099	2,462,064.	2,462,064.			
c	SEMINAR & INST FEE	900099	322,373.	322,373.			
d	All other revenue	900099	274,114.	274,114.			
e	<b>Total.</b> Add lines 11a-11d			20,164,886.			
12	<b>Total revenue.</b> See instructions.			2,010,465,658.	1,953,881,766.	13,098,323.	28,988,026.

**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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	2,738,480.	2,738,480.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	4,429,901.		4,429,901.	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	553,250,538.	493,603,734.	59,646,804.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	49,228,000.	43,571,703.	5,656,297.	
<b>9</b> Other employee benefits	91,274,683.	79,301,218.	11,973,465.	
<b>10</b> Payroll taxes	45,146,485.	39,959,154.	5,187,331.	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	2,240,246.	1,982,842.	257,404.	
<b>c</b> Accounting	2,858,192.	1,983,786.	874,406.	
<b>d</b> Lobbying	87,741.		87,741.	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion	892,446.	789,904.	102,542.	
<b>13</b> Office expenses	457,946,035.	449,554,836.	8,391,199.	
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	3,633,162.	3,215,712.	417,450.	
<b>17</b> Travel	2,974,930.	2,633,510.	341,420.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	1,081,663.	957,566.	124,097.	
<b>20</b> Interest	20,885,636.	18,485,876.	2,399,760.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	130,576,952.	127,481,437.	3,095,515.	
<b>23</b> Insurance	12,613,862.	11,164,529.	1,449,333.	
<b>24</b> 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.)				
<b>a</b> PURCHASED SERVICES JHU	225,190,118.	200,593,377.	24,596,741.	
<b>b</b> PURCHASED SERVICES	206,531,889.	89,907,123.	116,624,766.	
<b>c</b> ORGAN PROCUREMENT	28,628,760.	28,628,760.	0.	
<b>d</b> SWAP INTEREST	19,250,428.	17,325,385.	1,925,043.	
<b>e</b> All other expenses	65,439,528.	43,134,586.	22,304,942.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,926,899,675.	1,657,013,518.	269,886,157.	0.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	88,752,232.	<b>1</b>	64,095,265.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	10,146,487.	<b>3</b>	3,857,697.
	<b>4</b> Accounts receivable, net .....	294,327,187.	<b>4</b>	287,163,004.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	190,316,926.	<b>7</b>	193,455,349.
	<b>8</b> Inventories for sale or use .....	51,204,710.	<b>8</b>	49,848,802.
	<b>9</b> Prepaid expenses and deferred charges .....	9,124,239.	<b>9</b>	10,673,163.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,191,339,226.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 757,616,257.	1,472,268,532.	<b>10c</b> 1,433,722,969.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	559,450,303.	<b>12</b>	746,350,766.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	214,293,567.	<b>15</b>	242,518,545.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	2,889,884,183.	<b>16</b>	3,031,685,560.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	195,587,068.	<b>17</b>	198,968,929.
	<b>18</b> Grants payable .....	1,600,550.	<b>18</b>	2,195,201.
	<b>19</b> Deferred revenue .....	100.	<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....	849,054,566.	<b>20</b>	832,352,877.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	601,333,622.	<b>25</b>	658,668,153.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,647,575,906.	<b>26</b>	1,692,185,160.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	1,226,492,816.	<b>27</b>	1,328,868,467.
	<b>28</b> Temporarily restricted net assets .....	15,815,461.	<b>28</b>	10,631,933.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	1,242,308,277.	<b>33</b>	1,339,500,400.	
<b>34</b> Total liabilities and net assets/fund balances .....	2,889,884,183.	<b>34</b>	3,031,685,560.	

**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	2,010,465,658.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,926,899,675.
3	Revenue less expenses. Subtract line 2 from line 1	3	83,565,983.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,242,308,277.
5	Net unrealized gains (losses) on investments	5	41,155,496.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-27,529,356.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,339,500,400.

**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 type="checkbox"/> Consolidated basis <input checked="" 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)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2013**

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....		
(ii) A family member of a person described in (i) above? .....		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....		
- h 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 in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 33 1/3% support test - 2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2013.** 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 - 2012.** 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 .....



**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](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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 of \$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) (2013)

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>1</u>		\$ <u>141,748.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>2,572,469.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>382,726.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>173,632.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>164,557.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 11,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 14,155.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 25,630.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ 167,345.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE JOHNS HOPKINS HOSPITAL

52-0591656

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 674,861.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 34,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 99,872.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 25,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE JOHNS HOPKINS HOSPITAL

52-0591656

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 7,170.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 12,065.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE JOHNS HOPKINS HOSPITAL

52-0591656

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ 28,453.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ 41,405.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ 20,033.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ 971,083.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30		\$ 1,552,608.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

**THE JOHNS HOPKINS HOSPITAL**

**52-0591656**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33		\$ 110,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34		\$ 27,662.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36		\$ 25,810.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

**THE JOHNS HOPKINS HOSPITAL**

52-0591656

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ 53,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE JOHNS HOPKINS HOSPITAL

52-0591656

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44		\$ 10,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45		\$ 126,780.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46		\$ 22,756.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47		\$ 3,904,185.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$ 135,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51		\$ 22,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52		\$ 360,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	<hr/> <hr/> <hr/>	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	<hr/> <hr/> <hr/>	\$ 124,252.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	<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/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

**THE JOHNS HOPKINS HOSPITAL**

52-0591656

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64		\$ 5,000.	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		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	_____ _____ _____	\$ 8,877.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	_____ _____ _____	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	_____ _____ _____	\$ 10,000.	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

Employer identification number

**THE JOHNS HOPKINS HOSPITAL**

52-0591656

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$ 21,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74		\$ 23,030.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75		\$ 6,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76		\$ 141,776.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77		\$ 114,026.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78		\$ 11,709.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80		\$ <u>58,952.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81		\$ <u>17,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82		\$ <u>8,767.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83		\$ <u>13,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84		\$ <u>131,392.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

Name of organization  <b>THE JOHNS HOPKINS HOSPITAL</b>	Employer identification number  <b>52-0591656</b>
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**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ \_\_\_\_\_  
 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

**2013**

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.**  
 ▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://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) or Form 990-EZ, Part V, line 35c (Proxy Tax), then**

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

Name of organization <b>THE JOHNS HOPKINS HOSPITAL</b>	Employer identification number <b>52-0591656</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political 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-.

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.** **Schedule C (Form 990 or 990-EZ) 2013**

LHA

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<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.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 instructions for lines 2a through 2f on page 4.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**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
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		87,741.
<b>j</b> Total. Add lines 1c through 1i .....			87,741.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**Part IV Supplemental Information**

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

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

**EXPLANATION: THE JOHNS HOPKINS HOSPITAL PAID ITS PARENT CORPORATION, THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION \$87,741 DURING THE FISCAL YEAR ENDED JUNE 30, 2014 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**



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.

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

OMB No. 1545-0047

2013

Open to Public Inspection

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes/No, 6 Did the organization inform all grantees... Yes/No.

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 2 columns: Held at the End of the Tax Year. Rows: 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.
4 Number of states where property subject to conservation easement is located.
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes/No.
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year.
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year.
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes/No.
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenues included in Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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

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

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" 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?  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     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" 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		959,472,101.	275,970,596.	683,501,505.
c Leasehold improvements		2,294,268.	1,714,952.	579,316.
d Equipment		1,032,703,890.	421,604,533.	611,099,357.
e Other		187,426,650.	58,326,176.	129,100,474.

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 1,433,722,969.

**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	102,369,320.	END-OF-YEAR MARKET VALUE
(C) CORPORATE BONDS	96,528,213.	END-OF-YEAR MARKET VALUE
(D) ASSET BACKED SECURITIES	18,130,192.	END-OF-YEAR MARKET VALUE
(E) EQUITIES AND EQUITY FUNDS	186,114,048.	END-OF-YEAR MARKET VALUE
(F) ALTERNATIVE INVESTMENTS	156,363,005.	END-OF-YEAR MARKET VALUE
(G) EQUITY INVESTMENTS	69,617,923.	END-OF-YEAR MARKET VALUE
(H) FIXED INCOME FUNDS	113,585,824.	END-OF-YEAR MARKET VALUE
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>746,350,766.</b>	

**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)		
<b>Total.</b> (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	8,397,797.
(2) DUE FROM AFFILIATES	13,682,784.
(3) CASH CAPITAL PROJECTS	1,113,393.
(4) SPECIAL INV. FUND	65,213,989.
(5) FINANCING EXPENSES - BONDS	42,229,834.
(6) DEPT LT - MARRIOTT NUTR SERV	350,000.
(7) OTHER ASSETS	111,530,748.
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>242,518,545.</b>

**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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ADVANCES FROM THIRD PARTY	96,764,837.
(3) DUE TO AFFILIATES	14,629,803.
(4) OTHER LIABILITIES	206,850,922.
(5) WORKERS COMP TAIL LIABILITY	9,780,401.
(6) POST RETIREMENT BENEFITS	1,546,343.
(7) EST. MALPRACTICE COSTS	129,695,831.
(8) PENSION LIABILITY	199,400,016.
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>658,668,153.</b>

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	2,052,998,357.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	41,155,496.	
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	41,155,496.	
3	Subtract line 2e from line 1		3	2,011,842,861.
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	-1,377,203.	
c	Add lines 4a and 4b	4c	-1,377,203.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,010,465,658.

**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	1,909,030,000.
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	1,909,030,000.
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	17,869,675.	
c	Add lines 4a and 4b	4c	17,869,675.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,926,899,675.

**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:**

**EXPLANATION: FASB GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES CLARIFIES THE ACCOUNTING FOR UNCERTAINTY OF INCOME TAX POSITIONS. THIS GUIDANCE DEFINES THE THRESHOLD FOR RECOGNIZING TAX RETURN POSITIONS IN THE FINANCIAL STATEMENTS AS MORE LIKELY THAN NOT THAT THE POSITION IS SUSTAINABLE, BASED ON ITS TECHNICAL MERITS. THIS GUIDANCE ALSO PROVIDES GUIDANCE ON THE MEASUREMENT, CLASSIFICATION AND DISCLOSURE OF TAX RETURN POSITIONS IN THE FINANCIAL STATEMENTS. THERE WAS NO IMPACT ON THE JOHNS HOPKINS HOSPITAL FINANCIAL STATEMENTS DURING THE YEARS ENDED JUNE 30, 2014 AND 2013 RESULTING FROM THIS GUIDANCE.**

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

**Part XIII** Supplemental Information (continued)

RECLASS OF COGS	-1,376,824.
AUDIT/BOOK ADJUSTMENT	-379.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-1,377,203.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RECLASS OF COGS	-1,376,824.
AUDIT/BOOK ADJUSTMENT	-3,929.
INTEREST ON SWAP	19,250,428.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	17,869,675.





**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 (add col. (a) through col. (c))		
		BEST DRESS SALE	GREAT TASTE	2			
		(event type)	(event type)	(total number)			
Revenue	1	Gross receipts	198,000.	193,300.	12,430.	403,730.	
	2	Less: Contributions					
	3	Gross income (line 1 minus line 2)	198,000.	193,300.	12,430.	403,730.	
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)					403,730.

