

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2009, or tax year beginning JUL 1, 2009, and ending JUN 30, 2010

2009

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

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 return for which you are using this 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 for the return for which you are filing 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	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>506820821</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	

Part II Declaration of Officer

- 6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an 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 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here  | 4-25-11 | **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 <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code				EIN Phone no.

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

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

Form **990**

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)

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

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	Please use IRS label or print or type. See Specific Instructions.	C Name of organization JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1101 E. 33RD STREET, TERRACE LEVEL E001 City or town, state or country, and ZIP + 4 BALTIMORE, MD 21218	D Employer identification number 52-1341890 E Telephone number (443)997-5722 G Gross receipts \$ 602,198,394. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: CARL FRANCIOLI 4940 EASTERN AVENUE, BALTIMORE, MD 21224		H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.JHBMC.JHU.EDU	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1984 M State of legal domicile: MD	

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: JOHNS HOPKINS BAYVIEW MEDICAL CENTER, A MEMBER OF JOHNS HOPKINS MEDICINE, PROVIDES COMPASSIONATE		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	16	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	12	
	5	Total number of employees (Part V, line 2a)	3917	
	6	Total number of volunteers (estimate if necessary)	519	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	150,009.	
	7b	Net unrelated business taxable income from Form 990-T, line 34	-7,041.	
	Revenue	8	Contributions and grants (Part VIII, line 1h)	21,949,140.
9		Program service revenue (Part VIII, line 2g)	470,706,704.	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	996,127.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	28,177,534.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	521,829,505.	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	667,475.
		14	Benefits paid to or for members (Part IX, column (A), line 4)	
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	230,078,429.
		16a	Professional fundraising fees (Part IX, column (A), line 11e)	
		b	Total fundraising expenses (Part IX, column (D), line 25) ▶	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	287,503,238.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	518,249,142.	
	19	Revenue less expenses. Subtract line 18 from line 12	3,580,363.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	330,169,077.	
	21	Total liabilities (Part X, line 26)	259,526,280.	
	22	Net assets or fund balances. Subtract line 21 from line 20	70,642,797.	

Part II Signature Block

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

Sign Here ▶ Signature of officer _____ Date _____
CARL FRANCIOLI, V.P. FINANCE
 Type or print name and title

Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	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

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
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 SUUPORT 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.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 91033092. including grants of \$) (Revenue \$ 90752695.)
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 \$ 44030060. including grants of \$) (Revenue \$ 41207426.)
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 \$ 75588376. including grants of \$) (Revenue \$ 103,708,674.)
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 \$ 238,066,894. including grants of \$ 624,904.) (Revenue \$ 228,853,544.)

4e Total program service expenses **\$ 448,718,422.**

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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <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	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• 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>		
	• 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>		
	• 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>		
	• 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>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	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	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>		
		Yes	No
			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
14b	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, Part I</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, Part II</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, Part III</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
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	X	

JOHNS HOPKINS BAYVIEW
MEDICAL CENTER, INC.

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1a	289		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
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		
2a	3917		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	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 the instructions for exceptions and 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, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
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?		
7	Organizations that may receive deductible contributions under section 170(c).		
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		
d	7d		
e	Did the organization, during the year, 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	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
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?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that 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 organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material 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	
7b	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:		
8a	a The governing body?	X	
8b	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	Does the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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 1101 EAST 33RD STREET, TERRACE LEVEL, STE. E001, BALTIMORE, MD 21218

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

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. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(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				284,987.	0.	84,069.
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.
DANA ANDERSEN, 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.	1,899,144.	34,010.
RONALD R. PETERSON TRUSTEE/VICE CHAIRMAN	1.00	X		X				0.	1,671,109.	246,992.
JUDY A. REITZ, SC.D TRUSTEE	1.00	X						0.	2,353,032.	31,980.
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 CHESHIR TRUSTEE	1.00	X						0.	0.	0.
MICHAEL SEAN BEATTY TRUSTEE	1.00	X						0.	0.	0.
MARIA V. KOSZALKA, ED.D. VP/PATIENT CARE SRV	40.00			X				433,861.	0.	29,929.

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	(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				227,728.	0.	45,735.
ANITA M. LANGFORD VP/CARE MANAGEMENT SERVI	40.00			X				419,544.	0.	28,959.
G. DANIEL SHEALER, JR. SECRETARY	1.00			X				0.	730,151.	35,454.
CARL H. FRANCIOLI VP/ FINANCE	40.00			X				297,099.	0.	82,595.
CHARLES B. REULAND, SC.D VP/ CLINICAL OPERATIONS	40.00			X				299,546.	0.	69,199.
CHERYL KOCH VP/ CARE MANAGMENT SERVI	40.00			X				166,476.	0.	42,407.
MELISSA HELICKE DEAN OF CAMPUS	40.00				X			176,298.	0.	31,745.
PRINCESS HOPKINS REGISTERED NURSE	40.00					X		157,847.	0.	19,553.
PATTY MATTOX SR NURSE PRACTITIONER	40.00					X		155,891.	0.	7,920.
NANCY TZENG PHARMACIST	40.00					X		154,784.	0.	19,177.
1b Total								4,657,020.	6,653,436.	894,709.

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 **217**

	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 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
MCIC VERMONT, INC., 900 ASHWOOD PKWY, STE 400, ATLANTA, GA 30338, ATLANTA, GA 30	INSURANCE	4,423,365.
BROADWAY SERVICES, INC., 3709 E. MONUMENT STREET, BALTIMORE, MD 21205	MANAGEMENT SERVICES	3,757,916.
CONCORD ASSOCIATES, INC. 513 PARK AVENUE, BALTIMORE, MD 21201	CONSTRUCTION SERVICES	1,869,815.
FSK LAND CORP, 3709 E. MONUMENT STREET, BALTIMORE, MD 21205	RENT	1,678,624.
CURTIS BAY ENERGY, 3200 HAWKINS POINT ROAD, BALTIMORE, MD 21226	MEDICAL WASTE REMOVAL	1,041,148.

