

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2012, or tax year beginning JUL 1, 2012, and ending JUN 30, 2013

2012

Department of the Treasury Internal Revenue Service

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

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

Employer identification number 52-1341890

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

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

Table with 5 rows (1a-5a) and 2 columns (b Total revenue, b Total tax, b Tax based on investment income, b Balance due) and 2 columns for amounts (1b-5b). Row 1a is checked with amount 534889013.

Part II Declaration of Officer

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

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

Sign Here [Signature] Date 4-30-2014 Title VP FINANCE/CFO

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

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

Form fields for ERO's signature, Date, Check if also paid preparer, Check if self-employed, ERO's SSN or PTIN, Firm's name, 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.

Form fields for Paid Preparer: Print/Type preparer's name, Preparer's signature, Date, Check 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.

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning **JUL 1, 2012** and ending **JUN 30, 2013**

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 JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3910 KESWICK RD, SOUTH BLDG, 4TH FLOOR 4300A City, town, or post office, state, and ZIP code BALTIMORE, MD 21211 F Name and address of principal officer: CARL FRANCIOLI 4940 EASTERN AVENUE, BALTIMORE, MD 21224	D Employer identification number 52-1341890 E Telephone number (443) 997-5722 G Gross receipts \$ 610,515,673. 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: ▶ HTTP://WWW.HOPKINSMEDICINE.ORG/JOHNS_HOPKIN		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 1984 M State of legal domicile: MD		

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: JOHNS HOPKINS BAYVIEW MEDICAL CENTER, A MEMBER OF JOHNS HOPKINS MEDICINE, PROVIDES COMPASSIONATE		
Activities & Governance	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	13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	4013
	6	Total number of volunteers (estimate if necessary)	6	542
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	796,425.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-216,294.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	14,996,563.	12,514,013.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	505,486,738.	489,293,718.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,152,597.	1,629,419.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	31,991,808.	31,451,863.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	553,627,706.	534,889,013.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	2,092,240.	644,518.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	247,243,742.	254,389,822.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	293,562,961.	285,907,940.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	542,898,943.	540,942,280.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	10,728,763.	-6,053,267.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	358,667,243.	358,626,022.
	22	Net assets or fund balances. Subtract line 21 from line 20	329,619,030.	299,892,614.
			29,048,213.	58,733,408.

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 CARL FRANCIOLI, V.P. FINANCE/CFO Type or print name and title	Date	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	Firm's name ▶		Check <input type="checkbox"/> if self-employed
	Firm's address ▶		PTIN
			Firm's EIN ▶
			Phone no.

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

JOHNS HOPKINS BAYVIEW
MEDICAL CENTER, INC.

Form 990 (2012)

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Part III Statement of Program Service Accomplishments

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

- 1 Briefly describe the organization's mission:
JOHNS HOPKINS BAYVIEW MEDICAL CENTER PROVIDES NEEDED MEDICAL CARE TO INDIVIDUALS IN THE COMMUNITY REGARDLESS OF THE PATIENT'S ABILITY TO PAY. SERVICES INCLUDE ROUTINE INPATIENT ANCILLARY AND OUTPATIENT CARE IN SUPPORT OF THE HOSPITAL'S EXEMPT MISSION OF PROVIDING HEALTHCARE.
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.
- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
- 4a (Code:) (Expenses \$ 109,550,716. including grants of \$) (Revenue \$ 96,109,294.)
DEPARTMENT OF MEDICINE: THE DEPARTMENT OF MEDICINE IS COMMITTED TO THE PRACTICE OF PRIMARY AND SPECIALITY MEDICARE CARE, THE TEACHING OF MEDICAL STUDENTS, RESIDENTS, FELLOWS, ALLIED HEALTH PROFESSIONALS, AND PHYSICIANS, RESEARCH AND DEVELOPMENT IN BASIC SCIENCE, CLINICAL CARE, HEALTH SERVICES DELIVERY, AND MEDICAL EDUCATION, ADMINISTRATION OF MEDICAL ACTIVITIES AT JOHNS HOPKINS BAYVIEW MEDICAL CENTER.
- 4b (Code:) (Expenses \$ 41,478,040. including grants of \$) (Revenue \$ 39,283,925.)
CARE CENTER: THE JOHNS HOPKINS BAYVIEW CARE CENTER OFFERS A RANGE OF CONTINUING CARE SERVICES TO THE COMMUNITY. LOCATED IN THE JOHN R. BURTON PAVILION, ON THE CAMPUS OF THE JOHNS HOPKINS BAYVIEW MEDICAL CENTER, THE JOINT COMMISSION AND CARF (COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES) ACCREDITED FACILITY PROVIDES VENTILATOR/RESPIRATORY CARE, INPATIENT REHABILITATION, COMPLEX MEDICAL CARE, SPECIALIZED WOUND THERAPY AND PALLIATIVE CARE. OFFERING A BRIDGE BETWEEN HOSPITAL AND HOME FOR MANY PATIENTS, THE CARE CENTER'S FOCUS IS ON IMPROVING THE HEALTH AND WELL-BEING OF THESE PATIENTS BEFORE THEY RETURN TO THEIR OWN ENVIRONMENTS. OUR EXPERIENCE IN ALL ASPECTS OF CARING FOR OLDER ADULTS COMES FROM YEARS OF SPECIALIZED MEDICAL EDUCATION AND RESEARCH. OUR PHYSICIANS ARE NATIONAL LEADERS IN MANY
- 4c (Code:) (Expenses \$ 82,500,605. including grants of \$) (Revenue \$ 113,810,762.)
DEPARTMENT OF SURGERY: THE DEPARTMENT OF SURGERY OFFERS COMPREHENSIVE SURGICAL CARE, INCLUDING SPECIALTIES IN GASTROINTESTINAL AND ABDOMINAL WALL SURGERY, TRAUMA AND SURGICAL CRITICAL CARE, BARIATRIC SURGERY, BURN AND RECONSTRUCTIVE SURGERY, SURGICAL ONCOLOGY, THORACIC SURGERY AND VASCULAR SURGERY. THE DEPARTMENT OF SURGERY FEATURES THE LATEST IN SURGICAL TECHNOLOGY, INCLUDING VIDEOSCOPIIC AND MINIMALLY-INVASIVE APPROACHES TO THE TREATMENT OF SURGICAL DISORDERS AND 24/7 EMERGENCY COVERAGE OF OUR LEVEL II TRAUMA CENTER.
- 4d Other program services (Describe in Schedule O.)
(Expenses \$ 259,489,880. including grants of \$ 644,518.) (Revenue \$ 257,393,527.)
- 4e Total program service expenses ▶ 493,019,241.

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, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or 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 If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	

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MEDICAL CENTER, INC.

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

Form 990 (2012)

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		
1a	386		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	4013		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
7h			
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?		
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	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.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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.		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	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	
b	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:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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 Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶**
THE CORPORATION - 443-997-5724
3910 KESWICK RD, SOUTH BLDG, 4TH FLOOR, STE. 4300A, BALTIMORE, MD 21211

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

Check if Schedule O contains a response 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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RICHARD G. BENNETT, M.D. PRESIDENT/TRUSTEE	60.00	X		X				1,128,442.	0.	41,984.
(2) JAMES T. DRESHER, JR. VICE CHAIR/TRUSTEE	1.00 1.00	X		X				0.	0.	0.
(3) JOHN R. BURTON, M.D. TRUSTEE EMERITUS	1.00	X						0.	0.	0.
(4) ROBERT D. H. HARVEY TRUSTEE EMERITUS	1.00 1.00	X						0.	0.	0.
(5) CAROLYN J. KRYSIAK TRUSTEE EMERITUS	1.00	X						0.	0.	0.
(6) ANDREW SATIN, M.D. TRUSTEE	1.00	X						0.	0.	0.
(7) SHERIDAN J. SMITH TRUSTEE	1.00	X						0.	0.	0.
(8) RONALD J. WERTHMAN TREASURER/TRUSTEE	1.00 59.00	X		X				0.	915,085.	365,794.
(9) RONALD R. PETERSON TRUSTEE/VICE CHAIRMAN	1.00 59.00	X		X				0.	13,573,496.	1,812,123.
(10) JUDY A. REITZ, SC.D TRUSTEE	1.00 59.00	X						0.	1,272,934.	533,516.
(11) DAVID B. HELLMANN, M.D. VP RESEARCH/TRUSTEE	1.00 1.00	X		X				0.	0.	0.
(12) GEORGE H. MANTAKOS TRUSTEE	1.00	X						0.	0.	0.
(13) FRANCIS X. KNOTT VICE CHAIRMAN/TRUSTEE	1.00 2.00	X		X				0.	0.	0.
(14) PHILIP D. ZIEVE, M.D. TRUSTEE EMERITUS	1.00	X						0.	0.	0.
(15) MARJORIE RODGERS CHESHIRE TRUSTEE	1.00	X						0.	0.	0.
(16) MICHAEL SEAN BEATTY TRUSTEE	1.00	X						0.	0.	0.
(17) KENNETH M. STUZIN TRUSTEE	1.00	X						0.	0.	0.

JOHNS HOPKINS BAYVIEW
MEDICAL CENTER, INC.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARIA V. KOSZALKA, ED.D., R.N. VP/PATIENT CARE SRV	60.00			X				294,785.	0.	109,429.
(19) CRAIG R. BRODIAN VP/HUMAN RESOURCES	60.00			X				273,056.	0.	106,366.
(20) ANITA M. LANGFORD VP/CARE MANAGEMENT SERVICE	60.00			X				274,599.	0.	207,955.
(21) G. DANIEL SHEALER, JR. SECRETARY	1.00 59.00			X				0.	671,208.	249,543.
(22) CARL H. FRANCIOLI VP, FINANCE/CFO	60.00			X				405,412.	0.	73,493.
(23) CHARLES B. REULAND, SC.D. VP/ CLINICAL OPERATIONS	60.00			X				454,980.	0.	73,865.
(24) CHERYL KOCH VP/ CARE MANAGMENT SERVICE	60.00			X				209,941.	0.	228,951.
(25) RENEE J. BLANDING, M.D. VICE PRESIDENT MEDICAL AFF	40.00			X				0.	0.	0.
(26) MELISSA HELICKE DEAN OF CAMPUS	50.00				X			185,697.	0.	42,450.
1b Sub-total								3,226,912.	16,432,723.	3,845,469.
c Total from continuation sheets to Part VII, Section A								841,989.	763,161.	437,532.
d Total (add lines 1b and 1c)								4,068,901.	17,195,884.	4,283,001.

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 **244**

	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
ARAMARK CORPORATION 601 LIGHT STREET, BALTIMORE, MD 21230	FOOD SERVICES	7,656,773.
BROADWAY SERVICES, INC., 3709 E. MONUMENT STREET, BALTIMORE, MD 21205	MANAGMENT SERVICES	6,652,485.
MCIC VERMONT, INC., 900 ASHWOOD PKWY, STE 400, ATLANTA, GA 30338, ATLANTA, GA 30	INSURANCE	4,427,365.
JEFFREY BROWN CONTRACTING LLC, 400 E. JOPPA ROAD, STE 400, TOWSON, MD 21286	CONSTRUCTION SERVICES	3,769,016.
KINSLEY CONSTRUCTION INC. PO BOX 2886, YORK, PA 17405	CONSTRUCTION SERVICES	3,724,137.

