

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2011, or tax year beginning JUL 1, 2011, and ending JUN 30, 20 12

2011

Department of the Treasury
Internal Revenue Service

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

▶ See instructions.

Name of exempt organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number

52-0591656

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

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

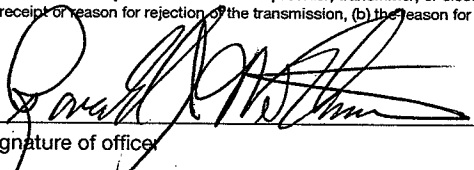
1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>1809163717</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	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, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration of Officer

6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.


If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here ▶  | 5-9-13 ▶ **VP FINANCE & TREASURER**
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 Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no.

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

A For the 2011 calendar year, or tax year beginning **JUL 1, 2011** and ending **JUN 30, 2012**

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	C Name of organization THE JOHNS HOPKINS HOSPITAL Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3910 KESWICK RD, SOUTH BLDG, 4TH FLOOR 4300A City or town, state or country, and ZIP + 4 BALTIMORE, MD 21211 F Name and address of principal officer: RONALD J WERTHMAN SAME AS C ABOVE	D Employer identification number 52-0591656 E Telephone number (443)997-5724 G Gross receipts \$ 2352488120. 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) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.HOPKINSMEDICINE.ORG/HOPKINSHOSPITAL		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
		L Year of formation: 1867
		M State of legal domicile: MD

Part I Summary

1	Briefly describe the organization's mission or most significant activities: THE JOHNS HOPKINS HOSPITAL PROVIDES QUALITY MEDICAL HEALTH CARE REGARDLESS OF RACE, CREED, SEX,		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	10995
6	Total number of volunteers (estimate if necessary)	6	1228
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	4,666,309.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-862,921.
8	Contributions and grants (Part VIII, line 1h)	107,508,487.	25,270,931.
9	Program service revenue (Part VIII, line 2g)	1,683,315,342.	1,742,974,494.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,717,417.	18,217,324.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22,184,986.	22,700,968.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,826,726,232.	1,809,163,717.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,787,891.	2,702,634.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	667,391,227.	698,117,513.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	977,004,488.	1,023,719,237.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,647,183,606.	1,724,539,384.
19	Revenue less expenses. Subtract line 18 from line 12	179,542,626.	84,624,333.
20	Total assets (Part X, line 16)	2,611,735,848.	2,809,530,820.
21	Total liabilities (Part X, line 26)	1,401,817,470.	1,838,066,131.
22	Net assets or fund balances. Subtract line 21 from line 20	1,209,918,378.	971,464,689.

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

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

Part III Statement of Program Service Accomplishments

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 98,436,962. including grants of \$ 0.) (Revenue \$ 122,882,919.) NEUROSURGERY

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

4b (Code:) (Expenses \$ 78,835,852. including grants of \$ 0.) (Revenue \$ 77,295,620.) CARDIAC SURGERY

THE CARDIOLOGISTS, CARDIAC SURGEONS, INTERVENTIONAL RADIOLOGISTS, AND VASCULAR SURGEONS AT THE JOHNS HOPKINS HEART AND VASCULAR INSTITUTE WORK TOGETHER TO PROVIDE HIGH QUALITY, COMPREHENSIVE CARE AND THE MOST ADVANCED TREATMENTS KNOWN TO MEDICINE. FOR GENERATIONS, PEOPLE WITH SERIOUS HEART PROBLEMS HAVE TURNED TO JOHNS HOPKINS CARDIOLOGISTS AND CARDIAC SURGEONS FOR HELP. RECOGNIZED WORLDWIDE, HOPKINS CARDIOLOGISTS PROVIDE COMPREHENSIVE CARE OF THE HIGHEST QUALITY, ENSURING THAT PATIENTS RECEIVE THE MOST ADVANCED TREATMENTS KNOWN TO MEDICINE. OUR CARDIOLOGY PROGRAM FEATURES EXPERT PHYSICIANS WHO DIAGNOSE AND TREAT COMMON AND RARE CARDIAC DISEASES.

4c (Code:) (Expenses \$ 211,959,427. including grants of \$ 0.) (Revenue \$ 261,854,597.) ONCOLOGY

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

4d Other program services (Describe in Schedule O.) (Expenses \$ 1104226491. including grants of \$ 2,702,634.) (Revenue \$ 1276275049.)

4e Total program service expenses 1,493,458,732.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	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		
2b	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 (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	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
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	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).		
7a	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
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
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?		X
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		X
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	15	
1b	Enter the number of voting members included in line 1a, above, who are independent	13	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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	Did the organization have local chapters, branches, or affiliates?		X
10b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
12a	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did 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	
16a	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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) FRANCIS B. BURCH, JR. CHAIRMAN	1.00	X						0.	0.	0.
(2) FRANCIS X. KNOTT VICE CHAIRMAN	1.00	X						0.	0.	0.
(3) LENOX D. BAKER JR., M.D. TRUSTEE	1.00	X						0.	0.	0.
(4) BARBARA P. DOVER TRUSTEE	1.00	X						0.	0.	0.
(5) GEORGE L. BUNTING, JR. TRUSTEE	1.00	X						0.	0.	0.
(6) RONALD J. DANIELS, J.D., LL.M TRUSTEE	1.00	X						0.	0.	0.
(7) HAROLD E. FOX, M.D. TRUSTEE	1.00	X						0.	0.	0.
(8) JAMES T. DRESHER, JR. TRUSTEE	1.00	X						0.	0.	0.
(9) IRA T. FINE, M.D. TRUSTEE	1.00	X						0.	0.	0.
(10) CHRISTOPHER W. KERSEY, M.D. TRUSTEE	1.00	X						0.	0.	0.
(11) TRACI S. LERNER TRUSTEE	1.00	X						0.	0.	0.
(12) EDWARD D. MILLER, M.D. VICE CHAIRMAN	1.00	X		X				0.	794,712.	215,699.
(13) MILTON H. MILLER, JR. TRUSTEE	1.00	X						0.	0.	0.
(14) RONALD R. PETERSON PRESIDENT	1.00	X		X				0.	1,703,555.	1,777,977.
(15) CHARLES H. SALISBURY JR. TRUSTEE	1.00	X						0.	0.	0.
(16) RICHARD O. DAVIS, PH.D V.P., INNOVATION & PT SAFETY	1.00			X				0.	474,440.	113,371.
(17) KENNETH GRANT V.P., GENERAL SERVICES	1.00			X				0.	428,891.	135,681.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DALAL J. HALDEMAN, PH.D V.P., MKTG & COMMUNICATION	1.00			X				0.	381,432.	73,568.
(19) KAREN B. HALLER, PH.D. V.P., NURSING & P.C. SVCS	40.00			X				389,276.	0.	173,817.
(20) HARRY KOFFENBERGER V.P., CORPORATE SECURITRY	1.00			X				0.	325,750.	142,485.
(21) JOHN L. BERGBOWER V.P., CORPORATE SECURITRY	40.00			X				132,077.	0.	38,230.
(22) SALLY W. MACCONNELL V.P., FACILITIES	1.00			X				0.	546,957.	249,605.
(23) PAMELA D. PAULK V.P., HUMAN RESOURCES	1.00			X				0.	583,177.	129,770.
(24) JOANNE E. POLLAK V.P. & GENERAL COUNSEL	1.00			X				0.	872,087.	273,494.
(25) STEPHANIE L. REEL V.P., MGMT SYSTEMS & INFO SVCS	1.00			X				0.	0.	0.
(26) JUDY A. REITZ, SC.D EXECUTIVE V.P. & C.O.O	1.00			X				0.	887,625.	597,698.
1b Sub-total								521,353.	6,998,626.	3,921,395.
c Total from continuation sheets to Part VII, Section A								5,137,771.	2,713,067.	2,926,602.
d Total (add lines 1b and 1c)								5,659,124.	9,711,693.	6,847,997.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **730**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CLARK BANKS , 7500 OLD GEORGETOWN ROAD, BETHESDA, MD 20814	BUILDING CONTRACTOR	137471590.
MCIC VERMONT INC, 900 ASHWOOD PKWY, STE 400, ATLANTA, GA 30338	INSURANCE	26,789,566.
POOLE AND KENT CORPORATION 4530 HOLLINS FERRY RD, BALTIMORE, MD 21227	BUILDING CONTRACTOR	19,880,957.
BROADWAY TRANSPORT SERVICE INC 3709 EAST MONUMENT ST, BALTIMORE, MD 21205	TRANSPORT SERVICE	10,993,325.
QUEST DIAGNOSTICS 3 GIRALDA FARMS, MADISON, NJ 07940	LAB SERVICES	6,360,636.
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 156		