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 **56**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

JOHNS HOPKINS BAYVIEW
MEDICAL CENTER, INC.

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Part VIII Statement of Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) 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	13,976,052.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1625020.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			15,601,072.			
Program Service Revenue	2 a NET PATIENT SRVC	Business Code 621990	464,522,339.	464,522,339.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			464,522,339.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1424642.			1,424,642.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	637903.				
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)	637903.				
	d Net rental income or (loss)			637,903.		22,591.	615,312.
	7 a Gross amount from sales of assets other than inventory	(i) Securities	95,254,000.				
		(ii) Other	145453.				
		b Less: cost or other basis and sales expenses	95,377,573.				
		c Gain or (loss)	-123,573.	145453.			
	d Net gain or (loss)			21,880.	21,880.		
	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	127418.					
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory			127,418.		127,418.		
Miscellaneous Revenue		Business Code					
11 a OTHER OPERATING REV		900099	13,600,653.	13,600,653.			
b RETAIL PHARMACY		446110	5485755.			5,485,755.	
c ADMIN/MGMT FEES		900099	4889857.			4,889,857.	
d All other revenue		900099	509,302.	502,410.		6,892.	
e Total. Add lines 11a-11d			24,485,567.				
12 Total revenue. See instructions.			506,820,821.	478,647,282.	150,009.	12,422,458.	

JOHNS HOPKINS BAYVIEW
MEDICAL CENTER, INC.

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
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	624,904.	624,904.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,852,429.		3,852,429.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	174326790.	153590486.	20,736,304.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	12,774,766.	11,011,848.	1,762,918.	
9 Other employee benefits	32,293,312.	27,836,835.	4,456,477.	
10 Payroll taxes	13,403,892.	11,554,155.	1,849,737.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying	49,087.		49,087.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	23,163,305.	20,599,603.	2,563,702.	
12 Advertising and promotion	413,114.	356,104.	57,010.	
13 Office expenses	77,188,933.	74,041,439.	3,147,494.	
14 Information technology	2,533,265.	2,183,675.	349,590.	
15 Royalties				
16 Occupancy	5,894,027.	5,080,651.	813,376.	
17 Travel	588,016.	1,950.	586,066.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	337,092.	279,311.	57,781.	
20 Interest	3,681,058.	3,160,002.	521,056.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	25,544,202.	22,019,102.	3,525,100.	
23 Insurance	5,522,941.	5,426,557.	96,384.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a PURCHASED SERVICES - AF	70,476,200.	60,750,484.	9,725,716.	
b BAD DEBT	20,267,474.	20,267,474.		
c LAB SERVICES	11,034,949.	11,034,949.		
d DIETARY (CATERING)	6,330,620.	6,146,594.	184,026.	
e PROVIDER CARE - PACE CL	3,075,460.	3,075,460.		
f All other expenses	11,231,042.	9,676,839.	1,554,203.	
25 Total functional expenses. Add lines 1 through 24f	504606878.	448718422.	55,888,456.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

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MEDICAL CENTER, INC.

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	20,223,496.	2	22,456,600.
	3 Pledges and grants receivable, net	10,463,519.	3	10,544,535.
	4 Accounts receivable, net	50,243,703.	4	53,144,464.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	200,000.	7	
	8 Inventories for sale or use	6,242,034.	8	6,543,999.
	9 Prepaid expenses and deferred charges	1,386,738.	9	1,339,075.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 403,105,841.		
	b Less: accumulated depreciation	10b 222,859,177.	10c	180,246,664.
	11 Investments - publicly traded securities	17,125,959.	11	21,528,257.
	12 Investments - other securities. See Part IV, line 11	10,067,976.	12	13,194,157.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	33,872,492.	15	30,501,525.
16 Total assets. Add lines 1 through 15 (must equal line 34)	330,169,077.	16	339,499,276.	
Liabilities	17 Accounts payable and accrued expenses	36,866,694.	17	42,087,767.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	112,280,194.	20	107,342,028.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	110,379,392.	25	134,871,252.
	26 Total liabilities. Add lines 17 through 25	259,526,280.	26	284,301,047.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete, lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	60,179,277.	27	44,653,694.
	28 Temporarily restricted net assets	6,889,147.	28	6,970,162.
	29 Permanently restricted net assets	3,574,373.	29	3,574,373.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	70,642,797.	33	55,198,229.	
34 Total liabilities and net assets/fund balances	330,169,077.	34	339,499,276.	

Form 990 (2009)

Part XI Financial Statements and Reporting

	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
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	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 consolidated basis, separate 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	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form 990 (2009)

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

2009

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?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- 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	
Total									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2009. 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 10% -facts-and-circumstances test - 2008. 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"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. 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

2009

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 Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

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

Employer identification number

52-1341890

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 22,569.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 64,568.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 105,515.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 1,879,909.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 1,669,859.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 13,160.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

JOHNS HOPKINS BAYVIEW
MEDICAL CENTER, INC.

Employer identification number

52-1341890

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 32,184.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 69,375.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 7,143.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 10,151,411.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.	Employer identification number 52-1341890
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ 8,000.	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		\$ 35,000.	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		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.	Employer identification number 52-1341890
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Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21		\$ 5,000.	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.)
		\$ _____	Person <input 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.)

