

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2010, or tax year beginning JUL 1, 2010, and ending JUN 30, 20 11

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

2010

Department of the Treasury Internal Revenue Service

See instructions.

Name of exempt organization JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.

Employer identification number 52-1341890

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.

1a Form 990 check here [X] b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 511144294
2a Form 990-EZ check here [ ] b Total revenue, if any (Form 990-EZ, line 9) 2b
3a Form 1120-POL check here [ ] b Total tax (Form 1120-POL, line 22) 3b
4a Form 990-PF check here [ ] b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b
5a Form 8868 check here [ ] b Balance due (Form 8868, Part I, line 3c or Part II, line 8c) 5b

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 2010 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 acknowledgment 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 [Signature] 5/10/12 VP FINANCE
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.

ERO's Use Only ERO's signature [ ] Date [ ] Check if also paid preparer [ ] Check if self-employed [ ] 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.

Paid Preparer Use Only Print/Type preparer's name [ ] Preparer's signature [ ] Date [ ] Check [ ] 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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2010 calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011**

<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>JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.</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 FL 4300A</b>  City or town, state or country, and ZIP + 4 <b>BALTIMORE, MD 21211</b>  <b>F</b> Name and address of principal officer: <b>CARL FRANCIOLI</b> <b>4940 EASTERN AVENUE, BALTIMORE, MD 21224</b>	<b>D</b> Employer identification number  <b>52-1341890</b>  <b>E</b> Telephone number <b>(443)997-5722</b>  <b>G</b> Gross receipts \$ <b>591,373,997.</b>  <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates 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.JHBMC.JHU.EDU</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>1984</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>JOHNS HOPKINS BAYVIEW MEDICAL CENTER, A MEMBER OF JOHNS HOPKINS MEDICINE, PROVIDES COMPASSIONATE</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>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>16</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 2010 (Part V, line 2a)	<b>5</b>	<b>3926</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>552</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>317,048.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>-42,225.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>15,601,072.</b>	<b>16,378,777.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>464,522,339.</b>	<b>464,474,127.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,446,522.</b>	<b>1,686,520.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>25,250,888.</b>	<b>28,604,870.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>506,820,821.</b>	<b>511,144,294.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>624,904.</b>	<b>2,100,933.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>236,651,189.</b>	<b>241,708,514.</b>
<b>16b</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-24f)	<b>267,330,785.</b>	<b>260,878,644.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>504,606,878.</b>	<b>504,688,091.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>2,213,943.</b>	<b>6,456,203.</b>
<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>339,499,276.</b>	<b>350,343,726.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>284,301,047.</b>	<b>271,333,415.</b>
		<b>55,198,229.</b>	<b>79,010,311.</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>CARL FRANCIOLI, V.P. FINANCE</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN	Firm's name Firm's address Firm's EIN Phone no.

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 to any question in this Part III

1 Briefly describe the organization's mission:  
JOHNS HOPKINS BAYVIEW MEDICAL CENTER PROVIDES NEEDED MEDICAL CARE TO INDIVIDUALS IN THE COMMUNITY REGARDLESS OF THE PATIENT'S ABILITY TO PAY. SERVICES INCLUDE ROUTINE INPATIENT ANCILLARY AND OUTPATIENT CARE IN SUPPORT OF THE HOSPITAL'S EXEMPT MISSION OF PROVIDING HEALTHCARE.

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 99411470. including grants of \$ ) (Revenue \$ 94772697.)  
DEPARTMENT OF MEDICINE: THE DEPARTMENT OF MEDICINE IS COMMITTED TO THE PRACTICE OF PRIMARY AND SPECIALITY MEDICARE CARE, THE TEACHING OF MEDICAL STUDENTS, RESIDENTS, FELLOWS, ALLIED HEALTH PROFESSIONALS, AND PHYSICIANS, RESEARCH AND DEVELOPMENT IN BASIC SCIENCE, CLINICAL CARE, HEALTH SERVICES DELIVERY, AND MEDICAL EDUCATION, ADMINISTRATION OF MEDICAL ACTIVITIES AT JOHNS HOPKINS BAYVIEW MEDICAL CENTER.

4b (Code: ) (Expenses \$ 44236344. including grants of \$ ) (Revenue \$ 42321250.)  
CARE CENTER: THE JOHNS HOPKINS BAYVIEW CARE CENTER OFFERS A RANGE OF CONTINUING CARE SERVICES TO THE COMMUNITY. LOCATED IN THE JOHN R. BURTON PAVILION, ON THE CAMPUS OF THE JOHNS HOPKINS BAYVIEW MEDICAL CENTER, THE JOINT COMMISSION AND CARF (COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES) ACCREDITED FACILITY PROVIDES VENTILATOR/RESPIRATORY CARE, INPATIENT REHABILITATION, COMPLEX MEDICAL CARE, SPECIALIZED WOUND THERAPY AND PALLIATIVE CARE. OFFERING A BRIDGE BETWEEN HOSPITAL AND HOME FOR MANY PATIENTS, THE CARE CENTER'S FOCUS IS ON IMPROVING THE HEALTH AND WELL-BEING OF THESE PATIENTS BEFORE THEY RETURN TO THEIR OWN ENVIRONMENTS. FOR OTHERS, THE CARE CENTER IS HOME, PROVIDING TRADITIONAL LONG-TERM CARE IN A WARM AND COMFORTABLE SETTING. OUR EXPERIENCE IN ALL ASPECTS OF CARING FOR OLDER ADULTS COMES FROM

4c (Code: ) (Expenses \$ 73946734. including grants of \$ ) (Revenue \$ 95290957.)  
DEPARTMENT OF SURGERY: THE DEPARTMENT OF SURGERY OFFERS COMPREHENSIVE SURGICAL CARE, INCLUDING SPECIALTIES IN GASTROINTESTINAL AND ABDOMINAL WALL SURGERY, TRAUMA AND SURGICAL CRITICAL CARE, BARIATRIC SURGERY, BURN AND RECONSTRUCTIVE SURGERY, SURGICAL ONCOLOGY, THORACIC SURGERY AND VASCULAR SURGERY. THE DEPARTMENT OF SURGERY FEATURES THE LATEST IN SURGICAL TECHNOLOGY, INCLUDING VIDEOSCOPIIC AND MINIMALLY-INVASIVE APPROACHES TO THE TREATMENT OF SURGICAL DISORDERS AND 24/7 EMERGENCY COVERAGE OF OUR LEVEL II TRAUMA CENTER.

4d Other program services. (Describe in Schedule O.)  
(Expenses \$ 229,026,308. including grants of \$ 2,100,933.) (Revenue \$ 232,089,223.)

4e Total program service expenses 446,620,856.

JOHNS HOPKINS BAYVIEW  
MEDICAL CENTER, INC.

**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 Schedule B, Schedule of Contributors?	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>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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; 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 term, permanent, 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, XII, and XIII</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, XII, and XIII 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, and program service activities outside the United States? <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 assistance to any organization or entity located outside the United States? <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 assistance to individuals located outside the United States? <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 hospitals? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	X	



**Part IV Checklist of Required Schedules** (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		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? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		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? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**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 to any question in this Part VI

**Section A. Governing Body and Management**

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

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

	Yes	No
10a		X
b		
11a	X	
b		
12a	X	
b	X	
c	X	
13	X	
14	X	
15		
a	X	
b	X	
16a		X
b		

**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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website  Another's website  Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 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 to any question 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 (describe hours for related organizations in Schedule O)	(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			
RICHARD G. BENNETT, M.D. PRESIDENT/TRUSTEE	40.00	X		X			573,275.	0.	150,217.	
JAMES T. DRESHER, JR. VICE CHAIR/TRUSTEE	1.00	X		X			0.	0.	0.	
JOHN R. BURTON, M.D. TRUSTEE	1.00	X					0.	0.	0.	
ROBERT D. H. HARVEY TRUSTEE	1.00	X					0.	0.	0.	
CAROLYN J. KRYSIAK TRUSTEE	1.00	X					0.	0.	0.	
ANDREW SATIN, M.D. TRUSTEE	1.00	X					0.	0.	0.	
SHERIDAN J. SMITH TRUSTEE	1.00	X					0.	0.	0.	
RONALD J. WERTHMAN TREASURER/TRUSTEE	1.00	X		X			0.	859,311.	35,060.	
RONALD R. PETERSON TRUSTEE/VICE CHAIRMAN	1.00	X		X			0.	1,620,305.	246,617.	
JUDY A. REITZ, SC.D TRUSTEE	1.00	X					0.	868,298.	33,080.	
DAVID B. HELLMANN, M.D. VP RESEARCH/TRUSTEE	1.00	X		X			0.	0.	0.	
GEORGE H. MANTAKOS TRUSTEE	1.00	X					0.	0.	0.	
FRANCIS X. KNOTT CHAIRMAN/TRUSTEE	1.00	X		X			0.	0.	0.	
PHILIP D. ZIEVE, M.D. TRUSTEE	1.00	X					0.	0.	0.	
MARJORIE RODGERS CHESHIRE TRUSTEE	1.00	X					0.	0.	0.	
MICHAEL SEAN BEATTY TRUSTEE	1.00	X					0.	0.	0.	
MARIA V. KOSZALKA, ED.D., R.N. VP/PATIENT CARE SRV	40.00			X			263,888.	0.	30,903.	

JOHNS HOPKINS BAYVIEW  
MEDICAL CENTER, INC.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
CRAIG R. BRODIAN VP/HUMAN RESOURCES	40.00			X				233,024.	0.	46,668.
ANITA M. LANGFORD VP/CARE MANAGEMENT SERVICE	40.00			X				274,183.	0.	29,831.
G. DANIEL SHEALER, JR. SECRETARY	1.00			X				0.	446,857.	35,525.
CARL H. FRANCIOLI VP/ FINANCE	40.00			X				296,791.	0.	90,369.
CHARLES B. REULAND, SC.D. VP/ CLINICAL OPERATIONS	40.00			X				489,959.	0.	38,595.
CHERYL KOCH VP/ CARE MANAGMENT SERVICE	40.00			X				179,981.	0.	40,045.
MELISSA HELICKE DEAN OF CAMPUS	40.00				X			180,910.	0.	32,895.
BETH PETERSON REGISTERED NURSE	40.00					X		166,800.	0.	26,782.
DAVID STRAPPELLI DIRECTOR CONTRACT/RESEARCH	40.00					X		154,009.	0.	30,419.
<b>1b Sub-total</b>								2,812,820.	3,794,771.	867,006.
<b>c Total from continuation sheets to Part VII, Section A</b>								449,837.	918,683.	125,183.
<b>d Total (add lines 1b and 1c)</b>								3,262,657.	4,713,454.	992,189.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **200**

	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 any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	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.

(A) Name and business address	(B) Description of services	(C) Compensation
BROADWAY SERVICES, INC., 3709 E. MONUMENT STREET, BALTIMORE, MD 21205	MANAGEMENT SERVICES	5,512,275.
MCIC VERMONT, INC., 900 ASHWOOD PKWY, STE 400, ATLANTA, GA 30338, ATLANTA, GA 30	INSURANCE	4,717,138.
DOMER REAL ESTATE, 1101 E. 33RD STREET, STE. E100, BALTIMORE, MD 21218	RENT	3,834,441.
MULLAN CONTRACTING CO, 2330 W. JOPPA ROAD, STE. 210, LUTHERVILLE, MD 21093	CONSTRUCTION SERVICES	3,242,191.
FSK LAND CORP, 3709 E. MONUMENT STREET, BALTIMORE, MD 21205	RENT	1,982,778.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **57**

SEE PART VII, SECTION A CONTINUATION SHEETS



JOHNS HOPKINS BAYVIEW  
MEDICAL CENTER, INC.

Form 990 (2010)

52-1341890 Page 9

**Part VIII** Statement of Revenue

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 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	14,211,557.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2167220.				
	g	Noncash contributions included in lines 1a-1f: \$		15,414.				
	h	<b>Total.</b> Add lines 1a-1f		16,378,777.				
Program Service Revenue	2 a	NET PATIENT SRVC	Business Code 621990	464,474,127.	464,474,127.			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	<b>Total.</b> Add lines 2a-2f		464,474,127.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1430223.		1,430,223.		
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties		.				
	6 a	Gross Rents	(i) Real	(ii) Personal				
			1,212,013.					
			b	Less: rental expenses				
			c	Rental income or (loss)	1,212,013.			
	d	Net rental income or (loss)			1212013.	14,217.	1,197,796.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			80,486,000.					
			b	Less: cost or other basis and sales expenses	80,227,061.	2,642.		
			c	Gain or (loss)	258939.	-2,642.		
	d	Net gain or (loss)			256,297.	256,297.		
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b	Less: direct expenses	b					
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19	a						
b	Less: direct expenses	b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a	302831.					
b	Less: cost of goods sold	b						
c	Net income or (loss) from sales of inventory			302,831.	302,831.			
Miscellaneous Revenue			Business Code					
11 a	OTHER OPERATING REV		900099	15,130,024.	15,130,024.			
b	RETAIL PHARMACY		446110	6718430.		6,718,430.		
c	ADMIN/MGMT FEES		900099	4913528.		4,913,528.		
d	All other revenue		900099	328,044.	320,357.	7,687.		
e	<b>Total.</b> Add lines 11a-11d			27,090,026.				
12	<b>Total revenue.</b> See instructions.			511,144,294.	480,180,805.	317,048.		
						14,267,664.		



**JOHNS HOPKINS BAYVIEW  
MEDICAL CENTER, INC.**

Form 990 (2010)

52-1341890 Page 10

**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) but are not required to complete columns (B), (C), and (D).*

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....	2,100,933.	2,100,933.		
<b>2</b> Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the U.S. 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 .....	2,492,011.		2,492,011.	
<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 .....	176942942.	153955190.	22,987,752.	
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	17,313,277.	14,854,792.	2,458,485.	
<b>9</b> Other employee benefits .....	31,555,607.	27,074,711.	4,480,896.	
<b>10</b> Payroll taxes .....	13,404,677.	11,501,213.	1,903,464.	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	3,500.	3,003.	497.	
<b>c</b> Accounting .....				
<b>d</b> Lobbying .....	46,181.		46,181.	
<b>e</b> Professional fundraising services. See Part IV, line 17 .....				
<b>f</b> Investment management fees .....				
<b>g</b> Other .....	23,931,260.	21,284,696.	2,646,564.	
<b>12</b> Advertising and promotion .....	398,714.	342,097.	56,617.	
<b>13</b> Office expenses .....	75,341,013.	72,085,111.	3,255,902.	
<b>14</b> Information technology .....	2,191,182.	1,880,034.	311,148.	
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	8,423,610.	7,227,457.	1,196,153.	
<b>17</b> Travel .....	624,434.		624,434.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
<b>19</b> Conferences, conventions, and meetings .....	316,852.	257,443.	59,409.	
<b>20</b> Interest .....	3,591,487.	3,081,496.	509,991.	
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	25,729,067.	22,075,539.	3,653,528.	
<b>23</b> Insurance .....	4,311,839.	4,215,551.	96,288.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
<b>a</b> PURCHASED SERVICES - AF .....	68,364,746.	58,656,952.	9,707,794.	
<b>b</b> BAD DEBT .....	15,017,386.	15,017,386.		
<b>c</b> LAB SERVICES .....	11,507,323.	11,507,323.		
<b>d</b> DIETARY (CATERING) .....	6,028,454.	5,847,108.	181,346.	
<b>e</b> PROVIDER CARE - PACE CL .....	3,532,549.	3,532,549.		
<b>f</b> All other expenses .....	11,519,047.	10,120,272.	1,398,775.	
<b>25</b> Total functional expenses. Add lines 1 through 24f .....	504688091.	446620856.	58,067,235.	0.
<b>26</b> Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation .....				



JOHNS HOPKINS BAYVIEW  
MEDICAL CENTER, INC.