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 **76**

SEE PART VII, SECTION A CONTINUATION SHEETS

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JOHNS HOPKINS BAYVIEW
MEDICAL CENTER, INC.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) WILLIAM HALE SPECIAL ADVISOR	50.00					X		180,833.	0.	47,382.
(28) DAVID STRAPPELLI DIRECTOR CONTRACT/RESEARCH	50.00					X		165,361.	0.	86,782.
(29) CAROL SYLVESTER SR. DIR. CARE MANAGEMENT	50.00					X		164,165.	0.	140,098.
(30) ROBERT DICE NURSE	50.00					X		167,094.	0.	80,854.
(31) JAVIER VAZQUEZ PHARMACIST	50.00					X		164,536.	0.	23,451.
(32) GREGORY F. SCHAFFER FORMER PRESIDENT/TRUSTEE	0.00 60.00						X	0.	763,161.	58,965.
Total to Part VII, Section A, line 1c								841,989.	763,161.	437,532.

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Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations					
	e	Government grants (contributions)	11,511,497.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1,002,516.				
	g	Noncash contributions included in lines 1a-1f: \$	73,445.				
	h	Total. Add lines 1a-1f		12,514,013.			
Program Service Revenue	2 a	NET PATIENT SRVC	Business Code 621990	489,293,718.	489,293,718.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		489,293,718.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,258,079.		1,258,079.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real 1,230,105.	(ii) Personal			
		b	Less: rental expenses	0.			
		c	Rental income or (loss)	1,230,105.			
	d	Net rental income or (loss)			1,230,105.	15,304.	1,214,801.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities 75,998,000.	(ii) Other			
		b	Less: cost or other basis and sales expenses	75,256,301.	370,359.		
		c	Gain or (loss)	741,699.	-370,359.		
		d	Net gain or (loss)			371,340.	371,340.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b	Less: direct expenses	b			
		c	Net income or (loss) from fundraising events				
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
b		Less: direct expenses	b				
c		Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a	781,121.				
	b	Less: cost of goods sold	b	0.			
	c	Net income or (loss) from sales of inventory		781,121.		781,121.	
Miscellaneous Revenue			Business Code				
11 a	OTHER OPERATING REV	900099	16,377,955.	16,377,955.			
b	RETAIL PHARMACY	446110	7,411,101.			7,411,101.	
c	ADMIN/MGMT FEES	900099	5,075,958.			5,075,958.	
d	All other revenue	900099	575,623.	554,495.		21,128.	
e	Total. Add lines 11a-11d		29,440,637.				
12	Total revenue. See instructions.		534,889,013.	506,597,508.	796,425.	14,981,067.	

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MEDICAL CENTER, INC.

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response 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	644,518.	644,518.		
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	2,908,488.		2,908,488.	
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	181,232,034.	166,013,582.	15,218,452.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	23,339,532.	21,041,970.	2,297,562.	
9 Other employee benefits	33,095,113.	29,837,204.	3,257,909.	
10 Payroll taxes	13,814,655.	12,454,729.	1,359,926.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying	49,613.		49,613.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	35,130,289.	32,987,883.	2,142,406.	
12 Advertising and promotion	500,713.	451,422.	49,291.	
13 Office expenses	81,868,196.	76,199,695.	5,668,501.	
14 Information technology	2,759,310.	2,487,681.	271,629.	
15 Royalties				
16 Occupancy	9,220,084.	8,312,452.	907,632.	
17 Travel	578,183.	1,914.	576,269.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	256,020.	230,817.	25,203.	
20 Interest	3,151,009.	2,840,821.	310,188.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	25,128,014.	22,654,392.	2,473,622.	
23 Insurance	2,881,142.	2,811,832.	69,310.	
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 - AF	91,979,758.	82,925,198.	9,054,560.	
b LAB SERVICES	12,073,805.	12,073,805.		
c DIETARY (CATERING)	5,927,390.	5,779,331.	148,059.	
d SECURITY SERVICES	3,514,924.	3,168,912.	346,012.	
e All other expenses	10,889,490.	10,101,083.	788,407.	
25 Total functional expenses. Add lines 1 through 24e	540,942,280.	493,019,241.	47,923,039.	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)

JOHNS HOPKINS BAYVIEW
MEDICAL CENTER, INC.

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1
			26,375,582.	2
	2	Savings and temporary cash investments		23,449,984.
			7,705,126.	3
	3	Pledges and grants receivable, net		7,950,353.
			67,014,602.	4
	4	Accounts receivable, net		62,411,973.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6
	7	Notes and loans receivable, net		7
	8	Inventories for sale or use	7,079,997.	8
	9	Prepaid expenses and deferred charges	1,729,386.	9
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 440,948,518.	
	b	Less: accumulated depreciation	10b 277,764,680.	10c 163,183,838.
	11	Investments - publicly traded securities	32,837,092.	11 51,110,971.
	12	Investments - other securities. See Part IV, line 11	14,098,039.	12 14,114,992.
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	33,253,058.	15 27,455,031.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	358,667,243.	16 358,626,022.	
Liabilities	17	Accounts payable and accrued expenses	45,925,245.	17 45,336,932.
	18	Grants payable		18
	19	Deferred revenue		19
	20	Tax-exempt bond liabilities	96,890,695.	20 81,332,529.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22
	23	Secured mortgages and notes payable to unrelated third parties		23
	24	Unsecured notes and loans payable to unrelated third parties		24
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	186,803,090.	25 173,223,153.
	26	Total liabilities. Add lines 17 through 25	329,619,030.	26 299,892,614.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	21,343,087.	27 50,782,695.
	28	Temporarily restricted net assets	4,130,753.	28 4,425,408.
	29	Permanently restricted net assets	3,574,373.	29 3,525,305.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30
	31	Paid-in or capital surplus, or land, building, or equipment fund		31
	32	Retained earnings, endowment, accumulated income, or other funds		32
33	Total net assets or fund balances	29,048,213.	33 58,733,408.	
34	Total liabilities and net assets/fund balances	358,667,243.	34 358,626,022.	

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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	534,889,013.
2	Total expenses (must equal Part IX, column (A), line 25)	2	540,942,280.
3	Revenue less expenses. Subtract line 2 from line 1	3	-6,053,267.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	29,048,213.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	35,738,462.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	58,733,408.

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
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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)

Public Charity Status and Public Support

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. 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

2012

Name of the organization

JOHNS HOPKINS BAYVIEW
MEDICAL CENTER, INC.

Employer identification number

52-1341890

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, 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) (2012)

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

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
1		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 122,821.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 1,163,182.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 1,046,680.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 18,560.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 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 JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.	Employer identification number 52-1341890
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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		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 68,466.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 9,070,352.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 39,996.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 42,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 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 JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.	Employer identification number 52-1341890
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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		\$ 6,448.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15		\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18		\$ 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 JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.	Employer identification number 52-1341890
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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
19		\$ 73,445.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <p style="font-size: small;">(Complete Part II if there is a noncash contribution.)</p>
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <p style="font-size: small;">(Complete Part II if there is a noncash contribution.)</p>
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <p style="font-size: small;">(Complete Part II if there is a noncash contribution.)</p>
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <p style="font-size: small;">(Complete Part II if there is a noncash contribution.)</p>
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <p style="font-size: small;">(Complete Part II if there is a noncash contribution.)</p>
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <p style="font-size: small;">(Complete Part II if there is a noncash contribution.)</p>
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <p style="font-size: small;">(Complete Part II if there is a noncash contribution.)</p>

Name of organization JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.	Employer identification number 52-1341890
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
19	MOOR LASER DOPPLER IMAGING <hr/> <hr/> <hr/> <hr/>	\$ 73,445.	07/13/12
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____

Name of organization JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.	Employer identification number 52-1341890
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2012

Department of the Treasury
Internal Revenue Service

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

Open to Public
Inspection

▶ See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

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

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

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

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2012

LHA

JOHNS HOPKINS BAYVIEW

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

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

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

Yes No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	49,087.	46,181.	53,832.	49,613.	198,713.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV Supplemental Information

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

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

2012

Open to Public Inspection

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

Employer identification number
52-1341890

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 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 XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment. 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		3,150,000.		3,150,000.
b Buildings		234,947,319.	142,207,601.	92,739,718.
c Leasehold improvements		423,082.	414,460.	8,622.
d Equipment		163,530,741.	113,183,890.	50,346,851.
e Other		38,897,376.	21,958,729.	16,938,647.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				163,183,838.

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

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

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

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(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) INERCOMPANY RECEIVABLES	3,528,911.
(2) OTHER RECEIVABLES	5,327,157.
(3) DUE FROM OTHERS	4,800,276.
(4) FINANCE COST - 2004 CP BOND	64,513.
(5) MALPRACTICE FUNDING	1,289,264.
(6) ASSETS-LIM-BY BOARD OF TRUSTEE	4,205,081.
(7) INSURANCE RECOVERY	8,239,829.
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	27,455,031.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ADVANCES FROM THIRD PARTIES	18,097,318.
(3) INTERCOMPANY PAYABLES	7,729,969.
(4) MALPRACTICE LIABILITY	15,385,428.
(5) WORKERS' COMP TAIL COVERAGE	2,789,987.
(6) LONG-TERM PENSION LIABILITY	106,552,000.
(7) LOSS ON MARKET VALUE SW	10,188,451.
(8) LONG-TERM NOTES PAYABLE	12,480,000.
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	173,223,153.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements		1 534,517,672.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	534,517,672.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	371,341.
c	Add lines 4a and 4b	4c	371,341.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	534,889,013.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements		1 538,460,400.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	370,359.
e	Add lines 2a through 2d	2e	370,359.
3	Subtract line 2e from line 1	3	538,090,041.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	2,852,239.
c	Add lines 4a and 4b	4c	2,852,239.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	540,942,280.

Part XIII 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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.
PART X, LINE 2: FASB'S GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN

INCOME TAXES CLARIFIES THE ACCOUNTING FOR UNCERTAINTY OF INCOME TAX POSITIONS. THIS GUIDANCE DEFINES THE THRESHOLD FOR RECOGNIZING TAX RETURN POSITIONS IN THE FINANCIAL STATEMENTS AS "MORE LIKELY THAN NOT" THAT THE POSITION IS SUSTAINABLE, BASED ON ITS TECHNICAL MERITS. THIS GUIDANCE ALSO PROVIDES GUIDANCE ON THE MEASUREMENT, CLASSIFICATION AND DISCLOSURE OF TAX RETURN POSITIONS IN THE FINANCIAL STATEMENTS.

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

Part XIII Supplemental Information (continued)

JUNE 30, 2013

AND 2012.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON FIXED ASSET	-370,358.
REALIZED GAIN ON INVESTMENTS	741,699.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	371,341.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON FIXED ASSET	370,359.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

INTEREST EXPENSE ON SWAP	2,852,239.
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**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>500</u> %	<input checked="" type="checkbox"/>	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
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?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			25,093,835.	0.	25,093,835.	4.64%
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			25,093,835.		25,093,835.	4.64%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			9,314,604.	894,486.	8,420,118.	1.56%
f Health professions education (from Worksheet 5)			23,881,342.	0.	23,881,342.	4.41%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			33,836.	0.	33,836.	.01%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			2,274,586.	0.	2,274,586.	.42%
j Total Other Benefits			35,504,368.	894,486.	34,609,882.	6.40%
k Total Add lines 7d and 7j			60,598,203.	894,486.	59,703,717.	11.04%

JOHNS HOPKINS BAYVIEW
MEDICAL CENTER, INC.

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			52,006.	0.	52,006.	.01%
2 Economic development						
3 Community support			128,763.	0.	128,763.	.02%
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy			1,170.	0.	1,170.	.00%
8 Workforce development			34,713.	2,430.	32,283.	.01%
9 Other			29,651.	0.	29,651.	.01%
10 Total			246,303.	2,430.	243,873.	.05%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		X
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	169,672,679.		
6 Enter Medicare allowable costs of care relating to payments on line 5	6	159,852,210.		
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	9,820,469.		
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other				

Section C. Collection Practices

	Yes	No
9a Did the organization have a written debt collection policy during the tax year?	X	
9b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	X	

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

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

JOHNS HOPKINS BAYVIEW
 MEDICAL CENTER, INC.