**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))	
Revenue	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 operates gaming activities: \_\_\_\_\_  
 a Is the organization licensed to operate 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 operate 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 operated in:
 

<b>13a</b>		%
<b>13b</b>		%

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

- Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

\_\_\_\_\_

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**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2013**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>7 Financial Assistance and Certain Other Community Benefits at Cost</b>						
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) .....			36,253,651.	0.	36,253,651.	1.88%
<b>b</b> Medicaid (from Worksheet 3, column a) .....						
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs .....			36,253,651.		36,253,651.	1.88%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....			32,693,265.	4,653,461.	28,039,804.	1.46%
<b>f</b> Health professions education (from Worksheet 5) .....			112,594,824.	0.	112,594,824.	5.84%
<b>g</b> Subsidized health services (from Worksheet 6) .....			0.	0.		
<b>h</b> Research (from Worksheet 7) .....			984,078.	0.	984,078.	.05%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....			3,192,966.	47,246.	3,145,720.	.16%
<b>j Total.</b> Other Benefits .....			149,465,133.	4,700,707.	144,764,426.	7.51%
<b>k Total.</b> Add lines 7d and 7j .....			185,718,784.	4,700,707.	181,018,077.	9.39%





**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 facility reporting group THE JOHNS HOPKINS HOSPITAL

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
<b>1</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	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 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)		
<b>2</b> Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>12</u>		
<b>3</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
<b>4</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
<b>5</b> 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"/> Available upon request from the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
<b>6</b> If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year):		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Section C)		
<b>7</b> Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs	X	
<b>8a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
<b>8b</b> If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
<b>c</b> If "Yes" to line 8b, 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) THE JOHNS HOPKINS HOSPITAL

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? .....	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? .....	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>200</u> %			
If "No," explain in Section C the criteria the hospital facility used.			
11	Used FPG to determine eligibility for providing <i>discounted</i> care? .....	X	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>500</u> %			
If "No," explain in Section C the criteria the hospital facility used.			
12	Explained the basis for calculating amounts charged to patients? .....	X	
If "Yes," indicate the factors used in determining such amounts (check all that apply):			
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input type="checkbox"/> Insurance status		
e	<input type="checkbox"/> Uninsured discount		
f	<input type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input checked="" type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Section C)		
13	Explained the method for applying for financial assistance? .....	X	
14	Included measures to publicize the policy within the community served by the hospital facility? .....	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available on request		
g	<input type="checkbox"/> Other (describe in Section C)		

**Billing and Collections**

15	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 actions the hospital facility may take upon non-payment? .....	X	
16	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		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

**Part V Facility Information** (continued) THE JOHNS HOPKINS HOSPITAL

**18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (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)

**Policy Relating to Emergency Medical Care**

**19** Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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? .....

	Yes	No
<b>19</b>	<b>X</b>	

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)**

**20** 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)


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

If "Yes," explain in Section C.

<b>21</b>		<b>X</b>

**22** 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.

<b>22</b>		<b>X</b>

**Part V Facility Information** (continued)

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

THE JOHNS HOPKINS HOSPITAL:

PART V, SECTION B, LINE 3: 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 20D: MARYLAND IS THE ONLY STATE IN WHICH ALL

PAYORS (GOVERNMENTALLY-INSURED, COMMERCIALY INSURED, OR SELF-PAY) ARE

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

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

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.

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**PART I, LINE 7:**

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**EXPLANATION: 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.**

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**PART I, LINE 7G:**

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

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**PART II, COMMUNITY BUILDING ACTIVITIES:**

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**EXPLANATION: IN FY 2014, 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.**

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**Part VI** Supplemental Information (Continuation)

## PART III, LINE 2:

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

## PART III, LINE 3:

EXPLANATION: 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 HOSPITALS CHARITY CARE POLICY.

## PART III, LINE 4:

EXPLANATION: JHH AUDITED FINANCIAL STATEMENTS PAGE 12.

## PART III, LINE 8:

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

## PART III, LINE 9B:

EXPLANATION: 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:

**Part VI** Supplemental Information (Continuation)

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

**Part VI** Supplemental Information (Continuation)

2015, AND A POWERPOINT PRESENTATION GIVEN BY THE CHAIR OF THE DEPARTMENT 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:

EXPLANATION: 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:

EXPLANATION: JHH GEOGRAPHIC SERVICE AREA IS URBAN.

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

**Part VI** Supplemental Information (Continuation)

SPECIFIC POPULATIONS OR COMMUNITIES OF NEED TO WHICH THE HOSPITAL ALLOCATES RESOURCES THROUGH ITS COMMUNITY BENEFIT PLAN. THE CBSA IS DEFINED BY THE GEOGRAPHIC AREA CONTAINED WITHIN THE FOLLOWING SEVEN ZIP CODES: 21213, 21205, 21224, 21218, 21202, 21231 AND 21206.

THE GENERAL DATA FOR THIS COMMUNITY BENEFIT SERVICE AREA ARE AS FOLLOWS: TOTAL POPULATION WAS 237,411 OF WHICH 48.9% WERE MALES AND 51.1% WERE FEMALES, AVERAGE HOUSEHOLD INCOME WAS \$57,512, 17.9% OF RESIDENTS ARE UNINSURED, 37.6% OF RESIDENTS ARE COVERED BY MEDICAID/MEDICARE, 22.4% OF PEOPLE HAD INCOME BELOW THE FEDERAL POVERTY GUIDELINES.

NUMBER OF OTHER HOSPITALS SERVING THE COMMUNITY OR COMMUNITIES: 25  
FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREAS OR POPULATIONS ARE PRESENT IN THE COMMUNITY .

## PART VI, LINE 5:

EXPLANATION: FOR THE LAST 30 YEARS, MARYLAND HOSPITALS HAVE MET THEIR COMMUNITY BENEFIT OBLIGATIONS IN A UNIQUE MANNER THAT BUILDS THE COSTS OF UNCOMPENSATED CARE - CHARITY CARE AND PATIENT BAD DEBT AND GRADUATE MEDICAL EDUCATION INTO THE RATES THAT HOSPITALS ARE REIMBURSED BY ALL PAYORS. THE SYSTEM IS BASED IN FEDERAL AND STATE LAW AND BENEFITS ALL MARYLAND RESIDENTS, INCLUDING THOSE IN NEED OF FINANCIAL ASSISTANCE TO PAY THEIR HOSPITAL BILLS.

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

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

**Part VI** Supplemental Information (Continuation)

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. 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

**Part VI** Supplemental Information (Continuation)

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:

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

JHHS IS THE SOLE MEMBER OF THE JOHNS HOPKINS HOSPITAL (JHH), AN ACADEMIC MEDICAL CENTER, JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC. (JHBMC), A

**Part VI** Supplemental Information (Continuation)

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.

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

THE JOHNS HOPKINS HOSPITAL

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

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 Governments and Organizations in the United States.** 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)	5,000.	0.			TO SUPPORT HEALTH CARE PUBLIC CHARITY
AMERICAN CANCER SOCIETY INC 8219 TOWN CENTER DRIVE BALTIMORE, MD 21236	13-1788491	501(C)(3)	7,500.	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 ..... **5.**

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

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

Schedule I (Form 990) (2013)

**Part II** Grants and Other Assistance to Individuals in the United States. 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:**  
**EXPLANATION: 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

**2013**

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number

52-0591656

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</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 .....	<b>1b</b>	
<b>2</b> 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? .....	<b>2</b>	X
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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: <b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	X
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	X
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>		
<b>5</b> 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: <b>a</b> The organization? .....	<b>5a</b>	X
<b>b</b> Any related organization? .....	<b>5b</b>	X
If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b> 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: <b>a</b> The organization? .....	<b>6a</b>	X
<b>b</b> Any related organization? .....	<b>6b</b>	X
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> 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 .....	<b>7</b>	X
<b>8</b> 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 .....	<b>8</b>	X
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) 2013

**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 reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RONALD R. PETERSON PRESIDENT	0.	0.	0.	0.	0.	0.	0.
(2) KENNETH GRANT V.P., GENERAL SERVICES	1,296,286.	504,543.	179,997.	1,394,743.	23,954.	3,399,523.	0.
(3) DALAL J. HALDEMAN, PH.D V.P., MKTG & COMMUNICATION	314,154.	60,962.	78,359.	142,292.	26,368.	622,135.	54,835.
(4) KAREN B. HALLER, PH.D. V.P., NURSING & P.C. SVCS	0.	0.	0.	0.	0.	0.	0.
(5) KEITH HILL V.P., CORPORATE SECURITY	311,061.	81,238.	69,537.	55,391.	20,803.	538,030.	0.
(6) SALLY W. MACCONNELL V.P., FACILITIES	321,937.	55,513.	76,540.	138,845.	22,936.	615,771.	49,949.
(7) JUDY A. REITZ, SC.D EXECUTIVE V.P. & C.O.O	0.	0.	0.	0.	0.	0.	0.
(8) G. DANIEL SHEALER, JR. VP & GEN COUNSEL, VP CORP	176,672.	23,599.	7,108.	27,261.	1,020.	235,660.	0.
(9) RONALD J. WERTHMAN V.P. FINANCE & TREASURER	0.	0.	0.	0.	0.	0.	0.
(10) SAMUEL H. CLARK, JR. ASSISTANT SECRETARY	371,388.	91,043.	208,086.	300,822.	15,276.	986,615.	0.
(11) STUART ERDMAN ASSISTANT TREASURER	0.	0.	0.	0.	0.	0.	0.
(12) BONNIE WINDSOR V.P., HUMAN RESOURCES	604,510.	159,623.	445,574.	623,848.	23,554.	1,857,109.	0.
(13) PETER B. MANCINO ASSISTANT SECRETARY	472,555.	117,318.	235,453.	243,945.	12,580.	1,081,851.	0.
(14) EDWARD B. CHAMBERS ADMINISTRATOR PEDIATRICS	0.	0.	0.	0.	0.	0.	0.
(15) ALLEN VALENTINE ADMINISTRATOR PATHOLOGY	619,578.	179,690.	346,314.	352,306.	25,733.	1,523,621.	0.
(16) JOHN HUNDT ADMINISTRATOR SURGERY	0.	0.	0.	0.	0.	0.	0.
	243,264.	61,703.	82,667.	88,498.	20,842.	496,974.	0.
	301,904.	76,943.	133,732.	144,509.	21,819.	678,907.	108,519.
	208,094.	22,429.	10,603.	182,297.	11,696.	435,119.	0.
	0.	0.	0.	0.	0.	0.	0.
	238,941.	44,537.	754.	29,002.	19,766.	333,000.	0.
	231,123.	24,209.	41,568.	159,852.	26,666.	483,418.	0.
	0.	0.	0.	0.	0.	0.	0.
	146,127.	18,220.	51,143.	88,829.	17,546.	321,865.	0.
	0.	0.	0.	0.	0.	0.	0.
	209,306.	23,979.	27,812.	45,509.	11,993.	318,599.	0.
	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 reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) STEVEN MANDELL	241,489.	30,861.	4,237.	127,823.	26,952.	431,362.	0.
SR DIRECTOR INFO SVCS	0.	0.	0.	0.	0.	0.	0.
(18) JAMES SCHEULEN	194,853.	26,406.	16,243.	86,268.	22,519.	346,289.	0.
JHM DIRECTOR	0.	0.	0.	0.	0.	0.	0.
(19) JANE HILL	183,734.	18,938.	6,009.	72,317.	21,331.	302,329.	0.
DIR, PATIENT REL & PAT FAM	0.	0.	0.	0.	0.	0.	0.
(20) TERRY LANGBAUM	222,971.	29,782.	2,096.	64,242.	21,472.	340,563.	0.
ADMIN. COMPREHENSIVE CANC	0.	0.	0.	0.	0.	0.	0.
(21) CHRISTINA LUNDQUIST	130,551.	0.	97,098.	45,544.	11,201.	284,394.	0.
ADMINISTRATOR	0.	0.	0.	0.	0.	0.	0.
(22) DIANN SNYDER	157,712.	15,796.	15,372.	90,460.	15,703.	295,043.	0.
DIRECTOR OF NURSING	0.	0.	0.	0.	0.	0.	0.
(23) DANIEL ASHBY	182,679.	24,676.	10,400.	42,630.	22,356.	282,741.	0.
SR DIRECTOR PHARMACY	0.	0.	0.	0.	0.	0.	0.
(24) RICHARD THOMAS	178,076.	22,047.	27,081.	52,883.	24,836.	304,923.	0.
ADMINISTRATOR	0.	0.	0.	0.	0.	0.	0.
(25) KAREN DAVIS	165,087.	15,266.	15,500.	38,075.	17,060.	250,988.	0.
DIRECTOR OF NURSING	0.	0.	0.	0.	0.	0.	0.
(26) MARTIN BLEDSOE	156,111.	21,396.	37,478.	70,067.	21,697.	306,749.	0.
ADMINISTRATOR	0.	0.	0.	0.	0.	0.	0.
(27) DEBORAH BAKER	157,311.	18,976.	6,266.	38,698.	23,404.	244,655.	0.
DIRECTOR OF NURSING	0.	0.	0.	0.	0.	0.	0.
(28) SHARON KRUMM	166,033.	22,093.	865.	143,469.	9,641.	342,101.	0.
DIRECTOR OF NURSING	0.	0.	0.	0.	0.	0.	0.
(29) CHARLES BARBARA	181,269.	24,499.	40,244.	23,218.	16,727.	285,957.	0.
ADMINISTRATOR	0.	0.	0.	0.	0.	0.	0.
(30) JAHANSHA BEHZAD	156,402.	14,611.	9,249.	29,246.	23,147.	232,655.	0.
ADMINISTRATOR	0.	0.	0.	0.	0.	0.	0.
(31) ELIZABETH AMBINDER	134,211.	18,466.	1,986.	50,044.	25,332.	230,039.	0.
ADMINISTRATOR	0.	0.	0.	0.	0.	0.	0.
(32) WALKER WYLIE	232,078.	59,970.	101,426.	93,535.	23,550.	510,559.	0.
EXECUTIVE MANAGEMENT	0.	0.	0.	0.	0.	0.	0.