Name of organization JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.	Employer identification number 52-1341890
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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
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div>	\$ 	
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div>	\$ 	
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div>	\$ 	
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div>	\$ 	
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div>	\$ 	
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div>	\$ 	
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div>	\$ 	

Name of organization JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.	Employer identification number 52-1341890
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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.) ▶ \$

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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), 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 payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2009 LHA

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

- A** Check if the filing organization belongs to an affiliated group.
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)	49,087.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	49,087.													
c Total lobbying expenditures (add lines 1a and 1b)	504,557,791.													
d Other exempt purpose expenditures	504,606,878.													
e Total exempt purpose expenditures (add lines 1c and 1d)	1,000,000.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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) 2006	(b) 2007	(c) 2008	(d) 2009	(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	81,809.	81,386.	72,939.	49,087.	285,221.
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)).

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carryover lobbying and political expenditures from the prior year?

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

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

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.

Blank lines for supplemental information.

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

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.

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the 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	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part 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.

- 1a If the organization elected, as permitted under SFAS 116, 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.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1
- ▶ \$ _____
- (ii) Assets included in Form 990, Part X
- ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 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 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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - 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		217011811.	115273972.	101737839.
c Leasehold improvements		425,139.	344,779.	80,360.
d Equipment		145806760.	88,418,320.	57,388,440.
e Other		36,712,131.	18,822,106.	17,890,025.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				180246664.

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

Schedule D (Form 990) 2009

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
Financial derivatives		
Closely-held equity interests		
Other		
Total. (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
Total. (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
INERCOMPANY RECEIVABLES	5,243,745.
OTHER RECEIVABLES	7,843,807.
DUE FROM OTHERS	7,804,496.
FINANCE COST - 2004 CP BOND	95,161.
MALPRACTICE FUNDING	1,626,319.
ASSETS-LIM-BY BOARD OF TRUSTEE	7,455,662.
FINANCE COST - 2003 BOND	432,335.
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	30,501,525.

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

1. (a) Description of liability	(b) Amount	
Federal income taxes		
ADVANCES FROM THIRD PARTIES	15,737,561.	
INTERCOMPANY PAYABLES	4,998,568.	
MALPRACTICE LIABILITY	7,797,000.	
WORKERS' COMP TAIL COVERAGE	2,773,741.	
LONG-TERM PENSION LIABILITY	92,334,516.	
F/A RETIREMENT OBLIGATION	290,355.	
LOSS ON MARKET VALUE SW	10,899,190.	
NOTES PAYABLE	40,321.	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	134,871,252.	

2. FIN 48 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.

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	506,820,821.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	504,606,878.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	2,213,943.
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	-17,658,511.
9	Total adjustments (net). Add lines 4 through 8	9	-17,658,511.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-15,444,568.

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	506994286.
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	506994286.
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	-173,465.
c	Add lines 4a and 4b	4c	-173,465.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	506820821.

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

1	Total expenses and losses per audited financial statements	1	501383291.
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	43,892.
e	Add lines 2a through 2d	2e	43,892.
3	Subtract line 2e from line 1	3	501339399.
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	3,267,479.
c	Add lines 4a and 4b	4c	3,267,479.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	504606878.

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 XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN MARKET VALUE OF SWAP AGREEMENT: -3533287.

CHANGE IN FUND STATUS OF DEFINED BENEFIT PLANS: -15197000.

NET CHANGES IN PERMANENTLY RESTRICTED ASSETS: 81015.

UNREALIZED GAINS/LOSSES ON INVESTMENTS: 691703.

UNREALIZED GAINS/LOSSES ON ALTERNATIVE INVESTEMENTS: 293524.

ROUNDING: 5534.

Part XIV Supplemental Information (continued)

PART XII, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON FIXED ASSET: -49892.

REALIZED LOSS ON INVESTMENTS: -123573.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON FIXED ASSET: 43892.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

INTEREST EXPENSE ON SWAP: 3267479.

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Charity Care and Certain Other Community Benefits at Cost

		Yes	No
1a Does the organization have a charity care policy? If "No," skip to question 6a	1a	X	
b If "Yes," is it a written policy?	1b	X	
2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals. <input type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Applied uniformly to most hospitals <input type="checkbox"/> Generally tailored to individual hospitals			
3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients.			
a Does 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 is the 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 _____ %	3a	X	
b Does the organization use FPG to determine eligibility for providing discounted care to low income individuals? If "Yes," indicate which of the following is 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> %	3b	X	
c If the organization does 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 uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.			
4 Does the organization's policy provide free or discounted care to the "medically indigent"?	4	X	
5a Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	X	
b If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		X
6a Does the organization prepare an annual community benefit report?	6a	X	
b If "Yes," does the organization make it available to the public?	6b	X	

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

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			17,399,889.	0.	17,399,889.	3.59%
b Unreimbursed Medicaid (from Worksheet 3, column a)						
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs			17,399,889.		17,399,889.	3.59%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			6,557,717.	836,863.	5,720,854.	1.18%
f Health professions education (from Worksheet 5)			20,454,702.	0.	20,454,702.	4.22%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			79,066.	0.	79,066.	.02%
i Cash and in-kind contributions to community groups (from Worksheet 8)			825,046.	0.	825,046.	.17%
j Total. Other Benefits			27,916,531.	836,863.	27,079,668.	5.59%
k Total. Add lines 7d and 7j			45,316,420.	836,863.	44,479,557.	9.18%

JOHNS HOPKINS BAYVIEW
MEDICAL CENTER, INC.