Part V Facility Information

Section A. Hospital Facilities

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

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

Name, address, and primary website address

1 JOHNS HOPKINS BAYVIEW MEDICAL CENTER
 4940 EASTERN AVENUE
 BALTIMORE, MD 21224
 HTTP://WWW.HOPKINSMEDICINE.ORG/JOHNS_H

Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
X									

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group JOHNS HOPKINS BAYVIEW MEDICAL CENTER

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) 1

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	1 X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 12</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? 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	3 X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	X
5 Did the hospital facility make its CHNA report widely available to the public?	5 X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website		
b <input checked="" type="checkbox"/> Available upon request from the hospital facility		
c <input checked="" type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date):		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	X
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a	X
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

JOHNS HOPKINS BAYVIEW
MEDICAL CENTER, INC.

Part V Facility Information (continued) **JOHNS HOPKINS BAYVIEW MEDICAL CENTER**

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care?	X	
	If "Yes," indicate the FPG family income limit for eligibility for free care: <u>200</u> %		
	If "No," explain in Part VI the criteria the hospital facility used.		
11	Used FPG to determine eligibility for providing <i>discounted</i> care?	X	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>500</u> %		
	If "No," explain in Part VI the criteria the hospital facility used.		
12	Explained the basis for calculating amounts charged to patients?	X	
	If "Yes," indicate the factors used in determining such amounts (check all that apply):		
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input type="checkbox"/> Insurance status		
e	<input type="checkbox"/> Uninsured discount		
f	<input type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	X	
14	Included measures to publicize the policy within the community served by the hospital facility?	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available on request		
g	<input type="checkbox"/> Other (describe in Part VI)		
Billing and Collections			
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine 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)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		

Part V Facility Information (continued) **JOHNS HOPKINS BAYVIEW MEDICAL CENTER**

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):
- a Notified individuals of the financial assistance policy on admission
 - b Notified individuals of the financial assistance policy prior to discharge
 - c Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
 - d Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
 - e Other (describe in Part VI)

Policy Relating to Emergency Medical Care

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

	Yes	No
19	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)

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

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

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

21 During the tax year, did the hospital facility charge any of its FAP-eligible individuals, 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?

21		X
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If "Yes," explain in Part VI.

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

22		X
-----------	--	----------

If "Yes," explain in Part VI.

Part V Facility Information *(continued)*

Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

How many non-hospital health care facilities did the organization operate during the tax year? 0

Name and address	Type of Facility (describe)

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; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 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.
- 8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

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

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

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

FOR EXAMPLE, JHBMC'S FRESH PROGRAM OFFERS ELEMENTARY SCHOOL-BASED PROGRAMS FOR TEACHERS, PARENTS AND STUDENTS ABOUT HEART HEALTH BEHAVIORS. IT

Part VI Supplemental Information

SERVED 1,544 STUDENTS IN 16 SCHOOLS, TEACHERS EVALUATIONS WERE 95-100% POSITIVE.

JHBMC ALSO HAS A KIWANIS BURN PREVENTION INITIATIVE WHICH IS A SCHOOL-BASED BURN PREVENTION EDUCATION PROVIDES AGE-APPROPRIATE, SCHOOL-BASED LESSONS ABOUT BURN PREVENTION WITH A PROFESSIONAL RETIRED FIREFIGHTER WHO VISITS SCHOOLS AND TEACHES THESE LESSONS. IT SERVED OVER 8,173 STUDENTS IN 34 SCHOOLS. TEST SCORES CONSISTENTLY IMPROVED IN POST-TEST AND BETWEEN 3RD AND 4TH GRADES.

JHBMC ALSO PARTNERS WITH OTHER ORGANIZATIONS TO DEVELOP ECONOMIC OPPORTUNITIES, ATTRACT INVESTMENT, IMPROVE HOUSING STOCK, AND IMPROVE ENVIRONMENT.

JHBMC ALSO STARTED THE ACCESS PARTNERSHIP (TAP), WHICH IS DESIGNED TO IMPROVE ACCESS TO EFFECTIVE, COMPASSIONATE EVIDENCE-BASED PRIMARY AND SPECIALTY CARE FOR UNINSURED AND UNDERINSURED PATIENTS RESIDING IN THE COMMUNITY SURROUNDING JOHNS HOPKINS BAYVIEW MEDICAL CENTER WITH DEMONSTRATED FINANCIAL NEED.

JHBMC ALSO DEVELOPED PARTNERSHIPS WITH BALTIMORE CITY SCHOOLS IN ORDER TO PROVIDE MENTOR AND INTEREST IN CAREERS IN HEALTH SCIENCES.

PART III, LINE 4: PART III, LINE 2: BAD DEBT EXPENSE ENTERED COMES FROM THE HOSPITALS BOOKS AND RECORDS.

PART III, LINE 3: MARYLAND HOSPITALS ARE RATE REGULATED UNDER THE HSCRC, WHICH INCLUDES BAD DEBT AS PART OF THE REIMBURSEMENT FORMULA FOR EACH HOSPITAL. DUE TO THE RATE REGULATION, JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC (JHBMC) CANNOT DETERMINE THE AMOUNT THAT REASONABLE COULD BE ATTRIBUTABLE TO PATIENTS WHO LIKELY WOULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S CHARITY CARE POLICY.

PART III, LINE 4: JHBMC AUDITED FINANCIAL STATEMENTS PAGE 11.

Part VI Supplemental Information

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

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

JOHNS HOPKINS BAYVIEW MEDICAL CENTER:

PART V, SECTION B, LINE 3: TO GATHER INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY JHBMC THE FOLLOWING WAS DONE:

A) FORTY-TWO COMMUNITY LEADER INTERVIEWS CONDUCTED BY JHBMC STAFF, ADDRESSING MAJOR HEALTH CONCERNS, ASSETS AND LACK OF RESOURCES IN THE COMMUNITY, BARRIERS TO CARE, AND PROGRAM IDEAS. THESE INTERVIEWS INCLUDED LEADERS IN LOW-INCOME AND MINORITY COMMUNITIES AND REPRESENTATIVES OF HEALTH AGENCIES WHO WERE NOT PART OF THE STEERING COMMITTEE.

B) SURVEY TO APPROXIMATELY 300 COMMUNITY RESIDENTS AT MEETINGS, CHURCHES, BLOOD PRESSURES SCREENINGS, HEALTH FAIRS AND PUBLIC EVENTS.

C) INCORPORATED INFORMATION FROM SIX ADDITIONAL INTERVIEWS CONDUCTED BY THE CONSULTANTS FOR JOHNS HOPKINS HOSPITAL.

D) HEALTH EXPERTS FROM WITHIN JOHNS HOPKINS MEDICINE AND STATE AND LOCAL HEALTH LEADERS WERE INTERVIEWED.

E) JHBMC HELD A PUBLIC FORUM TO DISCUSS COMMUNITY HEALTH IN AN OPEN DIALOGUE WITH THE HOSPITAL'S EXECUTIVE LEADERS AND GATHER FEEDBACK

REGARDING THE COMMUNITY HEALTH NEEDS ASSESSMENT. A MIXED GROUP OF 22

Part VI Supplemental Information

MEMBERS OF THE COMMUNITY AND 15 HOSPITAL STAFF WERE IN ATTENDANCE.

F) A FOCUS GROUP IN SPANISH TO HELP DETERMINE THE NEEDS OF THE LATINO MEMBERS IN THE COMMUNITY.

G) A GROUP INTERVIEW WAS CONDUCTED WITH MEMBERS OF JHBMC'S CHILDREN'S PRACTICE LATINO PATIENT AND FAMILY ADVISORY BOARD.

JOHNS HOPKINS BAYVIEW MEDICAL CENTER:

PART V, SECTION B, LINE 5C: THE CHNA IS ALSO AVAILABLE AT THE HOSPITAL'S INFORMATION DESKS, EXECUTIVE OFFICES, AND HOSPITAL LIBRARY. THE CHNA WAS SENT ELECTRONICALLY TO COMMUNITY ORGANIZATIONS AND ELECTED OFFICIALS IN THE HOSPITAL'S AREA. ITS AVAILABILITY WAS PUBLISHED IN THE HOSPITAL'S MONTHLY COMMUNITY UPDATE.

JOHNS HOPKINS BAYVIEW MEDICAL CENTER:

PART V, SECTION B, LINE 7: IN JHBMC'S ASSESSMENT PROCESS, THE NEED FOR DENTAL CARE WAS IDENTIFIED AS A NEED BEYOND THE HOSPITAL'S RESOURCES. THE COMMUNITY COLLEGE OF BALTIMORE COUNTY DUNDALK CAMPUS HAS AN EXCELLENT DENTAL HYGIENIST PROGRAM THAT OFFERS FREE OR LOW-COST CARE IN OUR AREA, AND THE UNIVERSITY OF MARYLAND DENTAL SCHOOL HAS A CLINIC. IN ADDITION, CHASE-BREXTON HEALTH SYSTEM, A FEDERALLY-QUALIFIED COMMUNITY HEALTH CENTER IN CENTRAL BALTIMORE CITY, HAS A DENTAL PRACTICE.

JOHNS HOPKINS BAYVIEW MEDICAL CENTER:

PART V, SECTION B, LINE 20D: MARYLAND IS THE ONLY STATE IN WHICH ALL PAYORS (GOVERNMENTALLY-INSURED, COMMERCIALY INSURED, OR SELF-PAY) ARE

Part VI Supplemental Information

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: THE CHNA WAS COORDINATED AND CONDUCTED PRIMARILY BY THE DIRECTOR OF COMMUNITY RELATIONS AND STAFF, GUIDED BY A STEERING COMMITTEE OF CAMPUS AND COMMUNITY LEADERS CO-CHAIRLED BY THE HOSPITAL PRESIDENT AND A TRUSTEE.

THE METHODOLOGY FOR THE CHNA INCLUDED THE COLLECTION OF DEMOGRAPHIC, HOSPITAL AND OTHER SECONDARY DATA, REVIEW OF BALTIMORE CITY, BALTIMORE COUNTY, MARYLAND, AND FEDERAL HEALTH PRIORITIES AND PLANS, A SURVEY OF COMMUNITY MEMBERS, A PUBLIC FORUM, INTERVIEWS WITH KEY STAKEHOLDERS AND LEADERS, INFORMATION FROM THE JOHNS HOPKINS HOSPITAL'S LATINO FOCUS GROUP, AND A GROUP INTERVIEW WITH THE JOHNS HOPKINS BAYVIEW CHILDREN'S PRACTICE LATINO PATIENT AND FAMILY ADVISORY BOARD.

THE COMMUNITY SURVEYS AND INTERVIEW INFORMATION WERE COMPILED AND ANALYZED TO IDENTIFY KEY ISSUES.

TO ESTABLISH PRIORITIES, JHBMC SYNTHESIZED THE NEEDS ASSESSMENT DATA, HEAVILY WEIGHTED BY FEEDBACK FROM THE COMMUNITIES, AS WELL AS CONSIDERED THE HOSPITAL'S STRENGTHS AND ASSETS, LOCAL AND STATE PUBLIC HEALTH PRIORITIES, AND OTHER HOSPITALS' PLANS AFFECTING THE SPECIFIC CBSA POPULATION. IN ADDITION TO SURVEYS AND INTERVIEWS WITH COMMUNITY LEADERS, JHBMC WORKED WITH NUMEROUS COMMITTEES, COUNCILS AND COALITIONS TO DETERMINE THE SELECTION OF THE HEALTH PRIORITIES. OPPORTUNITIES TO COLLABORATE AND AVOID DUPLICATION OF EFFORT WERE KEY FACTORS.