Form 990 (2010)

52-1341890 Page 11

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	22,456,600.	<b>2</b>	31,727,140.
	<b>3</b> Pledges and grants receivable, net .....	10,544,535.	<b>3</b>	10,964,134.
	<b>4</b> Accounts receivable, net .....	53,144,464.	<b>4</b>	58,551,752.
	<b>5</b> 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> 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 instructions) .....			<b>6</b>
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	6,543,999.	<b>8</b>	6,524,561.
	<b>9</b> Prepaid expenses and deferred charges .....	1,339,075.	<b>9</b>	1,872,114.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 415,679,579.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 248,604,688.	180,246,664.	<b>10c</b> 167,074,891.
	<b>11</b> Investments - publicly traded securities .....	21,528,257.	<b>11</b>	28,850,948.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	13,194,157.	<b>12</b>	17,326,969.
	<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 .....	30,501,525.	<b>15</b>	27,451,217.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	339,499,276.	<b>16</b>	350,343,726.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	42,087,767.	<b>17</b>	42,925,155.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....	107,342,028.	<b>20</b>	102,218,861.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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. Complete Part X of Schedule D .....	134,871,252.	<b>25</b>	126,189,399.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	284,301,047.	<b>26</b>	271,333,415.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	44,653,694.	<b>27</b>	67,594,233.
	<b>28</b> Temporarily restricted net assets .....	6,970,162.	<b>28</b>	7,841,705.
	<b>29</b> Permanently restricted net assets .....	3,574,373.	<b>29</b>	3,574,373.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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 .....	55,198,229.	<b>33</b>	79,010,311.	
<b>34</b> Total liabilities and net assets/fund balances .....	339,499,276.	<b>34</b>	350,343,726.	

Form 990 (2010)

JOHNS HOPKINS BAYVIEW  
MEDICAL CENTER, INC.

Form 990 (2010)

52-1341890 Page 12

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	511,144,294.
2	Total expenses (must equal Part IX, column (A), line 25)	2	504,688,091.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,456,203.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	55,198,229.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	17,355,879.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	79,010,311.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question 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?		X
2b	Were the organization's financial statements audited by an independent accountant?	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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		
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	

Form 990 (2010)

**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. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public Inspection

Name of the organization **JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.** Employer identification number **52-1341890**

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

The organization is not a private foundation because it is: (For lines 1 through 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 - Other
- 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? <input type="checkbox"/>		
(ii) A family member of a person described in (i) above? <input type="checkbox"/>		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? <input type="checkbox"/>		
- 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 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) .....					<b>12</b>	
<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 stop here .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>		%
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 .....	<b>15</b>		%
<b>16a 33 1/3% support test - 2010.</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 stop here. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>	
<b>b 33 1/3% support test - 2009.</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 stop here. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2010.</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 stop here. 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 - 2009.</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 stop here. 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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.)						
<b>14 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 stop here <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17 .....	<b>18</b>	%

- 19a 33 1/3% support tests - 2010.** 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 - 2009.** 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, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2010**

Name of the organization

JOHNS HOPKINS BAYVIEW  
MEDICAL CENTER, INC.

Employer identification number

52-1341890

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, aggregate 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 aggregate 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 line 2 of its Form 990-PF, 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) (2010)

<b>Name of organization</b> JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.	<b>Employer identification number</b> 52-1341890
--	---

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 24,412.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 69,766.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 1,787,888.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 1,661,968.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 18,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.	<b>Employer identification number</b> 52-1341890
--	---

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 24,870.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
8		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
9		\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
10		\$ 62,451.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
11		\$ 10,580,202.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
12		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>



Name of organization <b>JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.</b>	Employer identification number <b>52-1341890</b>
---	---

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.	<b>Employer identification number</b> 52-1341890
--	---

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19		\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21		\$ 46,324.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22		\$ 15,414.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.	<b>Employer identification number</b> 52-1341890
--	---

**Part II Noncash Property** (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
22	SHARES OF EXXON MOBIL CORP . _____ _____ _____	\$ 15,414 .	10/05/10
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

<b>Name of organization</b> JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.	<b>Employer identification number</b> 52-1341890
--	---

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating 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. See instructions.) ▶ \$

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

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

**2010**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

▶ **See separate instructions.**

**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 35a (Proxy Tax), then**

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

Name of organization **JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.** Employer identification number **52-1341890**

**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-

JOHNS HOPKINS BAYVIEW

**Part I-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.  
 B Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying) .....															
b Total lobbying expenditures to influence a legislative body (direct lobbying) .....		46,181.													
c Total lobbying expenditures (add lines 1a and 1b) .....		46,181.													
d Other exempt purpose expenditures .....		504,641,912.													
e Total exempt purpose expenditures (add lines 1c and 1d) .....		504,688,093.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f) .....		250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0- .....		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0- .....		0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....			<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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	81,386.	72,939.	49,087.	46,181.	249,593.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

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

	(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?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities? If "Yes," describe in Part IV			
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<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?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?	<b>3</b>	

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

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>
<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	<b>2a</b>
<b>b</b> Carryover from last year	<b>2b</b>
<b>c</b> Total	<b>2c</b>
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>
<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?	<b>4</b>
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

---



---



---



---



---

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public Inspection

Name of the organization **JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.**

Employer identification number  
**52-1341890**

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

	(a) Donor advised funds	(b) Funds and other accounts
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 and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
 

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 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)? .....
- In Part XIV, 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.

- 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 XIV, the text of the footnote to its financial statements that describes these items.
- 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 .....	▶ \$ _____
- 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 XIV.
- 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 XIV 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 XIV.

**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 year end balance held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- 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 XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,150,000.		3,150,000.
b Buildings		226559045.	126235932.	100323113.
c Leasehold improvements		425,139.	370,456.	54,683.
d Equipment		154645623.	101192942.	53,452,681.
e Other		30,899,772.	20,805,358.	10,094,414.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				167074891.

JOHNS HOPKINS BAYVIEW  
MEDICAL CENTER, INC.

Schedule D (Form 990) 2010

52-1341890 Page 3

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

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

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) INERCOMPANY RECEIVABLES	6,454,132.
(2) OTHER RECEIVABLES	8,834,824.
(3) DUE FROM OTHERS	6,800,103.
(4) FINANCE COST - 2004 CP BOND	84,462.
(5) MALPRACTICE FUNDING	807,923.
(6) ASSETS-LIM-BY BOARD OF TRUSTEE	4,080,879.
(7) FINANCE COST - 2003 BOND	388,894.
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	27,451,217.

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) ADVANCES FROM THIRD PARTIES	17,133,509.
(3) INTERCOMPANY PAYABLES	3,495,904.
(4) MALPRACTICE LIABILITY	8,113,600.
(5) WORKERS' COMP TAIL COVERAGE	2,490,725.
(6) LONG-TERM PENSION LIABILITY	85,605,990.
(7) F/A RETIREMENT OBLIGATION	219,187.
(8) LOSS ON MARKET VALUE SW	9,109,846.
(9) NOTES PAYABLE	20,638.
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	126,189,399.

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

**JOHNS HOPKINS BAYVIEW  
MEDICAL CENTER, INC.**

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	511,144,294.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	504,688,091.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	6,456,203.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	17,355,879.
9	Total adjustments (net). Add lines 4 through 8	9	17,355,879.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	23,812,082.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	510887997.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains on investments	2a	
	b Donated services and use of facilities	2b	
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIV.)	2d	
	e Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	510887997.
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 XIV.)	4b	256,297.
	c Add lines 4a and 4b	4c	256,297.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	511144294.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	501574381.
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 XIV.)	2d	2,642.
	e Add lines 2a through 2d	2e	2,642.
3	Subtract line 2e from line 1	3	501571739.
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 XIV.)	4b	3,116,352.
	c Add lines 4a and 4b	4c	3,116,352.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	504688091.

**Part XIV Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2: FASB'S GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN**

**INCOME TAXES CLARIFIES THE ACCOUNTING FOR UNCERTAINTY OF INCOME TAX**

**POSITIONS. THIS GUIDANCE DEFINES THE THRESHOLD FOR RECOGNIZING TAX RETURN**

**POSITIONS IN THE FINANCIAL STATEMENTS AS "MORE LIKELY THAN NOT" THAT THE**

**POSITION IS SUSTAINABLE, BASED ON ITS TECHNICAL MERITS. THIS GUIDANCE ALSO**

**PROVIDES GUIDANCE ON THE MEASUREMENT, CLASSIFICATION AND DISCLOSURE OF TAX**

**RETURN POSITIONS IN THE FINANCIAL STATEMENTS.**

**THERE IS NO IMPACT ON JHBMC'S FINANCIAL STATEMENTS DURING THE YEARS ENDED**

**Part XIV** Supplemental Information (continued)

JUNE 30, 2011

AND 2010.

## PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN MARKET VALUE OF SWAP AGREEMENT	1,789,344.
CHANGE IN FUND STATUS OF DEFINED BENEFIT PLANS	12,282,743.
NET ASSETS RELEASED FROM RESTRICTIONS	560,000.
UNREALIZED GAINS/LOSSES ON INVESTMENTS	1,915,932.
UNREALIZED GAINS/LOSSES ON ALTERNATIVE INVESTEMENTS	-70,644.
ROUNDING	6,961.
NET ASSETS RELEASED FROM TEMPORARILY RESTRICTED	871,543.
TOTAL TO SCHEDULE D, PART XI, LINE 8	17,355,879.

## PART XII, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON FIXED ASSET	-2,642.
REALIZED LOSS ON INVESTMENTS	258,939.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	256,297.

## PART XIII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON FIXED ASSET	2,642.
---------------------	--------

## PART XIII, LINE 4B - OTHER ADJUSTMENTS:

INTEREST EXPENSE ON SWAP	3,116,352.
--------------------------	------------

**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization **JOHNS HOPKINS BAYVIEW  
MEDICAL CENTER, INC.** Employer identification number  
**52-1341890**

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

	Yes	No
<b>1a</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 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) to determine eligibility for providing free care to low income individuals? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input checked="" type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
<b>b</b> Did the organization use FPG to determine eligibility for providing discounted care to low income individuals? 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>270</u> %	X	
<b>c</b> If the organization did not use FPG to determine 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, to determine 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>5a</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>6a</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.

<b>7 Financial Assistance and Certain Other Community Benefits at Cost</b>						
<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense</b>	<b>(d) Direct offsetting revenue</b>	<b>(e) Net community benefit expense</b>	<b>(f) Percent of total expense</b>
<b>a</b> Financial Assistance at cost (from Worksheets 1 and 2)			18,204,290.	0.	18,204,290.	3.72%
<b>b</b> Unreimbursed Medicaid (from Worksheet 3, column a)						
<b>c</b> Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs			18,204,290.		18,204,290.	3.72%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			6,121,966.	910,873.	5,211,093.	1.06%
<b>f</b> Health professions education (from Worksheet 5)			20,934,122.	0.	20,934,122.	4.28%
<b>g</b> Subsidized health services (from Worksheet 6)						
<b>h</b> Research (from Worksheet 7)			50,435.	0.	50,435.	.01%
<b>i</b> Cash and in-kind contributions to community groups (from Worksheet 8)			788,226.	0.	788,226.	.16%
<b>j Total</b> Other Benefits			27,894,749.	910,873.	26,983,876.	5.51%
<b>k Total</b> Add lines 7d and 7j			46,099,039.	910,873.	45,188,166.	9.23%





**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of Hospital Facility: N/A

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 7 are optional for 2010)		
<b>1</b> During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8		
If "Yes," indicate what the Needs Assessment describes (check all that apply):		
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input 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 type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
<b>2</b> Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 _____		
<b>3</b> In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted		
<b>4</b> Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		
<b>5</b> Did the hospital facility make its Needs Assessment widely available to the public?		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
<b>6</b> If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in its community		
h <input 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 Part VI)		
<b>7</b> Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		
<b>Financial Assistance Policy</b>		
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>8</b> Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?		
<b>9</b> Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?		
If "Yes," indicate the FPG family income limit for eligibility for free care: _____ %		



**Part V Facility Information** (continued) N/A

	Yes	No
<b>10</b> Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? ..... If "Yes," indicate the FPG family income limit for eligibility for discounted care: _____ %		
<b>11</b> Explained the basis for calculating amounts charged to patients? ..... If "Yes," indicate the factors used in determining such amounts (check all that apply):		
a <input type="checkbox"/> Income level		
b <input type="checkbox"/> Asset level		
c <input type="checkbox"/> Medical indigency		
d <input type="checkbox"/> Insurance status		
e <input type="checkbox"/> Uninsured discount		
f <input type="checkbox"/> Medicaid/Medicare		
g <input type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
<b>12</b> Explained the method for applying for financial assistance? .....		
<b>13</b> Included measures to publicize the policy within the community served by the hospital facility? ..... If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input type="checkbox"/> The policy was posted on the hospital facility's website		
b <input type="checkbox"/> The policy was attached to billing invoices		
c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f <input type="checkbox"/> The policy was available on request		
g <input type="checkbox"/> Other (describe in Part VI)		

**Billing and Collections**

<b>14</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?		
<b>15</b> Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year:		
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 actions (describe in Part VI)		
<b>16</b> Did the hospital facility engage in or authorize a third party to perform any of the following collection actions during the tax year? .....		
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply):		
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 actions (describe in Part VI)		
<b>17</b> Indicate which actions the hospital facility took before initiating any of the collection actions checked in line 16 (check all that apply): .....		
a <input type="checkbox"/> Notified patients of the financial assistance policy on admission		
b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance		
e <input type="checkbox"/> Other (describe in Part VI)		

**Part V Facility Information** (continued) N/A

**Policy Relating to Emergency Medical Care**

**18** 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>18</b>		

If "No," indicate the reasons why (check all that apply):

- a  The hospital facility did not provide care for any emergency medical conditions
- b  The hospital facility did not have a policy relating to emergency medical care
- c  The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d  Other (describe in Part VI)

**Charges for Medical Care**

**19** Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply):

- a  The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility
- b  The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility
- c  The hospital facility used the Medicare rate for those services
- d  Other (describe in Part VI)

**20** Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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 Part VI.

**21** Did the hospital facility charge any of its patients an amount equal to the gross charge for any service provided to that patient? .....

If "Yes," explain in Part VI.

<b>20</b>		
<b>21</b>		



**Part V** Supplemental Information

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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

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

PART I, LN 7 COL(F): THE AMOUNT OF BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$15,017,386.

PART II: JHBMC'S COMMUNITY BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITY IT SERVES THROUGH THE WORK OF THE COMMUNITY RELATIONS DEPARTMENT. THE DEPARTMENT INTERFACES WITH A BROAD RANGE OF NON-PROFIT, BUSINESS AND COMMUNITY ORGANIZATIONS TO SUPPORT INITIATIVES THAT IMPROVE THE WELL-BEING OF THE COMMUNITY, ADDRESSING HEALTH, HOUSING, ECONOMIC DEVELOPMENT, TRANSPORTATION AND SAFETY ISSUES WITH THEIR

**Part VI** Supplemental Information

## COMMUNITY PARTNERS.

FOR EXAMPLE, JHBMC'S FRESH PROGRAM OFFERS ELEMENTARY SCHOOL-BASED PROGRAMS FOR TEACHERS, PARENTS AND STUDENTS ABOUT HEART HEALTH BEHAVIORS. IT SERVED 1,600 STUDENTS IN 17 SCHOOLS, TEACHERS EVALUATIONS WERE 95-100% POSITIVE.

JHBMC ALSO HAS A KIWANIS BURN PREVENTION INITIATIVE WHICH IS A SCHOOL-BASED BURN PREVENTION EDUCATION PROVIDES AGE-APPROPRIATE, SCHOOL-BASED LESSONS ABOUT BURN PREVENTION WITH A PROFESSIONAL RETIRED FIREFIGHTER WHO VISITS SCHOOLS AND TEACHES THESE LESSONS. IT SERVED OVER 8,400 STUDENTS IN 36 SCHOOLS WITH CONSISTENT HIGH SCORES ON EVALUATIONS. CARE-A-VAN INITIATIVE OPERATES A MOBILE VAN TO PROVIDE AMBULATORY CARE SERVICES AND HEALTH SCREENINGS IN THE COMMUNITY. THIS PROGRAM IS DESIGNED TO REMOVE THE BARRIERS TO CARE RELATED TO FINANCIAL OR TRANSPORTATION RESOURCES. THIS INITIATIVE TREATS APPROXIMATELY 1,700 PATIENTS A YEAR. JHBMC ALSO STARTED THE ACCESS PARTNERSHIP (TAP), WHICH PROVIDES LOW COST SPECIALTY-CARE ACCESS TO UNINSURED PATIENTS WHO LIVE IN THE NEIGHBORHOODS AROUND BAYVIEW AND FREE PRIMARY CARE AT THE INTERNAL MEDICINE OUTPATIENT CLINICAL FOR ELIGIBLE PATIENTS. JHBMC ALSO DEVELOPED PARTNERSHIPS WITH BALTIMORE CITY SCHOOLS IN ORDER TO PROVIDE MENTOR AND INTEREST IN CAREERS IN HEALTH SCIENCES.

PART III, LINE 4: BAD DEBT EXPENSE AT COST IS DETERMINED USING THE SAME COST-TO-CHARGE RATIO THAT IS USED TO CALCULATE CHARITY CARE AND UNREIMBURSED MEDICAID.