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing		49,579.	0.	49,579.	.01%
2	Economic development		692,242.	0.	692,242.	.14%
3	Community support		217,680.	0.	217,680.	.04%
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy		3,799.	0.	3,799.	.00%
8	Workforce development		122,800.	0.	122,800.	.03%
9	Other		13,503.	0.	13,503.	.00%
10	Total		1,099,603.		1,099,603.	.22%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	1	Yes	No
1	Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		X
2	Enter the amount of the organization's bad debt expense (at cost)	2	16,221,333.
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	141801360.
6	Enter Medicare allowable costs of care relating to payments on line 5	6	116655849.
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	7	25,145,511.
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	X
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	X

Part IV Management Companies and Joint Ventures

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
JOHNS HOPKINS BAYVIEW MEDICAL CENTER 4940 EASTERN AVENUE BALTIMORE, MD 21224	X								

Part V Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 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 charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals 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.).
- 7 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.
- 8 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, LINE 7F: 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 \$20,267,474.

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 RATE REGULATION, JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC (JHBMC) CANNOT

Part VI Supplemental Information

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 V: JHBMC HAS TWO DIAGNOSTIC CENTERS.

PART VI, LINE 2: JHBMC RELY ON A NUMBER OF MEANS TO DETERMINE THE HEALTH NEEDS OF OUR COMMUNITY. JHBMC LAST CONDUCTED A FORMAL COMMUNITY NEEDS ASSESSMENT IN FY05. THE ASSESSMENT FILLED A GAP IN INFORMATION THAT WAS NOT BEING PROVIDED BY THE LOCAL CITY AND COUNTY HEALTH DEPARTMENTS. 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.

JHBMC REVIEW INFORMATION AVAILABLE FROM BALTIMORE CITY AND BALTIMORE

Part VI Supplemental Information

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.

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.

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, 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

Part VI Supplemental Information

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 INFORMS ITS PATIENTS ABOUT THE CHARITY CARE POLICY THROUGH A NUMBER OF TACTICS, INCLUDING: SIGNS IN ENGLISH AND SPANISH ARE POSTED IN PATIENT WAITING AND REGISTRATION AREAS THAT SUMMARIZE THE CHARITY CARE POLICY, A COPY OF THE CHARITY CARE POLICY OR A SUMMARY THEREOF WITH FINANCIAL ASSISTANCE CONTACT INFORMATION IS PROVIDED TO EVERY PATIENT UPON ADMISSION, A SUMMARY OF CHARITY CARE POLICY WITH CONTACT INFORMATION FOR FINANCIAL COUNSELORS IS PROVIDED TO EVERY PATIENT WITHOUT INSURANCE WHO PRESENTS TO THE EMERGENCY DEPARTMENT, AND ALL PATIENTS INDICATING A NEED FOR CHARITY CARE ARE REFERRED TO A FINANCIAL COUNSELOR WHO REVIEWS WITH THEM THE AVAILABILITY OF VARIOUS GOVERNMENT BENEFIT AND PROGRAMS, AND ASSISTS THEM WITH APPLICATION TO SUCH PROGRAMS. IF THE PATIENT DOES NOT HAVE INSURANCE, JHBMC FINANCIAL COUNSELORS WILL SCHEDULE AN INTERVIEW WITH THE PATIENT TO DETERMINE PAYMENT ARRANGEMENTS AND/OR ASSIST THE PATIENT IN COMPLETING A MEDICAL ASSISTANCE APPLICATION.

PART VI, LINE 4: JHBMC GEOGRAPHIC SERVICE AREA IS URBAN. JHBMC PRIMARY SERVICE AREA INCLUDES: SOUTHEAST BALTIMORE CITY AND COUNTY AND NORTHEAST BALTIMORE CITY AND COUNTY. THE GENERAL DATA FOR THIS PRIMARY SERVICE AREA ARE AS FOLLOWS: TOTAL POPULATION WAS 442,865 OF WHICH 48% WERE MALES AND 52% WERE FEMALES, AVERAGE HOUSEHOLD INCOME WAS \$60,542,

Part VI Supplemental Information

UNEMPLOYMENT WAS AT 6.8%, 4.9% OF RESIDENTS ARE UNINSURED, 29% OF RESIDENTS ARE COVERED BY MEDICAID/MEDICARE, 51% OF HOUSEHOLDS EARN \$50,000 OR LESS, 13% OF HOUSEHOLDS HAD INCOME OF \$15,000 OR LESS.

THE PRIMARY POPULATION SERVED AT THE HOSPITAL COMES FROM BALTIMORE CITY AND BALTIMORE COUNTY. 24.9% OF THE BALTIMORE CITY POPULATION HAS INCOME BELOW THE FEDERAL POVERTY GUIDELINE. 12.5% OF THE BALTIMORE COUNTY POPULATION HAS INCOME BELOW THE FEDERAL POVERTY GUIDELINE.

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: 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 COMMUNITY PARTNERS.

FOR EXAMPLE, JHBMC'S 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.

JHBMC ALSO HAS A CASEWORK ADVOCACY PROGRAM, WHICH PROVIDES OUTREACH MENTAL HEALTH SERVICES FOR HOMELESS MENTALLY ILL PERSONS LIVING IN SOUTHEAST BALTIMORE.

JHBMC ALSO SUPPORTS THE COMMUNITY REDEVELOPMENT EFFORTS IN DUNDALK THROUGH THE PROGRAMS OF THE DUNDALK RENAISSANCE CORPORATION. PROJECTS TO REDEVELOP HOMES, STRENGTHEN AND IMPROVE DUNDALK VILLAGE SHOPPING CENTER

Part VI Supplemental Information

AND THE SURROUNDING NEIGHBORHOODS AND TO ADD COMMUNITY AMENITIES ARE UNDERWAY, AND WILL ATTRACT NEW HOMEOWNERS AND NEW BUSINESS TO THE DUNDALK AREA.