THE CHNA STEERING COMMITTEE MET TO REVIEW THE SECONDARY DATA AND FEEDBACK FROM THE SURVEY, FOCUS GROUP AND INTERVIEWS. THE GROUP ALSO MET AT KEY

Part VI Supplemental Information

POINTS IN THE NEEDS ASSESSMENT PROCESS TO GIVE DIRECTION, IDENTIFY RESOURCES, SET PRIORITIES AND RECOMMEND THE FINAL NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY TO THE BOARD OF TRUSTEES FOR APPROVAL.

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

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

PART VI, LINE 4: JHBMC GEOGRAPHIC SERVICE AREA IS URBAN. THE HOSPITAL CONSIDERS ITS COMMUNITY BENEFIT SERVICE AREA (CBSA) AS SPECIFIC POPULATIONS OR COMMUNITIES OF NEED TO WHICH THE HOSPITAL ALLOCATES RESOURCES THROUGH ITS COMMUNITY BENEFIT PLAN. THE CBSA IS DEFINED BY THE GEOGRAPHIC AREA CONTAINED WITHIN THE FOLLOWING FOUR ZIP CODES: 21224, 21222, 21219, AND 21052.

Part VI Supplemental Information

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

TOTAL POPULATION WAS 114,241 OF WHICH 48% WERE MALES AND 52% WERE FEMALES, AVERAGE HOUSEHOLD INCOME WAS \$54,950, 25% OF RESIDENTS ARE UNINSURED, 29% OF RESIDENTS ARE COVERED BY MEDICAID/MEDICARE, 15.1% OF HOUSEHOLDS HAVE AN INCOME LOWER THAN \$15,000, AND 27.6% HAVE AN INCOME BELOW \$25,000.

NUMBER OF OTHER HOSPITALS SERVING THE COMMUNITY OR COMMUNITIES: 2

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

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

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

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

1. PUBLICLY DISCLOSE INFORMATION ON THE COST AND FINANCIAL POSITION OF HOSPITALS;
2. REVIEW AND APPROVE HOSPITAL RATES;
3. COLLECT INFORMATION DETAILING TRANSACTIONS BETWEEN HOSPITALS AND FIRMS

Part VI Supplemental Information

WITH WHICH THEIR TRUSTEES HAVE A FINANCIAL INTEREST; AND,

4. MAINTAIN THE SOLVENCY OF EFFICIENT AND EFFECTIVE HOSPITALS.

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

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

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

Part VI Supplemental Information

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

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

Part VI Supplemental Information

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

MD

Horizontal lines for listing states.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047
2012
Open to Public Inspection

**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.

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

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Part II Grants and Other Assistance to Governments and Organizations in the United States.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BALTIMORE MEDICAL SYSTEM 3501 SINCLAIR LANE BALTIMORE, MD 21213	52-1358241	501(C)(3)	237,656.	0.			HEALTHCARE SERVICES
BAYVIEW COMMUNITY ASSOCIATION 330 ELRINO STREET BALTIMORE, MD 21224	52-2050350	501(C)(3)	7,295.	0.			COMMUNITY OUTREACH
DUNDALK RENAISSANCE CORPORATION 11 CENTER PLACE 1ST FLOOR DUNDALK, MD 21222	52-2306483	501(C)(3)	69,538.	0.			COMMUNITY OUTREACH
GREEKTOWN COMMUNITY DEVELOPMENT CORPORATION - 4609 EASTERN AVENUE - BALTIMORE, MD 21224	52-2087627	501(C)(3)	171,844.	0.			COMMUNITY OUTREACH
SOUTHEAST COMMUNITY DEVELOPMENT CORPORATION - 3700 EASTERN AVENUE - BALTIMORE, MD 21224	52-1034460	501(C)(3)	148,535.	0.			COMMUNITY OUTREACH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **5.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2012)

Schedule I (Form 990) (2012) **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, Part III, column (b), and any other additional information.

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2012

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

Open to Public Inspection

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	X	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? 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.		X
4a		X
4b	X	
4c		X
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.		X
5a		X
5b		X
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.		X
6a		X
6b		X
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	X	
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		
9		

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

Schedule J (Form 990) 2012

JOHNS HOPKINS BAYVIEW
MEDICAL CENTER, INC.

52-1341890

Schedule J (Form 990) 2012

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RICHARD G. BENNETT, M.D. PRESIDENT/TRUSTEE	(i) 507,700. (ii) 0. (iii) 0.	125,635. 0. 0.	495,107.	32,726. 0. 0.	9,258. 0. 0.	1,170,426.	319,320.
(2) RONALD J. WERTHMAN TREASURER/TRUSTEE	(i) 601,469. (ii) 0. (iii) 0.	159,577. 0. 0.	154,039.	341,164. 0. 0.	24,630. 0. 0.	1,280,879.	0.
(3) RONALD R. PETERSON TRUSTEE/VICE CHAIRMAN	(i) 1,203,070. (ii) 0. (iii) 0.	455,714. 0. 0.	11,914,712.	1,788,537. 0. 0.	23,586. 0. 0.	15,385,619.	3,148,877.
(4) JUDY A. REITZ, SC.D TRUSTEE	(i) 556,707. (ii) 226,784. (iii) 0.	167,770. 41,144. 0.	548,457. 26,857. 0.	506,130. 88,357. 0.	27,386. 21,072. 0.	1,806,450. 404,214. 0.	0.
(5) MARIA V. KOSZALKA, ED.D., R.N. VP/PATIENT CARE SRV	(i) 208,099. (ii) 0. (iii) 0.	36,163. 0. 0.	28,794.	82,708. 0. 0.	23,658. 0. 0.	379,422.	0.
(6) CRAIG R. BRODIAN VP/HUMAN RESOURCES	(i) 218,543. (ii) 0. (iii) 0.	37,291. 0. 0.	18,765.	188,803. 0. 0.	19,152. 0. 0.	482,554.	0.
(7) ANITA M. LANGFORD VP/CARE MANAGEMENT SERVICE	(i) 462,309. (ii) 266,065. (iii) 0.	103,235. 46,137. 0.	105,664. 93,210. 0.	236,194. 43,086. 0.	13,349. 30,407. 0.	920,751. 478,905. 0.	0.
(8) G. DANIEL SHEALER, JR. SECRETARY	(i) 326,115. (ii) 0. (iii) 0.	68,591. 0. 0.	60,274.	45,653. 0. 0.	28,212. 0. 0.	528,845.	0.
(9) CHARLES B. REULAND, SC.D. VP/ CLINICAL OPERATIONS	(i) 164,797. (ii) 0. (iii) 0.	29,308. 0. 0.	15,836.	197,752. 0. 0.	31,199. 0. 0.	438,892.	0.
(10) CHERYL KOCH VP/ CARE MANAGEMENT SERVICE	(i) 143,479. (ii) 0. (iii) 0.	41,900. 0. 0.	318.	17,443. 0. 0.	25,007. 0. 0.	228,147.	0.
(11) MELISSA HELICKE DEAN OF CAMPUS	(i) 163,087. (ii) 0. (iii) 0.	16,800. 0. 0.	946.	26,840. 0. 0.	20,542. 0. 0.	228,215.	0.
(12) WILLIAM HALE SPECIAL ADVISOR	(i) 140,904. (ii) 0. (iii) 0.	13,500. 0. 0.	10,957.	61,689. 0. 0.	25,093. 0. 0.	252,143.	0.
(13) DAVID STRAPPELLI DIRECTOR CONTRACT/RESEARCH	(i) 148,138. (ii) 0. (iii) 0.	15,200. 0. 0.	827.	116,438. 0. 0.	23,660. 0. 0.	304,263.	0.
(14) CAROL SYLVESTER SR. DIR. CARE MANAGEMENT	(i) 158,138. (ii) 0. (iii) 0.	0. 0. 0.	8,956.	51,734. 0. 0.	29,120. 0. 0.	247,948.	0.
(15) ROBERT DICE NURSE	(i) 0. (ii) 0. (iii) 0.	0. 0. 0.	0.	0. 0. 0.	0. 0. 0.	0.	0.

JOHNS HOPKINS BAYVIEW
MEDICAL CENTER, INC.

Schedule J (Form 990) 2012 52-1341890 Page 2

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) JAVIER VAZQUEZ PHARMACIST	143,327.	13,300.	7,909.	3,989.	19,462.	187,987.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(18) GREGORY F. SCHAFER FORMER PRESIDENT/TRUSTEE	0.	0.	0.	0.	0.	0.	0.
(ii)	337,017.	197,472.	228,672.	40,800.	18,165.	822,126.	0.
(i)							
(ii)							
(i)							
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JOHNS HOPKINS BAYVIEW
MEDICAL CENTER, INC.

52-1341890

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Schedule J (Form 990) 2012

Part III Supplemental Information

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

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

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

JOHNS HOPKINS BAYVIEW
MEDICAL CENTER, INC.

52-1341890

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Schedule J (Form 990) 2012

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.

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

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

Schedule J (Form 990) 2012

JOHNS HOPKINS BAYVIEW
MEDICAL CENTER, INC.

Schedule J (Form 990) 2012

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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.

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

THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A PARTICIPATED IN A NONQUALIFIED RETIREMENT PLAN AND RECEIVED ACCRUED DEFERRED COMPENSATION THAT IS REPORTED ON SCHEDULE J, PART II, COLUMN (C):

JUDY REITZ \$380,279.74; G. DANIEL SHEALER, JR. \$171,756.76; RONALD WERTHMAN \$257,055.56; MARIA KOSZALKA \$15,630.62 AND RONALD PETERSON \$1,636,472.

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

Schedule J (Form 990) 2012

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.

PRIOR YEAR'S FORMS 990:

MARIA KOSZALKA \$9,270; JUDY RETIZ \$482,916.23; G. DANIEL SHEALER, JR.
\$86,244.40; RONALD WERTHMAN \$123,826.85; RICHARD BENNETT \$474,897.70; CRAIG
BRODIAN \$9,016; CARL FRANCIOLI \$48,260; CHERYL KOCH \$5,492; AND CHARLES
REULAND \$46,184.

LISTED ON FORM 990, SCHEDULE J, PART II, B(III) IS RONALD PETERSON
\$11,914,712.00. MR. PETERSON HAS 40 YEARS OF SERVICE AND HAS ACCRUED BUT
NOT YET RECEIVED HIS NONQUALIFIED RETIREMENT PLAN IN THE AMOUNT OF
\$11,746,615.00. THIS DEFERRED COMPENSATION IS REPORTED ON FORM 990, PART
VII, SECTION A AND INCLUDED ON SCHEDULE J, PART II, COLUMN E AND REPORTED
IN BOX 5, W-2, FOR THE PURPOSES OF PREPAYING THE MEDICARE TAX.

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

JOHNS HOPKINS BAYVIEW
MEDICAL CENTER, INC.

52-1341890

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Schedule J (Form 990) 2012

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.

DUE TO GAINS/LOSSES THAT HAVE ACCRUED OVER THE YEARS, AND SOME INDIVIDUALS WERE NOT REQUIRED TO BE REPORTED IN ALL PRIOR YEARS. SINCE THIS IS A NEW REQUIREMENT OF THE IRS, GOING FORWARD WE HAVE ADOPTED A SPREADSHEET THAT WILL TRACK THE DEFERRED COMPENSATION REPORTED ON THE 990 BY EACH YEAR TO REMAIN IN COMPLIANCE WITH SCHEDULE J, PART II, COLUMN F.

SCHEDULE K
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

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

Employer identification number
52-1341890

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) Defeated		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
MARYLAND HEALTH AND A HIGHER EDUCATIONAL FACIL	52-0936091	57421V3AA	02/09/04	101,990,000.	REFUND PRIOR ISSUES (7/21/1993)		X		X		X
B											
C											
D											

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue		23,850,000.						
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion								
14 Were the bonds issued as part of a current refunding issue?	X							
15 Were the bonds issued as part of an advance refunding issue?		X						
16 Has the final allocation of proceeds been made?	X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	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						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						

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

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						
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?								
c Are there any research agreements that may result in private business use of bond-financed property?		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?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage

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

JOHNS HOPKINS BAYVIEW
MEDICAL CENTER, INC.