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) REDONDA G. MILLER, M.D. V.P. MEDICAL AFFAIRS	1.00			X				0.	0.	0.
(28) G. DANIEL SHEALER, JR. VP & GEN COUNSEL, VP CORP COMPLIANCE	1.00			X				0.	463,464.	121,415.
(29) RONALD J. WERTHMAN V.P. FINANCE & TREASURER	1.00			X				0.	885,776.	194,736.
(30) SAMUEL H. CLARK, JR. ASSISTANT SECRETARY	1.00			X				0.	299,765.	205,297.
(31) STUART ERDMAN ASSISTANT TREASURER	1.00			X				0.	749,595.	225,338.
(32) EDWARD B. CHAMBERS ADMINISTRATOR PEDIATRICS	40.00			X				319,773.	0.	67,279.
(33) ALLEN VALENTINE ADMINISTRATOR PATHOLOGY	40.00			X				185,554.	0.	92,635.
(34) JOHN HUNDT ADMINISTRATOR SURGERY	40.00			X				252,902.	0.	74,802.
(35) STEVEN MANDELL SR DIRECTOR INFO SVCS	40.00			X				256,679.	0.	72,732.
(36) JAMES SCHEULEN JHM DIRECTOR	40.00			X				223,692.	0.	78,896.
(37) SHELLEY BARANOWSKI SPECIAL ASST TO THE PRESIDENT - PEDS	40.00			X				214,315.	0.	79,557.
(38) JANE HILL DIR, PATIENT REL & PAT FAM CTR CARE	40.00			X				213,310.	0.	90,427.
(39) RENEE DEMSKI SR DIRECTOR OF QUALITY	40.00			X				23,892.	213,070.	100,184.
(40) TERRY LANGBAUM ADMIN, COMPREHENSIVE CANCER CTR	40.00			X				227,789.	0.	74,056.
(41) CHRISTINA LUNDQUIST ADMINISTRATOR	40.00			X				253,304.	0.	99,766.
(42) DIANN SNYDER DIRECTOR OF NURSING	40.00			X				171,991.	0.	85,064.
(43) DANIEL ASHBY SR DIRECTOR PHARMACY	40.00			X				203,544.	0.	80,153.
(44) RICHARD THOMAS ADMINISTRATOR	40.00			X				222,327.	0.	66,876.
(45) KAREN DAVIS DIRECTOR OF NURSING	40.00			X				190,113.	0.	80,685.
(46) MARTIN BLEDSOE ADMINISTRATOR	40.00			X				224,887.	0.	79,931.
Total to Part VII, Section A, line 1c										

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	9711711.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	15,559,220.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		25,270,931.			
	Program Service Revenue	2 a <u>NET PATIENT SRV</u>	Business Code 446110	1,280,941,358.	1,276,275,049.	4,666,309.
b <u>ONCOLOGY REVENUE</u>		446110	261,854,597.	261,854,597.		
c <u>NEUROSURGERY REVENUE</u>		446110	122,882,919.	122,882,919.		
d <u>CARDIAC REVENUE</u>		446110	77,295,620.	77,295,620.		
e						
f All other program service revenue						
g Total. Add lines 2a-2f			1,742,974,494.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		15,692,051.		15,692,051.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	453000.			
		(ii) Personal	0.			
		b Less: rental expenses				
		c Rental income or (loss)	453000.			
	d Net rental income or (loss)		453,000.		453,000.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	544,319,000.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	541,758,804.	34,923.		
		c Gain or (loss)	2,560,196.	-34923.		
	d Net gain or (loss)		2525273.		2,525,273.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	278800.			
		b Less: direct expenses	0.			
		c Net income or (loss) from fundraising events		278,800.		278,800.
	9 a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses						
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a	2,944,488.				
	b Less: cost of goods sold	1,530,676.				
	c Net income or (loss) from sales of inventory		1413812.		1,413,812.	
Miscellaneous Revenue		Business Code				
11 a <u>MISCELLANEOUS REV.</u>		900099	17,323,207.		17,323,207.	
	b <u>CAFETERIA INCOME</u>	900099	2789526.		2,789,526.	
	c <u>VENDING MACHINES</u>	900099	241,513.		241,513.	
	d All other revenue	900099	201,110.		201,110.	
	e Total. Add lines 11a-11d		20,555,356.			
12 Total revenue. See instructions.		1,809,163,717.	1,738,308,185.	4,666,309.	40,918,292.	

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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	2,702,634.	2,702,634.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,557,461.		4,557,461.	
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	521640425.	468053020.	53,587,405.	
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	46,125,121.	41,028,295.	5,096,826.	
9 Other employee benefits	83,411,999.	74,194,973.	9,217,026.	
10 Payroll taxes	42,382,507.	37,699,240.	4,683,267.	
11 Fees for services (non-employees):				
a Management				
b Legal	2,011,917.	1,789,600.	222,317.	
c Accounting	2,436,939.	2,167,657.	269,282.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	708,265.	630,002.	78,263.	
13 Office expenses	397524233.	385248253.	12,275,980.	
14 Information technology				
15 Royalties				
16 Occupancy	2,553,144.	2,271,022.	282,122.	
17 Travel	2,999,618.	585,742.	2,413,876.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,580,127.		1,580,127.	
20 Interest	8,349,047.	7,792,361.	556,686.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	84,407,507.	79,283,432.	5,124,075.	
23 Insurance	15,862,283.	15,661,772.	200,511.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PURCHASED SERVICES JHU	211593223.	189596926.	21,996,297.	
b PURCHASED SERVICES	172702870.	71,046,127.	101656743.	
c BAD DEBT	34,930,082.	34,930,082.		
d SWAP INTEREST	19,114,639.	17,203,175.	1,911,464.	
e All other expenses	66,945,343.	61,574,419.	5,370,924.	
25 Total functional expenses. Add lines 1 through 24e	1,724,539,384.	1,493,458,732.	231080652.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	153,388,153.	1	41,074,092.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	25,613,960.	3	15,079,334.
	4	Accounts receivable, net	167,572,669.	4	210,412,771.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net	54,640,762.	7	264,213,286.
	8	Inventories for sale or use	36,281,470.	8	45,272,225.
	9	Prepaid expenses and deferred charges	5,483,529.	9	8,144,440.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,072,863,733.		
	b	Less: accumulated depreciation	10b 552,048,082.		
			1,336,188,909.	10c	1,520,815,651.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	676,232,846.	12	468,538,370.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	156,333,550.	15	235,980,651.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,611,735,848.	16	2,809,530,820.	
Liabilities	17	Accounts payable and accrued expenses	213,153,645.	17	214,097,701.
	18	Grants payable	2,680,513.	18	1,236,781.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	808,683,473.	20	910,505,112.
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	377,299,839.	25	712,226,537.
	26	Total liabilities. Add lines 17 through 25	1,401,817,470.	26	1,838,066,131.
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	748,391,488.	27	952,205,950.
	28	Temporarily restricted net assets	461,526,890.	28	19,258,739.
	29	Permanently restricted net assets		29	
	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	1,209,918,378.	33	971,464,689.
34	Total liabilities and net assets/fund balances	2,611,735,848.	34	2,809,530,820.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1809163717.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1724539384.
3	Revenue less expenses. Subtract line 2 from line 1	3	84,624,333.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1209918378.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-323,078,022.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	971,464,689.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
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	

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

2011

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - 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?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____
 - (ii) A family member of a person described in (i) above? _____
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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 Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%

16a 33 1/3% support test - 2011. 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

b 33 1/3% support test - 2010. 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

17a 10% -facts-and-circumstances test - 2011. 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

b 10% -facts-and-circumstances test - 2010. 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

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. 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 - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

Name of the organization

Employer identification number

THE JOHNS HOPKINS HOSPITAL

52-0591656

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

THE JOHNS HOPKINS HOSPITAL

52-0591656

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ 156,213.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>		\$ 2,699,484.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>		\$ 698,869.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>		\$ 130,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>		\$ 468,502.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>		\$ 58,643.	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 THE JOHNS HOPKINS HOSPITAL	Employer identification number 52-0591656
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 700,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 2,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 97,944.	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 THE JOHNS HOPKINS HOSPITAL	Employer identification number 52-0591656
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16		\$ 8,170.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17		\$ 14,420.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18		\$ 945,501.	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

Employer identification number

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21		\$ 3,354,174.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22		\$ 33,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23		\$ 50,325.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24		\$ 5,000.	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

Employer identification number

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28		\$ 5,880.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29		\$ 6,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30		\$ 40,000.	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 THE JOHNS HOPKINS HOSPITAL	Employer identification number 52-0591656
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ 110,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32		\$ 122,635.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34		\$ 5,198.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36		\$ 10,000.	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

Employer identification number

THE JOHNS HOPKINS HOSPITAL

52-0591656

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38		\$ 13,640.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40		\$ 56,225.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42		\$ 5,000.	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 THE JOHNS HOPKINS HOSPITAL	Employer identification number 52-0591656
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46		\$ 19,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47		\$ 31,090.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48		\$ 5,500,000.	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 THE JOHNS HOPKINS HOSPITAL	Employer identification number 52-0591656
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$ 122,017.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50		\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52		\$ 115,402.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54		\$ 200,000.	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

Employer identification number

THE JOHNS HOPKINS HOSPITAL

52-0591656

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$ 101,056.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56		\$ 57,872.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57		\$ 9,118.	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

Employer identification number

THE JOHNS HOPKINS HOSPITAL

52-0591656

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2011

Open to Public Inspection

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

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

	(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? Yes 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? Yes No

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) 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, and not on a historic structure listed in the National Register | 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,425,035.		5,425,035.
b Buildings		444105352.	246067818.	198037534.
c Leasehold improvements		2,043,019.	1,386,798.	656,221.
d Equipment		518723838.	273968209.	244755629.
e Other		1,102,566,489.	30,625,257.	1,071,941,232.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,520,815,651.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) U.S. TREASURY NOTES &		
(B) BONDS	35,800,839.	END-OF-YEAR MARKET VALUE
(C) CORPORATE BONDS	57,183,188.	END-OF-YEAR MARKET VALUE
(D) MORTGAGE BACKED		
(E) SECURITIES	25,348,582.	END-OF-YEAR MARKET VALUE
(F) EQUITY INVESTMENTS	52,591,913.	END-OF-YEAR MARKET VALUE
(G) ALTERNATIVE INVESTMENTS	115,766,027.	END-OF-YEAR MARKET VALUE
(H) EQUITY AND EQUITY FUNDS	136,881,132.	END-OF-YEAR MARKET VALUE
(I) FIXED INCOME FUNDS	44,966,689.	END-OF-YEAR MARKET VALUE
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	468,538,370.	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
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
(1) DUE FROM OTHERS	29,362,048.
(2) DUE FROM AFFILIATES	31,014,911.
(3) CASH CAPITAL PROJECTS	644,323.
(4) SPECIAL INV. FUND	63,382,472.
(5) FINANCING EXPENSES - BONDS	44,604,741.
(6) DEPT LT - MARRIOTT NUTR SERV	350,000.
(7) OTHER ASSETS	66,622,156.
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	235,980,651.