PART VI, LINE 6: FOR THE LAST 30 YEARS, MARYLAND HOSPITALS HAVE MET THEIR COMMUNITY BENEFIT OBLIGATIONS IN A UNIQUE MANNER THAT BUILDS THE COSTS OF UNCOMPENSATED CARE CHARITY CARE AND PATIENT BAD DEBT AND GRADUATE MEDICAL EDUCATION INTO THE RATES THAT HOSPITALS ARE REIMBURSED BY ALL PAYORS. THE SYSTEM IS BASED IN FEDERAL AND STATE LAW AND BENEFITS ALL MARYLAND RESIDENTS, INCLUDING THOSE IN NEED OF FINANCIAL ASSISTANCE TO PAY THEIR HOSPITAL BILLS.

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

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

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

Part VI Supplemental Information

REGARDING HOSPITALS COMMUNITY BENEFIT TOTALS. THAT REPORT IS AVAILABLE ON
HTTP://WWW.HSCRC.STATE.MD.US/COMMUNITY_BENEFITS/DOCUMENTS/
CBR_FY2007_FINAL_REPORT.PDF.

BECAUSE OF THIS UNIQUE STRUCTURE MARYLAND HOSPITALS COMMUNITY BENEFITS
NUMBERS WILL NOT COMPARE WITH THE REST OF THE NATIONS HOSPITALS. HOWEVER,
MARYLAND HOSPITALS MEET OR EXCEED THE COMMUNITY BENEFIT STANDARD
ESTABLISHED BY THE IRS IN 1969. ADDITIONAL DETAIL ILLUSTRATING THIS CAN
BE FOUND WITHIN THIS SCHEDULE H REPORT.

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

Part VI Supplemental Information

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

JHHSC IS THE SOLE MEMBER OF THE JOHNS HOPKINS HOSPITAL (JHH), AN ACADEMIC MEDICAL CENTER, JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC. (JHBMC), A COMMUNITY BASED TEACHING HOSPITAL AND LONG-TERM CARE FACILITY, HOWARD COUNTY GENERAL HOSPITAL, INC. (HCGH), A COMMUNITY BASED HOSPITAL, AND SUBURBAN HOSPITAL, INC. (SHI), A COMMUNITY BASED HOSPITAL.

PART VI, LINE 8, 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" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047
2009

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. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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)	13,040.	0.			COMMUNITY OUTREACH
DUNDALK RENAISSANCE CORPORATION 11 CENTER PLACE 1ST FLOOR DUNDALK, MD 21222	52-2306483	501(C)(3)	60,000.	0.			COMMUNITY OUTREACH
GREETTOWN COMMUNITY DEVELOPMENT CORPORATION - 4609 EASTERN AVENUE - BALTIMORE, MD 21224	52-2087627	501(C)(3)	153,550.	0.			COMMUNITY OUTREACH
HARBEL COMMUNITY ORGANIZATION 5807 HARFORD ROAD BALTIMORE, MD 21214	52-0905968	501(C)(3)	6,000.	0.			COMMUNITY OUTREACH
HEALTHCARE FOR THE HOMELESS, INC. 421 FALLSWAY BALTIMORE, MD 21202	52-1576404	501(C)(3)	6,667.	0.			HEALTHCARE SERVICES

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

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) 2009**

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

Part II Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Part IV and Schedule I-1 (Form 990) 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.

Continuation Sheet for Schedule I (Form 990)
 Attach to Form 990 to list additional information for
 Schedule I (Form 990), Part II or Part III.

SCHEDULE I-1
 (Form 990)
 Department of the Treasury
 Internal Revenue Service

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

Employer identification number
52-1341890

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
SOUTHEAST COMMUNITY DEVELOPMENT CORPORATION - 3700 EASTERN AVENUE - BALTIMORE, MD 21224	52-1034460	501(C)(3)	125,000.	0.			COMMUNITY OUTREACH

**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

2009

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
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" 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 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		X
2 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?	X	
3 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		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?		X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	X	
c Participate in, or receive payment from, an equity-based compensation arrangement?		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?		X
b Any related organization?		X
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?		X
b Any related organization?		X
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	X	
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III		X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

Schedule J (Form 990) 2009

JOHNS HOPKINS BAYVIEW
MEDICAL CENTER, INC.