**Part II** 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:****EXPLANATION: 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

**Part III Supplemental Information**

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

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

**Part II** 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.

PROVIDED BY AN INDEPENDENT COMPENSATION CONSULTANT. PARTICIPANTS' INTERESTS UNDER THESE ARRANGEMENTS ARE NOT GUARANTEED OR SECURED AT ANY WAY AND AT ALL TIMES ARE SUBJECT TO CLAIMS OF EMPLOYER'S BANKRUPTCY/INSOLVENCY CREDITORS. IF A PARTICIPANT VOLUNTARILY TERMINATES EMPLOYMENT OR IS TERMINATED BY THE EMPLOYER FOR CAUSE PRIOR TO THE APPLICABLE VESTING DATE UNDER EACH ARRANGEMENT, THE PARTICIPANT'S ACCOUNT IS FORFEITED. IN ADDITION, UNDER CURRENT LAW, INTERESTS UNDER THESE ARRANGEMENTS ARE REPORTABLE AS TAXABLE COMPENSATION WHEN THEY BECOME VESTED, EVEN IF THOSE AMOUNTS ARE NOT YET PAYABLE TO THE PARTICIPANT (AND EVEN IF THOSE AMOUNTS ARE NEVER PAID TO THE PARTICIPANT). NO ROLLOVER OR OTHER TAX-DEFERRAL OPTIONS ARE AVAILABLE TO PARTICIPANTS. NOTE THAT ANY SERP II OR SRP PLAN VESTED AMOUNT OR PAYMENT BEING REPORTED AS COMPENSATION 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):  
 STUART ERDMAN \$92,930.73; KAREN B. HALLER, PH.D \$61,358.07; RONALD R. PETERSON \$1,349,219.00; RICHARD O. DAVIS, PH.D \$175,764.08; KENNETH GRANT

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.

\$48,200.85; SALLY W. MACCONNELL \$193,261.80; PAMELA D. PAULK \$150,862.45; JOANNE E. POLLAK \$310,162.79; JUDY A. REITZ, SC.D \$499,577.78; G. DANIEL SHEALER, JR. \$175,994.30; RONALD J. WERTHMAN \$265,488.46; BONNIE WINDSOR \$3,031.00; PETER MANCINO \$13,072.00; AND KEITH HILL \$15,200.00.

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 \$177,680.58; STUART ERDMAN \$108,519.49; KENNETH GRANT \$54,835.27; JOHN HUNDT \$19,996.00; PAMELA D. PAULK \$115,924.19; SALLY W. MCCONNELL \$159,810.48; JOANNE E. POLLAK \$240,163.24; JUDY A. REITZ, SC.D \$380,279.74 G. DANIEL SHEALER, JR. \$216,417.76; RENEE DEMSKI \$424.00; JANE HILL \$4,760.00; RONALD J. WERTHMAN \$295,398.56; WALKER WYLLIE \$31,736.00; JAMES SCHEULEN \$8,416.00; CHRISTINA LUNDQUIST \$8,904.00; RICHARD THOMAS \$21,383.64; JAHANSHA BEHZAD \$8,024.00; KAREN HALLER \$49,949.06; DALAL HALDEMAN \$48,684.00; SAMUEL CLARK \$63,656.00; KELLY CAVALLIO \$11,440.00; DANIEL ASHBY \$7,047.00; DIANN SNYDER

**Part II** 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.

\$11,528.00; CHARLES BARBARA \$39,329.33 AND HOWARD GWON \$7,172.00.

## PART I, LINE 7:

EXPLANATION: 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 J, PART II, COLUMN F



ENTITY 1

**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. See separate instructions. Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
**THE JOHNS HOPKINS HOSPITAL**

Employer identification number  
**52-0591656**

**Part II Bond Issues**  
SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Deceased (h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No
MARYLAND HEALTH AND HIGHER EDUCATIONAL FACIL	52-09360915	74217X83	06/26/08	150,002,476.	CONSTRUCTION AND EQUIPMENT FOR CAR		X		X
MARYLAND HEALTH AND HIGHER EDUCATIONAL FACIL	52-09360915	742176Z3	06/16/10	150,000,216.	CONSTRUCTION AND EQUIPPING OF TWO		X		X
MARYLAND HEALTH AND HIGHER EDUCATIONAL FACIL	52-09360915	74218CZ4	11/10/11	82,184,815.	REFUND PRIOR ISSUES (08/29/01)		X		X
MARYLAND HEALTH AND HIGHER EDUCATIONAL FACIL	52-09360915	74218DJ9	11/10/11	48,245,000.	REFUND PRIOR ISSUES (06/26/08)		X		X

**Part III Proceeds**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		96,495,000.				4,860,000.		
2 Amount of bonds legally defeased								
3 Total proceeds of issue		150,002,476.		150,000,216.		82,184,815.		48,245,000.
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		150,002,476.		150,000,216.				
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion	2012		2012					
14 Were the bonds issued as part of a current refunding issue?		X		X		X		No
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	

**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. ▶ See separate instructions. ▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number  
52-0591656

2013  
Open to Public  
Inspection

**Part I Bond Issues**  
**SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS**

(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
MARYLAND HEALTH AND HIGHER EDUCATIONAL FACIL	52-0936091	NONE	02/15/12	53,510,000.	REFUND PRIOR ISSUES (02/09/04)		X		X
MARYLAND HEALTH AND HIGHER EDUCATIONAL FACIL	52-0936091	574218GQ0	05/03/12	111,453,965.	CONSTRUCTION AND EQUIPPING OF TWO		X		X
MARYLAND HEALTH AND HIGHER EDUCATIONAL FACIL	52-0936091	574218KK8	08/09/12	84,610,000.	REFUND PRIOR ISSUES (04/02/08)		X		X
MARYLAND HEALTH AND HIGHER EDUCATIONAL FACIL	52-0936091	574218KL6	08/09/12	85,060,000.	REFUND PRIOR ISSUES (04/02/08)		X		X

**Part II Proceeds**

	A	B	C	D
1 Amount of bonds retired	2,665,000.	3,470,000.	635,000.	730,000.
2 Amount of bonds legally defeased				
3 Total proceeds of issue	53,510,000.	111,453,965.	84,610,000.	85,060,000.
4 Gross proceeds in reserve funds				
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows		883,808.	499,839.	502,498.
7 Issuance costs from proceeds				
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
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
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

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. ▶ See separate instructions. ▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number  
52-0591656

**Part I Bond Issues** SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS

(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	35,000,000.	REFUND PRIOR ISSUES (03/01/04)		X		X		X
MARYLAND HEALTH AND B HIGHER EDUCATIONAL FACIL	52-0936091	NONE	11/28/12	65,000,000.	REFUND PRIOR ISSUES (08/26/08, TO REPLACE		X		X		X
MARYLAND HEALTH AND C HIGHER EDUCATIONAL FACIL	52-0936091	NONE	10/24/13	9,000,000.	MATURED PRINCIPAL		X		X		X

**Part II Proceeds**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired				9,000,000.				
2 Amount of bonds legally defeased								
3 Total proceeds of issue		35,000,000.		65,000,000.		9,000,000.		
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion								
14 Were the bonds issued as part of a current refunding issue?	X		X				X	
15 Were the bonds issued as part of an advance refunding issue?		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				
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X		X	

**Part II Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
<b>b</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	
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
<b>d</b> 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	
<b>4</b> 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		.17 %		.17 %				.06 %
<b>5</b> 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		.22 %		.22 %				.07 %
<b>6</b> Total of lines 4 and 5		.39 %		.39 %				.13 %
<b>7</b> Does the bond issue meet the private security or payment test?		X		X				X
<b>8a</b> 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>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X				X

**Part IV Arbitrage**

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

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
<b>b</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	
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
<b>d</b> 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	
<b>4</b> 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		%	.92	%	.39	%	.39	%
<b>5</b> 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		%	.16	%	.12	%	.12	%
<b>6</b> Total of lines 4 and 5		%	1.08	%	.51	%	.51	%
<b>7</b> Does the bond issue meet the private security or payment test?		X		X		X		X
<b>8a</b> 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>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X		X		X

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet?		X		X		X		X
<b>b</b> Exception to rebate?	X		X		X		X	
<b>c</b> No rebate due?		X		X		X		X
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
<b>3</b> Is the bond issue a variable rate issue?	X			X		X		X
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
<b>b</b> Name of provider							MERRILL LYNCH AND GERRILL LYNCH AND CO	
<b>c</b> Term of hedge							30.800000	
<b>d</b> Was the hedge superintegrated?							X	
<b>e</b> Was the hedge terminated?							X	

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			
<b>b</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			
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property?	X		X		X			
<b>d</b> 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			
<b>4</b> 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		%	.06	%	.01	%		%
<b>5</b> 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		%	.08	%	.01	%		%
<b>6</b> Total of lines 4 and 5		%	.14	%	.02	%		%
<b>7</b> Does the bond issue meet the private security or payment test?		X		X		X		
<b>8a</b> 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>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X		X		

**Part IV Arbitrage**

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

(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

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

(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

(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

SCHEDULE K, PART III, LINES 7-9

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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

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
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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

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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

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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 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 NATIONS 41 COMPREHENSIVE CANCER CENTERS DESIGNATED BY THE NATIONAL CANCER INSTITUTE, AND ONE OF THE FIRST TO EARN THAT STATUS. RESEARCH LED BY

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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 CENTERS 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

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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 PERSONS INHERITED FROM OF PANCREATIC CANCER.