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) ADVANCES FROM THIRD PARTY	80,256,763.
(3) DUE TO AFFILIATES	19,724,996.
(4) OTHER LIABILITIES	224,931,984.
(5) WORKERS COMP TAIL LIABILITY	9,016,459.
(6) POST RETIREMENT BENEFITS	1,546,343.
(7) EST. MALPRACTICE COSTS	85,966,976.
(8) PENSION LIABILITY	290,783,016.
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	712,226,537.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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	1809163717.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1724539384.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	84,624,333.
4	Net unrealized gains (losses) on investments	4	-7,751,010.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-315,327,012.
9	Total adjustments (net). Add lines 4 through 8	9	-323,078,022.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-238,453,689.

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	1,802,664,550.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-7,751,010.
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	-7,751,010.
3	Subtract line 2e from line 1	3	1,810,415,560.
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	-1,251,843.
c	Add lines 4a and 4b	4c	-1,251,843.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,809,163,717.

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

1	Total expenses and losses per audited financial statements	1	1,706,672,000.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,706,672,000.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	17,867,384.
c	Add lines 4a and 4b	4c	17,867,384.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,724,539,384.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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

INCOME TAXES CLARIFIES THE ACCOUNTING FOR UNCERTAINTY OF INCOME TAX

POSITIONS. THIS GUIDANCE DEFINES THE THRESHOLD FOR RECOGNIZING TAX RETURN

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

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

PROVIDES GUIDANCE ON THE MEASUREMENT, CLASSIFICATION AND DISCLOSURE OF TAX

RETURN POSITIONS IN THE FINANCIAL STATEMENTS. THERE WAS NO IMPACT ON

JHH'S FINANCIAL STATEMENTS DURING THE YEARS ENDED JUNE 30, 2012 AND 2011

Part XIV Supplemental Information (continued)

RESULTING FROM THIS GUIDANCE.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

AUDIT/BOOK ADJUSTMENT	5,940.
MINIMUM PENSION LIABILITY	-188,441,734.
CHANGE IN MKT VAL. OF SWAP AGREEMENT	-107,608,457.
NET ASSETS RELEASED	-10,846,452.
LOSS FROM ADVANCE REFUNDING OF DEBT	-363,197.
NON-OPERATING SERVICES	-8,073,112.
TOTAL TO SCHEDULE D, PART XI, LINE 8	-315,327,012.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ASSET SALE	278,636.
RECLASS OF COGS	-1,530,676.
AUDIT/BOOK ADJUSTMENT	197.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	-1,251,843.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

RECLASS OF COGS	-1,530,676.
ASSET SALE	278,636.
AUDIT/BOOK ADJUSTMENT	4,785.
INTEREST ON SWAP	19,114,639.
TOTAL TO SCHEDULE D, PART XIII, LINE 4B	17,867,384.

SCHEDULE G
(Form 990 or 990-EZ)

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2011

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		BEST DRESS SALE (event type)	GOLF CLASSIC (event type)	2 (total number)		
Revenue	1	Gross receipts	190,000.	80,000.	8,800.	278,800.
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	190,000.	80,000.	8,800.	278,800.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through 9 in column (d)				()
11	Net income summary. Combine line 3, column (d), and line 10				278,800.	

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

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

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Did the organization use FPG to determine eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	<input checked="" type="checkbox"/>	
<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> %		
c If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		<input checked="" type="checkbox"/>
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			36,281,442.		36,281,442.	2.15%
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			36,281,442.		36,281,442.	2.15%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			31,147,546.	1,793,399.	29,354,147.	1.74%
f Health professions education (from Worksheet 5)			106,236,515.		106,236,515.	6.29%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			75,000.		75,000.	.00%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,069,592.	1,635.	1,067,957.	.06%
j Total Other Benefits			138,528,653.	1,795,034.	136,733,619.	8.09%
k Total Add lines 7d and 7j			174,810,095.	1,795,034.	173,015,061.	10.24%

Part V Facility Information

Section A. Hospital Facilities

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

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

Name and address

1 THE JOHNS HOPKINS HOSPITAL
1800 ORLEANS STREET
BALTIMORE, MD 21287

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of Hospital Facility: THE JOHNS HOPKINS HOSPITAL

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

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8		X
If "Yes," indicate what the Needs Assessment describes (check all that apply):		
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 _____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		
5 Did the hospital facility make its Needs Assessment widely available to the public?		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in its community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
8 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>200</u> %		
If "No," explain in Part VI the criteria the hospital facility used.		

Part V Facility Information (continued) THE JOHNS HOPKINS HOSPITAL

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>270</u> % If "No," explain in Part VI the criteria the hospital facility used.	X	
11 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply): a <input checked="" type="checkbox"/> Income level b <input checked="" type="checkbox"/> Asset level c <input checked="" type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input checked="" type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	X	
12 Explained the method for applying for financial assistance?	X	
13 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply): a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website b <input checked="" type="checkbox"/> The policy was attached to billing invoices c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility f <input checked="" type="checkbox"/> The policy was available on request g <input type="checkbox"/> Other (describe in Part VI)	X	

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	X	
15 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine patient's eligibility under the facility's FAP: a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other similar actions (describe in Part VI)		
16 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged: a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other similar actions (describe in Part VI)	X	
17 Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply): a <input type="checkbox"/> Notified patients of the financial assistance policy on admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Part VI)		

Part V Facility Information (continued) THE JOHNS HOPKINS HOSPITAL

Policy Relating to Emergency Medical Care

18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

	Yes	No
18	X	

If "No," indicate why:

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

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

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

--	--	--

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI.

20		X
----	--	---

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

If "Yes," explain in Part VI.

21		X
----	--	---

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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

PART I, LINE 7G: THE JOHNS HOPKINS HOSPITAL DOES NOT HAVE ANY SUBSIDIZED HEALTH SERVICES.

PART I, LN 7 COL(F): THE AMOUNT OF BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$34,930,082.

PART II: IN FY 2012, THE JOHNS HOPKINS HOSPITAL COMMUNITY BENEFIT PROGRAM INCLUDED NUMEROUS INITIATIVES THAT SUPPORT THE HOSPITALS EFFORTS TO MEET THE NEEDS OF THE COMMUNITY. THESE INITIATIVES ARE DECENTRALIZED AND USE A VARIETY OF METHODS TO IDENTIFY COMMUNITY NEEDS. OVER 320 PROGRAMS AND INITIATIVES WERE CARRIED OUT OR SUPPORTED BY ADMINISTRATIVE, CLINICAL, AND OPERATIONAL DEPARTMENTS AT THE JOHNS HOPKINS

Part VI Supplemental Information

HOSPITAL. COMMUNITY HEALTH PROGRAMS AND INITIATIVES UNDERTAKEN DURING FY2012 INCLUDE: HEALTH LEADS, THE ACCESS PARTNERSHIP, YOU GOTTA HAVE HEART COLLABORATION, MARTIN LUTHER KING, JR. EARLY HEAD START, COMPREHENSIVE WOMENS CENTER SUBSTANCE ABUSE PROGRAM, HOUSING SUPPORT FOR MALE SUBSTANCE ABUSE PATIENTS, HOMELESS OUTREACH SERVICES TEAM, OPERATION PULSE, JH SUMMER JOBS PROGRAM, AND EAST BALTIMORE DEVELOPMENT INC.

PART III, LINE 4: BAD DEBT EXPENSE ENTERED COMES FROM THE HOSPITALS BOOKS AND RECORDS.

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 HOSPITAL, INC (JHH) CANNOT DETERMINE THE AMOUNT THAT REASONABLE COULD BE ATTRIBUTABLE TO PATIENTS WHO LIKELY WOULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE HOSPITALS CHARITY CARE POLICY. THE ORGANIZATIONS 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

Part VI Supplemental Information

IN MARYLAND HOSPITALS.

THE JOHNS HOPKINS HOSPITAL:

PART V, SECTION B, LINE 19D: MARYLAND IS THE ONLY STATE IN WHICH ALL PAYORS (GOVERNMENTALLY-INSURED, COMMERCIALY INSURED, OR SELF-PAY) ARE CHARGED THE SAME PRICE FOR SERVICES AT ANY GIVEN HOSPITAL.

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

PART VI, LINE 2: JHH USES A VARIETY OF METHODS TO IDENTIFY THE COMMUNITY NEEDS. JHH AND OTHER HOSPITAL IN THE BALTIMORE REGION AND BALTIMORE CITY HEALTH DEPARTMENT HAVE UNDERTAKEN AN EFFORT TO SHARE HEALTH DATA/INFORMATION THAT CAN LEAD TO A BETTER QUALITY OF LIFE FOR ALL RESIDENTS OF BALTIMORE CITY. AS SUCH, THE BALTIMORE CITY HEALTH DEPARTMENT CONVENED A COMMUNITY HEALTH ASSESSMENT MEETING IN OCTOBER 2011 THAT BROUGHT TOGETHER LEADERS FROM ALL OF THE HOSPITALS IN BALTIMORE CITY. THIS MEETING WAS AN IMPORTANT STEP ON THE PATH OF IMPROVING AND COORDINATING COMMUNICATION BETWEEN THE CITY AND JHH, SO THAT ALL STAKEHOLDERS ARE MORE CONSISTENTLY ENGAGED.