52-1341890

Schedule J (Form 990) 2009

Part I Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 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				
RICHARD G. BENNETT, M.D.	(i) 192,002. (ii) 0. (iii) 0.	68,040. 0. 0.	24,945. 0. 0.	74,889.	9,180.	369,056.	0.
RONALD J. WERTHMAN	(i) 472,248. (ii) 163,537. (iii) 126,335.	163,537. 0. 0.	126,335. 0. 0.	11,025.	22,985.	1,933,154.	730,678.
RONALD R. PETERSON	(i) 1023809. (ii) 503,289. (iii) 144,011.	503,289. 0. 0.	144,011. 0. 0.	225,582.	21,410.	1,918,101.	23,022.
JUDY A. REITZ, SC.D	(i) 427,720. (ii) 200,438. (iii) 172,487.	200,438. 0. 0.	172,487. 0. 0.	11,025.	20,955.	2,385,012.	532,381.
MARIA V. KOSZALKA, ED.D.	(i) 168,807. (ii) 31,857. (iii) 233,197.	31,857. 0. 0.	233,197. 0. 0.	11,025.	18,904.	463,790.	123,753.
CRAIG R. BRODIAN	(i) 142,893. (ii) 29,100. (iii) 55,735.	29,100. 0. 0.	55,735. 0. 0.	18,450.	27,285.	273,463.	0.
ANITA M. LANGFORD	(i) 157,830. (ii) 31,886. (iii) 229,828.	31,886. 0. 0.	229,828. 0. 0.	10,528.	18,431.	448,503.	145,513.
G. DANIEL SHEALER, JR.	(i) 263,225. (ii) 92,305. (iii) 374,621.	92,305. 0. 0.	374,621. 0. 0.	11,025.	24,429.	765,605.	299,996.
CARL H. FRANCIOLI	(i) 228,671. (ii) 46,703. (iii) 21,725.	46,703. 0. 0.	21,725. 0. 0.	51,899.	30,696.	379,694.	0.
CHARLES B. REULAND, SC.D	(i) 219,629. (ii) 38,095. (iii) 41,822.	38,095. 0. 0.	41,822. 0. 0.	43,171.	26,028.	368,745.	0.
CHERYL KOCH	(i) 128,008. (ii) 20,691. (iii) 17,777.	20,691. 0. 0.	17,777. 0. 0.	11,063.	31,344.	208,883.	0.
MELISSA HELICKE	(i) 123,416. (ii) 36,300. (iii) 16,582.	36,300. 0. 0.	16,582. 0. 0.	8,190.	23,555.	208,043.	0.
PRINCESS HOPKINS	(i) 156,928. (ii) 844. (iii) 75.	844. 0. 0.	75. 0. 0.	7,215.	12,338.	177,400.	0.
PATY MATTOX	(i) 101,696. (ii) 30,600. (iii) 23,595.	30,600. 0. 0.	23,595. 0. 0.	6,741.	1,179.	163,811.	0.
NANCY TZENG	(i) 119,512. (ii) 10,100. (iii) 25,172.	10,100. 0. 0.	25,172. 0. 0.	7,119.	12,058.	173,961.	0.
BETH PETERSON	(i) 174,980. (ii) 1,250. (iii) 7,303.	1,250. 0. 0.	7,303. 0. 0.	8,239.	19,169.	210,941.	0.

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 1A: OFFICERS AND CERTAIN KEY EMPLOYEES OF JOHNS BAYVIEW MEDICAL CENTER, INC. WERE PROVIDED A GROSS UP ON THEIR DEPENDENT TUITION AMOUNTS. THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS APPROVED ALL GROSS UPS. PROPER BUSINESS DOCUMENTATION WAS PROVIDED AND THE GROSS UP WAS TREATED AS TAXABLE COMPENSATION TO THE EMPLOYEE.

PART I, LINE 1B: AN INTERNAL POLICY IS USED TO AWARD OFFICERS AND KEY EMPLOYEES GROSS UP PAYMENTS ON DEPENDENT TUITION.

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

JOHNS HOPKINS BAYVIEW
MEDICAL CENTER, INC.

52-1341890

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Schedule J (Form 990) 2009

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.

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 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

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.

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

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

JOHNS HOPKINS BAYVIEW
MEDICAL CENTER, INC.

52-1341890

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Schedule J (Form 990) 2009

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.

PARTICIPATED IN A NONQUALIFIED RETIREMENT PLAN AND RECEIVED ACCRUED

DEFERRED COMPENSATION THAT IS REPORTED ON SCHEDULE J, PART II, COLUMN (C):

RICHARD BENNETT \$63,864; CRAIG BRODIAN \$8,488; CARL FRANCIOLI \$40,874;

CHARLES REULAND \$32,146; CHERYL KOCH \$3,375; RONALD PETERSON \$214,557.

THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A

PARTICIPATED IN A NON QUALIFIED RETIREMENT PLAN AND RECEIVED PAYMENT FROM

THE PLAN, IT IS REPORTED ON SCHEDULE J, PART II, COLUMN (B)(III) AS WELL AS

SCHEDULE J, PART II, COLUMN (F) IF THEY WERE REQUIRED TO BE DISCLOSED ON

PRIOR YEAR'S FORMS 990:

MARIA KOSZALKA \$184,433.33; ANITA LANGFORD \$176,354.98; RONALD PETERSON

\$23,022.34; JUDY RETIZ \$1,658,368.34; GREGORY SCHAFFER \$1,224,245.52; G.

DANIEL SHEALER, JR. \$337,153.72; RONALD WERTHMAN \$1,172,501.21;

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

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.

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.

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

JOHNS HOPKINS BAYVIEW
MEDICAL CENTER, INC.

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.

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.

Continuation Sheet for Schedule J (Form 990)

OMB No. 1545-0047

2009

Open to Public
inspection

Name of the organization

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

Employer identification number

52-1341890

Part II Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)

(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				
(i) CHARLES FRANKLIN	106,246.	15,482.	30,810.	6,110.	26,097.	184,745.	0.
(ii) CHARLES FRANKLIN	0.	0.	0.	0.	0.	0.	0.
(i) GREGORY F. SCHAFFER	199,506.	71,065.	127,637.	11,025.	14,345.	1,572,258.	652,413.
(ii) GREGORY F. SCHAFFER	0.	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
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(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the Organization

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

Employer Identification number
52-1341890

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(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			
BETH PETTERSON REGISTERED NURSE	40.00				X			183,533.	0.	27,408.
CHARLES FRANKLIN SR PHARMACIST	40.00				X			152,538.	0.	32,207.
GREGORY F. SCHAFFER FORMER PRESIDENT/TRUSTEE	40.00					X		1,546,888.	0.	25,370.