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

EXPLANATION: 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:

EXPLANATION: THE GOVERNING BODY OF THE JOHNS HOPKINS HOSPITAL IS EMPOWERED

Name of the organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number

52-0591656

BY ITS BY-LAWS TO MAKE CERTAIN DECISIONS; ALL OTHER DECISIONS ARE SUBJECT TO APPROVAL OF THE PARENT ORGANIZATION JOHNS HOPKINS HEALTH SYSTEM CORPORATION.

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

EXPLANATION: 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:

EXPLANATION: 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:

EXPLANATION: 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:

EXPLANATION: 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.

Name of the organization THE JOHNS HOPKINS HOSPITAL	Employer identification number 52-0591656
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## FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

MINIMUM PENSION LIABILITY	-11,939,000.
CHANGE IN MKT VAL. OF SWAP AGREEMENT	-5,357,201.
NET ASSETS RELEASED	-3,121,155.
NON-OPERATING SERVICES	-7,112,000.
TOTAL TO FORM 990, PART XI, LINE 9	-27,529,356.

## FORM 5471, SCHEDULE O, PART II, SECTION B (YEAR ENDING 12/31/13)

EXPLANATION: SCHEDULE O, PART II, SECTION B-U.S. PERSONS WHO ARE OFFICERS OR DIRECTORS OF THE FOREIGN CORP.

NAME & ADDRESS	SOCIAL SECURITY	OFFICER	DIRECTOR
----------------	-----------------	---------	----------

1. MICHAEL C. GOONAN	*	X	X
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2. STEPHEN M. COHEN	*	X	X
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3. PHYLLIS R.F. LANTOS	*	X	X
------------------------	---	---	---

4. JAMES M. STATEN	*	X	X
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5. CHRISTOPHER D. SMITH	*	X	
-------------------------	---	---	--

6. ABRAHAM P. CHEIJ, JR.	*	X	
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7. RONALD J. WERTHMAN	*	X	X
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Name of the organization THE JOHNS HOPKINS HOSPITAL	Employer identification number 52-0591656
--	--

8. FREDERICK G. SAVAGE, ESQ.	*		X
9. MARK LARMORE	*		X
10. RICHARD U. LEVINE, MD	*		X
11. DAVID J. LEFFELL	*		X
12. CHRISTOPHER GARROD, ESQ.	*	X	X
13. MARK B. TAUBMAN	*		X

\* - DETAIL OF SOCIAL SECURITY NUMBER AND ADDRESS AVAILABLE UPON REQUEST

FORM 5471 - REGS SEC. 1.6046-1(B)(11) (YEAR ENDING 12/31/13)

EXPLANATION: STATEMENT REQUIRED PURSUANT TO TREASURY REGULATION SECTION 1.6046-1(B)(11)

PURSUANT TO TREASURY REGULATION SECTION 1.6046-1(B)(11), THE MEDICAL CENTRE INSURANCE COMPANY, LTD. HAD THE FOLLOWING AMOUNTS OF INDEBTEDNESS:

A. TO ANY UNITED STATES PERSON OWNING 5 PERCENT

OR MORE IN VALUE OF THE COMPANY'S STOCK. NONE

B. TO ANY OTHER FOREIGN CORPORATION OWNING

5 PERCENT OR MORE IN VALUE OF THE

Name of the organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number

52-0591656

OUTSTANDING STOCK OF THE FOREIGN CORPORATION. NONE

## STATEMENT REQUIRED PURSUANT TO TREASURY REGULATION SECTION

1.6046-1(B)(12)

PURSUANT TO TREASURY REGULATION SECTION 1.6046-1(B)(12), THE FOLLOWING IS A COMPLETE LIST OF ALL SUBSCRIBERS TO THE STOCK OF THE MEDICAL CENTRE INSURANCE COMPANY, LTD. AS OF DECEMBER 31, 2013: NONE

FORM 5471, SCHEDULE O, PART II, SECTION B (YEAR ENDING 4/30/14)

EXPLANATION: SCHEDULE O, PART II, SECTION B-U.S. PERSONS WHO ARE OFFICERS OR DIRECTORS OF THE FOREIGN CORP.

NAME & ADDRESS	SOCIAL SECURITY	OFFICER	DIRECTOR
1. MICHAEL C. GOONAN	*	X	X
2. STEPHEN M. COHEN	*	X	X
3. PHYLLIS R.F. LANTOS	*	X	X
4. JAMES M. STATEN	*	X	X
5. CHRISTOPHER D. SMITH	*	X	
6. ABRAHAM P. CHEIJ, JR.	*	X	

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

7. RONALD J. WERTHMAN	*	X	X
8. FREDERICK G. SAVAGE, ESQ.	*		X
9. MARK LARMORE	*		X
10. RICHARD U. LEVINE, MD	*		X
11. DAVID J. LEFFELL	*		X
12. CHRISTOPHER GARROD, ESQ.	*	X	X
13. MARK B. TAUBMAN	*		X

\* - DETAIL OF SOCIAL SECURITY NUMBER AND ADDRESS AVAILABLE UPON REQUEST

FORM 5471 - REGS SEC. 1.6046-1(B)(11) (YEAR ENDING 4/30/14)

EXPLANATION: STATEMENT REQUIRED PURSUANT TO TREASURY REGULATION SECTION 1.6046-1(B)(11)

PURSUANT TO TREASURY REGULATION SECTION 1.6046-1(B)(11), THE MEDICAL CENTRE INSURANCE COMPANY, LTD. HAD THE FOLLOWING AMOUNTS OF INDEBTEDNESS:

A. TO ANY UNITED STATES PERSON OWNING 5 PERCENT

OR MORE IN VALUE OF THE COMPANY'S STOCK.

NONE

Name of the organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number

52-0591656

B. TO ANY OTHER FOREIGN CORPORATION OWNING

5 PERCENT OR MORE IN VALUE OF THE

OUTSTANDING STOCK OF THE FOREIGN CORPORATION. NONE

STATEMENT REQUIRED PURSUANT TO TREASURY REGULATION SECTION

1.6046-1(B)(12)

PURSUANT TO TREASURY REGULATION SECTION 1.6046-1(B)(12), THE FOLLOWING

IS A COMPLETE LIST OF ALL SUBSCRIBERS TO THE STOCK OF THE MEDICAL

CENTRE INSURANCE COMPANY, LTD. AS OF APRIL 30, 2014: NONE

FORM 5471 - REGS SEC. 1.368-3(B) (YEAR ENDING 4/30/14)

EXPLANATION: STATEMENT PURSUANT TO TREASURY REGULATION SECTION

1.368-3(B) BY THE JOHNS HOPKINS HOSPITAL - EIN 52-0591656, A

SIGNIFICANT HOLDER.

THE NAME AND EMPLOYER IDENTIFICATION NUMBER OF EACH OF MCIC VERMONT

HOLDINGS, INC. 03-0356599 AND MCIC VERMONT, INC. 03-0354178

THE DATE OF THE DOWNSTREAM MERGER - 5-1-14

THE FAIR MARKET VALUE \$1,052,220, DETERMINED IMMEDIATELY BEFORE THE

DOWNSTREAM MERGER, OF THE STOCK OF MCIC VERMONT HOLDINGS, INC., THAT

THE SHAREHOLDER TRANSFERRED IN THAT TRANSACTION; AND

THE SHAREHOLDER'S TAX BASIS \$1,000,000, DETERMINED IMMEDIATELY BEFORE

THE DOWNSTREAM MERGER, IN THE STOCK OF MCIC VERMONT HOLDINGS, INC.,

THAT THE SHAREHOLDER TRANSFERRED IN THAT TRANSACTION.

Name of the organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number

52-0591656

FORM 5471 - REGS SEC. 1.368-3(A) (YEAR ENDING 4/30/14)

EXPLANATION: STATEMENT PURSUANT TO TREASURY REGULATION SECTION

1.368-3(A) BY THE JOHNS HOPKINS HOSPITAL - EIN 52-0591656, A  
CORPORATION, A SIGNIFICANT HOLDER.

THE NAME AND EMPLOYER IDENTIFICATION NUMBER OF EACH OF THE MEDICAL  
CENTRE INSURANCE COMPANY, 98-0101472 AND MCIC VERMONT, INC. 03-0354178

THE DATE OF THE MEDICAL CENTRE INSURANCE COMPANY MERGER 5-1-14

THE AGGREGATE FAIR MARKET VALUE \$1,713,005,983, DETERMINED IMMEDIATELY  
BEFORE THE MEDICAL CENTRE INSURANCE COMPANY MERGER, OF THE ASSETS OF  
THE MEDICAL CENTRE INSURANCE COMPANY THAT ARE TRANSFERRED TO MCIC  
VERMONT, INC. IN THAT TRANSACTION.

THE AGGREGATE TAX BASIS \$1,721,580,518, DETERMINED IMMEDIATELY BEFORE  
THE MEDICAL CENTRE INSURANCE COMPANY MERGER, OF THE ASSETS OF THE  
MEDICAL CENTRE INSURANCE COMPANY THAT ARE TRANSFERRED TO MCIC VERMONT,  
INC., IN THAT TRANSACTION.

FORM 5471 - SECTION 367(B) NOTICE (YEAR ENDING 4/30/14)

EXPLANATION: MEDICAL CENTRE INSURANCE COMPANY MERGER IS A SECTION  
367(B) EXCHANGE;

THE MEDICAL CENTRE INSURANCE COMPANY MERGED INTO MCIC VERMONT, INC.,  
WITH THE FORMER SHAREHOLDERS OF THE MEDICAL CENTRE INSURANCE COMPANY  
DEEMED TO RECEIVE THE STOCK OF MCIC VERMONT, INC. IN THE TRANSACTION;

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

AND

\$0 REQUIRED TO BE TAKEN INTO ACCOUNT AS INCOME BY THE SHAREHOLDER UNDER SECTION 367(B) AND THE TREASURY REGULATIONS PROMULGATED THEREUNDER AS A RESULT OF THE MEDICAL CENTRE INSURANCE COMPANY MERGER.