MEETINGS WITH EAST BALTIMORE ELECTED OFFICIALS, BALTIMORE CITY ELECTED OFFICIALS AND CITY DEPARTMENTAL OFFICIALS, COMMUNITY LEADERS, FAITH-BASED ORGANIZATION LEADERS, AND COMMUNITY-BASED ORGANIZATIONS WITH A SPECIFIC AGENDA FOCUSED ON COMMUNITY NEEDS WERE USED FOR GATHERING INFORMATION AND OPINIONS FROM PERSONS WHO REPRESENT THE INTEREST OF GROUPS WITH HEALTHCARE DISPARITIES AND UNDERSERVED MEMBERS OF THE COMMUNITY. AS PART OF AN ONGOING AND CONTINUOUS COMMUNITY HEALTH NEEDS IDENTIFICATION PROCESS, JHH SENIOR LEADERSHIP AND JHH STAFF MEMBERS IN THE OFFICE OF EAST BALTIMORE

Part VI Supplemental Information

COMMUNITY AFFAIRS AND OFFICE OF COMMUNITY HEALTH MEET REGULARLY AND ON AN AD-HOC REQUEST BASIS WITH COMMUNITY STAKEHOLDERS.

JHH SENIOR LEADERSHIP SERVES ON THE BOARDS OF THE EAST BALTIMORE DEVELOPMENT INC. (EBDI) AND THE HISTORIC EAST BALTIMORE COMMUNITY ACTION COALITION (HEBCAC). BOTH INITIATIVES INCLUDED SIGNIFICANT INVOLVEMENT FROM COMMUNITY MEMBERS, NONPROFIT ORGANIZATIONS, GOVERNMENT REPRESENTATIVES AND THE BUSINESS COMMUNITY. DISCUSSIONS AT EBDI AND HEBCAC MEETINGS HAVE COVERED A RANGE OF TOPICS RELATED TO QUALITY OF LIFE IN EAST BALTIMORE, AND WAYS IN WHICH JOHNS HOPKINS MIGHT CONTINUE TO WORK TOGETHER WITH ELECTED OFFICIALS FROM EAST BALTIMORE ON MEASURES TO ADVANCE EDUCATION, WORKFORCE DEVELOPMENT, EMPLOYMENT OPPORTUNITIES, PUBLIC SAFETY, AND ECONOMIC AND NEIGHBORHOOD DEVELOPMENT IN THE AREAS AROUND THE JOHNS HOPKINS EAST BALTIMORE MEDICAL CAMPUS. JHH OFFICE OF EAST BALTIMORE COMMUNITY AFFAIRS STAFF MEMBERS SERVE ON THE BOARD OF THE URBAN HEALTH INSTITUTE AND ARE INVOLVED IN PLANNING AND COORDINATION OF THE COMMUNITY HEALTH INITIATIVE AND ITS FIRST PHASE COMMUNITY HEALTH ASSESSMENT. SECONDARY DATA WERE COLLECTED FROM A VARIETY OF LOCAL, COUNTY, AND STATE SOURCES TO PRESENT A COMMUNITY PROFILE, ACCESS TO HEALTH CARE, CHRONIC DISEASES, SOCIAL ISSUES AND OTHER HEALTH INDICATORS. ANALYSES WERE CONDUCTED AT THE MOST LOCAL LEVEL POSSIBLE FOR THE HOSPITALS PRIMARY AND COMMUNITY BENEFIT SERVICE AREAS, GIVEN THE AVAILABILITY OF THE DATA.

IN 2011, THE JHH COMMUNITY HEALTH NEEDS ASSESSMENT/IMPLEMENTATION STRATEGY TASK FORCE BEGAN THE PLANNING PROCESS FOR CONDUCTING A COMMUNITY HEALTH NEEDS ASSESSMENT IN THE SEVEN EAST BALTIMORE ZIP CODES THAT MAKE UP THE HOSPITALS COMMUNITY BENEFIT SERVICE AREA. IN THE SUMMER OF 2012, PRIMARY DATA GATHERING, CONSISTING OF INTERVIEWS OF KEY COMMUNITY STAKEHOLDERS, FOCUS GROUPS, QUESTIONNAIRES, AND PHONE SURVEYS, AND SECONDARY DATA

Part VI Supplemental Information

ANALYSIS WERE COMPLETED. THROUGH THE FALL OF 2012, THE TASK FORCE, IN COLLABORATION WITH A STRATEGIC HEALTHCARE CONSULTANT, THE CARNAHAN GROUP, HAS COMPLETED A FINAL DRAFT VERSION OF THE COMMUNITY HEALTH NEEDS ASSESSMENT. THE CURRENT FOCUS IS ON DEVELOPING AN IMPLEMENTATION STRATEGY FOR THE PRIORITIZED COMMUNITY HEALTH NEEDS.

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

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

PART VI, LINE 4: JHH GEOGRAPHIC SERVICE AREA IS URBAN. THE HOSPITAL CONSIDERS ITS COMMUNITY BENEFIT SERVICE AREA (CBSA) AS SPECIFIC POPULATIONS OR COMMUNITIES OF NEED TO WHICH THE HOSPITAL ALLOCATES RESOURCES THROUGH ITS COMMUNITY BENEFIT PLAN. THE CBSA IS

Part VI Supplemental Information

DEFINED BY THE GEOGRAPHIC AREA CONTAINED WITHIN THE FOLLOWING SEVEN ZIP
CODES: 21213, 21205, 21224, 21218, 21202, 21231 AND 21206.

THE GENERAL DATA FOR THIS COMMUNITY BENEFIT SERVICE AREA ARE AS FOLLOWS:

TOTAL POPULATION WAS 233,587 OF WHICH 48.3% WERE MALES AND 51.7% WERE
FEMALES, AVERAGE HOUSEHOLD INCOME WAS \$50,512, 37.1% OF RESIDENTS ARE
UNINSURED, 31.2% OF RESIDENTS ARE COVERED BY MEDICAID/MEDICARE, 25.1% OF
PEOPLE HAD INCOME BELOW THE FEDERAL POVERTY GUIDELINES.

NUMBER OF OTHER HOSPITALS SERVING THE COMMUNITY OR COMMUNITIES: 25

FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREAS OR POPULATIONS ARE
PRESENT IN THE COMMUNITY .

PART VI, LINE 5: 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;

Part VI Supplemental Information

2. REVIEW AND APPROVE HOSPITAL RATES;
3. COLLECT INFORMATION DETAILING TRANSACTIONS BETWEEN HOSPITALS AND FIRMS WITH WHICH THEIR TRUSTEES HAVE A FINANCIAL INTEREST; AND,
4. MAINTAIN THE SOLVENCY OF EFFICIENT AND EFFECTIVE HOSPITALS.

SINCE 2000, THE RATE SETTING COMMISSION HAS HAD ITS OWN FRAMEWORK FOR REPORTING HOSPITALS COMMUNITY BENEFITS AND ISSUING A REPORT ANNUALLY REGARDING HOSPITALS COMMUNITY BENEFIT TOTALS. THAT REPORT IS AVAILABLE ON [HTTP://WWW.HSRC.STATE.MD.US/COMMUNITY BENEFITS/DOCUMENTS/CBR_FY2007_FINAL_REPORT.PDF](http://www.hsrc.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, (HSRC) 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

Part VI Supplemental Information

ASSESSMENT. IN RECENT YEARS, THE STATE OF MARYLAND HAS CLOSED FISCAL GAPS IN THE STATE MEDICAID BUDGET BY ASSESSING HOSPITALS THROUGH THE RATE-SETTING SYSTEM.

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

PART VI, LINE 6: THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION (JHHS) IS INCORPORATED IN THE STATE OF MARYLAND TO, AMONG OTHER THINGS, FORMULATE POLICY AMONG AND PROVIDE CENTRALIZED MANAGEMENT FOR JHHS AND AFFILIATES. JHHS IS ORGANIZED AND OPERATED FOR THE PURPOSE OF PROMOTING HEALTH BY FUNCTIONING AS A PARENT HOLDING COMPANY OF AFFILIATES WHOSE COMBINED MISSION IS TO PROVIDE PATIENT CARE IN THE TREATMENT AND PREVENTION OF HUMAN ILLNESS WHICH COMPARES FAVORABLY WITH THAT RENDERED BY ANY OTHER INSTITUTION IN THIS COUNTRY OR ABROAD.

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

Part VI Supplemental Information

(ACH), A FL ACADEMIC CHILDRENS HOSPITAL.

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

MD

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number
52-0591656

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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. Part II can be duplicated if additional space is needed. ▶

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOHNS HOPKINS COMMUNITY PHYSICIANS, INC - 3910 KESWICK RD, S BLDG, STE 4300A - BALTIMORE, MD 21211	52-1467441	501(C)(3)	2,687,781.	0.			SERVICES TO UNINSURED PATIENTS
HEATHER ANN RICCI MEMORIAL FUND, INC - 2408 EDWARDS MANOR DR - FOREST HILL, MD 21050	20-1095235	501(C)(3)	5,000.	0.			TO SUPPORT HEALTH CARE PUBLIC CHARITY
NATIONAL KIDNEY FOUNDATION OF MD 1107 KENILWORTH DRIVE, STE 202 BALTIMORE, MD 21204	52-6069952	501(C)(3)	5,000.	0.			TO SUPPORT HEALTH CARE PUBLIC CHARITY

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

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

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

Schedule I (Form 990) (2011)

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

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

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

▶ Attach to Form 990. ▶ See separate instructions.