52-1341890

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?		X						

Part IV Procedures To Undertake Corrective Action

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

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME:

MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY

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

SCHEDULE K, PART III, LINES 7-9

NONQUALIFIED BONDS

THE ORGANIZATION ANSWERED 'NO' BECAUSE IT HAS NO NONQUALIFIED BONDS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	1	73,445.	FAIR MARKET VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

2012

Open to Public
Inspection

Name of the organization

JOHNS HOPKINS BAYVIEW
MEDICAL CENTER, INC.

Employer identification number
52-1341890

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

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

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

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

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

AREAS, INCLUDING GERIATRIC MEDICINE. IN ADDITION TO THE EXPERT CARE
PROVIDED BY OUR OWN STAFF, ACCESS TO THE SPECIALIZED STAFF, SERVICES
AND FACILITIES OF THE ADJACENT JOHNS HOPKINS BAYVIEW MEDICAL CENTER
ENSURES CONTINUITY OF CARE FOR PATIENTS AND CONVENIENCE FOR FAMILIES.
THE CARE CENTER'S INTERDISCIPLINARY TEAM INCLUDES PHYSICIANS, NURSING
STAFF, RESPIRATORY THERAPISTS, DIETITIANS, RECREATIONAL THERAPISTS,

Name of the organization JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.	Employer identification number 52-1341890
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SOCIAL WORKERS, CASE MANAGERS, CARE COORDINATORS AND REHABILITATION THERAPISTS. INDIVIDUALIZED TEAMS DEVELOP AND CARRY OUT CARE PLANS DESIGNED SPECIFICALLY TO ADDRESS EACH PATIENT'S PSYCHOLOGICAL, SOCIAL, PHYSICAL AND SPIRITUAL NEEDS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
 AMONG THE OTHER PROGRAM SERVICES PROVIDED AT JOHNS HOPKINS BAYVIEW MEDICAL CENTER ANOTHER CRITICAL SERVICE PROVIDED IS THE BURN CENTER. MARYLAND'S REGIONAL BURN CENTER PROVIDES AN INTERNATIONALLY RECOGNIZED COMPREHENSIVE PROGRAM OF CARE FOR PATIENTS WITH BURNS AND WOUNDS. OUR GOAL FOCUSES ON RETURNING PATIENTS TO THEIR HIGHEST LEVEL OF FUNCTION BY ATTENDING TO THE PHYSICAL, PSYCHOLOGICAL, SOCIAL AND VOCATIONAL ASPECTS OF THEIR LIVES. OUR SPECIALTY SERVICES INCORPORATE ACUTE ADULT AND PEDIATRIC BURN TREATMENT, PLASTIC AND RECONSTRUCTIVE BURN SURGERY, REPAIR OF COMPLEX SURGICAL WOUNDS. THE COMPLEX NATURE OF BURNS AND THEIR UNIQUE PHYSICAL AND PSYCHOLOGICAL ASPECTS REQUIRE THE EXPERTISE OF A MULTIDISCIPLINARY TEAM OF PROVIDERS. OUR HEALTH CARE TEAM CONSISTS OF SPECIALIST SURGEONS, INTENSIVISTS, NURSES, PHYSICAL AND OCCUPATIONAL THERAPISTS, NUTRITIONISTS, PHARMACISTS, PSYCHOLOGISTS, SOCIAL WORKERS AND CASE COORDINATORS, AS WELL AS OTHER SUPPORT SERVICES. WE ARE RECOGNIZED AS A STATE-OF-THE-ART FACILITY, PROVIDING INDIVIDUALIZED COORDINATED CARE FOR BURN PATIENTS.

EXPENSES \$ 259,489,880. INCL GRANTS OF \$ 644,518. REVENUE \$ 257,393,527.

OTHER PROGRAMS OF JHBMC

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

Name of the organization JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.	Employer identification number 52-1341890
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BAYVIEW MEDICAL CENTER, INC. ELECTS THE BOARD OF TRUSTEES.

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

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

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

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

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

Name of the organization JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.	Employer identification number 52-1341890
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THE STATE OF MARYLAND AND THE INTERNAL REVENUE SERVICE.

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

CHANGE IN MARKET VALUE OF SWAP AGREEMENT	4,767,816.
CHANGE IN FUND STATUS OF DEFINED BENEFIT PLANS	30,599,129.
UNREALIZED GAIN/LOSS ON INVESTMENT	436,852.
ROUNDING	-45.
NET ASSETS RELEASED FROM TEMPORARILY RESTRICTED	294,655.
LOSS FROM ADVANCE REFUNDING OF DEBT	-310,877.
NET ASSETS RELEASED FROM PERMANENTLY RESTRICTED	-49,068.
TOTAL TO FORM 990, PART XI, LINE 9	35,738,462.

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
JOHNS HOPKINS HEALTH SYSTEM CORPORATION - 52-1465301, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE. 4300A, BALTIMORE, MD 21211	SUPPORTING ORGANIZATION	MARYLAND	501(C)(3)	11 TYPE 3 FI	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
HOWARD COUNTY GENERAL HOSPITAL - 52-2093120 5755 CEDAR LANE COLUMBIA, MD 21044	HOSPITAL	MARYLAND	501(C)(3)	3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
HOWARD COUNTY LIQUIDATION CORPORATION - 52-0892284, 5755 CEDAR LANE, COLUMBIA, MD 21044	INACTIVE TAX EXEMPT ORGANIZATION	MARYLAND	501(C)(3)	3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
JOHNS HOPKINS COMMUNITY PHYSICIANS - 52-1467441, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE. 4300A, BALTIMORE, MD 21211	HEALTHCARE SERVICES	MARYLAND	501(C)(3)	11 TYPE 3 FI	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X

JOHNS HOPKINS BAYVIEW
MEDICAL CENTER, INC.

52-1341890

Schedule R (Form 990)

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 HOSPITAL ENDOWMENT CORPORATION - 23-7252596, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE. 4300A, BALTIMORE, MD 21211	SUPPORTING ORGANIZATION	MARYLAND	501(C)(3)	11 TYPE 3 FI	JOHNS HOPKINS HOSPITAL ENDOWMENT		X
JOHNS HOPKINS MEDICAL SERVICES CORPORATION - 52-1232569, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE. 4300A, BALTIMORE, MD 21211	HOSPITAL	MARYLAND	501(C)(3)	3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
THE JOHNS HOPKINS HOSPITAL - 52-0591656 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE. 43 BALTIMORE, MD 21211	HOSPITAL	MARYLAND	501(C)(3)	3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
SUBURBAN HOSPITAL HEALTHCARE SYSTEM, INC. - 52-2052354, 8600 OLD GEORGETOWN ROAD, BETHESDA, MD 20814	SUPPORTING ORGANIZATION	MARYLAND	501(C)(3)	11 TYPE 3 FI	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
SUBURBAN HOSPITAL, INC. - 52-0610545 8600 OLD GEORGETOWN ROAD BETHESDA, MD 20814	HOSPITAL	MARYLAND	501(C)(3)	3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
POTOMAC HOME SUPPORT, INC. - 52-1750383 6001 MONTROSE ROAD NO 1020 ROCKVILLE, MD 20852	HOME HEALTH CARE	MARYLAND	501(C)(3)	9	N/A		X
SIBLEY SUBURBAN HOME HEALTH AGENCY - 52-1450142, 6001 MONTROSE ROAD NO 307, ROCKVILLE, MD 20852	HOME HEALTH CARE	MARYLAND	501(C)(3)	9	N/A		X
PEDIATRIC PHYSICIAN SERVICES, INC. - 59-3425191, 501 SIXTH AVENUE SOUTH, ST. PETERSBURG, FL 33701	PEDIATRIC MEDICAL SERVICES	FLORIDA	501(C)(3)	9	ALL CHILDREN'S HEALTH SYSTEM, INC.		X
ALL CHILDREN'S HOSPITAL FOUNDATION - 59-2481738, 501 SIXTH AVENUE SOUTH, ST. PETERSBURG, FL 33701	FOUNDATION	FLORIDA	501(C)(3)	7	ALL CHILDREN'S HEALTH SYSTEM, INC.		X
ALL CHILDREN'S HOSPITAL - 59-0683252 501 SIXTH AVENUE SOUTH ST. PETERSBURG, FL 33701	HOSPITAL	FLORIDA	501(C)(3)	3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
ALL CHILDREN'S RESEARCH INSTITUTE, INC. - 59-2481742, 501 SIXTH AVENUE SOUTH, ST. PETERSBURG, FL 33701	RESEARCH	FLORIDA	501(C)(3)	4	ALL CHILDREN'S HEALTH SYSTEM, INC.		X
SURGKID OF FLORIDA, INC. - 59-3441883 501 SIXTH AVENUE SOUTH ST. PETERSBURG, FL 33701	MEDICAL SERVICES	FLORIDA	501(C)(3)	9	ALL CHILDREN'S HEALTH SYSTEM, INC.		X

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	
OPHTHALMOLOGY ASSOCIATES, LLC - 52-1890957, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE. 4300A, BALTIMORE, MD 21211	OPHTHALMOLOGY SERVICES	MD	N/A	N/A	N/A	N/A			N/A		N/A	N/A
SUBURBAN WELLNESS CENTER, LLC - 56-2296930, 20500 GOLDENROD LANE, GERMANTOWN, MD 20874	REAL ESTATE	MD	N/A	N/A	N/A	N/A			N/A		N/A	N/A
GCM SUBURBAN IMAGING, LLC - 52-2326237, 1201 SEVEN LOCKS ROAD, STE. 200, ROCKVILLE, MD 20854	OUTPATIENT RADIOLOGY	MD	N/A	N/A	N/A	N/A			N/A		N/A	N/A
CHEVY CHASE IMAGING, LLC - 14-1944126, 1201 SEVEN LOCKS ROAD, STE. 200, ROCKVILLE, MD 20854	RADIOLOGY SERVICES	MD	N/A	N/A	N/A	N/A			N/A		N/A	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
HOWARD COUNTY HEALTH SERVICES, INC. - 52-1434783, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	HEALTHCARE MANAGEMENT	MD	N/A	C CORP	N/A	N/A	N/A		X
HSI MEDICAL SERVICES CORPORATION - 52-1847705, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	HEALTHCARE - SLEEP DIAGNOSTICS	MD	N/A	C CORP	N/A	N/A	N/A		X
JOHNS HOPKINS MEDICAL MANAGEMENT CORPORATION - 52-1250028, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	NURSING SERVICES	MD	N/A	C CORP	N/A	N/A	N/A		X
JOHNS HOPKINS EMPLOYER HEALTH PROGRAMS, INC. - 52-1947678, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	BENEFIT PLANS	MD	N/A	C CORP	N/A	N/A	N/A		X
TCCAS, INC. - 52-1979344 5755 CEDAR LANE COLUMBIA, MD 21044	NURSING SERVICES	MD	N/A	C CORP	N/A	N/A	N/A		X

JOHNS HOPKINS BAYVIEW
MEDICAL CENTER, INC.