FORM 5471 - REGS SEC. 1.368-3(B) (YEAR ENDING 4/30/14)

EXPLANATION: STATEMENT PURSUANT TO TREASURY REGULATION SECTION 1.368-3(B) BY THE JOHNS HOPKINS HOSPITAL - EIN 52-0591656, A SIGNIFICANT HOLDER.

THE NAME AND EMPLOYER IDENTIFICATION NUMBER OF MCIC VERMONT, INC. 03-0354178;

THE DATE OF THE CONVERSION 5-1-14; AND

THE BASIS \$58,358,437 AND FAIR MARKET VALUE \$77,763,020 OF THEIR EQUITY INTEREST IN MCIC VERMONT, INC. IMMEDIATELY BEFORE THE CONVERSION.



**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)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
JHMI UTILITIES, LLC - 20-2814243, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	UTILITY FACILITIES	MD	N/A	RELATED	2,739,117.	133,191,321.		X	1,298.		X	50.00%
OPHTHALMOLOGY ASSOCIATES, LLC - 52-1890957, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	OPHTHALMOLOGY SERVICES	MD	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
SUBURBAN WELLNESS CENTER, LLC - 56-2296930, 20500 GOLDENROD LANE, GERMANTOWN, MD 20874	REAL ESTATE	MD	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A
GCM SUBURBAN IMAGING, LLC - 52-2326237, 1201 SEVEN LOCKS ROAD, STE. 200, ROCKVILLE, MD 20854	OUTPATIENT RADIOLOGY	MD	N/A	N/A	N/A	N/A		N/A	N/A		N/A	N/A

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

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





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

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

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

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

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

	(e) 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, INC

DIRECT CONTROLLING ENTITY: JOHNS HOPKINS HOSPITAL ENDOWMENT FUND, INC

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

NAME OF RELATED ORGANIZATION:

SUBURBAN WELLNESS CENTER, LLC

DIRECT CONTROLLING ENTITY: SUBURBAN HEALTH ENTERPRISES, INC

NAME OF RELATED ORGANIZATION:

GCM SUBURBAN IMAGING, LLC

DIRECT CONTROLLING ENTITY: SUBURBAN HEALTH ENTERPRISES, INC

**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.

2013 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	LAND	VARIOUS		.000	HVL6	9,442,317.				9,442,317.			0.	
2	LAND IMPROVEMENTS	VARIOUS		.000	HVL6	24025842.				24025842.	5,487,568.		2,280,847.	7,768,415.
3	LEASEHOLD IMPROVEMENTS	VARIOUS		.000	HVL6	2,294,268.				2,294,268.	1,545,472.		169,479.	1,714,951.
4	BUILDINGS	VARIOUS		.000	HVL6	959472102.				959472102.	366508486.		9,462,111.	275970597.
5	FIXED EQUIPMENT	VARIOUS		.000	HVL6	589199792.				589199792.	110517919.		52693406.	1632211325.
6	MAJOR MOVEABLE EQUIPMENT	VARIOUS		.000	HVL6	422737028.				422737028.	203905072.		50580148.	254486220.
7	TELEPHONE	VARIOUS		.000	HVL6	20767070.				20767070.	832,980.		3,074,008.	3,906,988.
8	SOFTWARE	VARIOUS		.000	HVL6	69522125.				69522125.	38240808.		12316953.	50557761.
10	CONSTRUCTION IN PROGRESS	VARIOUS		.000	HVL6	93878682.				93878682.			0.	
	* TOTAL 990 PAGE 10 DEPR					2191339226				2191339226	27039305.		130576952.	757616257.

**Information Return of U.S. Persons With Respect To Certain Foreign Corporations**

OMB No. 1545-0704

(Rev. December 2012)  
Department of the Treasury  
Internal Revenue Service

► For more information about Form 5471, see [www.irs.gov/form5471](http://www.irs.gov/form5471).  
Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning **JAN 1, 2013**, and ending **DEC 31, 2013**

Attachment  
Sequence No. **121**

Name of person filing this return  <b>THE JOHNS HOPKINS HOSPITAL</b> <small>Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)</small> <b>3910 KESWICK RD, SOUTH BLDG, 4TH FLOOR,</b> City or town, state, and ZIP code <b>BALTIMORE, MD 21211</b>	<b>A Identifying number</b>  52-0591656  <b>B Category of filer</b> (See instructions. Check applicable box(es)): 1 (repealed) 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/>  <b>C</b> Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period _____ %
Filer's tax year beginning <b>JUL 1, 2013</b> , and ending <b>JUN 30, 2014</b>	

**D** Person(s) on whose behalf this information return is filed:

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director

**Important:** Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

<b>1a</b> Name and address of foreign corporation <b>THE MEDICAL CENTER INSURANCE COMPANY, LTD.</b> P.O. BOX HM 1760 HAMILTON HM HX BERMUDA				<b>b(1)</b> Employer identification number, if any 00000000
<b>d</b> Date of incorporation 06/27/78				<b>b(2)</b> Reference ID number (see instructions) JHHMCIC
<b>e</b> Principal place of business BERMUDA	<b>f</b> Principal business activity code number 524150	<b>g</b> Principal business activity INSURANCE	<b>h</b> Functional currency UNITED STATES, DOLLAR	
<b>c</b> Country under whose laws incorporated BERMUDA				

**2** Provide the following information for the foreign corporation's accounting period stated above.

<b>a</b> Name, address, and identifying number of branch office or agent (if any) in the United States	<b>b</b> If a U.S. income tax return was filed, enter: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><b>(i)</b> Taxable income or (loss)</td> <td style="width:50%;"><b>(ii)</b> U.S. income tax paid (after all credits)</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	<b>(i)</b> Taxable income or (loss)	<b>(ii)</b> U.S. income tax paid (after all credits)		
<b>(i)</b> Taxable income or (loss)	<b>(ii)</b> U.S. income tax paid (after all credits)				
<b>c</b> Name and address of foreign corporation's statutory or resident agent in country of incorporation MARSH IAS MGMT SVCS (BERMUDA) LTD IAS BUILDING - WEST, 44 CHURCH ST HAMILTON HM 12 BERMUDA	<b>d</b> Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different MARSH IAS MGMT SVCS (BERMUDA) LTD IAS BUILDING - WEST, 44 CHURCH ST HAMILTON HM 12 BERMUDA				

<b>Schedule A Stock of the Foreign Corporation</b>		
(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period
COMMON	150,000	150,000

**Schedule B U.S. Shareholders of Foreign Corporation**

(a) Name, address, and identifying number of shareholder	(b) Description of each class of stock held by shareholder. <i>Note:</i> This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of subpart F income (enter as a percentage)
CORNELL UNIVERSITY 575 LEXINGTON AVE STE540 NEW YORK NY 10022 15-0532082	COMMON	15,000	15,000	
THE NY PRESBYTERIAN HOSP	COMMON	30,000	30,000	
525 EAST 68TH STREET NEW YORK NY 10021 13-3957095				
UNIVERSITY OF ROCHESTER	COMMON	30,000	30,000	
175 CORPORATE WOODS ROCHESTER NY 14623 16-0743209				
THE JOHNS HOPKINS UNIVER	COMMON	15,000	15,000	
3910 KESWICK RD BALTIMORE MD 21211 52-0595110				
THE JOHNS HOPKINS HOSPIT	COMMON	15,000	15,000	
3910 KESWICK RD BALTIMORE MD 21211 52-0591656				

**Schedule C Income Statement**

**Important:** Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for DASTM corporations.

		Functional Currency	U.S. Dollars
<b>Income</b>	1a Gross receipts or sales	1a	49,664,720.
	b Returns and allowances	1b	
	c Subtract line 1b from line 1a	1c	49,664,720.
	2 Cost of goods sold	2	
	3 Gross profit (subtract line 2 from line 1c)	3	49,664,720.
	4 Dividends	4	12,493,430.
	5 Interest	5	11,427,753.
	6a Gross rents	6a	
	b Gross royalties and license fees	6b	
7 Net gain or (loss) on sale of capital assets	7	63,223,448.	
8 Other income (attach statement)	8		
9 Total income (add lines 3 through 8)	9		136,809,351.
<b>Deductions</b>	10 Compensation not deducted elsewhere	10	
	11a Rents	11a	
	b Royalties and license fees	11b	
	12 Interest	12	223,053.
	13 Depreciation not deducted elsewhere	13	
	14 Depletion	14	
	15 Taxes (exclude provision for income, war profits, and excess profits taxes)	15	
16 Other deductions (attach statement - exclude provision for income, war profits, and excess profits taxes) SEE STATEMENT 8	16		115,935,738.
17 Total deductions (add lines 10 through 16)	17		116,158,791.
<b>Net Income</b>	18 Net income or (loss) before extraordinary items, prior period adjustments, and the provision for income, war profits, and excess profits taxes (subtract line 17 from line 9)	18	20,650,560.
	19 Extraordinary items and prior period adjustments	19	
	20 Provision for income, war profits, and excess profits taxes	20	
	21 Current year net income or (loss) per books (combine lines 18 through 20)	21	



**Schedule E Income, War Profits, and Excess Profits Taxes Paid or Accrued**

	(a) Name of country or U.S. possession	Amount of tax		
		(b) In foreign currency	(c) Conversion rate	(d) In U.S. dollars
1	U.S.			
2				
3				
4				
5				
6				
7				
8	Total			

**Schedule F Balance Sheet**

**Important:** Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash	187,323,669.	162,292,763.
2a	Trade notes and accounts receivable		
b	Less allowance for bad debts	( )	( )
3	Inventories		
4	Other current assets (attach statement) <b>SEE STATEMENT 10</b>	3,777,605.	41,350,598.
5	Loans to shareholders and other related persons		
6	Investment in subsidiaries (attach statement)		
7	Other investments (attach statement) <b>SEE STATEMENT 11</b>	1,354,442,185.	1,416,443,849.
8a	Buildings and other depreciable assets		
b	Less accumulated depreciation	( )	( )
9a	Depletable assets		
b	Less accumulated depletion	( )	( )
10	Land (net of any amortization)		
11	Intangible assets:		
a	Goodwill		
b	Organization costs		
c	Patents, trademarks, and other intangible assets		
d	Less accumulated amortization for lines 11a, b, and c	( )	( )
12	Other assets (attach statement)		
13	Total assets	1,545,543,459.	1,620,087,210.
Liabilities and Shareholders' Equity			
14	Accounts payable	956,018.	1,163,912.
15	Other current liabilities (attach statement)		
16	Loans from shareholders and other related persons		
17	Other liabilities (attach statement) <b>SEE STATEMENT 12</b>	1,125,900,807.	1,055,648,390.
18	Capital stock:		
a	Preferred stock		
b	Common stock	150,000.	150,000.
19	Paid-in or capital surplus (attach reconciliation) <b>SEE STATEMENT 13</b>	540,245,867.	664,183,580.
20	Retained earnings	-121,709,233.	-101,058,672.
21	Less cost of treasury stock	( )	( )
22	Total liabilities and shareholders' equity	1,545,543,459.	1,620,087,210.