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number

52-0591656

Part I Questions Regarding Compensation

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"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

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?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		X
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2011

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 EDWARD D. MILLER, M.D.	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 413,665.	181,916.	199,131.	214,467.	1,232.	1,010,411.	0.
2 RONALD R. PETERSON	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 1101197.	451,124.	151,234.	1,754,885.	23,092.	3,481,532.	0.
3 RICHARD O. DAVIS, PH.D.	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 283,443.	75,235.	115,762.	85,233.	28,138.	587,811.	0.
4 KENNETH GRANT	(i) 0.	0.	0.	0.	0.	0.	0.
DALAL J. HALDEMAN,	(ii) 286,998.	80,569.	61,324.	109,644.	26,037.	564,572.	28,845.
5 PH.D.	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 280,870.	79,969.	20,593.	52,561.	21,007.	455,000.	0.
6 KAREN B. HALLER, PH.D.	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 305,675.	61,563.	22,038.	151,546.	22,271.	563,093.	0.
7 HARRY KOFFENBERGER	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 188,280.	53,796.	83,674.	136,974.	5,511.	468,235.	0.
8 JOHN L. BERGBOWER	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 104,851.	15,104.	12,122.	34,356.	3,874.	170,307.	0.
9 SALLY W. MACCONNELL	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 344,195.	95,660.	107,102.	235,390.	14,215.	796,562.	0.
10 PAMELA D. PAULK	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 390,785.	109,907.	82,485.	118,144.	11,626.	712,947.	0.
11 JOANNE E. POLLAK	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 536,604.	184,942.	150,541.	242,490.	31,004.	1,145,581.	0.
12 JUDY A. REITZ, SC.D.	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 516,462.	167,174.	203,989.	570,646.	27,052.	1,485,323.	0.
13 G. DANIEL SHEALER, JR.	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 309,754.	88,738.	64,972.	107,890.	13,525.	584,879.	0.
14 RONALD J. WERTHMAN	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 568,904.	160,725.	156,147.	169,762.	24,974.	1,080,512.	0.
15 SAMUEL H. CLARK, JR.	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 224,567.	57,048.	18,150.	186,827.	18,470.	505,062.	0.
16 STUART ERDMAN	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 281,869.	63,489.	404,237.	203,716.	21,622.	974,933.	182,836.

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 EDWARD B. CHAMBERS	(i)	223,408.	22,982.	73,383.	42,475.	24,804.	387,052.
	(ii)	0.	0.	0.	0.	0.	0.
2 ALLEN VALENTINE	(i)	145,313.	18,441.	21,800.	76,083.	16,552.	278,189.
	(ii)	0.	0.	0.	0.	0.	0.
3 JOHN HUNDT	(i)	205,036.	17,792.	30,074.	63,305.	11,497.	327,704.
	(ii)	0.	0.	0.	0.	0.	0.
4 STEVEN MANDELL	(i)	220,859.	31,973.	3,847.	46,125.	26,607.	329,411.
	(ii)	0.	0.	0.	0.	0.	0.
5 JAMES SCHEULEN	(i)	188,888.	24,617.	10,187.	55,905.	22,991.	302,588.
	(ii)	0.	0.	0.	0.	0.	0.
6 SHELLEY BARANOWSKI	(i)	181,027.	17,036.	16,252.	45,538.	34,019.	293,872.
	(ii)	0.	0.	0.	0.	0.	0.
7 JANE HILL	(i)	181,250.	22,651.	9,409.	69,170.	21,257.	303,737.
	(ii)	0.	0.	0.	0.	0.	0.
8 RENEE DEMSKI	(i)	7,648.	0.	16,244.	0.	2,859.	26,751.
	(ii)	175,184.	28,241.	9,645.	75,414.	21,911.	310,395.
9 TERRY LANGBAUM	(i)	200,859.	25,537.	1,393.	53,618.	20,438.	301,845.
	(ii)	0.	0.	0.	0.	0.	0.
10 CHRISTINA LUNDQUIST	(i)	200,773.	19,684.	32,847.	91,642.	8,124.	353,070.
	(ii)	0.	0.	0.	0.	0.	0.
11 DIANN SNYDER	(i)	152,205.	17,029.	2,757.	63,066.	21,998.	257,055.
	(ii)	0.	0.	0.	0.	0.	0.
12 DANIEL ASHBY	(i)	174,599.	25,216.	3,729.	55,940.	24,213.	283,697.
	(ii)	0.	0.	0.	0.	0.	0.
13 RICHARD THOMAS	(i)	176,376.	22,874.	23,077.	44,977.	21,899.	289,203.
	(ii)	0.	0.	0.	0.	0.	0.
14 KAREN DAVIS	(i)	160,354.	20,740.	9,019.	60,385.	20,300.	270,798.
	(ii)	0.	0.	0.	0.	0.	0.
15 MARTIN BLEDSOE	(i)	151,021.	40,541.	33,325.	58,634.	21,297.	304,818.
	(ii)	0.	0.	0.	0.	0.	0.
16 DEBORAH BAKER	(i)	151,264.	15,381.	13,085.	50,562.	29,061.	259,353.
	(ii)	0.	0.	0.	0.	0.	0.

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 HOWARD GWON	(i)	85,982.	0.	579.	10,289.	96,850.	0.
	(ii)	74,847.	23,513.	3,037.	148,256.	258,512.	0.
2 SHARON KRUMM	(i)	161,794.	20,317.	802.	96,445.	288,819.	0.
	(ii)	0.	0.	0.	0.	0.	0.
3 CHARLES BARBARA	(i)	169,661.	21,003.	27,747.	25,830.	260,462.	0.
	(ii)	0.	0.	0.	0.	0.	0.
4 JAHANSHA BEHZAD	(i)	154,637.	18,131.	11,653.	28,264.	234,300.	0.
	(ii)	0.	0.	0.	0.	0.	0.
5 WALKER WYLIE	(i)	207,307.	44,599.	76,734.	92,984.	445,704.	0.
	(ii)	0.	0.	0.	0.	0.	0.
6 JUDITH ROHDE	(i)	153,463.	19,764.	24,331.	73,916.	280,946.	0.
	(ii)	0.	0.	0.	0.	0.	0.
7 KAREN HAUCK	(i)	184,540.	2,000.	692.	77,001.	280,355.	0.
	(ii)	0.	0.	0.	0.	0.	0.
8 ALAN COLTRI	(i)	165,534.	21,009.	13,146.	104,521.	330,324.	0.
	(ii)	0.	0.	0.	0.	0.	0.
9 STEPHANIE HUGHES	(i)	105,231.	2,000.	81,313.	65,331.	276,244.	0.
	(ii)	0.	0.	0.	0.	0.	0.
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

Part III Supplemental Information

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

PART I, LINE 1A: CERTAIN EMPLOYEES OF THE JOHNS HOPKINS HOSPITAL WERE PROVIDED A GROSS UP ON THEIR BONUS AMOUNTS. 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 BONUSES.

PART I, LINE 4B: MAKE WHOLE PLAN & SERP I PLAN:
THE MAKE WHOLE AND SERP I PLANS ARE FROZEN, NON-TAX QUALIFIED DEFINED BENEFIT PLANS. PARTICIPATION IN THE PLANS IS LIMITED TO THE EXISTING PLAN PARTICIPANTS. THE BENEFITS UNDER THE PLANS ARE BASED UPON THE PARTICIPANT'S LENGTH OF SERVICE AND COMPENSATION. THE MAKE WHOLE PLAN WAS DESIGNED TO REPLACE THE BENEFITS THE PARTICIPANTS LOST DUE TO THE COMPENSATION LIMITS IMPOSED BY LAW UPON OUR QUALIFIED DEFINED BENEFIT PLAN. IN THE MANNER REQUIRED BY APPLICABLE IRS RULES, THE DESIGN OF EACH OF THESE ARRANGEMENTS WAS APPROVED AS REASONABLE, IN ADVANCE, BY AN INDEPENDENT COMPENSATION COMMITTEE, WHICH BASED ITS DECISION ON DATA PROVIDED BY AN INDEPENDENT COMPENSATION CONSULTANT. PARTICIPANTS' INTERESTS UNDER THESE

Part III Supplemental Information

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

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.

SERP II PLAN & SRP PLAN:

THE SERP II AND SRP PLANS ARE ACTIVE; NON-TAX QUALIFIED DEFINED

CONTRIBUTION TARGET BENEFIT PLANS. THE PLANS ARE DESIGNED TO ACHIEVE A

Part III Supplemental Information

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

REASONABLE TARGETED RETIREMENT BENEFIT LEVEL FOR EACH PARTICIPANT (IN COMBINATION WITH THE OTHER RETIREMENT PROGRAMS OF THE EMPLOYER) BASED UPON CERTAIN CRITERIA, SUCH AS EACH PARTICIPANT'S LENGTH OF SERVICE AND COMPENSATION. IN THE MANNER REQUIRED BY APPLICABLE IRS RULES, THE DESIGN OF EACH OF THESE ARRANGEMENTS WAS APPROVED AS REASONABLE, IN ADVANCE, BY AN INDEPENDENT COMPENSATION COMMITTEE, WHICH BASED ITS DECISION ON DATA PROVIDED BY AN INDEPENDENT COMPENSATION CONSULTANT. PARTICIPANTS' INTERESTS UNDER THESE ARRANGEMENTS ARE NOT GUARANTEED OR SECURED AT ANY WAY AND AT ALL TIMES ARE SUBJECT TO CLAIMS OF EMPLOYER'S BANKRUPTCY/INSOLVENCY 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.

Part II Supplemental Information

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

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

PARTICIPATED IN A NONQUALIFIED RETIREMENT PLAN AND RECEIVED ACCRUED

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

STUART ERDMAN \$76,134.75; DALAL J. HALDEMAN, PH.D \$10,219.00; KAREN B.

HALLER, PH.D \$57,793.26; RONALD R. PETERSON \$1,626,957.00; RICHARD O.