DISCOUNTS AND ALLOWANCES ARE ACCOUNTED FOR SEPARATELY FROM BAD DEBT EXPENSE.

MARYLAND HOSPITALS ARE RATE REGULATED UNDER THE HSCRC, WHICH INCLUDES BAD DEBT AS PART OF THE REIMBURSEMENT FORMULA FOR EACH HOSPITAL. DUE TO THE

**Part VI** Supplemental Information

RATE REGULATION, JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC (JHBMC) CANNOT DETERMINE THE AMOUNT THAT REASONABLE COULD BE ATTRIBUTABLE TO PATIENTS WHO LIKELY WOULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S CHARITY CARE POLICY.

THE ORGANIZATION'S FINANCIAL STATEMENTS DO NOT INCLUDE A FOOTNOTE ON BAD DEBT EXPENSE. THE FINANCIAL STATEMENTS SHOW THE PROVISION FOR BAD DEBTS AS A SEPARATE LINE ITEM IN THE STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS UNDER OPERATING EXPENSES.

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

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

PART VI, LINE 2: JHBMC RELY ON A NUMBER OF MEANS TO DETERMINE THE HEALTH NEEDS OF OUR COMMUNITY, INCLUDING SECONDARY DATA SOURCES, HOSPITAL ADMISSION AND DISCHARGE INFORMATION, DIRECT CONVERSATIONS WITH THE PATIENTS AND THE COMMUNITY, DISCUSSION WITH LOCAL HEALTH OFFICIALS AND OTHER STAKEHOLDERS AND FEEDBACK FROM OUR PROVIDERS.

JHBMC LAST CONDUCTED A FORMAL COMMUNITY NEEDS ASSESSMENT IN FY05. IN FY09, A NEEDS ASSESSMENT WAS COMPLETED FOR THE SOUTHEAST AREA OF THE COUNTY, SPONSORED BY A GROUP OF SERVICE PROVIDERS WITH THE SUPPORT OF BALTIMORE COUNTY OFFICE OF COMMUNITY CONSERVATION AND FRANKLIN SQUARE HOSPITAL CENTER.

**Part VI** Supplemental Information

IN THE SPRING OF 2009, THE BALTIMORE CITY HEALTH DEPARTMENT CONDUCTED A COMMUNITY HEALTH SURVEY. THE GOAL OF THE SURVEY WAS TO ASSESS THE HEALTH NEEDS OF THE CITY RESIDENTS, IDENTIFY GAPS IN ACCESS TO HEALTH SERVICES, ASSESS THE USE AND PERCEPTIONS OF THE CITY HEALTH SERVICES, AND ASSESS ATTITUDES RELATED TO THE CURRENT PROGRAMMATIC AND POLICY ISSUES. THE HEALTH DEPARTMENT PLANS TO CONDUCT THE COMMUNITY HEALTH SURVEY EVERY TWO YEARS IN ORDER TO MONITOR TRENDS IN THESE IMPORTANT HEALTH INDICATORS. IN 2010, THE JH URBAN HEALTH INSTITUTE (UHI) BEGAN A COLLABORATIVE EFFORT CALLED THE COMMUNITY HEALTH INITIATIVE (CHI) TO ENGAGE INDIVIDUALS, COMMUNITY GROUPS, AND CITY GOVERNMENT FROM EAST BALTIMORE AND JOHNS HOPKINS. THE CHI IS AN INTENSIVE PROCESS OF PLANNING AND CRITICAL THINKING ABOUT HOW TO IMPROVE THE HEALTH AND WELL-BEING OF RESIDENTS OF ALL AGES WHO LIVE IN EAST BALTIMORE THROUGH SUSTAINABLE HEALTH COLLABORATIONS AND SPECIFIC HEALTH INTERVENTIONS. JHBMC WILL CONDUCT A FORMAL COMMUNITY HEALTH NEEDS ASSESSMENT IN FY2013. JHBMC REVIEW INFORMATION AVAILABLE FROM BALTIMORE CITY AND BALTIMORE COUNTY HEALTH DEPARTMENTS REGARDING MORBIDITY AND MORTALITY AND HEALTH TRENDS FOR THOSE JURISDICTIONS. BALTIMORE CITY PLANNING DEPARTMENT ALSO DEVELOPS COMMUNITY PROFILES WHICH ARE REVIEWED AND CONSIDERED. BECAUSE JHBMC SERVES PARTS OF BOTH AREAS, IT IS DIFFICULT TO DETERMINE THE HEALTH NEEDS OF OUR PARTICULAR SERVICE AREAS FROM THIS DATA, BUT IS HELPFUL IN INDICATING GENERAL POPULATION STATUS. JHBMC HAS SEVERAL COMMUNITY ADVISORY BOARDS AND THEIR COMMUNITY HEALTH ACTION PROJECT THAT PROVIDE THEM WITH INFORMATION AND FEEDBACK REGARDING COMMUNITY HEALTH NEEDS. ADDITIONALLY, COMMUNITY RELATIONS STAFF MEMBERS ROUTINELY ATTEND A GREAT NUMBER OF COMMUNITY ASSOCIATION MEETINGS AROUND OUR SERVICE AREA TO HELP ASSESS COMMUNITY NEEDS AND OFFER THE HOSPITAL'S RESOURCES. THEY ALSO RESPOND TO REQUESTS TO PARTICIPATE IN HEALTH FAIRS,

**Part VI** Supplemental Information

COMMUNITY EVENTS, PROVIDE SCREENINGS OR SPEAKERS, ETC.

AT EACH HEALTH EDUCATION SEMINARS, PARTICIPANTS ARE ASKED WHAT ADDITIONAL TOPICS WOULD BE OF INTEREST OR RELEVANT FOR THEM. THIS IS AN ADDITIONAL SOURCE OF INFORMATION FOR JHBMC.

A KEY FACTOR IN ASSESSING THE COMMUNITY'S HEALTH NEEDS IS TO LOOK AT DEMAND FOR AND UTILIZATION OF CLINICAL PROGRAMS. OUR REVIEW OF MARKETS, MARKET-SHARE, PATIENT DEMOGRAPHICS, BUSINESS TRENDS AND OTHER CLINICAL DATA INFORM OUR THINKING WITH RESPECT TO DEFINING COMMUNITY NEEDS.

JHBMC AND JHU SCHOOL OF MEDICINE CLINICAL DEPARTMENTS UTILIZE AN ANNUAL PLANNING AND BUDGETING PROCESS TO ANTICIPATE CLINICAL PROGRAM DEMAND AND RESOURCE ALLOCATIONS. EACH CLINICAL DEPARTMENT ACROSS THE JOHNS HOPKINS HEALTH SYSTEM REVIEWS ITS SERVICES AND MEDICAL MANPOWER REQUIREMENTS BASED ON CLINICAL INTERESTS, HISTORIC DEMAND AND ANTICIPATED CHANGES CAUSED BY SOCIOECONOMIC TRENDS AND TECHNOLOGY ADVANCEMENTS. THE PROGRAMS DEVELOPED ADDRESS THE UNIQUE NEEDS OF THE EAST BALTIMORE COMMUNITY AND THE RESOURCES AVAILABLE AT JHBMC.

PART VI, LINE 3: JHBMC WILL PUBLISH THE AVAILABILITY OF FINANCIAL ASSISTANCE ON A YEARLY BASIS IN THEIR LOCAL NEWSPAPERS AND WILL POST NOTICES OF AVAILABILITY AT PATIENT REGISTRATION SITES, ADMISSIONS/BUSINESS OFFICE, THE BILLING OFFICE AND AT THE EMERGENCY DEPARTMENT WITHIN JHBMC. NOTICE OF AVAILABILITY WILL ALSO BE SENT TO PATIENTS ON PATIENT BILLS. A PATIENT BILLING AND FINANCIAL ASSISTANCE INFORMATION SHEET WILL BE PROVIDED TO INPATIENTS BEFORE DISCHARGE AND WILL BE AVAILABLE TO ALL PATIENTS UPON REQUEST.

JHBMC (FINANCIAL COUNSELORS/PATIENT FINANCIAL SERVICES REPRESENTATIVES, SOCIAL SERVICES DEPARTMENT PERSONNEL AND/OR MEDICAL ASSISTANCE/MEDICAID ELIGIBILITY TECHNICIAN) WILL PROVIDE PATIENTS WITH ASSISTANCE IN



**Part VI** Supplemental Information

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: JHBMC GEOGRAPHIC SERVICE AREA IS URBAN.

THE HOSPITAL CONSIDERS ITS COMMUNITY BENEFIT SERVICE AREA (CBSA) AS 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 FOUR ZIP CODES: 21224, 21222, 21219, AND 21052.

THE GENERAL DATA FOR THIS COMMUNITY BENEFIT SERVICE AREA ARE AS FOLLOWS: TOTAL POPULATION WAS 110,513 OF WHICH 48% WERE MALES AND 52% WERE FEMALES, AVERAGE HOUSEHOLD INCOME WAS \$56,650, 25% OF RESIDENTS ARE UNINSURED, 19.4% OF RESIDENTS ARE COVERED BY MEDICAID/MEDICARE, 14.6% OF HOUSEHOLDS HAVE AN INCOME LOWER THAN \$15,000, AND 26.6% HAVE AN INCOME BELOW \$25,000. NUMBER OF OTHER HOSPITALS SERVING THE COMMUNITY OR COMMUNITIES: 2  
FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREAS OR POPULATIONS ARE PRESENT IN THE COMMUNITY .

PART VI, LINE 5: FOR THE LAST 30 YEARS, MARYLAND HOSPITALS HAVE MET THEIR COMMUNITY BENEFIT OBLIGATIONS IN A UNIQUE MANNER THAT BUILDS THE COSTS OF UNCOMPENSATED CARE-CHARITY CARE AND PATIENT BAD DEBT AND GRADUATE MEDICAL EDUCATION INTO THE RATES THAT HOSPITALS ARE REIMBURSED BY ALL PAYORS. THE SYSTEM IS BASED IN FEDERAL AND STATE LAW AND BENEFITS ALL MARYLAND RESIDENTS, INCLUDING THOSE IN NEED OF FINANCIAL

**Part VI** Supplemental Information

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:

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/](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.

**Part V** Supplemental Information

LINE 7B - MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE-SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL-PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY DIRECTED OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE. COMMUNITY BENEFIT EXPENSES ARE EQUAL TO MEDICAID REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT IS ZERO. THE EXCEPTION TO THIS IS THE IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT. IN RECENT YEARS, THE STATE OF MARYLAND HAS CLOSED FISCAL GAPS IN THE STATE MEDICAID BUDGET BY ASSESSING HOSPITALS THROUGH THE RATE-SETTING SYSTEM.

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

PART VI, LINE 6: THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION (JHSC) IS INCORPORATED IN THE STATE OF MARYLAND TO, AMONG OTHER THINGS, FORMULATE POLICY AMONG AND PROVIDE CENTRALIZED MANAGEMENT FOR JHSC AND AFFILIATES

**Part VI** Supplemental Information

(JHHS). JHHS IS ORGANIZED AND OPERATED FOR THE PURPOSE OF PROMOTING HEALTH BY FUNCTIONING AS A PARENT HOLDING COMPANY OF AFFILIATES WHOSE COMBINED MISSION IS TO PROVIDE PATIENT CARE IN THE TREATMENT AND PREVENTION OF HUMAN ILLNESS WHICH COMPARES FAVORABLY WITH THAT RENDERED BY ANY OTHER INSTITUTION IN THIS COUNTRY OR ABROAD.

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

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

MD

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization **JOHNS HOPKINS BAYVIEW  
MEDICAL CENTER, INC.** Employer identification number  
**52-1341890**

**Part I** General Information on Grants and Assistance

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

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
BALTIMORE MEDICAL SYSTEM 3501 SINCLAIR LANE BALTIMORE, MD 21213	52-1358241	501(C)(3)	250,000.	0.			HEALTHCARE SERVICES
BAYVIEW COMMUNITY ASSOCIATION 330 ELRINO STREET BALTIMORE, MD 21224	52-2050350	501(C)(3)	5,000.	0.			COMMUNITY OUTREACH
DUNDALK RENAISSANCE CORPORATION 11 CENTER PLACE 1ST FLOOR DUNDALK, MD 21222	52-2306483	501(C)(3)	60,000.	0.			COMMUNITY OUTREACH
GREKTOWN COMMUNITY DEVELOPMENT CORPORATION - 4609 EASTERN AVENUE - BALTIMORE, MD 21224	52-2087627	501(C)(3)	150,000.	0.			COMMUNITY OUTREACH
HARBEL COMMUNITY ORGANIZATION 5807 HARFORD ROAD BALTIMORE, MD 21214	52-0905968	501(C)(3)	5,000.				COMMUNITY OUTREACH
SOUTHEAST COMMUNITY DEVELOPMENT CORPORATION - 3700 EASTERN AVENUE - BALTIMORE, MD 21224	52-1034460	501(C)(3)	125,000.	0.			COMMUNITY OUTREACH

2 Enter total number of section 501(c)(3) and government organizations **7.**

3 Enter total number of other organizations **0.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (2010)**

JOHNS HOPKINS BAYVIEW  
MEDICAL CENTER, INC.

52-1341890

Page 1

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOHNS HOPKINS COMMUNITY PHYSICIANS, INC. - 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE. 4300A - BALTIMORE, MD 21211	52-1467441	501(C)(3)	1,497,636.	0.			SERVICES TO UNINSURED PATIENTS

**JOHNS HOPKINS BAYVIEW  
MEDICAL CENTER, INC.**

Schedule I (Form 990) (2010)

52-1341890

Page 2

**Part III** 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. Complete this part to provide the information required in Part I, line 2, and any other additional information.

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

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public Inspection

Name of the organization **JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.** Employer identification number **52-1341890**

**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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<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 from the organization or a related organization? <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	<b>4a</b> <b>4b</b> <b>4c</b>	<b>X</b> <b>X</b> <b>X</b>
<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>b</b> Any related organization? If "Yes" to line 5a or 5b, describe in Part III.	<b>5a</b> <b>5b</b>	<b>X</b> <b>X</b>
<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>b</b> Any related organization? If "Yes" to line 6a or 6b, describe in Part III.	<b>6a</b> <b>6b</b>	<b>X</b> <b>X</b>
<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>	<b>X</b>
<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>	<b>X</b>
<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) 2010



JOHNS HOPKINS BAYVIEW  
MEDICAL CENTER, INC.

52-1341890

Schedule J (Form 990) 2010

**Part I 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 RICHARD G. BENNETT, M.D.	(i)	454,756.	102,195.	16,324.	138,753.	723,492.	0.
	(ii)	0.	0.	0.	0.	0.	0.
2 RONALD J. WERTHMAN	(i)	0.	0.	0.	0.	0.	0.
	(ii)	521,650.	137,220.	200,441.	11,025.	894,371.	0.
3 RONALD R. PETERSON	(i)	0.	0.	0.	0.	0.	0.
	(ii)	1051740.	392,713.	175,852.	223,972.	1,866,922.	0.
4 JUDY A. REITZ, SC.D	(i)	0.	0.	0.	0.	0.	0.
	(ii)	476,374.	142,210.	249,714.	11,025.	901,378.	0.
5 MARIA V. KOSZALKA, ED.D., R.N.	(i)	206,188.	33,983.	23,717.	11,012.	294,791.	0.
	(ii)	0.	0.	0.	0.	0.	0.
6 CRAIG R. BRODIAN	(i)	183,518.	31,042.	18,464.	16,766.	279,692.	0.
	(ii)	0.	0.	0.	0.	0.	0.
7 ANITA M. LANGFORD	(i)	199,968.	33,947.	40,268.	10,699.	304,014.	0.
	(ii)	0.	0.	0.	0.	0.	0.
8 G. DANIEL SHEALER, JR.	(i)	0.	0.	0.	0.	0.	0.
	(ii)	285,188.	77,567.	84,102.	11,025.	482,382.	0.
9 CARL H. FRANCIOLI	(i)	242,425.	40,750.	13,616.	59,285.	387,160.	0.
	(ii)	0.	0.	0.	0.	0.	0.
10 CHARLES B. REULAND, SC.D.	(i)	293,304.	56,189.	140,466.	11,025.	528,554.	61,470.
	(ii)	0.	0.	0.	0.	0.	0.
11 CHERYL KOCH	(i)	147,028.	22,973.	9,980.	13,428.	220,026.	0.
	(ii)	0.	0.	0.	0.	0.	0.
12 MELISSA HELICKE	(i)	142,066.	38,338.	506.	8,341.	213,805.	0.
	(ii)	0.	0.	0.	0.	0.	0.
13 BETH PETERSON	(i)	156,317.	3,009.	7,474.	7,421.	193,582.	0.
	(ii)	0.	0.	0.	0.	0.	0.
14 DAVID STRAPPELLI	(i)	131,334.	13,391.	9,284.	6,703.	184,428.	0.
	(ii)	0.	0.	0.	0.	0.	0.
15 JOHN PRETO	(i)	135,988.	11,014.	3,614.	6,893.	175,472.	0.
	(ii)	0.	0.	0.	0.	0.	0.
16 ERIC TURNBAUGH	(i)	137,860.	11,976.	502.	6,963.	180,449.	0.
	(ii)	0.	0.	0.	0.	0.	0.