Schedule R (Form 990)

52-1341890

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
SUBURBAN CONTRACTING CORPORATION - 52-21188022, 8600 OLD GEORGETOWN ROAD, BETHESDA, MD 20814	MEDICARE CONTRACTING	MD	N/A	C CORP	N/A	N/A	N/A		X
SUBURBAN HEALTH ENTERPRISES, INC. - 52-2052352, 8600 OLD GEORGETOWN ROAD, BETHESDA, MD 20814	MEDICAL OFFICE LEASING AND RELEASING	MD	N/A	C CORP	N/A	N/A	N/A		X
SUBURBAN SPECIALTY CARE PHYSICIANS, PC - 52-2116011, 8600 OLD GEORGETOWN ROAD, BETHESDA, MD 20814	MULTI SPECIALTY MEDICAL PRACTICE	MD	N/A	C CORP	N/A	N/A	N/A		X
HCP VENTURE ONCE CORPORATION - 52-1558858 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300 BALTIMORE, MD 21211	MEDICAL SERVICES	MD	N/A	C CORP	N/A	N/A	N/A		X
ACHPOB, INC. - 59-2427749 501 SIXTH STREET SOUTH ST. PETERSBURG, FL 33701	MEDICAL OFFICE BUILDING MANAGEMENT	MD	N/A	C CORP	N/A	N/A	N/A		X
VARIOUS CHARITABLE REMAINDER TRUSTS 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300 BALTIMORE, MD 21211	CHARITABLE REMAINDER TRUSTS	MD	N/A	TRUST			100.00%		X

JOHNS HOPKINS BAYVIEW
MEDICAL CENTER, INC.

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

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

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

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

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

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

Part VII Supplemental Information

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 CORPORATION

DIRECT CONTROLLING ENTITY: JOHNS HOPKINS HOSPITAL ENDOWMENT CORPORATION

2012 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Convention	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	LAND IMPROVEMENTS	VARIOUS		.000		HY16	383,752.				383,752.	272,576.		0.	272,576.
2	BUILDINGS	VARIOUS		.000		HY16	197519229.				197519229.	95459041.		0.	95459041.
3	LEASEHOLD IMPROVEMENTS	VARIOUS		.000		HY16	425,139.				425,139.	293,424.		0.	293,424.
4	FIXED EQUIPMENT	VARIOUS		.000		HY16	13464273.				13464273.	8,881,202.		0.	3,881,202.
5	MAJOR MOVABLE EQUIPMENT	VARIOUS		.000		HY16	106516117.				106516117.	69328968.		0.	69328968.
6	TELEPHONE	VARIOUS		.000		HY16	1,248,861.				1,248,861.	558,091.		0.	558,091.
7	SOFTWARE	VARIOUS		.000		HY16	18474703.				18474703.	11627060.		0.	11627060.
8	CONSTRUCTION IN PROGRESS	VARIOUS		.000		HY16	30133605.				30133605.	363,352.		0.	363,352.
	* TOTAL 990 PAGE 10 DEPR						368165679.				368165679.	181783714.		0.	181783714.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

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

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

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

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

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

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

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

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

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

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

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

- The books are in the care of ▶ **443-997-5724** Telephone No. ▶ **FLOOR, STE. 4300A - BALTIMORE, MD 21211** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2014**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning **JUL 1, 2012**, and ending **JUN 30, 2013**

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

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

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2013)

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

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

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

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

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

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

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

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

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

• The books are in the care of **443-997-5724** Telephone No. **FAX No.**

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

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

4 I request an additional 3-month extension of time until **MAY 15, 2014**

5 For calendar year **JUL 1, 2012**, or other tax year beginning **JUL 1, 2012**, and ending **JUN 30, 2013**

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

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

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

Signature and Verification must be completed for Part II only.

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

Signature **Nonadiadurba, CPA** Title **Sr. Tax Accountant** Date **1/13/14**

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

**Financial Statements and Supplemental Information
June 30, 2013 and 2012**

Johns Hopkins Bayview Medical Center, Inc.
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June 30, 2013 and 2012

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Independent Auditor's Report

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

We have audited the accompanying financial statements of Johns Hopkins Bayview Medical Center, Inc. ("JHBMC"), which comprise the balance sheets as of June 30, 2013 and 2012, and the related statements of operations and changes in net assets, and cash flows for the years then ended.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of JHBMC at June 30, 2013 and 2012, and the results of their operations and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

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

September 27, 2013

Johns Hopkins Bayview Medical Center, Inc.
Balance Sheets
June 30, 2013 and 2012

<i>(in thousands)</i>	2013	2012
Assets		
Current assets		
Cash and cash equivalents	\$ 23,450	\$ 26,376
Short-term investments	9,050	1,288
Patient accounts receivable, net of estimated uncollectibles of \$15,575 and \$18,756 as of June 30, 2013 and 2012, respectively	62,412	67,015
Due from others - current portion	6,332	10,623
Due from affiliates - current portion	701	850
Inventories of supplies	7,360	7,080
Prepaid expenses and other current assets	4,580	5,351
Total current assets	113,885	118,583
Assets whose use is limited		
By donors or grantors	7,950	7,705
By board of trustees	4,205	4,143
Other	1,289	787
Total assets whose use is limited	13,444	12,635
Investments		
Property, plant and equipment	440,949	427,149
Less: allowance for depreciation and amortization	(277,765)	(258,574)
Total property, plant and equipment, net	163,184	168,575
Due from others, net of current portion	3,796	4,796
Due from affiliate, net of current portion	1,313	1,970
Estimated malpractice recoveries, net of current portion	5,249	4,572
Other assets	64	422
Total assets	\$ 357,111	\$ 357,200

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

Johns Hopkins Bayview Medical Center, Inc.
Balance Sheets
June 30, 2013 and 2012

<i>(in thousands)</i>	2013	2012
Liabilities and Net Assets		
Current liabilities		
Current portion of long-term debt	\$ 5,218	\$ 18,751
Accounts payable and accrued liabilities	38,940	39,515
Due to affiliates	6,216	5,686
Accrued vacation	6,399	6,410
Advances from third-party payors	18,097	18,298
Current portion of estimated malpractice costs	3,148	3,795
Total current liabilities	78,018	92,455
Long-term debt, net of current portion	76,114	78,140
Long-term notes payable - affiliate	12,480	-
Estimated malpractice costs, net of current portion	12,237	11,923
Net pension liability	106,552	127,707
Other long-term liabilities	12,978	17,927
Total liabilities	298,379	328,152
Net assets		
Unrestricted	50,782	21,343
Temporarily restricted	4,425	4,131
Permanently restricted	3,525	3,574
Total net assets	58,732	29,048
Total liabilities and net assets	\$ 357,111	\$ 357,200

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

Johns Hopkins Bayview Medical Center, Inc.
Statements of Operations and Changes in Net Assets
Years Ended June 30, 2013 and 2012

<i>(in thousands)</i>	2013	2012
Operating revenues		
Patient service revenue before bad debts expense	\$ 518,583	\$ 505,487
Provision for bad debts	<u>29,289</u>	<u>27,933</u>
Net patient service revenue	489,294	477,554
Other revenue	43,411	46,703
Investment income	1,258	1,484
Net assets released from restrictions used for operations	<u>554</u>	<u>284</u>
Total operating revenues	<u>534,517</u>	<u>526,025</u>
Operating expenses		
Salaries, wages and benefits	254,390	247,244
Purchased services	174,553	158,424
Supplies and other	84,091	82,437
Interest	299	299
Depreciation and amortization	<u>25,128</u>	<u>24,002</u>
Total operating expenses	<u>538,461</u>	<u>512,406</u>
(Loss) income from operations	(3,944)	13,619
Nonoperating revenues and expenses		
Interest expense on swap agreements	(2,852)	(2,994)
Change in market value of swap agreements	4,768	(5,847)
Realized and unrealized gains (losses) on investments	1,179	(376)
Loss on advance refunding of debt	<u>(311)</u>	<u>-</u>
(Deficiency) excess of revenues over expenses	(1,160)	4,402
Change in funded status of defined benefit plans	30,599	(50,847)
Contributions from affiliates	-	200
Increase (decrease) in unrestricted net assets	<u>29,439</u>	<u>(46,245)</u>
Changes in temporarily restricted net assets		
Gifts, grants and bequests	848	1,073
Net assets released from restrictions used for operations	(554)	(284)
Other net assets released from restrictions	<u>-</u>	<u>(4,500)</u>
Increase (decrease) in temporarily restricted net assets	<u>294</u>	<u>(3,711)</u>
Changes in permanently restricted net assets		
Gifts, grants and bequests	<u>(49)</u>	<u>-</u>
Decrease in permanently restricted net assets	<u>(49)</u>	<u>-</u>
Increase (decrease) in net assets	29,684	(49,956)
Net assets		
Beginning of year	<u>29,048</u>	<u>79,004</u>
End of year	<u>\$ 58,732</u>	<u>\$ 29,048</u>

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

Johns Hopkins Bayview Medical Center, Inc.
Statements of Cash Flows
Years Ended June 30, 2013 and 2012

<i>(in thousands)</i>	2013	2012
Operating activities		
Change in net assets	\$ 29,684	\$ (49,956)
Adjustments to reconcile change in net assets to net cash and cash equivalents provided by operating activities		
Depreciation and amortization	25,128	24,002
Provision for bad debts	29,289	27,933
Loss on retirement of property, plant, and equipment	370	-
Net realized and unrealized (gains) losses on investments	(1,179)	376
Change in market value of swap agreements	(4,768)	5,847
Loss on advance refunding of debt	311	-
Change in funded status of defined benefit plans	(30,599)	50,847
Proceeds from restricted contributions and investment income received	(799)	(1,073)
Contributions from affiliates	-	(200)
Changes in assets and liabilities		
Patient accounts receivable	(24,686)	(36,396)
Inventories of supplies, prepaid expenses, and other current assets	4,148	(1,196)
Due to affiliates, net	134	5,167
Other assets	46	52
Accounts payable, accrued liabilities and accrued vacation	(1,470)	1,811
Advances from third-party payors	(201)	1,164
Accrued pension benefit costs	9,444	(8,746)
Malpractice funding arrangement and estimated malpractice costs	(377)	(568)
Other long-term liabilities	(181)	240
Net cash and cash equivalents provided by operating activities	<u>34,294</u>	<u>19,304</u>
Investing activities		
Purchases of property, plant, and equipment	(19,222)	(24,321)
Purchases of investment securities	(93,919)	(25,683)
Sales of investment securities	<u>75,998</u>	<u>27,748</u>
Net cash and cash equivalents used in investing activities	<u>(37,143)</u>	<u>(22,256)</u>
Financing activities		
Proceeds from / payments received on affiliate notes	13,682	656
Repayment of long-term debt	(15,558)	(5,328)
Proceeds from restricted contributions and investment income received	799	1,073
Contributions from affiliates	-	200
Other financing activities	<u>1,000</u>	<u>1,000</u>
Net cash and cash equivalents used in financing activities	<u>(77)</u>	<u>(2,399)</u>
Decrease in cash and cash equivalents	(2,926)	(5,351)
Cash and cash equivalents		
Beginning of year	<u>26,376</u>	<u>31,727</u>
End of year	<u>\$ 23,450</u>	<u>\$ 26,376</u>

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

Johns Hopkins Bayview Medical Center, Inc.
Notes to Financial statements
June 30, 2013 and 2012

1. Organization and Summary of Significant Accounting Policies

Organization

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

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

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

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

Use of Estimates

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

Basis of Presentation

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

Cash and Cash Equivalents

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

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

Johns Hopkins Bayview Medical Center, Inc.
Notes to Financial Statements
June 30, 2013 and 2012

Inventories of Supplies

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

Assets Whose Use is Limited

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

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

Valuation of Investments

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

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

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

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

Property, Plant and Equipment

Property, plant and equipment acquisitions are recorded at cost. Depreciation is provided over the estimated useful life of assets, using as a guideline the American Hospital Association publication, "Estimated Useful Lives of Depreciable Hospital Assets," and is computed using the straight-line method. Estimated useful lives assigned by JHBMC range from 5 to 25 years for land improvements, 5 to 40 years for buildings and improvements, 3 to 25 years for fixed and movable

Johns Hopkins Bayview Medical Center, Inc.
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equipment, and the shorter of the remaining life of the lease or life of the asset for leasehold improvements. Interest costs incurred on borrowed funds, net of income earned, during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets. Repair and maintenance costs are expensed as incurred. When property, plant and equipment are retired, sold or otherwise disposed of, the asset's carrying amount and related accumulated depreciation are removed from the accounts and any gain or loss is included in operations.