**Schedule G Other Information**

- |  |                          |                                     |
|--|--------------------------|-------------------------------------|
|  | Yes                      | No                                  |
| 1 During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership? .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "Yes," see the instructions for required statement.   |                          |                                     |
| 2 During the tax year, did the foreign corporation own an interest in any trust? .....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 During the tax year, did the foreign corporation own any foreign entities that were disregarded as entities separate from their owners under Regulations sections 301.7701-2 and 301.7701-3? .....               | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "Yes," you are generally required to attach Form 8858 for each entity (see instructions).   |                          |                                     |
| 4 During the tax year, was the foreign corporation a participant in any cost sharing arrangement? .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement? .....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6 During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4? .....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).   |                          |                                     |
| 7 During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)? .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended? ..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

**Schedule H Current Earnings and Profits**

**Important:** Enter the amounts on lines 1 through 5c in **functional** currency.

1 Current year net income or (loss) per foreign books of account .....	<b>1</b>	<b>20,650,560.</b>
2 Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):		
	<b>Net Additions</b>	<b>Net Subtractions</b>
a Capital gains or losses .....		
b Depreciation and amortization .....		
c Depletion .....		
d Investment or incentive allowance .....		
e Charges to statutory reserves .....		
f Inventory adjustments .....		
g Taxes .....		
h Other (attach statement) .....	7,248,647.	
3 Total net additions .....	7,248,647.	
4 Total net subtractions .....		
5a Current earnings and profits (line 1 plus line 3 minus line 4) .....	<b>5a</b>	<b>27,899,207.</b>
b DASTM gain or (loss) for foreign corporations that use DASTM .....	<b>5b</b>	
c Combine lines 5a and 5b .....	<b>5c</b>	<b>27,899,207.</b>
d Current earnings and profits in U.S. dollars (line 5c translated at the appropriate exchange rate as defined in section 989(b) and the related regulations) .....	<b>5d</b>	<b>27,899,207.</b>
Enter exchange rate used for line 5d ▶		

**Schedule I Summary of Shareholder's Income From Foreign Corporation**

If item D on page 1 is completed, a separate Schedule I must be filed for each Category 4 or 5 filer for whom reporting is furnished on this Form 5471. This schedule I is being completed for:

Name of U.S. shareholder ▶	Identifying number ▶	
1 Subpart F income (line 38b, Worksheet A in the instructions) .....	<b>1</b>	
2 Earnings invested in U.S. property (line 17, Worksheet B in the instructions) .....	<b>2</b>	
3 Previously excluded subpart F income withdrawn from qualified investments (line 6b, Worksheet C in the instructions) .....	<b>3</b>	
4 Previously excluded export trade income withdrawn from investment in export trade assets (line 7b, Worksheet D in the instructions) .....	<b>4</b>	
5 Factoring income .....	<b>5</b>	
6 Total of lines 1 through 5. Enter here and on your income tax return .....	<b>6</b>	
7 Dividends received (translated at spot rate on payment date under section 989(b)(1)) .....	<b>7</b>	
8 Exchange gain or (loss) on a distribution of previously taxed income .....	<b>8</b>	

- Was any income of the foreign corporation blocked? .....
- Did any such income become unblocked during the tax year (see section 964(b))? .....

If the answer to either question is "Yes," attach an explanation.

---

FORM 5471      NAME, ADDRESS, IDENTIFYING NUMBER AND NUMBER OF      STATEMENT      6  
SHARES SUBSCRIBED TO BY EACH SUBSCRIBER TO  
THE STOCK OF THE FOREIGN CORPORATION

---

NAME AND ADDRESS

IDENTIFYING      NUMBER OF  
NUMBER      SHARES

---

SEE FORM 990 SCHEDULE O

FORM 5471 NAME, ADDRESS, IDENTIFYING NUMBER AND NUMBER OF STATEMENT 7  
 SHARES SUBSCRIBED TO BY EACH SUBSCRIBER TO  
 THE STOCK OF THE FOREIGN CORPORATION

NAME AND ADDRESS IDENTIFYING NUMBER NUMBER OF SHARES  
 SEE FORM 990 SCHEDULE O

FORM 5471 OTHER DEDUCTIONS STATEMENT 8

DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
LOSSES INCURRED			111,157,593.
ACQUISITION EXPENSE			496,647.
MANAGEMENT FEES			416,000.
LEGAL AND PROFESSIONAL FEES			80,407.
AUDIT FEES			69,000.
ANNUAL BUSINESS FEES			8,475.
TRAVEL & MEETING EXPENSES			139,182.
SALARIES			12,000.
INVESTMENT MANAGEMENT FEES			3,340,812.
TAX CONSULTANCY FEE			7,925.
BANK CHARGES			367.
ACTUARIAL FEES			32,825.
MISCELLANEOUS			174,505.
TOTAL TO 5471, SCHEDULE C, LINE 16			115,935,738.

FORM 5471	OTHER DEDUCTIONS	STATEMENT	9
DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
LOSS AND LOSS ADJ EXP INCURRED			82,679,087.
UNDERWRITING EXPENSES			356,160.
GENERAL AND ADMINISTRATIVE EXPENSES			250,748.
TOTAL TO 5471, SCHEDULE C, LINE 16			83,285,995.

FORM 5471	OTHER CURRENT ASSETS	STATEMENT	10
DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD	
ACCRUED INTEREST RECEIVABLE	3,191,280.	2,312,750.	
AMOUNTS DUE FROM RELATED PARTIES	0.	5,645,278.	
OTHER ASSETS	4,018.	3,393.	
RECEIVABLE FOR SECURITIES SOLD	582,307.	33,389,177.	
TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 4	3,777,605.	41,350,598.	

FORM 5471	OTHER INVESTMENTS	STATEMENT	11
DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD	
INVESTMENTS	1,354,442,185.	1,416,443,849.	
TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 7	1,354,442,185.	1,416,443,849.	

FORM 5471

## OTHER LIABILITIES

STATEMENT 12

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
RESERVE FOR LOSSES AND LOSS ADJUSTMENT EXP PAYABLE FOR SECURITIES PURCHASED	1,015,782,490.	934,541,839.
AMOUNTS DUE TO SHAREHOLDERS	3,730,401.	1,054,041.
AMOUNTS DUE TO RELATED PARTIES	91,402,504.	115,865,823.
DEPOSIT LIABILITY	6,519,236.	0.
	8,466,176.	4,186,687.
TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 17	<u>1,125,900,807.</u>	<u>1,055,648,390.</u>

FORM 5471

## RECONCILIATION OF PAID-IN OR CAPITAL SURPLUS

STATEMENT 13

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
BEGINNING BALANCE	393,401,417.	540,245,867.
CONTRIBUTIONS OF CAPITAL FROM SHAREHOLDERS	89,390,126.	56,944,606.
OTHER COMPREHENSIVE INCOME/(LOSS)	57,454,324.	66,993,107.

FORM 5471	OTHER LIABILITIES	STATEMENT 17	
DESCRIPTION		BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
RESERVE FOR LOSSES AND LOSS ADJUSTMENT EXP PAYABLE FOR SECURITIES PURCHASED		934,541,839.	964,441,366.
AMOUNTS DUE TO SHAREHOLDERS		1,054,041.	0.
DEPOSIT LIABILITY		115,865,823.	0.
UNEARNED PREMIUM RESERVES		4,186,687.	0.
RETRO PREM REC/PAY		0.	142,849,211.
		0.	9,898,363.
TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 17		1,055,648,390.	1,117,188,940.

FORM 5471	RECONCILIATION OF PAID-IN OR CAPITAL SURPLUS	STATEMENT 18	
DESCRIPTION		BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
BEGINNING BALANCE		540,245,867.	664,183,580.
CONTRIBUTIONS OF CAPITAL FROM SHAREHOLDERS		56,944,606.	0.
OTHER COMPREHENSIVE INCOME/(LOSS)		66,993,107.	30,654,169.

FORM 5471	OTHER NET ADJUSTMENTS	STATEMENT 19	
DESCRIPTION		NET ADDITIONS	NET SUBTRACTIONS
OTHER THAN TEMP IMPAIR ON MKT SEC		7,248,647.	
TOTAL TO 5471, PAGE 4, SCHEDULE H, LINE 2H		7,248,647.	

**SCHEDULE J  
(Form 5471)**

(Rev. December 2012)  
Department of the Treasury  
Internal Revenue Service

**Accumulated Earnings and Profits (E&P)  
of Controlled Foreign Corporation**

▶ Information about Schedule J (Form 5471) and its instructions is at [www.irs.gov/form5471](http://www.irs.gov/form5471).  
▶ Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471

Identifying number

**THE JOHNS HOPKINS HOSPITAL**

52-0591656

Name of foreign corporation

Reference ID number

**THE MEDICAL CENTER INSURANCE COMPANY, LTD.**

JHHMCIC

EIN (if any)  
000000000

	(a) Post-1986 Undistributed Earnings (post-86 section 959(c)(3) balance)	(b) Pre-1987 E&P Not Previously Taxed (pre-87 section 959(c)(3) balance)	(c) Previously Taxed E&P (sections 959(c)(1) and (2) balances)		(d) Total Section 964(a) E&P (combine columns (a), (b), and (c))
			(i) Earnings Invested in U.S. Property	(ii) Earnings Invested in Excess Passive Assets	
<b>1</b> Balance at beginning of year	-179,847,057.				-179,847,057.
<b>2a</b> Current year E&P	27,899,207.				
<b>b</b> Current year deficit in E&P					
<b>3</b> Total current and accumulated E&P not previously taxed (line 1 plus line 2a or line 1 minus line 2b)	-151,947,850.				
<b>4</b> Amounts included under section 951(a) or reclassified under section 959(c) in current year					
<b>5a</b> Actual distributions or reclassifications of previously taxed E&P					
<b>b</b> Actual distributions of nonpreviously taxed E&P					
<b>6a</b> Balance of previously taxed E&P at end of year (line 1 plus line 4, minus line 5a)	-151,947,850.				
<b>b</b> Balance of E&P not previously taxed at end of year (line 3 minus line 4, minus line 5b)					
<b>7</b> Balance at end of year. (Enter amount from line 6a or line 6b, whichever is applicable.)	-151,947,850.				-151,947,850.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule J (Form 5471) (Rev. 12-2012)

**SCHEDULE O  
(Form 5471)**

(Rev. December 2012)

Department of the Treasury  
Internal Revenue Service

**Organization or Reorganization of Foreign Corporation, and Acquisitions and Dispositions of its Stock**

Information about Schedule O (Form 5471) and its instructions is at [www.irs.gov/form5471](http://www.irs.gov/form5471)

▶ Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471 <b>THE JOHNS HOPKINS HOSPITAL</b>	Identifying number <b>52-0591656</b>
--	---

Name of foreign corporation <b>THE MEDICAL CENTER INSURANCE COMPA</b>	EIN (if any) <b>000000000</b>	Reference ID number <b>JHHMCIC</b>
--	----------------------------------	---------------------------------------

**Important:** Complete a *separate* Schedule O for each foreign corporation for which information must be reported.

**Part I To Be Completed by U.S. Officers and Directors**

(a) Name of shareholder for whom acquisition information is reported	(b) Address of shareholder	(c) Identifying number of shareholder	(d) Date of original 10% acquisition	(e) Date of additional 10% acquisition

**Part II To Be Completed by U.S. Shareholders**

*Note:* If this return is required because one or more shareholders became U.S. persons, attach a list showing the names of such persons and the date each became a U.S. person.