JOHNS HOPKINS BAYVIEW  
MEDICAL CENTER, INC.

52-1341890

Schedule J (Form 990) 2010

**Part I 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	WILLIAM CARRUTH	(i) 129,757.	(ii) 16,227.	(iii) 2,899.	6,782.	23,876.	179,541.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
2	GREGORY F. SCHAFFER	(i) 384,610.	(ii) 16,754.	(iii) 517,319.	14,872.	24,686.	958,241.	0.
3		(i)						
		(ii)						
4		(i)						
		(ii)						
5		(i)						
		(ii)						
6		(i)						
		(ii)						
7		(i)						
		(ii)						
8		(i)						
		(ii)						
9		(i)						
		(ii)						
10		(i)						
		(ii)						
11		(i)						
		(ii)						
12		(i)						
		(ii)						
13		(i)						
		(ii)						
14		(i)						
		(ii)						
15		(i)						
		(ii)						
16		(i)						
		(ii)						

**Part III** Supplemental Information

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

PART I, LINE 4B: PART I, LINE 4B:

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

JOHNS HOPKINS BAYVIEW  
MEDICAL CENTER, INC.

Schedule J (Form 990) 2010

52-1341890

Page 3

Part III Supplemental Information

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

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

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

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

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):

RICHARD BENNETT \$127,728; CRAIG BRODIAN \$6,688; CARL FRANCIOLI \$48,260;  
CHERYL KOCH \$5,492; RONALD PETERSON \$212,947.

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

JOHNS HOPKINS BAYVIEW  
MEDICAL CENTER, INC.

Schedule J (Form 990) 2010

52-1341890

Page 3

Part III Supplemental Information

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

PRIOR YEAR'S FORMS 990:

MARIA KOSZALKA \$8,404.95; ANITA LANGFORD \$23,064; JUDY RETIZ \$191,095.01;

G. DANIEL SHEALER, JR. \$49,518.71; RONALD WERTHMAN \$158,941.73; AND CHARLES

REULAND \$126,416.95

PART I, LINE 7: BONUSES: THE BONUSES ARE ISSUED ON A WEIGHTED FORMULA  
BASED ON THE ATTAINMENT OF QUANTIFIABLE ORGANIZATION OBJECTIVES SET BY THE  
TRUSTEE COMPENSATION COMMITTEE EACH YEAR. THEY ARE REVIEWED BY MANAGEMENT  
THAT USES DISCRETION TO DETERMINE PAYMENT.

DEPENDENT TUITION REIMBURSEMENT: THE DEPENDENT TUITION REIMBURSEMENT  
PROGRAM REIMBURSES EMPLOYEES FOR 50% LESS TAXES OF EACH DEPENDENT CHILD'S  
FULL TIME UNDERGRADUATION 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.

JOHNS HOPKINS BAYVIEW  
MEDICAL CENTER, INC.

Schedule J (Form 990) 2010

52-1341890

Page 3

Part III Supplemental Information

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

SCHEDULE J, PART II, COLUMN F:

THE AMOUNT REPORTED IN COLUMN F REPRESENTS THE AMOUNT OF A PAYMENT REPORTED

IN COLUMN B THAT WAS ALREADY REPORTED ON PRIOR 990'S AS DEFERRED

COMPENSATION. THE AMOUNT REPORTED COULD BE DIFFERENT THAN THE TOTAL

AMOUNT PREVIOUSLY REPORTED ON PRIOR YEAR 990'S BECAUSE PARTICIPANTS HAVE

ACCRUED BENEFITS UNDER OUR DEFERRED COMPENSATION PLAN FOR MANY YEARS AND

SOME PLANS ORIGINATED IN THE 1980'S. THEREFORE IT IS DIFFICULT TO IDENTIFY

THE ENTIRE PREVIOUSLY REPORTED AMOUNT FOR THIS EXTENDED PERIOD OF TIME.

PRIOR YEAR RETURNS AND WORK PAPERS WERE USED TO DETERMINE OUR BEST ESTIMATE

OF THE PREVIOUSLY REPORTED AMOUNTS AND PLACED IN COLUMN F. THE AMOUNT IN

COLUMN F MAY ALSO BE DIFFERENT THAN THE AMOUNT REPORTED IN COLUMN B (III)

DUE TO GAINS/LOSSES THAT HAVE ACCRUED OVER THE YEARS, AND SOME INDIVIDUALS

WERE NOT REQUIRED TO BE REPORTED IN ALL PRIOR YEARS. SINCE THIS IS A NEW

REQUIREMENT OF THE IRS, GOING FORWARD WE HAVE ADOPTED A SPREADSHEET THAT

WILL TRACK THE DEFERRED COMPENSATION REPORTED ON THE 990 BY EACH YEAR TO

REMAIN IN COMPLIANCE WITH SCHEDULE J, PART II, COLUMN F.

**SCHEDULE K (Form 990)**  
Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part V.  
Attach to Form 990.  
See separate instructions.

Name of the organization: **JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.**  
Employer identification number: **52-1341890**

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeated		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
MARYLAND HEALTH AND A HIGHER EDUCATIONAL FACIL	52-0936091574217T88	04/23/08	12,215,000	REFUND PRIOR							
MARYLAND HEALTH AND B HIGHER EDUCATIONAL FACIL	52-093609157421V3AA	02/09/04	101,990,000	REFUND PRIOR							
C											
D											

**Part II Proceeds**

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

**Part III Private Business Use**

1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? Yes  No

2 Are there any lease arrangements that may result in private business use of bond-financed property? Yes  No



JOHNS HOPKINS BAYVIEW  
MEDICAL CENTER, INC.

Schedule K (Form 990) 2010

52-1341890

Page 2

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

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b Are there any research agreements that may result in private business use of bond-financed property?		X		X				
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X					
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%				%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%				%
6 Total of lines 4 and 5		%		%				%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X					

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X		X					
2 Is the bond issue a variable rate issue?	X		X					
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X					
b Name of provider	GOLDMAN SACHS							
c Term of hedge	19.8000000							
d Was the hedge superintegrated?		X		X				
e Was the hedge terminated?		X		X				
4a Were gross proceeds invested in a GIC?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?		X		X				
6 Did the bond issue qualify for an exception to rebate?	X		X					

**Part V Supplemental Information.** Complete this part to provide additional information for responses to questions on Schedule K.

**SCHEDULE K, PART I, BOND ISSUES:**

(A) ISSUER NAME:

MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY

(F) DESCRIPTION OF PURPOSE: REFUND PRIOR ISSUE (10/25/2007)



**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.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

JOHNS HOPKINS BAYVIEW  
MEDICAL CENTER, INC.

Employer identification number

52-1341890

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

HEALTH CARE THAT IS FOCUSED ON THE UNIQUENESS AND DIGNITY OF EACH  
PERSON WE SERVE. WE OFFER THIS CARE IN AN ENVIRONMENT THAT PROMOTES,  
EMBRACES AND HONORS THE DIVERSITY OF OUR GLOBAL COMMUNITY. WITH A RICH  
AND LONG TRADITION OF MEDICAL CARE, EDUCATION AND RESEARCH, WE ARE  
DEDICATED TO PROVIDING AND ADVANCING MEDICINE THAT IS RESPECTFUL AND  
NURTURING OF THE LIVES OF THOSE WE TOUCH.

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

FURTHER INCLUDED ARE SERVICES FOR WHICH LESS THAN THE FULL AMOUNT  
CHARGED IS COLLECTED. MANY SUCH ADJUSTMENTS ARISE FROM NEGOTIATED  
PAYMENT RATES WITH INSURANCE COMPANIES AND PARTICPATION IN THE MEDIARE  
AND MEDICAID PROGRAMS. JOHNS HOPKINS BAYVIEW MEDICAL CENTER PROVIDES  
CHILD AND ADULT DAY CARE FOR EMPLOYEES AND OTHER IN THE COMMUNITY.  
SUCH SERVICE PERMITS PARENTS AND OTHER CAREGIVERS AN OPPORTUNITY TO  
PURSEU GAINFUL EMPLOMENT OR RESPITE FROM THE RESPONISILBILITIES  
ASSOCIATED WITH THE PROVISION OF CARE. MANY INDIVIDUALS REQUIRE MORE  
THAN SIMPLE SUPERVISION.

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

YEARS OF SPECIALIZED MEDICAL EDUCATION AND RESEARCH. OUR PHYSICIANS  
ARE NATIONAL LEADERS IN MANY AREAS, INCLUDING GERIATRIC MEDICINE. IN  
ADDITION TO THE EXPERT CARE PROVIDED BY OUR OWN STAFF, ACCESS TO THE  
SPECIALIZED STAFF, SERVICES AND FACILITIES OF THE ADJACENT JOHNS  
HOPKINS BAYVIEW MEDICAL CENTER ENSURES CONTINUITY OF CARE FOR PATIENTS  
AND CONVENIENCE FOR FAMILIES. THE CARE CENTER'S INTERDISCIPLINARY TEAM

Name of the organization **JOHNS HOPKINS BAYVIEW  
MEDICAL CENTER, INC.**

Employer identification number  
**52-1341890**

INCLUDES PHYSICIANS, NURSING STAFF, RESPIRATORY THERAPISTS, DIETITIANS,  
RECREATIONAL THERAPISTS, SOCIAL WORKERS, CASE MANAGERS, CARE  
COORDINATORS AND REHABILITATION THERAPISTS. INDIVIDUALIZED TEAMS  
DEVELOP AND CARRY OUT CARE PLANS DESIGNED SPECIFICALLY TO ADDRESS EACH  
PATIENT'S PSYCHOLOGICAL, SOCIAL, PHYSICAL AND SPIRITUAL NEEDS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

AMONG THE OTHER PROGRAM SERVICES PROVIDED AT JOHNS HOPKINS BAYVIEW

MEDICAL CENTER ANOTHER CRITICAL SERVICE PROVIDED IS THE BURN CENTER.

MARYLAND'S REGIONAL BURN CENTER PROVIDES AN INTERNATIONALLY RECOGNIZED

COMPREHENSIVE PROGRAM OF CARE FOR PATIENTS WITH BURNS AND WOUNDS. OUR

GOAL FOCUSES ON RETURNING PATIENTS TO THEIR HIGHEST LEVEL OF FUNCTION

BY ATTENDING TO THE PHYSICAL, PSYCHOLOGICAL, SOCIAL AND VOCATIONAL

ASPECTS OF THEIR LIVES. OUR SPECIALTY SERVICES INCORPORATE ACUTE ADULT

AND PEDIATRIC BURN TREATMENT, PLASTIC AND RECONSTRUCTIVE BURN SURGERY,

REPAIR OF COMPLEX SURGICAL WOUNDS. THE COMPLEX NATURE OF BURNS AND

THEIR UNIQUE PHYSICAL AND PSYCHOLOGICAL ASPECTS REQUIRE THE EXPERTISE

OF A MULTIDISCIPLINARY TEAM OF PROVIDERS. OUR HEALTH CARE TEAM

CONSISTS OF SPECIALIST SURGEONS, INTENSIVISTS, NURSES, PHYSICAL AND

OCCUPATIONAL THERAPISTS, NUTRITIONISTS, PHARMACISTS, PSYCHOLOGISTS,

SOCIAL WORKERS AND CASE COORDINATORS, AS WELL AS OTHER SUPPORT

SERVICES. WE ARE RECOGNIZED AS A STATE-OF-THE-ART FACILITY, PROVIDING

INDIVIDUALIZED COORDINATED CARE FOR BURN PATIENTS.

EXPENSES \$ 229,026,308. INCL GRANTS OF \$ 2,100,933. REVENUE \$ 232,089,22

OTHER PROGRAMS OF JHBMC

FORM 990, PART VI, SECTION A, LINE 7A: JOHNS HOPKINS HEALTH SYSTEM

Name of the organization **JOHNS HOPKINS BAYVIEW  
MEDICAL CENTER, INC.**

Employer identification number  
**52-1341890**

**CORPORATION, A IRC 501C (3) TAX EXEMPT PARENT ORGANIZATION OF JOHNS HOPKINS  
BAYVIEW MEDICAL CENTER, INC. ELECTS THE BOARD OF TRUSTEES.**

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

**FORM 990, PART VI, SECTION B, LINE 11: A SECURED WEBSITE PROVIDES ACCESS  
TO THE COPY OF THE FORM 990 TO THE ORGANIZATION'S GOVERNING BODY BEFORE IT  
IS FILED. FOR THE 2010 YEAR ONLY, SCHEDULE B WAS NOT PROVIDED TO THE  
GOVERNING BODY BEFORE FILING OF THE FORM 990 BECAUSE OF SUBSTANTIAL  
ANONYMOUS DONATIONS.**

**FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS  
A PART OF THE ANNUAL FINANCIAL AUDIT CONFIRMATION PROCESS PROVIDED ONLINE.  
ALL OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO COMPLY  
ON AN ANNUAL BASIS.**

**FORM 990, PART VI, SECTION B, LINE 15: EVERY THREE YEARS AN INDEPENDENT  
STUDY IS CONDUCTED GATHERING INDUSTRY COMPENSATION AVERAGES FROM SELECT  
PEER INSTITUTIONS. EVERY YEAR THE JOHNS HOPKINS BOARD OF TRUSTEES  
COMPENSATION COMMITTEE REVIEWS COMPENSATION AMOUNTS FOR OFFICERS AND ALL  
EMPLOYEES AT THE DIRECTOR AND HIGHER LEVELS.**

**FORM 990, PART VI, SECTION C, LINE 19: INTERNAL POLICIES, INCLUDING  
CONFLICT OF INTERST POLICY, ARE PROVIDED TO THE PUBLIC ON THE  
ORGANIZATION'S WEBSITE. FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST,**

Name of the organization JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.	Employer identification number 52-1341890
---	--

THE GOVERNING DOCUMENTS HAVE BEEN MADE AVAILABLE IN OUR PUBLIC FILING WITH THE STATE OF MARYLAND AND THE INTERNAL REVENUE SERVICE.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

CHANGE IN MARKET VALUE OF SWAP AGREEMENT	1,789,344.
CHANGE IN FUND STATUS OF DEFINED BENEFIT PLANS	12,282,743.
NET ASSETS RELEASED FROM RESTRICTIONS	560,000.
UNREALIZED GAINS/LOSSES ON INVESTMENTS	1,915,932.
UNREALIZED GAINS/LOSSES ON ALTERNATIVE INVESTEMENTS	-70,644.
ROUNDING	6,961.
NET ASSETS RELEASED FROM TEMPORARILY RESTRICTED	871,543.
TOTAL TO FORM 990, PART XI, LINE 5	17,355,879.



JOHNS HOPKINS BAYVIEW  
MEDICAL CENTER, INC.