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

Impairment of Long-Lived Assets

Long-lived assets are reviewed for impairment when events and circumstances indicate that the carrying amount of an asset may not be recoverable. JHBMC's policy is to record an impairment loss when it is determined that the carrying amount of the asset exceeds the sum of expected undiscounted future cash flows resulting from the use of the asset and its eventual disposition. Impairment losses are measured as the amount by which the carrying amount of the asset exceeds its fair value. Long-lived assets to be disposed of are reported as the lower of the carrying amount or fair value less cost to sell. There were no impairment charges recorded for the years ended June 30, 2013 and 2012.

Financing Expenses

Financing expenses incurred in connection with the issuance of debt by the Maryland Health and Higher Educational Facilities Authority ("MHHEFA") have been capitalized and are included in other assets in the Balance Sheet. Unamortized financing expenses were \$65 thousand and \$422 thousand for the years ended June 30, 2013 and 2012, respectively. These expenses are being amortized over the term of the bond issues using the effective interest method. Amortization expense for the years ended June 30, 2013 and 2012 was \$46 thousand and \$51 thousand, respectively. In connection with a May 2013 debt refinancing (see Note 6), JHBMC wrote off \$311 thousand of unamortized financing expenses, recorded in the non-operating section of the Statement of Operations and Changes in Net Assets.

Accrued Vacation

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

Advances from third-party payors

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

Johns Hopkins Bayview Medical Center, Inc.
Notes to Financial Statements
June 30, 2013 and 2012

Estimated Malpractice Costs

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

Temporarily and Permanently Restricted Net Assets

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

Donor Restricted Gifts

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

Grants

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

(Deficiency) Excess of Revenues Over Expenses

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

Income Taxes

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

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

Johns Hopkins Bayview Medical Center, Inc.
Notes to Financial Statements
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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 JHBMC's financial statements during the years ended June 30, 2013 and 2012.

New Accounting Standards

Effective July 1, 2012, JHBMC adopted the provisions of ASU 2011-04, "Fair Value Measurement: Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRS," including an amendment to ASC 820, "Fair Value Measurements." ASU 2011-04 changes the wording used to describe many of the requirements in U.S. GAAP for measuring fair value and for disclosing information about fair value measurements. This update includes amendments that clarify the FASB's intent about the application of existing fair value measurement requirements. Other amendments change a particular principle or requirement for measuring fair value or for disclosing information about fair value measurements. The adoption of ASU 2011-04 had no effect on JHBMC's Balance Sheets and Statements of Operations and Changes in Net Assets.

Effective July 1, 2012, JHBMC adopted the provisions of ASU 2011-07 "Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities", which applies to health care entities that recognize a significant amount of patient service revenue at the time services are rendered even though the entities do not assess a patient's ability to pay. This ASU requires health care entities to present the provision for bad debts related to patient service revenue as a deduction from patient service revenue on the face of the Statements of Operations and Changes in Net Assets. The adoption of this ASU was made retrospectively, therefore the provision for bad debts for the prior period was reclassified to conform to the new presentation.

2. Net Patient Service Revenue

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

JHBMC provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Such patients are identified based on information obtained from the patient and subsequent analysis. Because JHBMC does not pursue collection of amounts determined to qualify as charity care, the charges are not reported as revenue. Effective July 1, 2011, JHHS adopted the provisions of ASU 2010-23, "Measuring Charity Care for Disclosure", which states that direct and indirect cost be used as the measurement basis for charity care disclosure purposes and that the method used to determine such costs also be disclosed. The adoption of this ASU had no impact on JHHS' financial condition, results of operations or cash flows. Direct and indirect costs for these services amounted to \$22.9 million and \$21.5 million for the years ended June 30, 2013 and 2012, respectively. The costs of providing charity care services are based on a calculation which applies a ratio of costs to charges

Johns Hopkins Bayview Medical Center, Inc.
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to the gross uncompensated charges associated with providing care to charity patients. The ratio of cost to charges is calculated based on JHBMC's total expenses (less bad debt expense) divided by gross patient service revenue.

Patient accounts receivable are reported net of estimated allowances for uncollectible accounts and contractual adjustments in the accompanying financial statements. The provision for bad debts is based upon a combination of the payor source, the aging of receivables and management's assessment of historical and expected net collections, trends in health insurance coverage, and other collection indicators. For uninsured patients that do not qualify for charity care, the Hospital recognizes revenue on the basis of its standard rates for services provided. On the basis of historical experience, a significant portion of the Hospital's uninsured patients will be unable or unwilling to pay for the services provided. Thus, a significant provision for bad debts is recorded related to uninsured patients in the period services are provided. Management continuously assesses the adequacy of the allowance for uncollectible accounts based upon historical write-off experience and payment trends by payor classification.

Patient service revenue, net of contractual allowances (but before the provision for bad debts), recognized in the year ended June 30, 2013 from these major payor sources is as follows:

<i>(in thousands)</i>	<u>Third-Party Payors</u>	<u>Self-pay</u>	<u>Total All Payors</u>
Patient service revenue (net of contractual allowances)	502,208	16,375	518,583

Patient service revenue, net of contractual allowances (but before the provision for bad debts), recognized in the year ended June 30, 2012 from these major payor sources is as follows:

<i>(in thousands)</i>	<u>Third-Party Payors</u>	<u>Self-pay</u>	<u>Total All Payors</u>
Patient service revenue (net of contractual allowances)	489,917	15,570	505,487

Patient accounts receivable as of June 30 consisted of the following:

	<u>2013</u>	<u>2012</u>
Medicare	29.80 %	23.98 %
Medicaid	8.16	10.01
Blue Cross and Blue Shield of Maryland	7.52	10.32
Health maintenance organizations	10.14	11.10
Medicaid managed care organizations	8.32	9.33
Self-pay and other third-party payors	36.06	35.27

Johns Hopkins Bayview Medical Center, Inc.
Notes to Financial Statements
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3. Investments and Assets Whose Use is Limited

Investments (short and long-term) are pooled together with other JHHS affiliates and consisted of the following as of June 30:

<i>(in thousands)</i>	<u>Carrying Amount</u>	
	2013	2012
U.S. Treasury notes	\$ 17,507	\$ 9,455
Corporate bonds	19,730	14,446
Asset backed securities	5,357	6,488
Equities and equity funds	8,758	7,610
Fixed income funds	3,407	2,500
Commercial paper	3,513	-
Alternative investments	6,954	6,436
	<u>\$ 65,226</u>	<u>\$ 46,935</u>

Assets whose use is limited as of June 30 consisted of the following:

<i>(in thousands)</i>	<u>Carrying Amount</u>	
	2013	2012
Cash and cash equivalents	\$ 5,494	\$ 4,930
Asset backed securities	881	1,583
U.S. Treasury notes	3,177	2,315
Corporate bonds	3,554	3,518
Pledges receivable	338	289
	<u>\$ 13,444</u>	<u>\$ 12,635</u>

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

	2013	2012
Realized gains on investments	\$ 742	\$ 103
Unrealized (losses) gains on investments	437	(479)
	<u>\$ 1,179</u>	<u>\$ (376)</u>

4. Fair Value Measurements

FASB's guidance on the fair value option for financial assets and financial liabilities permits companies to choose to measure many financial assets and liabilities, and certain other items at fair value. This guidance requires a company to record unrealized gains and losses on items for which the fair value option has been elected in its (deficiency) excess of revenues over expenses.

Johns Hopkins Bayview Medical Center, Inc.
Notes to Financial Statements
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The fair value option may be applied on an instrument by instrument basis. Once elected, the fair value option is irrevocable for that instrument. The fair value option can be applied only to entire instruments and not to portions thereof. JHBMC did not elect fair value accounting for any asset or liability that was not currently required to be measured at fair value.

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

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

- Level 1 Observable inputs such as quoted market prices for identical assets or liabilities in active markets;
- Level 2 Observable inputs for similar assets or liabilities in an active market, or other than quoted prices in an active market that are observable either directly or indirectly; and;
- Level 3 Unobservable inputs in which there is little or no market data that require the reporting entity to develop its own assumptions. For the years ended June 30, 2013 and 2012, there are not any financial instruments requiring Level 3 classification.

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

The following table presents the financial instruments carried at fair value as of June 30, 2013 grouped by hierarchy level:

	Level 1	Level 2	Total Fair Value
Assets			
Cash equivalents (1)	\$ 28,944	\$ -	\$ 28,944
Commercial paper (1)	3,513	-	3,513
U.S. treasury notes (2)	-	20,684	20,684
Corporate bonds (2)	-	23,284	23,284
Asset backed securities (2)	-	6,238	6,238
Equities and equity funds (3)	2,619	6,139	8,758
Fixed income funds (4)	2,611	796	3,407
	<u>\$ 37,687</u>	<u>\$ 57,141</u>	<u>\$ 94,828</u>
Liabilities			
Interest rate swap agreements (5)	<u>\$ -</u>	<u>\$ 10,188</u>	<u>\$ 10,188</u>

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The following table presents the financial instruments carried at fair value as of June 30, 2012 grouped by hierarchy level:

	Level 1	Level 2	Total Fair Value
Assets			
Cash equivalents (1)	\$ 31,306	\$ -	\$ 31,306
U.S. treasury notes (2)	-	11,770	11,770
Corporate bonds (2)	-	17,964	17,964
Asset backed securities (2)	-	8,072	8,072
Equities and equity funds (3)	-	7,610	7,610
Fixed income funds (4)	-	2,500	2,500
	<u>\$ 31,306</u>	<u>\$ 47,916</u>	<u>\$ 79,222</u>
Liabilities			
Interest rate swap agreements (5)	<u>\$ -</u>	<u>\$ 14,956</u>	<u>\$ 14,956</u>

- (1) Cash and cash equivalents, commercial paper, money market funds, and overnight investments include investments with original maturities of three months or less. Commercial paper that has original maturities greater than three months are considered short-term investments. Cash and cash equivalents, commercial paper, money market funds, and overnight investments are rendered level 1 due to their frequent pricing and ease of converting to cash.
- (2) For investments in U.S. Treasuries (notes, bonds, and bills), corporate bonds, and asset backed securities, fair value is based upon quotes for similar securities; therefore these investments are rendered level 2. These investments fluctuate in value based upon changes in interest rates.
- (3) Equities include individual equities and investments in mutual funds, commingled trusts and hedge funds. The individual equities and mutual funds are valued based on the closing price on the primary market and are rendered level 1. The commingled trusts and hedge funds are valued regularly within each month utilizing NAV per unit and are rendered level 2.
- (4) Fixed income funds are investments in mutual funds and commingled trusts investing in fixed income instruments. The underlying fixed investments are principally U.S. Treasuries, corporate bonds, commercial paper, and mortgage backed securities. The mutual funds are valued based on the closing price on the primary market and are rendered level 1. The commingled trusts are valued regularly within each month utilizing NAV per unit and are rendered Level 2.
- (5) The interest rate swap agreements, discussed further in footnote 7, are valued using a swap valuation model that utilizes an income approach using observable market inputs including credit default swap rates.

During 2013 and 2012, there were no transfers between Level 1 and 2.

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

The estimated total fair value of long-term debt, rendered Level 2, based on quoted market prices for the same or similar issues, was approximately \$81.3 million and \$96.9 million as of June 30, 2013, and 2012, respectively.