DAVIS, PH.D \$19,392.55; KENNETH GRANT \$30,358.44; SALLY W. MACCONNELL

\$136,736.30; EDWARD D. MILLER, M.D. \$145,970.60; PAMELA D. PAULK

\$59,261.46; JOANNE E. POLLAK \$184,686.30; JUDY A. REITZ, SC.D \$463,574.20;

G. DANIEL SHEALER, JR. \$34,547.40; RONALD J. WERTHMAN \$67,851.85 AND SAMUEL

H. CLARK, JR \$80,512.00.

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

PARTICIPATED IN A NON QUALIFIED RETIREMENT PLAN AND RECEIVED PAYMENT FROM

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

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

PRIOR YEARS FORMS 990:

MARTIN BLEDSOE \$1,856.00; RICHARD O. DAVIS, PH.D \$61,833.13; STUART ERDMAN

\$385,601.73; KENNETH GRANT \$40,168.29; JOHN HUNDT \$19,996.00; HARRY

Part III Supplemental Information

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

KOFFENBERGER \$55,190.00; PAMELA D. PAULK \$62,843.26; SALLY W. MCCONNELL \$66,343.00; JOANNE E. POLLAK \$101,440.07; JUDY A. REITZ, SC.D \$143,663.90; G. DANIEL SHEALER, JR. \$46,861.46; RENEE DEMSKI \$424.00; JANE HILL \$4,760.00; RONALD J. WERTHMAN \$127,412.76; EDWARD D. MILLER, M.D. \$176,210.84; WALKER WYLIE \$31,736.00; JAMES SCHEULEN \$8,416.00; CHRISTINA LUNDQUIST \$11,872.00; RICHARD THOMAS \$3,984.00; JUDITH ROHDE \$22,966.73; AND JAHANSHA BEHZAD \$8,024.00.

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

DEPENDENT TUITION REIMBURSEMENT: THE DEPENDENT TUITION REIMBURSEMENT PROGRAM REIMBURSES EMPLOYEES FOR 50% LESS TAXES OF EACH DEPENDENT CHILD'S FULL TIME UNDERGRADUATE TUITION AND MANDATORY ACADEMIC FEES, UP TO A MAXIMUM OF 50% OF THE JOHNS HOPKINS UNIVERSITY'S FRESHMAN UNDERGRADUATE TUITION FOR EACH ELIGIBLE DEPENDENT. EMPLOYEES WHO HAVE A MINIMUM OF TWO YEARS OF CONTINUOUS SERVICE ARE ELIGIBLE. THE DEPENDENT MUST BE ENROLLED

Part III Supplemental Information

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

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.

TUITION REIMBURSEMENT: TUITION REIMBURSEMENT IS AVAILABLE TO EMPLOYEES THAT WORK 20 HOURS OR MORE A WEEK FOR UP TO A MAXIMUM BENEFIT OF \$10,000 PER ACADEMIC YEAR. TO RECEIVE REIMBURSEMENT, ELIGIBLE EMPLOYEES MUST PURSUE A COURSE OF STUDY AT AN ACCREDITED UNIVERSITY OR COLLEGE THAT LEADS TO A LICENSURE, DEGREE, OR MEETS THE NECESSITY RELATED TO CURRENT POSITION OR ANOTHER POSITION WITHIN THE ORGANIZATION.

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 990S AS DEFERRED COMPENSATION. THE AMOUNT REPORTED COULD BE DIFFERENT THAN THE TOTAL AMOUNT PREVIOUSLY REPORTED ON PRIOR YEAR 990S BECAUSE PARTICIPANTS HAVE ACCRUED BENEFITS UNDER OUR DEFERRED COMPENSATION PLAN FOR MANY YEARS AND SOME PLANS ORIGINATED IN THE 1980S. THEREFORE IT IS DIFFICULT TO IDENTIFY THE ENTIRE PREVIOUSLY REPORTED AMOUNT FOR THIS EXTENDED PERIOD OF TIME.

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

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

OMB No. 1545-0047
2011
Open to Public Inspection

Name of the organization: **THE JOHNS HOPKINS HOSPITAL**
SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS
Employer identification number: **52-0591656**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
MARYLAND HEALTH AND A HIGHER EDUCATIONAL FACIL52-093609157421XAA6			03/01/04	60,000,000	REFUND PRIOR ISSUES 6/29/98, R		X		X		X
MARYLAND HEALTH AND B HIGHER EDUCATIONAL FACIL52-093609157422AC96			11/13/07	40,000,000	FINANCE OR REFINANCE THE ACQ		X		X		X
MARYLAND HEALTH AND C HIGHER EDUCATIONAL FACIL52-093609157422B7M9			04/02/08	168,650,000	REFUND PRIOR ISSUE 10/25/07. S		X		X		X
MARYLAND HEALTH AND D HIGHER EDUCATIONAL FACIL52-0936091574217X83			06/26/08	150,002,476	CONSTRUCTION AND EQUIPMENT FOR CAR		X		X		X

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired	25,000,000.			
2 Amount of bonds legally defeased				48,245,000.
3 Total proceeds of issue	60,000,000.	40,000,000.	168,650,000.	150,002,476.
4 Gross proceeds in reserve funds				
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows		167,569.		
7 Issuance costs from proceeds				
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds		39,832,431.		150,002,476.
11 Other spent proceeds				
12 Other unspent proceeds				
13 Year of substantial completion	2007		2012	

Part III Private Business Use

	2007		2012	
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X		X	
15 Were the bonds issued as part of an advance refunding issue?		X	X	
16 Has the final allocation of proceeds been made?	X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X	

Part III Private Business Use

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

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

ENTITY 2

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

OMB No. 1545-0047
2011
Open to Public Inspection

Name of the organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number
52-0591656

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

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Deceased (h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No
MARYLAND HEALTH AND A HIGHER EDUCATIONAL FACIL	52-09360915742176Z3	06/16/10	150,000,216.	CONSTRUCTION AND EQUIPPING OF TWO		X			X
MARYLAND HEALTH AND B HIGHER EDUCATIONAL FACIL	52-093609157421XNP9	08/26/08	15,000,000.	FINANCE BUILDING CONSTRUCTION AND		X			X
MARYLAND HEALTH AND C HIGHER EDUCATIONAL FACIL	52-0936091574217H65	10/25/07	168,650,000.	2007A AND 2007B SERIES TO ADVANCE		X			X
MARYLAND HEALTH AND D HIGHER EDUCATIONAL FACIL	52-0936091574218CZ4	11/10/11	82,184,815.	REFUND PRIOR ISSUES (08/29/01)		X			X

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired			168,650,000.	
2 Amount of bonds legally defeased				
3 Total proceeds of issue	150,000,216.	15,000,000.	168,650,000.	82,184,815.
4 Gross proceeds in reserve funds				
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows				
7 Issuance costs from proceeds			1,446,626.	
8 Credit enhancement from proceeds			1,587,551.	
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds	150,000,216.	15,000,000.		
11 Other spent proceeds				
12 Other unspent proceeds				
13 Year of substantial completion	2012			

Part III Private Business Use

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

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

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

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

Part I Bond Issues	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased (h) On behalf of issuer		(i) Pooled financing		
							Yes	No	Yes	No	Yes
MARYLAND HEALTH AND A HIGHER EDUCATIONAL FACIL	MARYLAND HEALTH AND A HIGHER EDUCATIONAL FACIL	52-0936091574218DJ9	11/10/11	48,245,000	REFUND PRIOR ISSUES (06/26/08)			X			X
MARYLAND HEALTH AND B HIGHER EDUCATIONAL FACIL	MARYLAND HEALTH AND B HIGHER EDUCATIONAL FACIL	52-0936091574218G00	02/15/12	53,510,000	REFUND PRIOR ISSUES (02/09/04)			X			X
MARYLAND HEALTH AND C HIGHER EDUCATIONAL FACIL	MARYLAND HEALTH AND C HIGHER EDUCATIONAL FACIL	52-0936091574218G00	05/03/12	111,453,965	CONSTRUCTION AND EQUIPPING OF TWO FINANCE BUILDING			X			X
MARYLAND HEALTH AND D HIGHER EDUCATIONAL FACIL	MARYLAND HEALTH AND D HIGHER EDUCATIONAL FACIL	52-0936091574218G00	10/05/11	10,000,000	CONSTRUCTION AND			X			X

Part II Proceeds	A			B			C			D		
	Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total
1												
2												
3			48,245,000			53,510,000			111,453,965			10,000,000
4												
5												
6									883,808			
7												
8												
9												
10									110,570,157			10,000,000
11												
12												
13												
14												
15												
16												
17												

Part III Private Business Use	A			B			C			D		
	Yes	No	Total	Yes	No	Total	Yes	No	Total	Yes	No	Total
1												
2												

52-0591656

THE JOHNS HOPKINS HOSPITAL

Schedule K (Form 990) 2011

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%	.46	%	.10	%	.17	%
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		%	.02	%	.05	%	.08	%
6 Total of lines 4 and 5		%	.48	%	.15	%	.25	%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X	

Part IV Arbitrage

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

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations

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

SEE PART VI SUPPLEMENTAL EXPLANATION SHEET

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c Are there any research agreements that may result in private business use of bond-financed property?		X	X		X		X	
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?			X		X		X	
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		.17 %		.02 %				
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		.08 %		.01 %				
6 Total of lines 4 and 5		.25 %		.03 %				
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X
2 Is the bond issue a variable rate issue?		X		X		X		X
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider	MERRILL LYNCH AND CO							
c Term of hedge	30.800000							
d Was the hedge superintergrated?				X		X		
e Was the hedge terminated?				X		X		
4a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?						X		
5 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
6 Did the bond issue qualify for an exception to rebate?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations Yes No

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

SEE PART VI SUPPLEMENTAL EXPLANATION SHEET

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government05 %				.92 %		.01 %	
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 government03 %				.06 %		.01 %	
6 Total of lines 4 and 508 %				.98 %		.02 %	
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X	

Part IV Arbitrage

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

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations

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

SEE PART VI SUPPLEMENTAL EXPLANATION SHEET

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

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME:

MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY

(F) DESCRIPTION OF PURPOSE:

REFUND PRIOR ISSUES 6/29/98, REVOLVING COMMERCIAL PAPER PROGRAM.