Schedule R (Form 990)

52-1341890

Part I 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 HOSPITAL ENDOWMENT CORPORATION - 23-7252596, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE. 4300A, BALTIMORE, MD 21211	SUPPORTING ORGANIZATION	MARYLAND	501(C)(3)	11 TYPE 3 FI	JOHNS HOPKINS HOSPITAL ENDOWMENT		X
JOHNS HOPKINS MEDICAL SERVICES CORPORATION - 52-1232569, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE. 4300A, BALTIMORE, MD 21211	HOSPITAL	MARYLAND	501(C)(3)	3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
THE JOHNS HOPKINS HOSPITAL - 52-0591656 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE. 43 BALTIMORE, MD 21211	HOSPITAL	MARYLAND	501(C)(3)	3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
SUBURBAN HOSPITAL HEALTHCARE SYSTEM, INC. - 52-2052354, 8600 OLD GEORGETOWN ROAD, BETHESDA, MD 20814	SUPPORTING ORGANIZATION	MARYLAND	501(C)(3)	11 TYPE 3 FI	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
SUBURBAN HOSPITAL, INC. - 52-0610545 8600 OLD GEORGETOWN ROAD BETHESDA, MD 20814	HOSPITAL	MARYLAND	501(C)(3)	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)	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)	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)	9	ALL CHILDREN'S HEALTH SYSTEM, INC.		X
ALL CHILDREN'S HOSPITAL FOUNDATION - 59-2481738, 501 SIXTH AVENUE SOUTH, ST. PETERSBURG, FL 33701	FOUNDATION	FLORIDA	501(C)(3)	7	ALL CHILDREN'S HEALTH SYSTEM, INC.		X
ALL CHILDREN'S HOSPITAL - 59-0683252 501 SIXTH AVENUE SOUTH ST. PETERSBURG, FL 33701	HOSPITAL	FLORIDA	501(C)(3)	3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
ALL CHILDREN'S RESEARCH INSTITUTE, INC. - 59-2481742, 501 SIXTH AVENUE SOUTH, ST. PETERSBURG, FL 33701	RESEARCH	FLORIDA	501(C)(3)	4	ALL CHILDREN'S HEALTH SYSTEM, INC.		X
SURGIKID OF FLORIDA, INC. - 59-3441883 501 SIXTH AVENUE SOUTH ST. PETERSBURG, FL 33701	MEDICAL SERVICES	FLORIDA	501(C)(3)	9	ALL CHILDREN'S HEALTH SYSTEM, INC.		X





JOHNS HOPKINS BAYVIEW  
MEDICAL CENTER, INC.

Schedule R (Form 990) 2010  
Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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			
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
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
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
CHEVY CHASE IMAGING, LLC - 14-1944126, 1201 SEVEN LOCKS ROAD, STE. 200, ROCKVILLE, MD 20854	RADIOLOGY SERVICES	MD	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" to 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
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
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
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
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
TCAS, INC. - 52-1979344 5755 CEDAR LANE COLUMBIA, MD 21044	NURSING SERVICES	MD	N/A	C CORP	N/A	N/A	N/A





**JOHNS HOPKINS BAYVIEW  
MEDICAL CENTER, INC.**

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, 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?

**a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

**b** Gift, grant, or capital contribution to other organization(s)

**c** Gift, grant, or capital contribution from other organization(s)

**d** Loans or loan guarantees to or for other organization(s)

**e** Loans or loan guarantees by other organization(s)

**f** Sale of assets to other organization(s)

**g** Purchase of assets from other organization(s)

**h** Exchange of assets

**i** Lease of facilities, equipment, or other assets to other organization(s)

**j** Lease of facilities, equipment, or other assets from other organization(s)

**k** Performance of services or membership or fundraising solicitations for other organization(s)

**l** Performance of services or membership or fundraising solicitations by other organization(s)

**m** Sharing of facilities, equipment, mailing lists, or other assets

**n** Sharing of paid employees

**o** Reimbursement paid to other organization for expenses

**p** Reimbursement paid by other organization for expenses

**q** Other transfer of cash or property to other organization(s)

**r** Other transfer of cash or property from other organization(s)

**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.

	Yes No	
1a		X
1b		X
1c		X
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m		X
1n		X
1o		X
1p		X
1q		X
1r		X

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





• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization <b>JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.</b>	Employer identification number <b>52-1341890</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>3910 KESWICK RD, SOUTH BLDG, 4TH FLOOR, NO. 4300A</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BALTIMORE, MD 21211</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**THE CORPORATION - 3910 KESWICK RD, SOUTH BLDG, 4TH FLOOR, STE. 4300A - BALTIMORE, MD 21211**

• The books are in the care of  **FLOOR, STE. 4300A - BALTIMORE, MD 21211**  
Telephone No.  **443-997-5724** FAX No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 2012

5 For calendar year \_\_\_\_\_, or other tax year beginning JUL 1, 2010, and ending JUN 30, 2011

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension  
**THE DATA TO FILE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
8c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Murphy, CPA Title Sr. Tax Accountant Date 1/23/12



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

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

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

<b>Type or print</b>	Name of exempt organization <b>JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.</b>	Employer identification number <b>52-1341890</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>3910 KESWICK RD, SOUTH BLDG, 4TH FLOOR, NO. 4300A</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BALTIMORE, MD 21211</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**THE CORPORATION - 3910 KESWICK RD, SOUTH BLDG, 4TH FLOOR, STE. 4300A - BALTIMORE, MD 21211**

- The books are in the care of ▶ **443-997-5724** Telephone No. ▶ **FAX No. ▶**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ▶ . If it is for part of the group, check this box ▶  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning **JUL 1, 2010**, and ending **JUN 30, 2011**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**Johns Hopkins Bayview  
Medical Center, Inc.**

**Financial Statements  
June 30, 2011 and 2010**

**Johns Hopkins Bayview Medical Center, Inc.**  
**Index**  
**June 30, 2011 and 2010**

---

	<u>Page(s)</u>
Report of Independent Auditors .....	1
Balance Sheets .....	2-3
Statements of Operations and Changes in Net Assets .....	4
Statements of Cash Flows .....	5
Notes to Financial Statements .....	6-30
Report of Independent Auditors on Supplemental Financial Information .....	31
Supplemental Statements of Operations and Changes in Net Assets .....	32



## REPORT OF INDEPENDENT AUDITORS

To the Board of Trustees of  
Johns Hopkins Bayview Medical Center, Inc:

In our opinion, the accompanying balance sheets and the related statements of operations and changes in net assets and cash flows present fairly, in all material respects, the financial position of Johns Hopkins Bayview Medical Center, Inc. ("JHBMC") at June 30, 2011 and 2010, and the results of its operations and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America. These financial statements are the responsibility of JHBMC's management. Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits of these statements in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

A handwritten signature in cursive script that reads "PricewaterhouseCoopers LLP".

September 28, 2011

**Johns Hopkins Bayview Medical Center, Inc.**  
**Balance Sheets**  
**June 30, 2011 and 2010**  
**(in thousands)**

	2011	2010
<b>ASSETS</b>		
Current assets:		
Cash and cash equivalents	\$ 31,727	\$ 22,457
Short-term investments	6,865	8,060
Patient accounts receivable, net of estimated uncollectibles of \$17,837 and \$21,948 as of June 30, 2011 and 2010, respectively	58,552	53,144
Due from others - current portion	9,839	8,855
Due from affiliates - current portion	3,152	656
Inventories of supplies	6,525	6,544
Prepaid expenses and other current assets	1,872	1,339
Total current assets	<u>118,532</u>	<u>101,055</u>
Assets whose use is limited:		
By donors or grantors	10,965	10,545
By Board of Trustees	4,081	7,456
Malpractice funding arrangement and other	808	1,626
Total assets whose use is limited	<u>15,854</u>	<u>19,627</u>
Investments	39,313	26,662
Property, plant and equipment	415,680	403,106
Less: accumulated depreciation	(248,605)	(222,859)
Total property, plant and equipment, net	<u>167,075</u>	<u>180,247</u>
Due from others, net of current portion	5,796	6,796
Due from affiliate, net of current portion	2,626	3,283
Other assets	473	527
Total assets	<u>\$ 349,669</u>	<u>\$ 338,197</u>

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

**Johns Hopkins Bayview Medical Center, Inc.**  
**Balance Sheets, continued**  
**June 30, 2011 and 2010**  
**(in thousands)**

	2011	2010
<b>LIABILITIES AND NET ASSETS</b>		
Current liabilities:		
Current portion of long-term debt	\$ 5,328	\$ 5,123
Accounts payable and accrued liabilities	37,135	36,529
Due to affiliates	2,821	3,695
Accrued vacation	5,796	5,560
Advances from third-party payors	17,134	15,738
Current portion of estimated malpractice costs	243	468
Total current liabilities	<u>68,457</u>	<u>67,113</u>
Long-term debt, net of current portion	96,891	102,219
Estimated malpractice costs, net of current portion	7,870	7,329
Net pension liability	85,606	92,334
Other long-term liabilities	11,841	14,003
Total liabilities	<u>270,665</u>	<u>282,998</u>
Net assets:		
Unrestricted	67,588	44,655
Temporarily restricted	7,842	6,970
Permanently restricted	3,574	3,574
Total net assets	<u>79,004</u>	<u>55,199</u>
Total liabilities and net assets	<u>\$ 349,669</u>	<u>\$ 338,197</u>

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

**Johns Hopkins Bayview Medical Center, Inc.**  
**Statements of Operations and Changes in Net Assets**  
**For the years ended June 30, 2011 and 2010**  
**(in thousands)**

	2011	2010
Operating revenues:		
Net patient service revenue	\$ 464,474	\$ 464,523
Other revenue	44,663	40,546
Investment income	1,430	1,425
Net assets released from restrictions used for operations	320	502
Total operating revenues	<u>510,887</u>	<u>506,996</u>
Operating expenses:		
Salaries, wages and benefits	241,709	236,651
Purchased services	142,508	138,371
Supplies and other	76,136	80,136
Interest	475	414
Provision for bad debts	15,017	20,267
Depreciation and amortization	25,729	25,544
Total operating expenses	<u>501,574</u>	<u>501,383</u>
Income from operations	9,313	5,613
Non-operating revenues and expenses:		
Interest expense on swap agreements	(3,116)	(3,268)
Change in market value of swap agreements	1,789	(3,533)
Realized and unrealized gains on investments	2,172	170
Excess / (deficit) of revenues over expenses	10,158	(1,018)
Change in funded status of defined benefit plans	12,286	(15,197)
Net assets released from restrictions used for purchases of pp&e	560	-
Changes in unrealized gains/(losses) on investments	(71)	692
Increase / (decrease) in unrestricted net assets	<u>22,933</u>	<u>(15,523)</u>
Changes in temporarily restricted net assets:		
Gifts, grants and bequests	1,752	583
Net assets released from restrictions used for purchases of pp&e	(560)	-
Net assets released from restrictions	(320)	(502)
Increase in temporarily restricted net assets	<u>872</u>	<u>81</u>
Changes in permanently restricted net assets:		
Gifts, grants and bequests	-	-
Increase in permanently restricted net assets	<u>-</u>	<u>-</u>
Increase / (decrease) in net assets	23,805	(15,442)
Net assets at beginning of year	<u>55,199</u>	<u>70,641</u>
Net assets at end of year	<u>\$ 79,004</u>	<u>\$ 55,199</u>

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

**Johns Hopkins Bayview Medical Center, Inc.**  
**Statements of Cash Flows**  
**For the years ended June 30, 2011 and 2010**  
**(in thousands)**

	2011	2010
Operating activities:		
Change in net assets	\$ 23,805	\$ (15,442)
Adjustments to reconcile change in net assets to net cash and cash equivalents provided by operating activities:		
Depreciation and amortization	25,729	25,544
Provision for bad debts	15,017	20,267
Gain on sale of property, plant and equipment	-	(195)
Net realized and unrealized (gains)/ losses on investments	(2,360)	(738)
Change in market value of swap agreements	(1,789)	3,533
Change in funded status of defined benefit plans	(12,286)	15,197
Contributions from restricted contributions and investment income received	(1,752)	(583)
Changes in assets and liabilities:		
Patient accounts receivable	(20,425)	(23,167)
Inventories of supplies, prepaid expenses, and other current assets	(1,498)	(333)
Due to affiliates, net	(3,370)	627
Other assets	54	57
Accounts payable, accrued liabilities and accrued vacation	3,616	1,993
Advances from third-party payors	1,396	774
Accrued pension benefit costs	5,558	4,138
Malpractice funding arrangement and estimated malpractice costs	1,134	(312)
Other long-term liabilities	(373)	111
Net cash and cash equivalents provided by operating activities	<u>32,456</u>	<u>31,471</u>
Investing activities:		
Purchases of property, plant, and equipment	(15,331)	(22,027)
Purchases of investment securities	(86,627)	(99,765)
Sales of investment securities	80,486	95,254
Net cash and cash equivalents used in investing activities	<u>(21,472)</u>	<u>(26,538)</u>
Financing activities:		
Repayment of long-term debt	(5,123)	(4,938)
Proceeds from restricted contributions and investment income received	1,752	583
Other financing activities	1,657	1,656
Net cash and cash equivalents used in financing activities	<u>(1,714)</u>	<u>(2,699)</u>
Increase in cash and cash equivalents	9,270	2,234
Cash and cash equivalents at beginning of year	<u>22,457</u>	<u>20,223</u>
Cash and cash equivalents at end of year	<u>\$ 31,727</u>	<u>\$ 22,457</u>

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



**Johns Hopkins Bayview Medical Center, Inc.**  
**Notes to Financial Statements**  
**For the years ended June 30, 2011 and 2010**

---

**1. Organization and Summary of Significant Accounting Policies:**

*Organization.* The Johns Hopkins Health System Corporation ("JHHS") is the sole member of Johns Hopkins Bayview Medical Center (the "Hospital" or "JHBMC"). JHHS is a not-for-profit organization incorporated in the State of Maryland to formulate policy among and provide centralized management for JHHS and its Affiliates. In addition, JHHS provides certain shared services, including purchasing, legal, coordination of advertising and other functions for which JHBMC is charged separately (see Note 12).

JHHS appoints JHBMC's Board of Trustees. JHBMC's Articles of Incorporation provide that JHHS's Board of Trustees will approve JHBMC's annual operating and capital budgets, significant programmatic changes at JHBMC, and other significant changes to JHBMC including amendments to its Articles of Incorporation or Bylaws, mergers, or dissolutions.

The mission of JHBMC is to deliver cost effective acute, long-term and preventive health care services consistent with Johns Hopkins' standards of excellence. Additionally, JHBMC functions as an integral component of JHHS, operating interdependently with the faculty of The Johns Hopkins University ("JHU") in support of education and research in accordance with the Johns Hopkins mission. JHBMC also provides an environment that attracts and supports outstanding health care professionals dedicated to patient service.

The financial statements include the accounts of various JHBMC activities, including the acute care hospital, the Johns Hopkins Bayview Care Center, restricted gifts and grants programs, and other specialty programs.

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

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

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

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

**Johns Hopkins Bayview Medical Center, Inc.**  
**Notes to Financial Statements**  
**For the years ended June 30, 2011 and 2010**

---

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

Assets whose use is limited include assets set aside for the purchase of equipment, assets restricted by the Board of Trustees for development. These assets consist primarily of cash and short-term investments, interest and pledges receivable. The carrying amounts reported in the Balance Sheets approximate fair value.

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

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

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

Investment income earned on cash balances (interest and dividends) are reported in the operating income section of the Statements of Operations under 'investment income'. Realized gains or losses related to the sale of investments, other than temporary impairments, and unrealized gains or losses on alternative investments are included in the non-operating section of the Statement of Operations included in excess of revenues over expenses unless the income or loss is restricted by donor or law. Prior to April 1, 2011, unrealized gains or losses on investments other than alternative investments are excluded from excess of revenues over expenses.

On April 1, 2011, JHHS changed the classification of certain investments to a trading portfolio from available for sale. Accordingly, JHBMC had cumulative unrealized gains of \$1.0 million which were reclassified from unrestricted net assets to non-operating income included in realized and unrealized gains / (losses) on investments within the Consolidated Statement of Operations and Changes in Net Assets. This change was made as management's intent with respect to the nature of the investment portfolios has changed.

*Property, plant and equipment.* Property, plant and equipment acquisitions are recorded at cost. Equipment is recorded as an asset if the individual cost is at least \$5 thousand and the useful life is at least two years. Interest costs incurred on borrowed funds, net of income earned, during the period of construction of capital assets is capitalized as a component of the

**Johns Hopkins Bayview Medical Center, Inc.**  
**Notes to Financial Statements**  
**For the years ended June 30, 2011 and 2010**

---

cost of acquiring those assets. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method. Estimated useful lives assigned by JHBMC range from 5 to 25 years for land improvements, 3 to 50 years for buildings and improvements, 2 to 25 years for fixed and movable equipment, and 5 to 15 years for leasehold improvements. Repair and maintenance costs are expensed as incurred. When property, plant and equipment are retired, sold or otherwise disposed of, the asset's carrying amount and related accumulated depreciation are removed from the accounts and any gain or loss is included in operations.

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

*Impairment of long-lived assets.* Long-lived assets are reviewed for impairment when events and circumstances indicate that the carrying amount of an asset may not be recoverable. JHBMC's policy is to record an impairment loss when it is determined that the carrying amount of the asset exceeds the sum of expected undiscounted future cash flows resulting from the use of the asset and its eventual disposition. Impairment losses are measured as the amount by which the carrying amount of the asset exceeds its fair value. Long-lived assets to be disposed of are reported as the lower of the carrying amount or fair value less cost to sell. There were no impairment charges recorded for the years ended June 30, 2011 and 2010.