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 on Schedule O (Form 990).
 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
 SEE SCHEDULE O FOR COLUMN (F) CONTINUATIONS

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
MARYLAND HEALTH AND A HIGHER EDUCATIONAL FACIL	52-0936091574217T88	04/23/08	12,215,000.	REFUND PRIOR ISSUE (10/25/2007)		X			X
MARYLAND HEALTH AND B HIGHER EDUCATIONAL FACIL	52-093609157421V3AA	02/09/04	101,990,000.	REFUND PRIOR ISSUES (7/21/1993)		X			X
C									
D									
E									

Part II Proceeds

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Total proceeds of issue	X		X							
2 Gross proceeds in reserve funds										
3 Proceeds in refunding or defeasance escrows										
4 Other unspent proceeds										
5 Issuance costs from proceeds										
6 Working capital expenditures from proceeds										
7 Capital expenditures from proceeds										
8 Year of substantial completion										
9 Were the bonds issued as part of a current refunding issue?										
10 Were the bonds issued as part of an advance refunding issue?										
11 Has the final allocation of proceeds been made?										
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use

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

JOHNS HOPKINS BAYVIEW
MEDICAL CENTER, INC.

Schedule K (Form 990) 2009

52-1341890

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X						
b Are there any research agreements with respect to the financed property which may result in private business use?		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		.00		%		%		%		%
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		.00		%		%		%		%
6 Total of lines 4 and 5		.00		%		%		%		%
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		E	
	Yes	No	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 identified a hedge with respect to the bond issue on its books and records?	X			X						
b Name of provider	GOLDMAN SACHS									
c Term of hedge	19.800000									
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							

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

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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 RESPONISILIBILITIES 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

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

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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 \$ 238066894. INCLUDING GRANTS OF \$ 624904. REVENUE \$ 228853544

OTHER PROGRAMS OF JHBMC

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

Schedule O (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

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Name of the organization	JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.	Employer identification number	52-1341890
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FORM 990, PART VI, SECTION A, LINE 7A: JOHNS HOPKINS HEALTH SYSTEM CORPORATION, A IRC 501C (3) TAX EXEMPT PARENT ORGANIZATION OF JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC. ELECTS THE BOARD OF TRUSTEES.

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.

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

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
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▶ Attach to Form 990.

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Name of the organization

JOHNS HOPKINS BAYVIEW
MEDICAL CENTER, INC.

Employer identification number
52-1341890

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

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME:

MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY

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

(A) ISSUER NAME:

MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY

(B) DESCRIPTION OF PURPOSE: REFUND PRIOR ISSUES (7/21/1993)

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

Related Organizations and Unrelated Partnerships
 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 Attach to Form 990. See separate instructions.

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
JOHNS HOPKINS HEALTH SYSTEM CORPORATION - 52-1465301, 1101 E. 33RD STREET, TERRACE LVL E001, BALTIMORE, MD 21218	SUPPORTING ORGANIZATION	MARYLAND	501(C)(3)	11 TYPE 3 FI	JOHNS HOPKINS HEALTH SYSTEM CORPORATION
HOWARD COUNTY GENERAL HOSPITAL - 52-2093120 5755 CEDAR LANE COLUMBIA, MD 21044	HOSPITAL	MARYLAND	501(C)(3)	3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION
HOWARD COUNTY LIQUIDATION CORPORATION - 52-0892284, 5755 CEDAR LANE, COLUMBIA, MD 21044	INACTIVE TAX EXEMPT ORGANIZATION	MARYLAND	501(C)(3)	3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION
JOHNS HOPKINS COMMUNITY PHYSICIANS - 52-1467441, 1101 E. 33RD STREET, TERRACE LVL E001, BALTIMORE, MD 21218	HEALTHCARE SERVICES	MARYLAND	501(C)(3)	11 TYPE 3 FI	JOHNS HOPKINS HEALTH SYSTEM CORPORATION

JOHNS HOPKINS BAYVIEW
MEDICAL CENTER, INC.

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) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?
							Yes	No		
OPHTHALMOLOGY ASSOCIATES, LLC - 52-1890957, 1101 E. 33RD STREET, BALTIMORE, MD 21218	OPHTHALMOLOGY SERVICES	MD	JOHNS HOPKINS HEALTH SYSTEM, CORPORATION		0.	0.		X	N/A	X
SUBURBAN WELLNESS CENTER, LLC - 56-2296930, 20500 GOLDENROD LANE, GERMANTOWN, MD 20874	REAL ESTATE	MD	SUBURBAN HEALTH ENTERPRISES, INC		0.	0.		X	N/A	X
GCM SUBURBAN IMAGING, LLC - 52-2326237, 1201 SEVEN LOCKS ROAD, STE. 200, ROCKVILLE, MD 20854	OUTPATIENT RADIOLOGY	MD	SUBURBAN HEALTH ENTERPRISES, INC		0.	0.		X	N/A	X

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 1101 E. 33RD STREET BALTIMORE, MD 21218	HEALTHCARE MANAGEMENT	MD	JOHNS HOPKINS HEALTH SYSTEM CORPORATION	C CORP	0.	0.	.00%
HSI MEDICAL SERVICES CORPORATION - 52-1847705 1101 E. 33RD STREET BALTIMORE, MD 21218	HEALTHCARE - SLEEP DIAGNOSTICS	MD	JOHNS HOPKINS HEALTH SYSTEM CORPORATION	C CORP	0.	0.	.00%
JOHNS HOPKINS MEDICAL MANAGEMENT CORPORATION - 52-1250028, 1101 E. 33RD STREET, BALTIMORE, MD 21218	NURSING SERVICES	MD	JOHNS HOPKINS HEALTH SYSTEM CORPORATION	C CORP	0.	0.	.00%
JOHNS HOPKINS EMPLOYER HEALTH PROGRAMS, INC. - 52-1947678, 1101 E. 33RD STREET, BALTIMORE, MD 21218	BENEFIT PLANS	MD	JOHNS HOPKINS HEALTH SYSTEM CORPORATION	C CORP	0.	0.	.00%
TCAS, INC. - 52-1979344 5755 CEDAR LANE COLUMBIA, MD 21044	NURSING SERVICES	MD	JOHNS HOPKINS MEDICAL MANAGEMENT	C CORP	0.	0.	.00%