**Section A - General Shareholder Information**

(a) Name, address, and identifying number of shareholder(s) filing this schedule	(b) For shareholder's latest U.S. income tax return filed, indicate:			(c) Date (if any) shareholder last filed information return under section 6046 for the foreign corporation
	(1) Type of return (enter form number)	(2) Date return filed	(3) Internal Revenue Service Center where filed	
<b>STMT 21 THE JOHNS HOPKINS HOSPITA 3910 KESWICK ROAD BALTIMORE, M 52-0591656</b>	<b>990</b>	<b>05/15/15</b>	<b>E-FILED</b>	<b>05/15/15</b>

**Section B - U.S. Persons Who Are Officers or Directors of the Foreign Corporation**

(a) Name of U.S. officer or director	(b) Address	(c) Social security number	(d) Check appropriate box(es)	
			Officer	Director
<b>SEE FORM 990 SCH O</b>				

**Section C - Acquisition of Stock**

(a) Name of shareholder(s) filing this schedule	(b) Class of stock acquired	(c) Date of acquisition	(d) Method of acquisition	(e) Number of shares acquired		
				(1) Directly	(2) Indirectly	(3) Constructively

(f) Amount paid or value given	(g) Name and address of person from whom shares were acquired

**Section D - Disposition of Stock**

(a) Name of shareholder disposing of stock	(b) Class of stock	(c) Date of disposition	(d) Method of disposition	(e) Number of shares disposed of		
				(1) Directly	(2) Indirectly	(3) Constructively

(f) Amount received	(g) Name and address of person to whom disposition of stock was made

**Section E - Organization or Reorganization of Foreign Corporation**

(a) Name and address of transferor	(b) Identifying number (if any)	(c) Date of transfer

(d) Assets transferred to foreign corporation			(e) Description of assets transferred by, or notes or securities issued by, foreign corporation
(1) Description of assets	(2) Fair market value	(3) Adjusted basis (if transferor was U.S. person)	

**Section F - Additional Information**

(a) If the foreign corporation or a predecessor U.S. corporation filed (or joined with a consolidated group in filing) a U.S. income tax return for any of the last 3 years, attach a statement indicating the year for which a return was filed (and, if applicable, the name of the corporation filing the consolidated return), the taxable income or loss, and the U.S. income tax paid (after all credits).

(b) List the date of any reorganization of the foreign corporation that occurred during the last 4 years while any U.S. person held 10% or more in value or vote (directly or indirectly) of the corporation's stock ►

(c) If the foreign corporation is a member of a group constituting a chain of ownership, attach a chart, for each unit of which a shareholder owns 10% or more in value or voting power of the outstanding stock. The chart must indicate the corporation's position in the chain of ownership and the percentages of stock ownership (see instructions for an example).

SCHEDULE O

GENERAL SHAREHOLDER INFORMATION

STATEMENT 21

(A) NAME, ADDRESS, AND IDENTIFYING NUMBER OF SHAREHOLDER(S) FILING THIS SCHEDULE	(B) FOR SHAREHOLDER'S LATEST U.S. INCOME TAX RETURN FILED INDICATE:			(C) DATE SHAREHOLD- ER LAST FILED IN- FORMATION RTN UNDER SEC. 6046
	(1) TYPE OF RETURN (ENTER FORM NUMBER)	(2) DATE RETURN FILED	(3) INTERNAL REVENUE SERVICE CENTER WHERE FILED	
THE JOHNS HOPKINS HOSPITAL 3910 KESWICK ROAD BALTIMORE, M 52-0591656	990	05/15/15	E-FILED	05/15/15

**Information Return of U.S. Persons With Respect To Certain Foreign Corporations**

(Rev. December 2012)  
Department of the Treasury  
Internal Revenue Service

▶ For more information about Form 5471, see [www.irs.gov/form5471](http://www.irs.gov/form5471).  
Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning **JAN 1, 2014**, and ending **APR 30, 2014**

Attachment  
Sequence No. **121**

Name of person filing this return  <b>THE JOHNS HOPKINS HOSPITAL</b> <small>Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)</small> <b>3910 KESWICK RD, SOUTH BLDG, 4TH FLOOR,</b> <small>City or town, state, and ZIP code</small> <b>BALTIMORE, MD 21211</b>	<b>A Identifying number</b>  52-0591656  <b>B Category of filer</b> (See instructions. Check applicable box(es): 1 (repealed) 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input checked="" type="checkbox"/>  <b>C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period</b> _____ %
Filer's tax year beginning <b>JUL 1, 2013</b> , and ending <b>JUN 30, 2014</b>	

**D Person(s) on whose behalf this information return is filed:**

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director

**Important:** Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

<b>1a Name and address of foreign corporation</b> THE MEDICAL CENTER INSURANCE COMPANY, LTD. P.O. BOX HM 1760 HAMILTON HM HX BERMUDA				<b>b(1) Employer identification number, if any</b> 000000000
<b>b(2) Reference ID number (see instructions)</b> JHHMCIC				
<b>c Country under whose laws incorporated</b> BERMUDA				
<b>d Date of incorporation</b>	<b>e Principal place of business</b>	<b>f Principal business activity code number</b>	<b>g Principal business activity</b>	<b>h Functional currency</b>
06/27/78	BERMUDA	524150	INSURANCE	UNITED STATES, DOLLAR

**2 Provide the following information for the foreign corporation's accounting period stated above.**

<b>a Name, address, and identifying number of branch office or agent (if any) in the United States</b>	<b>b If a U.S. income tax return was filed, enter:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><b>(i) Taxable income or (loss)</b></td> <td style="width:50%;"><b>(ii) U.S. income tax paid (after all credits)</b></td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	<b>(i) Taxable income or (loss)</b>	<b>(ii) U.S. income tax paid (after all credits)</b>		
<b>(i) Taxable income or (loss)</b>	<b>(ii) U.S. income tax paid (after all credits)</b>				
<b>c Name and address of foreign corporation's statutory or resident agent in country of incorporation</b>  MARSH IAS MGMT SVCS (BERMUDA) LTD IAS BUILDING - WEST, 44 CHURCH ST HAMILTON HM 12 BERMUDA	<b>d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different</b>  MARSH IAS MGMT SVCS (BERMUDA) LTD IAS BUILDING - WEST, 44 CHURCH ST HAMILTON HM 12 BERMUDA				

<b>Schedule A Stock of the Foreign Corporation</b>		
(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period
COMMON	150,000	150,000

**Schedule B U.S. Shareholders of Foreign Corporation**

(a) Name, address, and identifying number of shareholder	(b) Description of each class of stock held by shareholder. <i>Note:</i> This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of subpart F income (enter as a percentage)
CORNELL UNIVERSITY 575 LEXINGTON AVE STE540 NEW YORK NY 10022 15-0532082	COMMON	15,000	15,000	
THE NY PRESBYTERIAN HOSP 525 EAST 68TH STREET NEW YORK NY 10021 13-3957095	COMMON	30,000	30,000	
UNIVERSITY OF ROCHESTER 175 CORPORATE WOODS ROCHESTER NY 14623 16-0743209	COMMON	30,000	30,000	
THE JOHNS HOPKINS UNIVER 3910 KESWICK RD BALTIMORE MD 21211 52-0595110	COMMON	15,000	15,000	
THE JOHNS HOPKINS HOSPIT 3910 KESWICK RD BALTIMORE MD 21211 52-0591656	COMMON	15,000	15,000	

**Schedule C Income Statement**

**Important:** Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for DASTM corporations.

		Functional Currency	U.S. Dollars
Income	1a Gross receipts or sales	1a	71,797,615.
	b Returns and allowances	1b	9,898,363.
	c Subtract line 1b from line 1a	1c	61,899,252.
	2 Cost of goods sold	2	
	3 Gross profit (subtract line 2 from line 1c)	3	61,899,252.
	4 Dividends	4	
	5 Interest	5	
	6a Gross rents	6a	
	b Gross royalties and license fees	6b	
7 Net gain or (loss) on sale of capital assets	7	26,865,746.	
8 Other income (attach statement)	8		
9 Total income (add lines 3 through 8)	9		88,764,998.
Deductions	10 Compensation not deducted elsewhere	10	
	11a Rents	11a	
	b Royalties and license fees	11b	
	12 Interest	12	
	13 Depreciation not deducted elsewhere	13	
	14 Depletion	14	
	15 Taxes (exclude provision for income, war profits, and excess profits taxes)	15	
16 Other deductions (attach statement - exclude provision for income, war profits, and excess profits taxes)	16	SEE STATEMENT 9	83,285,995.
17 Total deductions (add lines 10 through 16)	17		83,285,995.
Net Income	18 Net income or (loss) before extraordinary items, prior period adjustments, and the provision for income, war profits, and excess profits taxes (subtract line 17 from line 9)	18	5,479,003.
	19 Extraordinary items and prior period adjustments	19	
	20 Provision for income, war profits, and excess profits taxes	20	
	21 Current year net income or (loss) per books (combine lines 18 through 20)	21	



**Schedule E Income, War Profits, and Excess Profits Taxes Paid or Accrued**

	(a) Name of country or U.S. possession	Amount of tax		
		(b) In foreign currency	(c) Conversion rate	(d) In U.S. dollars
1	U.S.			
2				
3				
4				
5				
6				
7				
8	Total			

**Schedule F Balance Sheet**

**Important:** Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash	162,292,763.	103,764,698.
2a	Trade notes and accounts receivable		175,131,533.
b	Less allowance for bad debts	( )	( )
3	Inventories		
4	Other current assets (attach statement) <b>SEE STATEMENT 14</b>	41,350,598.	2,332,835.
5	Loans to shareholders and other related persons		
6	Investment in subsidiaries (attach statement)		
7	Other investments (attach statement) <b>SEE STATEMENT 15</b>	1,416,443,849.	1,431,776,916.
8a	Buildings and other depreciable assets		
b	Less accumulated depreciation	( )	( )
9a	Depletable assets		
b	Less accumulated depletion	( )	( )
10	Land (net of any amortization)		
11	Intangible assets:		
a	Goodwill		
b	Organization costs		
c	Patents, trademarks, and other intangible assets		
d	Less accumulated amortization for lines 11a, b, and c	( )	( )
12	Other assets (attach statement)		
13	Total assets	1,620,087,210.	1,713,005,982.
Liabilities and Shareholders' Equity			
14	Accounts payable	1,163,912.	0.
15	Other current liabilities (attach statement) <b>SEE STATEMENT 16</b>		-3,591,037.
16	Loans from shareholders and other related persons		
17	Other liabilities (attach statement) <b>SEE STATEMENT 17</b>	1,055,648,390.	1,117,188,940.
18	Capital stock:		
a	Preferred stock		
b	Common stock	150,000.	150,000.
19	Paid-in or capital surplus (attach reconciliation) <b>SEE STATEMENT 18</b>	664,183,580.	694,837,749.
20	Retained earnings	-101,058,672.	-95,579,670.
21	Less cost of treasury stock	( )	( )
22	Total liabilities and shareholders' equity	1,620,087,210.	1,713,005,982.