*Financing expenses.* Financing expenses incurred in connection with the issuance of debt by the Maryland Health and Higher Educational Facilities Authority ("MHHEFA") have been capitalized and are included in other assets in the Balance Sheet. Unamortized financing expenses were \$389 thousand and \$432 thousand for the years ended June 30, 2011 and 2010, respectively. These expenses are being amortized over the term of the bond issues using the effective interest method. Amortization expense for the years ended June 30, 2011 and 2010 was \$43 thousand and \$45 thousand, respectively.

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

*Estimated malpractice costs.* The provision for estimated medical malpractice claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported.

*Asset retirement obligations.* The Financial Accounting Standards Board's ("FASB") guidance on accounting for asset retirement obligations provides for the recognition of an estimated liability for legal obligations associated with the retirement of tangible long-lived assets, including obligations that are conditional upon a future event. JHBMC measures asset retirement obligations at fair value when incurred and capitalizes a corresponding amount as part of the book value of the related long-lived assets. The increase in the capitalized cost is included in determining depreciation expense over the estimated useful life of these assets. Since the fair value of the asset retirement obligation is determined using a present value

**Johns Hopkins Bayview Medical Center, Inc.**  
**Notes to Financial Statements**  
**For the years ended June 30, 2011 and 2010**

---

approach, accretion of the obligation due to the passage of time until its settlement is recognized each year as part of depreciation and amortization expense in JHBMC's Statements of Operations and Changes in Net Assets.

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

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

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

*Grants.* JHBMC receives various grants from the Federal and State Governments for the purpose of furthering its mission of providing patient care. Grants are recognized as support and the related project costs are recorded as expenses when services related to grants are incurred. Grants receivable are included in due from others and grant income is included in other revenue in the accompanying financial statements.

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

*Income taxes.* JHBMC qualifies under Section 501(c)(3) of the Internal Revenue Code and is therefore not subject to tax under current income tax regulations.

**Johns Hopkins Bayview Medical Center, Inc.**  
**Notes to Financial Statements**  
**For the years ended June 30, 2011 and 2010**

---

FASB's guidance on accounting for uncertainty in income taxes clarifies the accounting for uncertainty of income tax positions. This guidance defines the threshold for recognizing tax return positions in the financial statements as "more likely than not" that the position is sustainable, based on its technical merits. This guidance also provides guidance on the measurement, classification and disclosure of tax return positions in the financial statements. There is no impact on JHBMC's financial statements during the years ended June 30, 2011 and 2010.

**2. Net Patient Service Revenue**

JHBMC has agreements with third-party payors that provide for payments to JHBMC at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges and per diem payments. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement arrangements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the services are rendered and adjusted in future periods as final settlements are determined. Contractual adjustments to gross patient service revenue were \$61.6 million and \$53.7 million for the years ended June 30, 2011 and 2010, respectively.

JHBMC provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Such patients are identified based on information obtained from the patient and subsequent analysis. Because JHBMC does not pursue collection of amounts determined to qualify as charity care, the charges are not reported as revenue. Charges for these services, measured at JHBMC established rates, amounted to \$21.2 million and \$20.5 million for the years ended June 30, 2011 and 2010, respectively.

Approximately 24.3% and 23.6% of patient accounts receivable were due from the Medicare program, 11.1% and 11.4% from the Medicaid program, 11.7% and 9.4% from HMO's, 43.7% and 45.8% from self pay and other third-party payors, and 9.2% and 9.8% from Medicaid managed care organizations, as of June 30, 2011 and 2010, respectively.

**3. Fair Value Measurements**

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

**Johns Hopkins Bayview Medical Center, Inc.**  
**Notes to Financial Statements**  
**For the years ended June 30, 2011 and 2010**

---

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

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

- Level 1 – Observable inputs such as quoted market prices for identical assets or liabilities in active markets;
- Level 2 – Observable inputs for similar assets or liabilities in an active market, or other than quoted prices in an active market that are observable either directly or indirectly; and;
- Level 3 – Unobservable inputs in which there is little or no market data that require the reporting entity to develop its own assumptions. For the years ended June 30, 2011 and 2010, there are not any financial instruments requiring level 3 classification.

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

The following table presents the financial instruments carried at fair value as of June 30, 2011 grouped by hierarchy level:

<u>Assets</u>	<b>Total Fair Value</b>	<b>Level 1</b>	<b>Level 2</b>
Cash equivalents (1)	\$ 6,541	\$ -	\$ 6,541
U.S. treasury notes (2)	11,446	-	11,446
Corporate bonds (2)	16,866	-	16,866
Mortgage backed securities (2)	11,941	-	11,941
Equities and equity funds (3)	10,891	-	10,891
Totals	\$ 57,685	\$ -	\$ 57,685
<u>Liabilities</u>			
Interest rate swap agreements (4)	\$ 9,110	\$ -	\$ 9,110

**Johns Hopkins Bayview Medical Center, Inc.**  
**Notes to Financial Statements**  
**For the years ended June 30, 2011 and 2010**

The following table presents the financial instruments carried at fair value as of June 30, 2010 grouped by hierarchy level:

<u>Assets</u>	Total Fair Value	Level 1	Level 2
Cash equivalents (1)	\$ 8,831	\$ -	\$ 8,831
U.S. treasury notes (2)	8,539	-	8,539
Corporate bonds (2)	16,751	-	16,751
Mortgage backed securities (2)	11,967	-	11,967
Equities and equity funds (3)	4,557	-	4,557
Totals	<u>\$ 50,645</u>	<u>\$ -</u>	<u>\$ 50,645</u>
 <u>Liabilities</u>			
Interest rate swap agreements (4)	\$ 10,899	\$ -	\$ 10,899

- (1) Cash equivalents include investments with original maturities of three months or less, including certificates of deposits and overnight investments. Certificates of deposit are carried at amortized cost, which approximates fair value. Certificates of deposit have original maturities greater than three months and are considered short-term investments. Computed prices and frequent evaluation versus market value render these certificates of deposit level 2.
- (2) For investments in U.S. treasury notes, corporate bonds, and mortgage backed securities, fair value is based upon quotes for similar securities; therefore these investments are rendered level 2. These investments fluctuate in value based upon changes in interest rates. Until April 1, 2011, significant changes in the credit quality of the underlying entity were analyzed and any other than temporary impairments recorded upon that determination, if any.
- (3) Equity index funds are investments in mutual funds, commingled trusts and hedge funds. A small portion of the investments are lent out under securities lending. The ability to liquidate these funds is not limited except for the small percentage of each securities lending fund that is on loan. The mutual funds, the commingled trusts and hedge funds are valued regularly within each month utilizing NAV per unit and are rendered level 2.
- (4) The interest rate swap agreements are valued using a pricing service at net present value. These evaluated prices render these instruments level 2. The volatility in the fair value of the swap agreements change as long-term interest rates change.

During 2011, there were no transfers between level 1 and 2.

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

The estimated total fair value of long-term debt excluding capital leases, based on quoted market prices for the same or similar issues, was approximately \$102.2 million and \$107.3 million as of June 30, 2011, and 2010, respectively.

**Johns Hopkins Bayview Medical Center, Inc.**  
**Notes to Financial Statements**  
**For the years ended June 30, 2011 and 2010**

JHBMC holds alternative investments which are accounted for on the equity method of accounting which approximates fair value, that are not traded on national exchanges or over-the-counter markets. JHBMC is provided a net asset value per share for these alternative investments that has been calculated in accordance investment company rules, which among other requirements, indicates that the underlying investments be measured at fair value. There are no unfunded commitments related to JHBMCs' alternative investments. The following table displays information by major alternative investment category as of June 30, 2011 and 2010 (in thousands):

As of June 30, 2011					
Description	Value	Liquidity	Notice Period	Receipt of Proceeds	
Global asset allocation	\$ 3,568	Monthly	5 - 14 days	Within 15 days, or 95% within 1 business day of the redemption date; 5% after the 12th business day of the month	
Fund of funds	\$ 1,880	Monthly, quarterly or annually	30 - 60 days	Within 5 days, or 95% in 1 - 30 days, 5% within 60 days or after annual audit	
Hedge funds	\$ 212	Quarterly - last day of the calendar quarter	60 days	95% within 30 days of redemption date; 5% within 120 days of redemption date	

As of June 30, 2010					
Description	Value	Liquidity	Notice Period	Receipt of Proceeds	
Global asset allocation	\$ 3,013	Monthly / manager's discretion	5 days	Within 15 days, or 95% within 1 business day of the redemption date; 5% after the 12th business day of the month	
Fund of funds	\$ 850	Monthly	30 days	Within 5 days, or 95% in 1 - 30 days, 5% within 60 days or after annual audit	

**4. Investments and Assets Whose Use is Limited**

Investments (short and long-term) as of June 30 consisted of the following (in thousands):

	2011		2010	
	Cost	Carrying Amount	Cost	Carrying Amount
U.S. Treasury notes	\$ 8,611	\$ 8,333	\$ 5,475	\$ 5,822
Corporate bonds	12,850	12,297	11,318	11,843
Mortgage backed securities	9,258	8,997	8,396	8,892
Equities and equity funds	7,453	8,330	4,866	4,302
Fixed income funds	2,573	2,561	-	-
Alternative investments	5,109	5,660	4,174	3,863
	<u>\$ 45,854</u>	<u>\$ 46,178</u>	<u>\$ 34,229</u>	<u>\$ 34,722</u>



**Johns Hopkins Bayview Medical Center, Inc.**  
**Notes to Financial Statements**  
**For the years ended June 30, 2011 and 2010**

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

	2011		2010	
	Cost	Carrying Amount	Cost	Carrying Amount
Cash and cash equivalents	\$ 4,889	\$ 4,889	\$ 8,360	\$ 8,360
Mortgage backed securities	2,894	2,944	3,000	3,075
U.S. Treasury notes	3,081	3,114	2,659	2,717
Equity index funds	-	-	261	255
Corporate bonds	4,572	4,569	4,866	4,908
Alternative investments	-	-	143	145
Pledges receivable	338	338	167	167
	<u>\$ 15,774</u>	<u>\$ 15,854</u>	<u>\$ 19,456</u>	<u>\$ 19,627</u>

The following table shows the gross unrealized losses and fair value of JHBMC's investments and assets whose use is limited with unrealized losses that are not deemed to be other-than-temporarily impaired, aggregated by investment category and length of time that individual securities have been in a continuous unrealized loss position, as of June 30, 2010 (in thousands):

June 30, 2010

	Less Than 12 Months		12 Months or More		Total	
	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses
U.S. Treasury notes	\$ 1,428	\$ 10	\$ -	\$ -	\$ 1,428	\$ 10
Corporate bonds	2,478	17	149	4	2,627	21
Equity index funds	498	3	2,847	626	3,345	629
Mortgage backed securities	918	12	167	-	1,085	12
Alternative investments			3,541	349	3,541	349
Total	<u>\$ 5,322</u>	<u>\$ 42</u>	<u>\$ 6,704</u>	<u>\$ 979</u>	<u>\$ 12,026</u>	<u>\$ 1,021</u>

The number of securities in an unrealized loss position as of June 30, 2010 was 37. The unrealized losses on the government obligations, corporate bonds, and mortgage backed securities were caused by interest rate increases. The contractual terms of those investments do not permit the issuer to settle the securities at a price less than the amortized cost of the investment. For debt securities in an unrealized loss position, JHBMC does not have the intent nor requirement to sell them; therefore, JHBMC does not consider these investments to be other-than-temporarily impaired as of June 30, 2010. The equities are invested in broad based index funds and have fluctuated from an unrealized gain and loss position since the acquisition and based on management's impairment policy, JHBMC does not consider these investments to be other-than-temporarily impaired as of June 30, 2010. Starting April 1, 2011, JHBMC discontinued its evaluation of investments for other than temporary impairment due to its change in investment portfolio classification.

**Johns Hopkins Bayview Medical Center, Inc.**  
**Notes to Financial Statements**  
**For the years ended June 30, 2011 and 2010**

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

	2011	2010
Realized gains / (losses) on investments	\$ 259	\$ (124)
Unrealized gains / (losses) on investments	1,913	294
Total	<u>\$ 2,172</u>	<u>\$ 170</u>

**5. Property, Plant and Equipment**

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

	2011		2010	
	Cost	Accumulated Depreciation	Cost	Accumulated Depreciation
Land and land improvements	\$ 3,614	\$ 336	\$ 3,614	\$ 317
Building and improvements	226,984	126,654	217,437	115,623
Information systems	22,124	19,171	21,289	17,478
Fixed and moveable equipment	156,368	102,444	147,411	89,441
Construction work-in-progress	6,590	-	13,355	-
	<u>\$ 415,680</u>	<u>\$ 248,605</u>	<u>\$ 403,106</u>	<u>\$ 222,859</u>

Accruals for the purchases of property, plant and equipment as of June 30, 2011 amounted to \$1.6 million and are included in accounts payable and accrued liabilities in the Balance Sheet. Depreciation expense for the years ended June 30, 2011 and 2010 amounted to \$25.7 million and \$25.5 million, respectively.

**Johns Hopkins Bayview Medical Center, Inc.**  
**Notes to Financial Statements**  
**For the years ended June 30, 2011 and 2010**

**6. Debt**

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

	2011		2010	
	Current Portion	Long-Term Portion	Current Portion	Long-Term Portion
MHHEFA Bonds and Notes:				
Pooled Loan Program Issue, Series 1985A and Series 1985B	1,008	4,201	1,008	5,209
2004 Commercial Paper Series B	3,815	82,145	3,630	85,960
2008 Variable Rate Demand Bonds - Series A	505	10,545	485	11,050
Total	<u>\$ 5,328</u>	<u>\$ 96,891</u>	<u>\$ 5,123</u>	<u>\$ 102,219</u>

**Obligated Group**

The Johns Hopkins Hospital's Obligated Group ("JHHS Obligated Group") consists of JHH, JHBMC, Suburban Hospital Healthcare System, Inc. ("SHHS") and Suburban Hospital, Inc. ("SHI"). JHBMC was admitted into the JHH Obligated Group in 2004 as part of a plan of debt refinancing. SHHS and SHI were admitted into the JHH Obligated Group in 2010 as part of a JHH debt issuance. The 2004 JHBMC Commercial Paper Series B, the SHI 2004 Series A Revenue Bonds, the JHBMC 2008 Variable Rate Demand Bonds Series A, the JHH and JHBMC Pooled Loan Program Issue Series 1985A and 1985B debt, the JHH 1990, 2001 and 2008 Series Revenue Bonds, the JHH 2004 Commercial Paper Series A and C, the JHH 2007 Commercial Paper Series D, the JHH 2008 Commercial Paper Series E and F, the SHI 2008 Series Revenue Bonds, the 2010 JHH Series G are parity debt, and as such are collateralized equally and ratably by a claim on and a security interest in all of JHH's, JHBMC's, SHI's, and SHHS' receipts as defined in the Master Loan Agreement with MHHEFA. JHH, JHBMC, SHI and SHHS are required to achieve a defined minimum debt service coverage ratio each year, maintain adequate insurance coverage, and comply with certain restrictions on its ability to incur additional debt. As of June 30, 2011, JHH, JHBMC, SHI, and SHHS were in compliance with these requirements. As of June 30, 2011, the outstanding JHH, JHBMC, SHI, and SHHS parity debt was \$946.0 million and as of June 30, 2010, the outstanding JHH and JHBMC parity debt was \$885.9 million. In addition, the obligated group is guaranteeing the \$40.0 million principal amount of the Howard County General Hospital ("HCGH") Series 2008 debt.

**Pooled Loan Program Issue**

JHBMC has entered into a \$12.1 million loan agreement that funded the purchase and installation of a comprehensive integrated information system by borrowing through draws from the \$175.0 million MHHEFA Revenue Bonds, Pooled Loan Program Issue, Series 1985A and Series 1985B. This debt bears interest at a variable rate. The interest rates in effect for the years ended June 30, 2011 and 2010 were 1.0% and .80%, respectively. The loan is being repaid in equal monthly payments of principal over a one hundred and thirty-two month period that began September 1, 2005 with a final payment of the balance of the outstanding principal amount of the loan due on June 30, 2013.