**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, or 36.)

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

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

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

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

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

Part V Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of- year assets	(f) Dispropor- tionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

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

Schedule R-1 (Form 990) 2009
Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
JOHNS HOPKINS HOSPITAL ENDOWMENT CORPORATION - 23-7252596, 1101 E. 33RD STREET, TERRACE LVL E001, BALTIMORE, MD 21218	SUPPORTING ORGANIZATION	MARYLAND	501(C)(3)	11 TYPE 3 FI	JOHNS HOPKINS HOSPITAL ENDOWMENT CORPORATION
JOHNS HOPKINS MEDICAL SERVICES CORPORATION - 52-1232569, 1101 E. 33RD STREET, TERRACE LVL E001, BALTIMORE, MD 21218	HOSPITAL	MARYLAND	501(C)(3)	3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION
THE JOHNS HOPKINS HOSPITAL - 52-0591656 1101 E. 33RD STREET, TERRACE LVL E001 BALTIMORE, MD 21218	HOSPITAL	MARYLAND	501(C)(3)	3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION
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
SUBURBAN HOSPITAL, INC. - 52-0610545 8600 OLD GEORGETOWN ROAD BETHESDA, MD 20814	HOSPITAL	MARYLAND	501(C)(3)	3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION

Schedule R-1 (Form 990) 2009 **Part IV** Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
SUBURBAN CONTRACTING CORPORATION - 52-2188022 8600 OLD GEORGETOWN ROAD BETHESDA, MD 20814	MEDICARE CONTRACTING	MD	SUBURBAN HOSPITAL HEALTHCARE	C CORP	0.	0.	.00%
SUBURBAN HEALTH ENTERPRISES - 52-2052352 8600 OLD GEORGETOWN ROAD BETHESDA, MD 20814	MEDICAL OFFICE LEASING AND RELEASING	MD	SUBURBAN HOSPITAL HEALTHCARE	C CORP	0.	0.	.00%
SUBURBAN SPECIALITY CARE PHYSICIANS, PC - 52-2116011 8600 OLD GEORGETOWN ROAD BETHESDA, MD 20814	MULTI SPECIALITY MEDICAL PRACTICE	MD	SUBURBAN HEALTH ENTERPRISES,	C CORP	0.	0.	.00%
HCP VENTURE ONCE CORPORATION - 52-1558858 1101 E. 33RD STREET BALTIMORE, MD 21218	MEDICAL SERVICES	MD	HOWARD COUNTY GENERAL HOSPITAL, INC.	C CORP	0.	0.	.00%

2009 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	LAND IMPROVEMENTS	VARIOUS		.000		HVL6	383,752.				383,752.	272,576.		0.	272,576.
2	BUILDINGS	VARIOUS		.000		HVL6	1,975,192.29.				1,975,192.29.	954,590.41.		0.	954,590.41.
3	LEASEHOLD IMPROVEMENTS	VARIOUS		.000		HVL6	425,139.				425,139.	293,424.		0.	293,424.
4	FIXED EQUIPMENT	VARIOUS		.000		HVL6	1,346,473.				1,346,473.	881,202.		0.	881,202.
5	MAJOR MOVABLE EQUIPMENT	VARIOUS		.000		HVL6	1,065,161.17.				1,065,161.17.	693,289.68.		0.	693,289.68.
6	TELEPHONE	VARIOUS		.000		HVL6	1,248,861.				1,248,861.	558,091.		0.	558,091.
7	SOFTWARE	VARIOUS		.000		HVL6	184,740.3.				184,740.3.	116,270.60.		0.	116,270.60.
8	CONSTRUCTION IN PROGRESS	VARIOUS		.000		HVL6	301,360.5.				301,360.5.	363,352.		0.	363,352.
	* TOTAL 990 PAGE 10 DEPR						3,681,656.79.				3,681,656.79.	1,817,837.14.		0.	1,817,837.14.

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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.**

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.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.	Employer identification number 52-1341890
	Number, street, and room or suite no. If a P.O. box, see instructions. 1101 E. 33RD STREET, TERRACE LEVEL, NO. E001	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BALTIMORE, MD 21218	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

THE CORPORATION - 1101 EAST 33RD STREET, TERRACE LEVEL,

- The books are in the care of ▶ **STE. E001 - BALTIMORE, MD 21218**
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 will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2011**, 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, 2009**, and ending **JUN 30, 2010**.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a 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.	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	N/A

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.

• 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 the return. See instructions.	Name of Exempt Organization JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.		Employer identification number 52-1341890
	Number, street, and room or suite no. If a P.O. box, see instructions. 1101 E. 33RD STREET, TERRACE LEVEL, NO. E001		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BALTIMORE, MD 21218		

Check type of return to be filed (File a separate application for each return):

- Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

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 - 1101 EAST 33RD STREET, TERRACE LEVEL,

• The books are in the care of **STE. E001 - BALTIMORE, MD 21218**

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, 2011**.
- 5 For calendar year _____, or other tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**.
- 6 If this tax year 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	\$	
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 and any amount paid previously with Form 8868.	8b	\$	
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	N/A

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 **Abnadia Durbal, CPA** Title **Senior Accountant** Date **1/28/11**