**Schedule G Other Information**

- |  |                          |                                     |
|--|--------------------------|-------------------------------------|
|  | Yes                      | No                                  |
| 1 During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership? .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "Yes," see the instructions for required statement.   |                          |                                     |
| 2 During the tax year, did the foreign corporation own an interest in any trust? .....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 During the tax year, did the foreign corporation own any foreign entities that were disregarded as entities separate from their owners under Regulations sections 301.7701-2 and 301.7701-3? .....               | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "Yes," you are generally required to attach Form 8858 for each entity (see instructions).   |                          |                                     |
| 4 During the tax year, was the foreign corporation a participant in any cost sharing arrangement? .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement? .....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6 During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4? .....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).   |                          |                                     |
| 7 During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)? .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended? ..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

**Schedule H Current Earnings and Profits**

**Important:** Enter the amounts on lines 1 through 5c in functional currency.

1 Current year net income or (loss) per foreign books of account .....	<b>1</b>	5,479,003.
2 Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):		
a Capital gains or losses .....	Net Additions	Net Subtractions
b Depreciation and amortization .....		
c Depletion .....		
d Investment or incentive allowance .....		
e Charges to statutory reserves .....		
f Inventory adjustments .....		
g Taxes .....		
h Other (attach statement) STATEMENT 20 .....		1,211,636.
3 Total net additions .....		
4 Total net subtractions .....		1,211,636.
5a Current earnings and profits (line 1 plus line 3 minus line 4) .....	<b>5a</b>	4,267,367.
b DASTM gain or (loss) for foreign corporations that use DASTM .....	<b>5b</b>	
c Combine lines 5a and 5b .....	<b>5c</b>	4,267,367.
d Current earnings and profits in U.S. dollars (line 5c translated at the appropriate exchange rate as defined in section 989(b) and the related regulations) .....	<b>5d</b>	4,267,367.
Enter exchange rate used for line 5d ▶		

**Schedule I Summary of Shareholder's Income From Foreign Corporation**

If item D on page 1 is completed, a separate Schedule I must be filed for each Category 4 or 5 filer for whom reporting is furnished on this Form 5471. This schedule I is being completed for:

Name of U.S. shareholder ▶	Identifying number ▶	
1 Subpart F income (line 38b, Worksheet A in the instructions) .....	<b>1</b>	
2 Earnings invested in U.S. property (line 17, Worksheet B in the instructions) .....	<b>2</b>	
3 Previously excluded subpart F income withdrawn from qualified investments (line 6b, Worksheet C in the instructions) .....	<b>3</b>	
4 Previously excluded export trade income withdrawn from investment in export trade assets (line 7b, Worksheet D in the instructions) .....	<b>4</b>	
5 Factoring income .....	<b>5</b>	
6 Total of lines 1 through 5. Enter here and on your income tax return .....	<b>6</b>	
7 Dividends received (translated at spot rate on payment date under section 989(b)(1)) .....	<b>7</b>	
8 Exchange gain or (loss) on a distribution of previously taxed income .....	<b>8</b>	

- Was any income of the foreign corporation blocked? .....
- Did any such income become unblocked during the tax year (see section 964(b))? .....

If the answer to either question is "Yes," attach an explanation.

FORM 5471	OTHER CURRENT ASSETS	STATEMENT	14
DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD	
ACCRUED INTEREST RECEIVABLE	2,312,750.	0.	
RECEIVABLE FOR SECURITIES SOLD	33,389,177.	0.	
AMOUNTS DUE FROM RELATED PARTIES	5,645,278.	0.	
OTHER ASSETS	3,393.	2,332,835.	
TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 4	41,350,598.	2,332,835.	

FORM 5471	OTHER INVESTMENTS	STATEMENT	15
DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD	
INVESTMENTS	1,416,443,849.	1,431,776,916.	
TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 7	1,416,443,849.	1,431,776,916.	

FORM 5471	OTHER CURRENT LIABILITIES	STATEMENT	16
DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD	
OTHER LIABILITIES	0.	-3,591,037.	
TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 15	0.	-3,591,037.	

FORM 5471

OTHER NET ADJUSTMENTS

STATEMENT 20

DESCRIPTION	NET ADDITIONS	NET SUBTRACTIONS
OTHER THAN TEMP IMPAIR ON MKT SEC		1,211,636.
TOTAL TO 5471, PAGE 4, SCHEDULE H, LINE 2H		1,211,636.

**SCHEDULE J  
(Form 5471)**

(Rev. December 2012)  
Department of the Treasury  
Internal Revenue Service

**Accumulated Earnings and Profits (E&P)  
of Controlled Foreign Corporation**

▶ Information about Schedule J (Form 5471) and its instructions is at [www.irs.gov/form5471](http://www.irs.gov/form5471).  
▶ Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471		Name of foreign corporation		Reference ID number		Identifying number	
THE JOHNS HOPKINS HOSPITAL		THE MEDICAL CENTER INSURANCE COMPANY, LTD.		JHHMCIC		52-0591656	
Name of person filing Form 5471		EIN (if any)	Reference ID number		Identifying number		
		000000000	JHHMCIC		52-0591656		
Important: Enter amounts in functional currency.	(a) Post-1986 Undistributed Earnings (post-86 section 959(c)(3) balance)	(b) Pre-1987 E&P Not Previously Taxed (pre-87 section 959(c)(3) balance)	(c) Previously Taxed E&P (sections 959(c)(1) and (2) balances)		(d) Total Section 964(a) E&P (combine columns (a), (b), and (c))		
			(i) Earnings Invested in U.S. Property	(ii) Earnings Invested in Excess Passive Assets		(iii) Subpart F Income	
1	Balance at beginning of year	-151,947,850.				-151,947,850.	
2a	Current year E&P	4,267,367.					
b	Current year deficit in E&P						
3	Total current and accumulated E&P not previously taxed (line 1 plus line 2a or line 1 minus line 2b)	-147,680,483.					
4	Amounts included under section 951(a) or reclassified under section 959(c) in current year						
5a	Actual distributions or reclassifications of previously taxed E&P						
b	Actual distributions of nonpreviously taxed E&P						
6a	Balance of previously taxed E&P at end of year (line 1 plus line 4, minus line 5a)						
b	Balance of E&P not previously taxed at end of year (line 3 minus line 4, minus line 5b)	-147,680,483.					
7	Balance at end of year. (Enter amount from line 6a or line 6b, whichever is applicable.)	-147,680,483.				-147,680,483.	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule J (Form 5471) (Rev. 12-2012)

**SCHEDULE O  
(Form 5471)**

(Rev. December 2012)

Department of the Treasury  
Internal Revenue Service

**Organization or Reorganization of Foreign Corporation, and Acquisitions and Dispositions of its Stock**

Information about Schedule O (Form 5471) and its instructions is at [www.irs.gov/form5471](http://www.irs.gov/form5471)

▶ Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471 <b>THE JOHNS HOPKINS HOSPITAL</b>	Identifying number <b>52-0591656</b>
--	---

Name of foreign corporation <b>THE MEDICAL CENTER INSURANCE COMPA</b>	EIN (if any) <b>000000000</b>	Reference ID number <b>JHHMCIC</b>
--	----------------------------------	---------------------------------------

**Important:** Complete a *separate* Schedule O for each foreign corporation for which information must be reported.

**Part I To Be Completed by U.S. Officers and Directors**

(a) Name of shareholder for whom acquisition information is reported	(b) Address of shareholder	(c) Identifying number of shareholder	(d) Date of original 10% acquisition	(e) Date of additional 10% acquisition

**Part II To Be Completed by U.S. Shareholders**

**Note:** If this return is required because one or more shareholders became U.S. persons, attach a list showing the names of such persons and the date each became a U.S. person.

**Section A - General Shareholder Information**

(a) Name, address, and identifying number of shareholder(s) filing this schedule	(b) For shareholder's latest U.S. income tax return filed, indicate:			(c) Date (if any) shareholder last filed information return under section 6046 for the foreign corporation
	(1) Type of return (enter form number)	(2) Date return filed	(3) Internal Revenue Service Center where filed	
<b>STMT 22 THE JOHNS HOPKINS HOSPITA 3910 KESWICK ROAD BALTIMORE, M 52-0591656</b>	<b>990</b>	<b>05/15/15</b>	<b>E-FILED</b>	<b>05/15/15</b>

**Section B - U.S. Persons Who Are Officers or Directors of the Foreign Corporation**

(a) Name of U.S. officer or director	(b) Address	(c) Social security number	(d) Check appropriate box(es)	
			Officer	Director
<b>SEE FORM 990 SCH O</b>				

**Section C - Acquisition of Stock**

(a) Name of shareholder(s) filing this schedule	(b) Class of stock acquired	(c) Date of acquisition	(d) Method of acquisition	(e) Number of shares acquired		
				(1) Directly	(2) Indirectly	(3) Constructively

(f) Amount paid or value given	(g) Name and address of person from whom shares were acquired

**Section D - Disposition of Stock**

(a) Name of shareholder disposing of stock	(b) Class of stock	(c) Date of disposition	(d) Method of disposition	(e) Number of shares disposed of		
				(1) Directly	(2) Indirectly	(3) Constructively

(f) Amount received	(g) Name and address of person to whom disposition of stock was made

**Section E - Organization or Reorganization of Foreign Corporation**

(a) Name and address of transferor	(b) Identifying number (if any)	(c) Date of transfer

(d) Assets transferred to foreign corporation			(e) Description of assets transferred by, or notes or securities issued by, foreign corporation
(1) Description of assets	(2) Fair market value	(3) Adjusted basis (if transferor was U.S. person)	

**Section F - Additional Information**

(a) If the foreign corporation or a predecessor U.S. corporation filed (or joined with a consolidated group in filing) a U.S. income tax return for any of the last 3 years, attach a statement indicating the year for which a return was filed (and, if applicable, the name of the corporation filing the consolidated return), the taxable income or loss, and the U.S. income tax paid (after all credits).

(b) List the date of any reorganization of the foreign corporation that occurred during the last 4 years while any U.S. person held 10% or more in value or vote (directly or indirectly) of the corporation's stock ►

(c) If the foreign corporation is a member of a group constituting a chain of ownership, attach a chart, for each unit of which a shareholder owns 10% or more in value or voting power of the outstanding stock. The chart must indicate the corporation's position in the chain of ownership and the percentages of stock ownership (see instructions for an example).

## SCHEDULE O

## GENERAL SHAREHOLDER INFORMATION

STATEMENT 22

(A) NAME, ADDRESS, AND IDENTIFYING NUMBER OF SHAREHOLDER(S) FILING THIS SCHEDULE	(B) FOR SHAREHOLDER'S LATEST U.S. INCOME TAX RETURN FILED INDICATE:			(C) DATE SHAREHOLD- ER LAST FILED IN- FORMATION RTN UNDER SEC. 6046
	(1) TYPE OF RETURN (ENTER FORM NUMBER)	(2) DATE RETURN FILED	(3) INTERNAL REVENUE SERVICE CENTER WHERE FILED	
THE JOHNS HOPKINS HOSPITAL 3910 KESWICK ROAD BALTIMORE, M 52-0591656	990	05/15/15	E-FILED	05/15/15