(A) ISSUER NAME:

MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY

(F) DESCRIPTION OF PURPOSE:

FINANCE OR REFINANCE THE ACQUISITION, CONSTRUCTION, RENOVATION AND EQUIPMEN

(A) ISSUER NAME:

MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY

(F) DESCRIPTION OF PURPOSE: REFUND PRIOR ISSUE 10/25/07. SERIES E AND F

(A) ISSUER NAME:

MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY

(F) DESCRIPTION OF PURPOSE:

CONSTRUCTION AND EQUIPMENT FOR CARDIOVASCULAR, CRITICAL CARE AND CHILDRENS.

(A) ISSUER NAME:

MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY

(F) DESCRIPTION OF PURPOSE:

CONSTRUCTION AND EQUIPPING OF TWO MEDICAL TOWERS.

(A) ISSUER NAME:

MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY

(F) DESCRIPTION OF PURPOSE:

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

FINANCE BUILDING CONSTRUCTION AND ACQUISITION OF EQUIPMENT

(A) ISSUER NAME:

MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY

(F) DESCRIPTION OF PURPOSE:

2007A AND 2007B SERIES TO ADVANCE REFUND 1999 AND 2003 BONDS

(A) ISSUER NAME:

MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY

(F) DESCRIPTION OF PURPOSE: REFUND PRIOR ISSUES (08/29/01)

(A) ISSUER NAME:

MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY

(F) DESCRIPTION OF PURPOSE: REFUND PRIOR ISSUES (06/26/08)

(A) ISSUER NAME:

MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY

(F) DESCRIPTION OF PURPOSE:

REFUND PRIOR ISSUES (02/09/04), 02/09/04 REFINANCED 6/22/93

(A) ISSUER NAME:

MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY

(F) DESCRIPTION OF PURPOSE:

CONSTRUCTION AND EQUIPPING OF TWO MEDICAL TOWERS.

(A) ISSUER NAME:

MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY

(F) DESCRIPTION OF PURPOSE:

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

FINANCE BUILDING CONSTRUCTION AND ACQUISITION OF EQUIPMENT

SCHEDULE K, PART III, LINE 4

PRIVATE BUSINESS USE PERCENTAGE

ON THE ADVICE OF BOND COUNSEL THE JOHNS HOPKINS HOSPITAL HAS ADDED COST OF ISSUANCE REPORTED IN PART II TO THE PRIVATE BUSINESS USE PERCENTAGE.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number

52-0591656

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

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

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

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

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

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

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

MISSION TO THE ENTIRE COMMUNITY.

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

THESE FACILITIES ENABLES JHH TO PROVIDE PATIENT-FOCUSED NEUROLOGICAL SERVICES INCLUDING STATE-OF-THE-ART ADULT AND PEDIATRIC OPERATING ROOMS THAT INCLUDE INTRA-OPERATIVE MRI MACHINES THAT PROVIDE REAL-TIME IMAGES OF THE BRAIN DURING SURGERY. IN ADDITION, AN ALL-NEW 24-BED NEUROLOGICAL CRITICAL CARE UNIT (NCCU) PROVIDES COMPLETE INTENSIVE CARE MANAGEMENT TO MORE THAN 1,700 ADMISSIONS PER YEAR WITH PATIENTS ADMITTED FROM NEUROSURGERY, NEUROLOGY, ORTHOPEDIC/SPINE AND OTOLARYNGOLOGY.

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

Name of the organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number

52-0591656

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

IN FISCAL-YEAR 2012, WE PROVIDED OVER 30,000 OUTPATIENT CONSULTATIONS AND PERFORMED MORE THAN 4,000 BRAIN, TUMOR, VASCULAR AND PERIPHERAL NERVE OPERATIONS IN THE JOHNS HOPKINS OUTPATIENT CENTER. IN OUR HOSPITAL, WE ALSO PROVIDED CARE TO 2,400 ADULT AND 580 PEDIATRIC PATIENTS WITH NEUROSURGICAL DISEASES.

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

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

SOME OF THESE INCLUDE CORONARY ARTERY DISEASE, CARDIAC ARRHYTHMIA, HEART FAILURE AND VALVULAR HEART DISEASE.

DURING FISCAL-YEAR 2012, MORE THAN 1,200 ADULT AND PEDIATRIC CARDIAC SURGERY PROCEDURES WERE PERFORMED AT THE JOHNS HOPKINS HOSPITAL. OUR LARGE VOLUME, CONSISTING OF MANY COMPLEX AND COMPLICATED PROCEDURES IN ALL AREAS, INCLUDING PEDIATRIC AND AORTIC CARDIAC PROCEDURES, ASSURES PATIENTS THAT THEY ARE RECEIVING THE BEST CARE POSSIBLE FROM SOME OF THE MOST EXPERIENCED AND EXPERTLY SKILLED SURGEONS IN THE WORLD. THE SURGEONS OF THE JOHNS HOPKINS HEART AND VASCULAR INSTITUTE SPECIALIZE IN CORONARY ARTERY BYPASS SURGERY, VALVE REPLACEMENT, COGENITAL CARDIAC SURGERY AND MINIMALLY-INVASIVE CARDIAC SURGERY.

IN ADDITION TO OFFERING GROUND-BREAKING TECHNOLOGY, OUR SURGICAL PROGRAM PROVIDES PATIENTS WITH THE ADVANTAGE OF AN ON-SITE

Name of the organization

THE JOHNS HOPKINS HOSPITAL

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MULTI-DISCIPLINARY TEAM OF CARDIOLOGISTS, ELECTROPHYSIOLOGISTS, INTERVENTIONAL RADIOLOGISTS, VASCULAR SURGEONS, ADVANCED PRACTICE NURSES, NURSE PRACTITIONERS, DIETITIANS, PHYSICAL THERAPISTS, AND SOCIAL WORKERS. THIS TEAM OFTEN EXPANDS TO INCLUDE IMMEDIATE CARE FROM ON-SITE PHYSICIANS FROM EVERY MEDICAL SPECIALTY REQUIRED. OUR MULTI-DISCIPLINARY APPROACH AND EXPERTISE HAS GAINED US THE REPUTATION OF BEING THE BEST-PREPARED SURGICAL PRACTICE TO HANDLE PROCEDURES THAT MAY BE COMPLEX AND/OR COMPLICATED BY UNDERLYING ILLNESS OR AGE. IN APRIL 2012, ALL DEPARTMENTS UNDER THE JOHNS HOPKINS HEART AND VASCULAR INSTITUTE MOVED INTO THEIR NEW LOCATION IN THE SHEIKH ZAYED TOWER. THIS INCLUDES CARDIOLOGY, CARDIAC SURGERY, VASCULAR SURGERY, AND IMAGING SERVICES. THE NEW FACILITIES HAVE ALLOWED OUR PHYSICIANS AND STAFF TO CONTINUE PROVIDING CUTTING-EDGE CARE, WHILE GIVING PATIENTS AND THEIR FAMILIES A MORE WELCOMING EXPERIENCE. FOR 21 STRAIGHT YEARS, THE JOHNS HOPKINS HOSPITAL RANKED #1 IN THE U.S. NEWS & WORLD REPORT RANKINGS OF AMERICAN HOSPITALS. OUR CARDIOVASCULAR PROGRAM, THE TOP-RATED PROGRAM ON THE EAST COAST AND #3 IN THE COUNTRY ACCORDING TO U.S. NEWS, CONTINUES TO STRIVE TO PROVIDE THE BEST PATIENT CARE AND MOST INNOVATIVE TREATMENT OPTIONS FOR OUR PATIENTS AND THEIR FAMILIES.

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

UNCHANGED TODAY. WITH THE CONVERGENCE OF TECHNOLOGY, BRILLIANT SCIENTIFIC MINDS, AND THE COMMITMENT OF THOSE WHO HAVE FUNDED THESE DISCOVERIES, WE HAVE COME TO A TIME WHEN WE CAN BEGIN TO ALTER THE COURSE OF CANCER IN WAYS WE COULD ONLY IMAGINE FOUR DECADES AGO. ONE OF ONLY 40 CANCER CENTERS IN THE COUNTRY DESIGNATED BY THE NATIONAL CANCER INSTITUTE (NCI) AS A COMPREHENSIVE CANCER CENTER, THE JOHNS

Name of the organization

THE JOHNS HOPKINS HOSPITAL

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52-0591656

HOPKINS KIMMEL CANCER CENTER HAS ACTIVE PROGRAMS IN CLINICAL RESEARCH, LABORATORY RESEARCH, EDUCATION, COMMUNITY OUTREACH, AND PREVENTION AND CONTROL. THE KIMMEL CANCER CENTER IS THE ONLY COMPREHENSIVE CANCER CENTER IN THE STATE OF MARYLAND. IT ENCOMPASSES A WIDE SPECTRUM OF SPECIALTY PROGRAMS FOR BOTH ADULTS AND CHILDREN COPING WITH CANCER, INCLUDING BONE MARROW TRANSPLANTATION AND NEW DRUG DEVELOPMENT. THE STRENGTH OF OUR RESEARCH AND TREATMENT PROGRAMS WAS RECOGNIZED EARLY ON BY THE NATIONAL CANCER INSTITUTE, BECOMING ONE OF THE FIRST TO EARN COMPREHENSIVE CANCER CENTER STATUS AND RECOGNITION AS A CENTER OF EXCELLENCE.