**Johns Hopkins Bayview Medical Center, Inc.**  
**Notes to Financial Statements**  
**For the years ended June 30, 2011 and 2010**

---

**2004 Commercial Paper Revenue Notes – Series B**

The Commercial Paper Revenue Notes - Series B pay interest monthly at a variable rate based on the commercial paper sold by a designated re-marketing agent for terms ranging from 1 to 270 days. The rates for the years ended June 30, 2011 and 2010 were approximately .24% and .34%, respectively. Annual payments of principal began July 1, 2004 and range in amount from \$425.0 thousand on July 1, 2004 to \$8.3 million on July 1, 2025.

In connection with the 2004 Commercial Paper Revenue Notes – Series B, JHBMC entered into a \$89.6 million line of credit agreement (360 day repayment terms) with Wells Fargo to provide for payment of such commercial paper at maturity, subject to certain conditions described therein. This agreement expires on October 31, 2011, but was amended on September 21, 2011 to expire on October 31, 2016. Amounts advanced under the line of credit agreement bear interest at a variable rate based upon the overnight Federal funds rate plus 0.30% for the first 90 days outstanding and at a prime rate plus 2% thereafter. The advances are repayable on the earliest of the date that is 360 days from the date of such advance, the date of termination, the date of receipts by JHBMC of the proceeds of any subsequent issuances of notes and the expiration date. No amounts were outstanding as of June 30, 2011 or 2010.

**2008 Variable Rate Demand Bonds – Series A**

The Variable Rate Demand Bonds - Series A pay interest monthly at a variable rate based on the bonds sold by a designated re-marketing agent on a weekly basis. The rates for the years ended June 30, 2011 and 2010 were approximately .12% and .25%, respectively. Annual payments of principal began May 15, 2009 and range in amount from \$210.0 thousand on May 15, 2009 to \$915.0 thousand on May 15, 2027. In connection with the 2008 Variable Rate Demand Bonds - Series A, JHBMC entered into a \$12.2 million letter of credit agreement (367 day repayment terms) with PNC Bank, National Association to provide for payment of such bonds at maturity, subject to certain conditions described therein. A \$485.0 thousand principal payment on the bonds in May 2011 reduced the letter of credit to \$11.2 million from the \$11.5 million letter of credit for the year ended June 30, 2010. This agreement expires on April 23, 2013 subject to extension or earlier termination. The cost of the letter of credit is 0.40% per annum. There have been no amounts drawn on the letter of credit as of June 30, 2011 or 2010.

Total maturities of debt and sinking fund requirements during the next five years and thereafter are as follows (in thousands):

2012	\$	5,328
2013		5,533
2014		7,948
2015		4,985
2016		6,230
Thereafter		72,195
	\$	<u>102,219</u>

**Johns Hopkins Bayview Medical Center, Inc.**  
**Notes to Financial Statements**  
**For the years ended June 30, 2011 and 2010**

Interest costs incurred, paid and capitalized for the years ended June 30 are as follows (in thousands):

	2011	2010
Net interest costs		
Capitalized	\$ 51	\$ 162
Expensed	3,591	3,682
Allocated to others	64	64
	<u>\$ 3,706</u>	<u>\$ 3,908</u>
Interest costs paid	<u>\$ 3,685</u>	<u>\$ 3,919</u>

**7. Derivative Financial Instruments**

JHBMC's primary objective for holding derivative financial instruments is to manage interest rate risk. Derivative financial instruments are recorded at fair value and are included in other long-term liabilities. JHBMC follows accounting guidance on derivative financial instruments that is based on whether the derivative instrument meets the criteria for designation as cash flow or fair value hedges. The criteria for designating a derivative as a hedge include the assessment of the instrument's effectiveness in risk reduction, matching of the derivative instrument to its underlying transaction, and the assessment of the probability that the underlying transaction will occur. All of JHBMC's derivative financial instruments are interest rate swap agreements without hedge accounting designation.

The value of interest rate swap agreements entered into by JHBMC are adjusted to market value monthly at the close of each accounting period based upon quotations from market makers. Entering into interest rate swap agreements involves, to varying degrees, elements of credit, default, prepayment, market and documentation risk in excess of the amounts recognized on the Balance Sheets. Such risks involve the possibility that there will be no liquid market for these agreements, the counterparty to these agreements may default on its obligation to perform and there may be unfavorable changes in interest rates. JHBMC does not hold derivative instruments for the purpose of managing credit risk and limits the amount of credit exposure to any one counterparty and enters into derivative transactions with high quality counterparties. JHBMC recognizes gains and losses from changes in fair values of interest rate swap agreements as a non-operating revenue or expense within the performance indicator excess of revenues over expenses on the Statements of Operations.

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

		<b>Derivatives reported as liabilities</b>			
		2011		2010	
	Balance Sheet Caption	Fair Value		Balance Sheet Caption	Fair Value
Interest rate swaps not designated as hedging instruments	Other long-term liabilities	<u>\$ 9,110</u>		Other long-term liabilities	<u>\$ 10,899</u>

**Johns Hopkins Bayview Medical Center, Inc.**  
**Notes to Financial Statements**  
**For the years ended June 30, 2011 and 2010**

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

Classification of derivative loss in Statement of Operations	Amount of gain (loss) recognized in change in unrestricted net assets	
	2011	2010
Interest rate swaps:		
Change in the market value of swap agreements	\$ 1,789	\$ (3,533)

**Swap Agreements**

In 2004, JHBMC entered into a fixed payor interest rate swap agreement with Bank of America. The notional amount on this swap agreement was \$86.0 million and \$89.6 million as of June 30, 2011 and 2010, respectively. JHBMC will pay Bank of America a fixed annual rate of 3.3265% on the outstanding loan value of the 2004 Series B Notes in return for the receipt of a floating rate of interest equal to 67% of the one month LIBOR rate. The floating rate payments from this interest rate swap agreement are intended to substantially offset the floating rate of the 2004 Series B Notes. The floating rates as of June 30, 2011 and 2010 were .13% and 0.23%, respectively.

In July 2007, JHBMC entered into a fixed payor interest rate swap with Goldman Sachs Capital Markets, L.P. ("Goldman Sachs"). JHBMC will pay Goldman Sachs a fixed annual rate of 3.691% on the outstanding loan value of the 2008 Series A Notes (\$11.1 million as of June 30, 2011) in return for the receipt of a floating rate of interest equal to 67% of the one-month LIBOR rate. The floating rate payments from the interest rate swap are intended to substantially offset the floating rate of the 2008 Series A Notes. The floating rates as of June 30, 2011 and 2010 were .13% and .23%, respectively.

**8. Temporarily and Permanently Restricted Net Assets**

Temporarily restricted net assets were available for the following purposes as of June 30 (in thousands):

	2011	2010
Health care services	\$ 6,630	\$ 6,304
Purchase of property, plant, and equipment	643	156
Health education and counseling	569	510
	<u>\$ 7,842</u>	<u>\$ 6,970</u>

**Johns Hopkins Bayview Medical Center, Inc.**  
**Notes to Financial Statements**  
**For the years ended June 30, 2011 and 2010**

---

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

	2011	2010
Health care services	\$ 3,420	\$ 3,420
Health education and counseling	154	154
	<u>\$ 3,574</u>	<u>\$ 3,574</u>

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

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

**9. Pension Plans**

JHBMC participates in two noncontributory defined benefit pension plans (union and nonunion) covering substantially all of its employees. The benefits are based on an average of the highest three plan years of an employee's compensation. The FASB's guidance on employer's accounting for defined benefit pension and other postretirement plans requires that the funded status of defined benefit postretirement plans be recognized on JHBMC's Balance Sheets, and changes in the funded status be reflected as a change in net assets.

The funding policy for both plans is to make sufficient contributions to comply with the Internal Revenue Service minimum funding requirement. The assets in both of the plans as of June 30, 2011 and 2010 consisted of cash and cash equivalents, listed stocks, corporate bonds, alternative investments and government securities. All assets are managed by external investment managers, consistent with the plan's investment policy. JHBMC uses a June 30 measurement date for its plans.

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

**Johns Hopkins Bayview Medical Center, Inc.**  
**Notes to Financial Statements**  
**For the years ended June 30, 2011 and 2010**

	2011	2010
<u>Change in benefit obligation</u>		
Benefit obligation at beginning of the year	\$ 177,007	\$ 142,559
Service cost	8,855	7,533
Interest cost	10,573	10,011
Amendments	-	-
Actuarial loss / (gain)	1,543	20,340
Benefits paid	<u>(3,749)</u>	<u>(3,436)</u>
Benefit obligation as of June 30	<u>\$ 194,229</u>	<u>\$ 177,007</u>
<u>Change in plan assets</u>		
Fair value of plan assets at beginning of year	\$ 84,673	\$ 69,560
Actual return on plan assets	15,983	9,918
Employer contributions	11,716	8,630
Benefits paid	<u>(3,749)</u>	<u>(3,435)</u>
Fair value of plan assets as of June 30	<u>\$ 108,623</u>	<u>\$ 84,673</u>
<u>Funded Status as of June 30,</u>		
Fair value of plan assets	\$ 108,623	\$ 84,673
Projected benefit obligation	<u>(194,229)</u>	<u>(177,007)</u>
Funded status	<u>\$ (85,606)</u>	<u>\$ (92,334)</u>

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

	2011	2010
Net pension liability	<u>\$ (85,606)</u>	<u>\$ (92,334)</u>

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

	2011	2010
Actuarial net loss	\$ 58,195	\$ 69,873
Prior service cost	1,383	1,986
	<u>\$ 59,578</u>	<u>\$ 71,859</u>
Accumulated benefit obligation	<u>\$ 168,597</u>	<u>\$ 151,060</u>



**Johns Hopkins Bayview Medical Center, Inc.**  
**Notes to Financial Statements**  
**For the years ended June 30, 2011 and 2010**

**Net Periodic Benefit Cost**

Components of net periodic pension benefit cost (in thousands):

	2011	2010
Service cost	\$ 8,855	\$ 7,533
Interest cost	10,573	10,011
Expected return on plan assets	(8,111)	(7,835)
Amortization of prior service cost	5,953	3,059
Net periodic pension expense	<u>\$ 17,270</u>	<u>\$ 12,768</u>

The actuarial net loss and prior service cost for the defined benefit plans that will be amortized from unrestricted net assets into net periodic pension costs in 2012 are \$5.6 million and \$597 thousand, respectively.

**Assumptions**

The assumptions used in determining net periodic pension cost for the plans are as follows for the year ended June 30:

	2011	2010
Discount rate	6.04 %	7.10 %
Expected return on plan assets	8.25 %	8.25 %
Rate of compensation increase	2.00 %- 3.00 % <sup>(1)</sup>	3.00 %- 4.00 % <sup>(2)</sup>

(1) The rate of compensation increase was 2.00% for July 1, 2011, 2.50% for July 1, 2012 and 3.00% thereafter.

(2) The rate of compensation increase was 3.00% for July 1, 2011, 3.00% for July 1, 2012 and 4.00% thereafter.

The assumptions used in determining the benefit obligations for the plans are as follows as of July 1:

	2011	2010
Discount rate	6.04 %	7.10 %
Expected return on plan assets	8.25 %	8.25 %
Rate of compensation increase	2.00 %- 3.00 % <sup>(1)</sup>	3.00 %- 4.00 % <sup>(2)</sup>

(1) The rate of compensation increase was 2.50% for July 1, 2011 and 3.00% thereafter.

(2) The rate of compensation increase was 2.00% for July 1, 2011, 2.50% for July 1, 2012 and 3.00% thereafter.

**Johns Hopkins Bayview Medical Center, Inc.**  
**Notes to Financial Statements**  
**For the years ended June 30, 2011 and 2010**

**Plan Assets**

JHBMC's pension plan weighted average asset allocations as of June 30, 2011 and 2010 by asset category are as follows:

<u>Asset Category</u>	<b>2011</b>	<b>2010</b>
Cash and cash equivalents	4.5 %	4.9 %
Equity funds	38.6 %	37.4 %
Fixed income funds	20.1 %	24.7 %
Alternative Investments	36.8 %	33.0 %
Total	<u>100.0 %</u>	<u>100.0 %</u>

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

**Fair Value of Plan Assets**

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

- Level 1 – Observable inputs such as quoted market prices for identical assets or liabilities in active markets;
- Level 2 – Observable inputs for similar assets or liabilities in an active market, or other than quoted prices in an active market that are observable either directly or indirectly; and;
- Level 3 – Unobservable inputs in which there is little or no market data that require the reporting entity to develop its own assumptions. For the year ended June 30, 2011, there are not any financial instruments requiring level 3 classification. There were no financial instruments requiring Level 3 classification at June 30, 2011 and 2010.

The following table presents the plan assets carried at fair value as of June 30, 2011 and 2010 grouped by hierarchy level:

<b>As of June 30, 2011</b>	<b>Total</b>		
<b>Assets</b>	<b>Fair Value</b>	<b>Level 1</b>	<b>Level 2</b>
Cash equivalents (1)	\$ 4,833	\$ -	\$ 4,833
Equity funds (2)	38,918	-	38,918
Fixed income funds (3)	16,955	15,573	1,382
Alternative Investments (4)	47,917	-	47,917
Totals	<u>\$ 108,623</u>	<u>\$ 15,573</u>	<u>\$ 93,050</u>

**Johns Hopkins Bayview Medical Center, Inc.**  
**Notes to Financial Statements**  
**For the years ended June 30, 2011 and 2010**

The following table presents the plan assets carried at fair value as of June 30, 2010 grouped by hierarchy level:

As of June 30, 2010 Assets	Total Fair Value	Level 1	Level 2
Cash equivalents (1)	\$ 4,236	\$ -	\$ 4,236
Equity funds (2)	29,177	4,003	25,174
Fixed income funds (3)	16,191	14,961	1,230
Alternative Investments (4)	35,069	-	35,069
Totals	<u>\$ 84,673</u>	<u>\$ 18,964</u>	<u>\$ 65,709</u>

- (1) Cash equivalents include investments with original maturities of three months or less and overnight investments. Overnight investments are rendered level 1. Computed prices and frequent evaluation versus market value render the other investments level 2.
- (2) Equities include individual equities. Equity funds include investments in mutual funds, commingled trusts and hedge funds. A small portion of the investments are lent out under securities lending. The ability to liquidate these funds is not limited except for the small percentage of each securities lending fund that is on loan. The individual equities and mutual funds are rendered level 1. The commingled trusts and hedge funds are valued regularly within each month utilizing NAV per unit and are rendered level 2.
- (3) Fixed income funds are investments in mutual funds and commingled trusts investing in fixed income instruments. The underlying fixed investments are principally U.S. Treasuries, corporate bonds, commercial paper, and mortgage backed securities. The mutual funds are rendered level 1. The commingled trusts are valued regularly within each month utilizing NAV per unit and are rendered level 2.
- (4) Alternative investments include investments that are not traded on national exchanges or over-the-counter markets. These investments are valued using a net asset value per share that has been calculated in accordance with investment company rules, which among other things, indicates that the underlying investments be measured at fair value. This valuation technique renders these investments level 2.

The Plans hold alternative investments that are not traded on national exchanges or over-the-counter markets. The Plans are provided a net asset value per share for these alternative investments that has been calculated in accordance with investment company rules, which among other requirements, indicates that the underlying investments be measured at fair value. There are no unfunded commitments related to the Plans' alternative investments. The following table displays information by major alternative investment category as of June 30, 2011 (in thousands):

Description	Fair Market Value	Liquidity	Notice Period	Receipt of Proceeds
Global asset allocation	\$ 20,987	Monthly	5 days	15 days
Fund of funds	14,959	Mthly, qtrly, or annual	30 to 65 days	(1)
Hedge funds	5,589	Quarterly	30 days	(2)
Credit funds	4,304	Annual	30 to 90 days	(3)
Distressed credit	2,078	31-Dec-2013		

**Johns Hopkins Bayview Medical Center, Inc.**  
**Notes to Financial Statements**  
**For the years ended June 30, 2011 and 2010**

---

The following table displays information by major alternative investment category as of June 30, 2010 (in thousands):

Description	Fair Market Value	Liquidity	Notice Period	Receipt of Proceeds
Global asset allocation	\$ 9,372	Monthly	5 days	15 days
Fund of funds	13,060	Mthly, qtrly, or annual	30 to 65 days	(1)
Hedge funds	1,843	Quarterly	30 days	(2)
Credit funds	3,747	Annual	30 to 90 days	(3)
Distressed credit	3,036	31-Dec-2013		

- (1) Within 5 days, or 90% within 30 to 60 days, 10% after annual audit.  
(2) 95% within 30 days, 5% after annual audit.  
(3) Within 30 days, or 90% within 10 days, 10% after annual audit.

**Contributions and Estimated Future Benefit Payments (Unaudited)**

JHBMC expects to contribute \$24.4 million to its pension plan in 2012.