DURING FISCAL-YEAR 2012, MORE THAN 2,300 INPATIENTS WERE TREATED AT THE SIDNEY KIMMEL COMPREHENSIVE CANCER CENTER AND THERE WERE APPROXIMATELY 86,000 OUTPATIENT VISITS MADE TO THE JOHNS HOPKINS HOSPITAL BY ONCOLOGY PATIENTS. PATIENTS WHO VISIT THE KIMMEL CANCER CENTER HAVE ACCESS TO SOME OF THE MOST INNOVATIVE AND ADVANCED THERAPIES IN THE WORLD. BECAUSE KIMMEL CANCER CENTER RESEARCH SCIENTISTS AND CLINICIANS WORK CLOSELY TOGETHER, NEW DRUGS AND TREATMENTS DEVELOPED IN THE LABORATORY ARE QUICKLY TRANSFERRED TO THE CLINICAL SETTING, OFFERING PATIENTS CONSTANTLY IMPROVED THERAPEUTIC OPTIONS.

THE KIMMEL CANCER CENTERS BONE MARROW TRANSPLANT PROGRAM (BMT), HAS BEEN AN INTERNATIONALLY RENOWNED PROGRAM IN THE AREA OF BLOOD AND MARROW TRANSPLANTATION FOR MORE THAN 30 YEARS. IN THAT TIME, BMT HAS BECOME AN ACCEPTED, CURATIVE THERAPY FOR A BROAD RANGE OF DISEASES, INCLUDING MALIGNANT DISEASES THAT INVOLVE THE BONE MARROW SUCH AS LEUKEMIAS AND LYMPHOMAS, NONMALIGNANT DISEASES THAT INVOLVE THE BONE MARROW SUCH AS APLASTIC ANEMIA AND A VARIETY OF INHERITED DISEASES. TO DATE, MORE THAN 3,000 BONE MARROW TRANSPLANTS HAVE BEEN PERFORMED AT JOHNS HOPKINS, A NATIONAL CANCER INSTITUTE-DESIGNATED COMPREHENSIVE

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52-0591656

CANCER CENTER THAT IS FULLY ACCREDITED BY THE NATIONAL MARROW DONOR PROGRAM AS AN UNRELATED DONOR TRANSPLANT CENTER.

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

FORM 990, PART VI, SECTION A, LINE 7A: JOHNS HOPKINS HEALTH SYSTEM CORPORATION, A IRC 501(C)(3) TAX EXEMPT PARENT ORGANIZATION OF THE JOHNS HOPKINS HOSPITAL ELECTS THE BOARD OF TRUSTEES.

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

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE FORM 990 IS SENT BY EMAIL TO THE ORGANZIATION'S GOVERNING BODY BEFORE IT IS FILED.

Name of the organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number

52-0591656

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

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

FORM 990, PART VI, SECTION C, LINE 19: INTERNAL POLICIES, INCLUDING CONFLICT OF INTEREST POLICY, ARE PROVIDED TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE. FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST, THE GOVERNING DOCUMENTS HAVE BEEN MADE AVAILABLE IN THE PUBLIC FILING WITH THE STATE OF MARYLAND AND THE INTERNAL REVENUE SERVICE.

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

NET UNREALIZED LOSSES ON INVESTMENTS:	-7,751,010.
AUDIT/BOOK ADJUSTMENT	5,940.
MINIMUM PENSION LIABILITY	-188,441,734.
CHANGE IN MKT VAL. OF SWAP AGREEMENT	-107,608,457.
NET ASSETS RELEASED	-10,846,452.
LOSS FROM ADVANCE REFUNDING OF DEBT	-363,197.
NON-OPERATING SERVICES	-8,073,112.
TOTAL TO FORM 990, PART XI, LINE 5	-323,078,022.

SCHEDULE K PART II, LINE 8

Part II Continuation of Identification of Related Tax-Exempt Organizations

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

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
JHMI UTILITIES, LLC - 20-2814243, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	UTILITY FACILITIES	MD	N/A	RELATED	1,661,912.	89,152,543.		X	1,681.		X	50.00%
OPHTHALMOLOGY ASSOCIATES, LLC - 52-1890957, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	OPHTHALMOLOGY SERVICES	MD	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
SUBURBAN WELLNESS CENTER, LLC - 56-2296930, 20500 GOLDENROD LANE, GERMANTOWN, MD 20874	REAL ESTATE	MD	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
GCM SUBURBAN IMAGING, LLC - 52-2326237, 1201 SEVEN LOCKS ROAD, STE, 200, ROCKVILLE, MD 20854	OUTPATIENT RADIOLOGY	MD	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" 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
HCP VENTURE ONE CORPORATION - 52-1558858 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A BALTIMORE, MD 21211	MEDICAL SERVICES	MD	N/A	C CORP	N/A	N/A	N/A
HOWARD COUNTY HEALTH SERVICES, INC. - 52-1434783 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A BALTIMORE, MD 21211	HEALTHCARE MANAGEMENT	MD	N/A	C CORP	N/A	N/A	N/A
HSI MEDICAL SERVICES CORPORATION - 52-1847705 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A BALTIMORE, MD 21211	HEALTHCARE-SLEEP DIAGNOSTICS	MD	N/A	C CORP	N/A	N/A	N/A
JOHNS HOPKINS MEDICAL MANAGEMENT CORPORATION - 52-1250028, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	NURSING SERVICES	MD	N/A	C CORP	N/A	N/A	N/A
JOHNS HOPKINS EMPLOYER HEALTH PROGRAMS INC. - 52-1947678, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	BENEFIT PLANS	MD	N/A	C CORP	N/A	N/A	N/A

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	X
b	Gift, grant, or capital contribution to related organization(s)	1b	X
c	Gift, grant, or capital contribution from related organization(s)	1c	X
d	Loans or loan guarantees to or for related organization(s)	1d	X
e	Loans or loan guarantees by related organization(s)	1e	X
f	Sale of assets to related organization(s)	1f	X
g	Purchase of assets from related organization(s)	1g	X
h	Exchange of assets with related organization(s)	1h	X
i	Lease of facilities, equipment, or other assets to related organization(s)	1i	X
j	Lease of facilities, equipment, or other assets from related organization(s)	1j	X
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k	X
l	Performance of services or membership or fundraising solicitations by related organization(s)	1l	X
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	X
n	Sharing of paid employees with related organization(s)	1n	X
o	Reimbursement paid to related organization(s) for expenses	1o	X
p	Reimbursement paid by related organization(s) for expenses	1p	X
q	Other transfer of cash or property to related organization(s)	1q	X
r	Other transfer of cash or property from related organization(s)	1r	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	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

JOHNS HOPKINS HOSPITAL ENDOWMENT FUND, INC

DIRECT CONTROLLING ENTITY: JOHNS HOPKINS HOSPITAL ENDOWMENT FUND, INC

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME OF RELATED ORGANIZATION:

SUBURBAN WELLNESS CENTER, LLC

DIRECT CONTROLLING ENTITY: SUBURBAN HEALTH ENTERPRISES, INC

NAME OF RELATED ORGANIZATION:

GCM SUBURBAN IMAGING, LLC

DIRECT CONTROLLING ENTITY: SUBURBAN HEALTH ENTERPRISES, INC

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

NAME OF RELATED ORGANIZATION:

TCAS, INC.

DIRECT CONTROLLING ENTITY: JOHNS HOPKINS MEDICAL MANAGEMENT CORPORATION

NAME OF RELATED ORGANIZATION:

SUBURBAN CONTRACTING CORP, INC.

DIRECT CONTROLLING ENTITY: SUBURBAN HOSPITAL HEALTHCARE SYSTEM. INC.

NAME OF RELATED ORGANIZATION:

SUBURBAN HEALTH ENTERPRISES, INC.

Part VII Supplemental Information

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

DIRECT CONTROLLING ENTITY: SUBURBAN HOSPITAL HEALTHCARE SYSTEM. INC.

NAME OF RELATED ORGANIZATION:

SUBURBAN SPECIALTY CARE PHYSICIANS, PC

DIRECT CONTROLLING ENTITY: SUBURBAN HEALTH ENTERPRISES INC.

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Asset No.	Description	Date Acquired	Method	Life	Con v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	LAND	VARIOUS		.000	HY	16	5,429,394.				5,429,394.	0.		0.	0.
2	LAND IMPROVEMENTS	VARIOUS		.000	HY	16	8,991,775.				8,991,775.	3,883,530.		0.	3,883,530.
3	LEASEHOLD IMPROVEMENTS	VARIOUS		.000	HY	16	3,215,285.				3,215,285.	2,140,273.		0.	2,140,273.
4	BUILDINGS	VARIOUS		.000	HY	16	429651089.				429651089.	211361005.		0.	211361005.
5	FIXED EQUIPMENT	VARIOUS		.000	HY	16	213849102.				213849102.	123294419.		0.	123294419.
6	MAJOR MOVEABLE EQUIPMENT	VARIOUS		.000	HY	16	236247031.				236247031.	155718010.		0.	155718010.
7	TELEPHONE	VARIOUS		.000	HY	16	997,072.				997,072.	199,299.		0.	199,299.
8	SOFTWARE	VARIOUS		.000	HY	16	46561833.				46561833.	17763759.		0.	17763759.
10	CONSTRUCTION IN PROGRESS	VARIOUS		.000	HY	16	905606622.				905606622.			0.	
	* TOTAL 990 PAGE 10 DEPR						1850549203				1850549203	514360295.		0.	514360295.