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid (in thousands):

2012	\$ 4,646
2013	5,502
2014	6,451
2015	7,399
2016	8,390
Thereafter	59,507

**10. Maryland Health Services Cost Review Commission**

JHBMC's charges are subject to review and approval by the Commission. JHBMC's management has filed the required forms with the Commission and believes JHBMC is in compliance with Commission requirements. The total rate of reimbursement for services to patients under the Medicare and Medicaid programs is based on an agreement between the Center for Medicare and Medicaid Services and the Commission. Management believes that this program will remain in effect at least through June 30, 2012. Effective April 1, 1999, the Commission developed a methodology to control inpatient hospital charges and JHBMC elected to be paid under the new methodology. The methodology established a charge per admission cap for each hospital. The hospital specific charge per admission is adjusted annually to reflect cost inflation, and is also adjusted for changes in the hospital's case mix index. Certain highly tertiary inpatient cases such as solid organ transplants, bone marrow transplants and certain oncology cases are treated as exclusions from the charge per case methodology.

**Johns Hopkins Bayview Medical Center, Inc.**  
**Notes to Financial Statements**  
**For the years ended June 30, 2011 and 2010**

---

Effective July 1, 2008, the HSCRC developed a new methodology to establish a charge per visit (CPV) for certain types of outpatient services. The hospital specific charge per visit is adjusted annually to reflect cost inflation and is also adjusted for changes in case mix. Certain types of visits such as radiation therapy, psychiatric day hospital and certain types of recurring visits will be treated as exclusions under this methodology.

The Commission approves hospital rates on a departmental unit rate basis. Individual unit rates are the basis for hospital reimbursement for inpatient excluded cases and for hospital excluded services. Under the Commission rate methodology, amounts collected for services to patients under the Medicare and Medicaid programs are computed at approximately 94% of Commission approved charges. Other payors are eligible to receive up to a 2.25% discount on prompt payment of claims.

**11. Professional and General Liability Insurance**

JHU and JHHS and its Affiliates, including JHBMC, participate in an agreement with four other medical institutions to provide a program of professional and general liability insurance for each member institution. As part of this program, the participating medical institutions have formed a risk retention group ("RRG") and a captive insurance company to provide self-insurance for a portion of their risk. JHH and JHU each have a 10% ownership interest in the RRG and the captive insurance company.

The medical institutions obtain primary and excess liability insurance coverage from commercial insurers and the RRG. The primary coverage is written by the RRG, and a portion of the risk is reinsured with the captive insurance company. Commercial excess insurance and reinsurance is purchased under a claims-made policy by the participating institutions for claims in excess of primary coverage retained by the RRG and the captive. Primary retentions are \$5.0 million per incident. Primary coverage is insured under a retrospectively rated claims-made policy; premiums are accrued based upon an estimate of the ultimate cost of the experience to date of each participating member institution. The basis for loss accruals for unreported claims under the primary policy is an actuarial estimate of asserted and unasserted claims including reported and unreported incidents and includes costs associated with settling claims. Projected losses were discounted at 1.2% and 2% as of June 30, 2011 and 2010 respectively.

Professional and general liability insurance expense incurred by JHBMC was \$4.3 million and \$5.5 million for the years ended June 30, 2011 and 2010, respectively, and is included in purchased services in the statement of operations and changes in net assets. Reserves were \$8.1 million and \$7.8 million as of June 30, 2011 and 2010, respectively, and is included in other long term liabilities on the balance sheet.

**12. Transactions with Related Parties**

During the years ended June 30, 2011 and 2010, JHBMC engaged in transactions with JHHS and its Affiliates, JHH, Johns Hopkins Community Physicians ("JHCP"), Johns Hopkins Medical Management Corporation ("JHMMC"), Johns Hopkins HealthCare, LLC ("JHHC"), Priority Partners Managed Care Organization, Inc. ("PP"), Johns Hopkins Employer Health Programs ("JHEHP"), JHMI Utilities LLC ("JHMI Utilities"), and Johns Hopkins Home Care Group, Inc. ("JHHC").

**Johns Hopkins Bayview Medical Center, Inc.**  
**Notes to Financial Statements**  
**For the years ended June 30, 2011 and 2010**

The following is a summary of related party transactions and balances:

Revenue/(expense) transactions (in thousands):

	2011		2010
Net patient service revenue from providing services to subscribers of PP	\$ 31,062	\$	24,960
Net patient service revenue from providing services to subscribers of JHHC	17,888		17,858
Management services provided to JHHS relating to the PACE and Creative Alternatives programs	16,102		15,031
Laboratory and various support services provided by JHH	(14,153)		(13,203)
Purchasing, legal, advertising and other services provided by JHHS	(8,396)		(16,092)
Premiums paid to JHEHP for administration of health care claims	(2,510)		(2,320)
Telecommunication services provided by JHMI Utilities	(2,457)		(2,440)
Fees paid to JHHCG for management of discharge pharmacy and patient discharge planning	(2,341)		(2,249)
Services provided by JHCP	(1,496)		(1,498)
Temporary nursing services provided by JHMMC	(945)		(366)

Due From/(To) Affiliate balances as of June 30 (in thousands):

	2011		2010
Due from JHMSC for note receivable	\$ 3,283	\$	3,939
Due from/(to) JHHS for services as noted above	2,491		(1,613)
Due from/(to) JHCP for services provided	6		(167)
Due to JHH for services as noted above	(1,267)		(673)
Due to JHMI Utilities for services as noted above	(783)		(785)
Due to JHHCG for pharmacy services and patient discharge	(236)		(171)
Due to JHHC for patient receivables less advances	(190)		(186)
Due to JHEHP for administrative expenses	(165)		-
Due to JHMMC for nursing services received	(98)		(44)
Other	(84)		(56)
Net Due From Affiliates	<u>\$ 2,957</u>	<u>\$</u>	<u>244</u>

Included in the amounts due from affiliates in the accompanying Balance Sheets as of June 30, 2011 and 2010 is a Note Receivable from Johns Hopkins Medical Services Corporation for \$3.3 million and \$3.9 million, respectively. The Note Receivable bears no interest with annual payments of \$656.0 thousand through June 30, 2013.

**Johns Hopkins Bayview Medical Center, Inc.**  
**Notes to Financial Statements**  
**For the years ended June 30, 2011 and 2010**

---

Broadway Services, Inc. ("BSI"), a related organization, is a wholly owned subsidiary of the Dome Corporation. The Dome Corporation is owned equally by JHHS and JHU. BSI provides JHBMC with various services including security, housekeeping, escort and transportation. During 2011 and 2010, JHBMC incurred costs of approximately \$6.1 million and \$6.0 million, respectively, for these services. JHBMC had accounts payable to BSI of approximately \$250 thousand and \$254.1 thousand as of June 30, 2011 and 2010, respectively. These amounts are included in accounts payable and accrued expenses in the accompanying Balance Sheets.

JHBMC pays ground and space rent and ground maintenance costs to FSK Land Corporation, a related organization. During 2011 and 2010, JHBMC incurred costs of \$1.9 million and \$1.9 million, respectively, for these services.

**13. Contracts, Commitments and Contingencies**

JHBMC has agreements with JHU, under which JHU provides medical administration and educational services, conducts medical research programs, provides patient care medical services, and provides certain other administrative and technical support services through the physicians employed by The Johns Hopkins University School of Medicine ("JHUSOM"). Compensation for providing medical administration and educational services is paid to JHU by JHBMC; funding for services in conducting medical research is paid from grant funds and by JHBMC; compensation for patient care medical care services is derived from billings to patients (or third-party payors) by JHU; and compensation for other support services is paid to JHU by JHBMC. The aggregate amount of purchased services incurred by JHBMC under these agreements was \$43.9 million and \$43.0 million for the years ended June 30, 2011 and 2010, respectively.

JHBMC also has an agreement with JHU under which JHU recruits and pays interns and resident physicians who furnish services to JHBMC on a rotating and non-rotating basis. Included in purchased services expense in the accompanying Statements of Operations and Changes in Net Assets for services under this agreement is \$5.2 million and \$4.8 million for the years ended June 30, 2011 and 2010, respectively for physicians providing services on a rotating basis and \$3.6 million and \$3.6 million for the years ended June 30, 2011 and 2010, respectively for physicians providing services on a non-rotating basis.

Additionally, JHBMC is leasing space to JHU for which payments totaled \$3.4 million and \$4.3 million for the years ended June 30, 2011 and 2010, respectively, which has been included as a reduction of purchased services.

JHBMC provides departmental support for Chiefs of Service based on personal recruitment agreements between JHBMC, JHUSOM and the respective Chief of Service. These commitments to the department are conditional to the extent the Chief of Service remains in the position. Future expected payments related to agreements currently in place were \$3.1 million and \$3.9 million at June 30, 2011 and 2010, respectively.

Amounts due from JHU for liabilities previously paid by JHBMC net of amounts due for current operations were \$714.0 thousand at June 30, 2011 and \$2.4 million at 2010. These amounts are presented in the Balance Sheets as due from others.

**Johns Hopkins Bayview Medical Center, Inc.**  
**Notes to Financial Statements**  
**For the years ended June 30, 2011 and 2010**

---

JHBMC serves as the guarantor on a loan agreement between JHCP and MHHEFA. The terms of the Guarantee Agreement between JHBMC and MHHEFA require JHBMC to guarantee \$900.0 thousand plus any outstanding interest charges and attorney fees in the event of default by JHCP. The principal of the loan will be repaid in monthly installments, which began on June 15, 2001 and end in May 2026.

Commitments for leases that do not meet the criteria for capitalization are classified as operating leases with related rentals charged to operations as incurred. The following is a schedule by year of future minimum lease payments under operating leases as of June 30, 2011, that have initial or remaining lease terms in excess of one year (in thousands):

2012	\$	1,819
2013		1,853
2014		1,888
2015		1,925
2016		1,962
Thereafter		15,152

Rental expense for all operating leases for the years ended June 30, 2011 and 2010 amounted to \$4.6 million and \$4.2 million, respectively.

**14. Asset Retirement Obligations**

JHBMC has recorded asset retirement obligations within other long term liabilities on the balance sheet associated with the abatement of asbestos in several of its buildings constructed prior to 1980. The change in asset retirement obligation for the years ended June 30, 2011 and 2010 consisted of the following (in thousands):

	2011	2010
Retirement obligation at beginning of year	\$ 290	\$ 292
Liabilities settled	(91)	(22)
Accretion expense	20	20
Retirement obligation at end of year	<u>\$ 219</u>	<u>\$ 290</u>

**15. Functional Expenses**

JHBMC provides general health care services to residents within its geographic location. Expenses related to providing these services for the years ended June 30 consisted of the following (in thousands):

	2011	2010
Health care services	\$ 438,261	\$ 432,058
General and administrative services	63,313	69,325
Total expenses	<u>\$ 501,574</u>	<u>\$ 501,383</u>



**Johns Hopkins Bayview Medical Center, Inc.**  
**Notes to Financial Statements**  
**For the years ended June 30, 2011 and 2010**

---

**16. Subsequent Events**

JHBMC has performed an evaluation of subsequent events through September 28, 2011, which is the date the financial statements were issued.

## **Supplemental Financial Information**



**REPORT OF INDEPENDENT AUDITORS ON  
SUPPLEMENTAL FINANCIAL INFORMATION**

To the Board of Trustees of  
Johns Hopkins Bayview Medical Center, Inc.

The report on our audits of the basic financial statements of Johns Hopkins Bayview Medical Center, Inc. ("JHBMC") as of June 30, 2011 and 2010 and for the years then ended appears on page 1 of this document. These audits were conducted for the purposes of forming an opinion on the basic financial statements taken as a whole. The supplementary statements of operations and changes in net assets accompanying the financial statements are presented for purposes of additional analysis rather than to present the results of operations and changes in net assets of the individual entities. Accordingly, we do not express an opinion on the results of operations and changes in net assets of the individual entities. However, the supplementary statements of operations and changes in net assets have been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

A handwritten signature in cursive script that reads "PricewaterhouseCoopers LLP".

September 28, 2011

**Johns Hopkins Bayview Medical Center, Inc.  
Supplemental Statements of Operations and Changes in Net Assets  
for the years ended June 30, 2011 and 2010**

	2011					2010						
	Acute Care Hospital	Johns Hopkins Bayview Care Center	Restricted Gifts and Grant Programs	Other Specialty Programs	Inter-divisional Eliminations	Total	Acute Care Hospital	Johns Hopkins Bayview Care Center	Restricted Gifts and Grant Programs	Other Specialty Programs	Inter-divisional Eliminations	Total
Operating revenues:												
Net patient service revenue	\$ 394,435	\$ 41,519	\$ -	\$ 30,748	\$ (2,228)	\$ 464,474	\$ 396,733	\$ 41,120	\$ -	\$ 29,044	\$ (2,374)	\$ 464,523
Other revenue	4,888	802	18,596	20,367	-	44,663	4,359	88	18,254	17,845	-	40,546
Investment income	1,430	-	-	-	-	1,430	1,425	-	-	-	-	1,425
Net assets released from restrictions	320	-	-	-	-	320	502	-	-	-	-	502
Total operating revenues	401,083	42,321	18,596	51,115	(2,228)	510,887	403,019	41,208	18,254	46,889	(2,374)	506,996
Operating expenses:												
Salaries, wages and benefits	189,505	22,331	10,071	19,802	-	241,709	183,491	22,972	10,347	19,841	-	236,651
Purchased services	103,505	12,800	6,093	22,338	(2,228)	142,508	102,599	11,125	5,429	21,592	(2,374)	138,371
Supplies and other	61,006	6,566	2,293	6,271	-	76,136	64,183	7,204	2,343	6,406	-	80,136
Interest	405	44	-	26	-	475	324	40	-	50	-	414
Provision for bad debts	13,506	1,362	-	149	-	15,017	18,543	1,522	-	202	-	20,267
Depreciation and amortization	23,955	1,134	139	501	-	25,729	23,469	1,167	135	773	-	25,544
Total operating expenses	391,882	44,237	18,596	49,087	(2,228)	501,574	392,609	44,030	18,254	48,864	(2,374)	501,383
Income from operations	9,201	(1,916)	-	2,028	-	9,313	10,410	(2,822)	-	(1,975)	-	5,613
Non-operating revenues and expenses:												
Interest expense on swap agreements	(2,567)	(502)	-	(27)	-	(3,116)	(2,712)	(527)	-	(29)	-	(3,268)
Change in market values of swap agreements	1,789	-	-	-	-	1,789	(3,533)	-	-	-	-	(3,533)
Realized/Unrealized gains (losses) on investments	2,172	-	-	-	-	2,172	170	-	-	-	-	170
Excess of revenues over expenses	10,575	(2,418)	-	2,001	-	10,158	4,335	(3,349)	-	(2,004)	-	(1,018)
Net assets released from restriction used for purchases of pp&e	560	-	-	-	-	560	-	-	-	-	-	-
Changes in unrealized gains/(losses) on investments	(71)	-	-	-	-	(71)	692	-	-	-	-	692
Change in funded status of defined benefit plans	12,286	-	-	-	-	12,286	(15,197)	-	-	-	-	(15,197)
Total change in unrestricted net assets	23,350	(2,418)	-	2,001	-	22,933	(10,170)	(3,349)	-	(2,004)	-	(15,523)
Changes in temporarily restricted net assets:												
Gifts, grants and bequests	-	-	1,752	-	-	1,752	-	-	583	-	-	583
Net assets released from restrictions for operations	-	-	(320)	-	-	(320)	-	-	(502)	-	-	(502)
Net assets released from restriction used for purchases of pp&e	-	-	(560)	-	-	(560)	-	-	-	-	-	-
Total change in temporarily restricted net assets	-	-	872	-	-	872	-	-	81	-	-	81
Changes in permanently restricted net assets:												
Gifts, grants and bequests	-	-	-	-	-	-	-	-	-	-	-	-
Total change in permanently restricted net assets	-	-	-	-	-	-	-	-	-	-	-	-
Increase/(decrease) in net assets	23,950	(2,418)	872	2,001	-	23,805	(10,170)	(3,349)	81	(2,004)	-	(15,442)
Net assets at beginning of the year	20,812	14,176	10,010	10,201	-	55,199	30,982	17,525	9,929	12,205	-	70,641
Net assets at end of year	\$ 44,162	\$ 11,758	\$ 10,882	\$ 12,202	\$ -	\$ 79,004	\$ 20,812	\$ 14,176	\$ 10,010	\$ 10,201	\$ -	\$ 55,199