JHBMC holds alternative investments, which are accounted for on the equity method of accounting, that are not traded on national exchanges or over-the-counter markets. JHBMC is provided a net asset value per share for these alternative investments that has been calculated in accordance investment company rules, which among other requirements, indicates that the underlying investments be measured at fair value. There are no unfunded commitments related to JHBMC's alternative investments. The following table displays information by major alternative investment category as of June 30, 2013 and 2012:

(in thousands)

June 30, 2013				
Description	Value	Liquidity	Notice Period	Receipt of Proceeds
Global asset allocation	\$ 4,182	Monthly	5 days	Within 15 to 30 days, 95% in 5 days of redemption, 5% in 30 days after withdrawal
Fund of funds	2,521	Monthly or quarterly	25–70 days	Within 30 days, or 90% in 30 to 60 days, 10% after annual audit
Hedge funds	251	Quarterly	60 days	95% within 30 days of redemption date; 5% within 120 days of redemption date
	<u>\$ 6,954</u>			

(in thousands)

June 30, 2012				
Description	Value	Liquidity	Notice Period	Receipt of Proceeds
Global asset allocation	\$ 3,995	Monthly	5 days	At least 95% within 15 days, remaining within 30 days of redemption date
Fund of funds	2,244	Quarterly, monthly, or terminated	25–70 days	At least 90% within 60 days, remaining received after audit or as SPV shares
Hedge funds	197	Quarterly	60 days	95% within 30 days, 5% within 120 days
	<u>\$ 6,436</u>			

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Financial instruments are reflected in the Combined Balance Sheets as of June 30, 2013 and 2012 as follows:

<i>(in thousands)</i>	2013	2012
Cash and cash equivalents measured at fair value	\$ 28,944	\$ 31,306
Cash and cash equivalents included in AWUIL	<u>(5,494)</u>	<u>(4,930)</u>
Total cash and cash equivalents	<u>\$ 23,450</u>	<u>\$ 26,376</u>
Short and long-term investments measured at fair value	\$ 58,272	\$ 40,499
Investments accounted for under equity method	<u>6,954</u>	<u>6,436</u>
Total short and long term investments	<u>\$ 65,226</u>	<u>\$ 46,935</u>
Assets whose use is limited measured at fair value	\$ 7,612	\$ 7,416
Cash in AWUIL reported in cash and cash equivalents in leveling table	5,494	4,930
Pledges receivable	<u>338</u>	<u>289</u>
Total assets whose use is limited	<u>\$ 13,444</u>	<u>\$ 12,635</u>

5. Property, Plant and Equipment

Property, plant and equipment and accumulated depreciation consisted of the following as of June 30:

<i>(in thousands)</i>	<u>2013</u>		<u>2012</u>	
	Cost	Accumulated Depreciation	Cost	Accumulated Depreciation
Land and land improvements	\$ 3,850	\$ 356	\$ 3,624	\$ 355
Building and improvements	235,371	142,622	228,823	136,166
Information systems	22,120	20,182	21,255	19,488
Fixed and moveable equipment	165,237	114,605	151,055	102,565
Construction work-in-progress	<u>14,371</u>	<u>-</u>	<u>22,392</u>	<u>-</u>
	<u>\$ 440,949</u>	<u>\$ 277,765</u>	<u>\$ 427,149</u>	<u>\$ 258,574</u>

Accruals for the purchases of property, plant and equipment amounted to \$3.8 million and \$2.9 million as of June 30, 2013 and 2012, respectively, and are included in accounts payable and accrued liabilities in the Balance Sheets. Depreciation expense for the years ended June 30, 2013 and 2012 amounted to \$25.1 million and \$24.0 million, respectively. During the years ended June 30, 2013, and June 30, 2012, JHBMC retired long-lived assets determined to have no future value. The original cost and accumulated depreciation of the long-lived assets retired in 2013 was \$5.5 million and \$5.1 million, respectively. The original cost and accumulated depreciation of the long-lived assets retired in 2012 was \$14.0 million. No proceeds from retirement were received in 2013 and 2012.

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6. Debt

Debt as of June 30 is summarized as follows:

<i>(in thousands)</i>	2013		2012	
	Current Portion	Long-Term Portion	Current Portion	Long-Term Portion
MHHEFA Bonds and Notes				
Pooled Loan Program Issue, Series 1985A and Series 1985B	\$ 1,008	\$ 2,184	\$ 4,201	\$ -
2004 Commercial Paper Series B	4,210	73,930	4,005	78,140
2008 Variable Rate Demand Bonds - Series A	-	-	10,545	-
	\$ 5,218	\$ 76,114	\$ 18,751	\$ 78,140

Obligated Group

The Johns Hopkins Health System Obligated Group ("JHHS Obligated Group") consists of the Johns Hopkins Hospital (JHH), JHBMC, Suburban Hospital Healthcare System, Inc. ("SHHS"), Suburban Hospital, Inc. ("SHI"), Howard County General Hospital ("HCGH"), and the Johns Hopkins Health System Corp. ("JHHSC"). JHBMC was admitted into the JHHS Obligated Group in 2004 as part of a debt refinancing. SHHS and SHI were admitted into the JHHS Obligated Group in 2010 as part of a JHH debt issuance. HCGH was admitted to the JHHS Obligated Group in May 2012 as part of a JHH debt issuance. JHHSC was admitted in May 2013 as part of a JHHSC debt issuance. All of the debt of JHHSC, JHH, JHBMC, HCGH, SHI and SHHS are parity debt, and as such are collateralized equally and ratably by a claim on and a security interest in all of JHHSC's, JHH's, JHBMC's, SHI's, SHHS', and HCGH's receipts as defined in the Master Loan Agreement with MHHEFA. JHH, JHBMC, SHI, SHHS, and HCGH are required to achieve a defined minimum debt service coverage ratio each year, maintain adequate insurance coverage, and comply with certain restrictions on its ability to incur additional debt. As of June 30, 2013, JHHS Obligated Group members were in compliance with these requirements. As of June 30, 2013, the outstanding JHHS Obligated Group parity debt was \$1.2 billion. As of June 30, 2012, the outstanding JHHS Obligated Group parity debt was \$1.1 billion.

1985A and B Pooled Loan Program Issue

JHBMC has entered into a \$12.1 million loan agreement that funded the purchase and installation of a comprehensive integrated information system by borrowing through draws from the \$175.0 million MHHEFA Revenue Bonds, Pooled Loan Program Issue, Series 1985A and Series 1985B. This debt bears interest at a variable rate. The interest rates in effect for the years ended June 30, 2013 and 2012 were 1.0% and 0.5%, respectively. The loan is being repaid in equal monthly payments of principal over a one hundred and thirty-two month period that began September 1, 2005 with a final payment of the balance of the outstanding principal amount of the loan due on July 1, 2014.

2004 Commercial Paper Revenue Notes – Series B

The Commercial Paper Revenue Notes - Series B pay interest monthly at a variable rate based on the commercial paper sold by a designated re-marketing agent for terms ranging from 1 to 270 days. The rates for the years ended June 30, 2013 and 2012 were approximately .17% and .16%, respectively. Annual payments of principal began July 1, 2004 and range in amount from \$425.0 thousand on July 1, 2004 to \$8.3 million on July 1, 2025.

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In connection with the 2004 Commercial Paper Revenue Notes – Series B, JHBMC entered into a \$89.6 million line of credit agreement (360 day repayment terms) with Wells Fargo to provide for payment of such commercial paper at maturity, subject to certain conditions described therein. This agreement expires on October 31, 2016 subject to extension or earlier termination. No amounts were outstanding as of June 30, 2013 or 2012.

2008 Variable Rate Demand Bonds – Series A

The Variable Rate Demand Bonds - Series A paid interest monthly at a variable rate based on the bonds sold by a designated re-marketing agent on a weekly basis. The rates for the years ended June 30, 2013 and 2012 were approximately .14% and .16%, respectively. Annual payments of principal began May 15, 2009 and ranged in amount from \$210 thousand on that date to \$520 thousand in May 2013. In May 2013, these bonds were refinanced by the issuance of JHHS 2013B series revenue bonds (see Note 12). In connection with the 2008 Variable Rate Demand Bonds - Series A, JHBMC entered into a \$12.2 million letter of credit agreement (367 day repayment terms) with PNC Bank, National Association to provide for payment of such bonds at maturity, subject to certain conditions described therein. This letter of credit was cancelled upon the refinancing of these variable rate demand bonds through the issuance of the JHHS 2013B bonds.

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

(in thousands)

2014	\$	5,218
2015		6,604
2016		5,640
2017		5,875
2018		5,115
Thereafter		52,880
	<u>\$</u>	<u>81,332</u>

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

(in thousands)

	2013	2012
Net interest costs		
Capitalized	\$ 29	\$ 33
Expensed	3,151	3,293
Allocated to others	64	64
	<u>\$ 3,244</u>	<u>\$ 3,390</u>
Interest costs paid	<u>\$ 3,309</u>	<u>\$ 3,413</u>

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7. Derivative Financial Instruments

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

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

Fair value of derivative instruments as of June 30:

	Derivatives Reported as Liabilities			
	2013		2012	
	Balance Sheet Caption	Fair Value	Balance Sheet Caption	Fair Value
<i>(in thousands)</i>				
Interest rate swaps not designated as hedging instruments	Other long-term liabilities	<u>\$ 10,188</u>	Other long-term liabilities	<u>\$ 14,956</u>

Derivatives not designated as hedging instruments as of June 30:

Classification of derivative loss in statement of operations	Amount of Gain (Loss) Recognized in Change in Unrestricted Net Assets	
	2013	2012
Interest rate swaps		
Change in the market value of swap agreements	<u>\$ 4,768</u>	<u>\$ (5,847)</u>

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Swap Agreements

In 2004, JHBMC entered into a fixed payor interest rate swap agreement with Bank of America. The notional amount on this swap agreement was \$78.1 million and \$82.1 million as of June 30, 2013 and 2012, respectively. JHBMC pays Bank of America a fixed annual rate of 3.3265% on the outstanding loan value of the 2004 Series B Notes in return for the receipt of a floating rate of interest equal to 67% of the one month LIBOR rate. Monthly payments began on February 1, 2004. This swap agreement has a maturity date of July 1, 2025. The floating rates as of June 30, 2013 and 2012 were .13% and .16%, respectively.

In July 2007, JHBMC entered into a fixed payor interest rate swap with Goldman Sachs Capital Markets, L.P. ("Goldman Sachs"). The notional amount on this swap agreement was \$10.0 million and \$10.5 million as of June 30, 2013 and 2012, respectively. JHBMC pays Goldman Sachs a fixed annual rate of 3.691% on the outstanding loan value of the 2008 Series A Notes in return for the receipt of a floating rate of interest equal to 67% of the one-month LIBOR rate. Monthly payments began on November 15, 2007. This swap agreement has a maturity date of May 15, 2027. The floating rates as of June 30, 2013 and 2012 were .13% and .16%, respectively.

8. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets were available for the following purposes as of June 30.

<i>(in thousands)</i>	2013	2012
Health care services	\$ 2,628	\$ 2,534
Purchase of property, plant, and equipment	1,241	1,080
Health education and counseling	556	517
	<u>\$ 4,425</u>	<u>\$ 4,131</u>

Permanently restricted net assets as of June 30 are restricted to:

<i>(in thousands)</i>	2013	2012
Health care services	\$ 3,420	\$ 3,420
Health education and counseling	105	154
	<u>\$ 3,525</u>	<u>\$ 3,574</u>

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

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

9. Pension Plans

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

The funding policy for both plans is to make sufficient contributions to comply with the Internal Revenue Service minimum funding requirement. The assets in both of the plans as of June 30, 2013 and 2012 consisted of cash and cash equivalents, listed stocks, corporate bonds, alternative investments and government securities. All assets are managed by external investment managers, consistent with the plan's investment policy. JHBMC uses a June 30 measurement date for its plans.

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

<i>(in thousands)</i>	2013	2012
Change in benefit obligation		
Benefit obligation at beginning of the year	\$ 259,159	\$ 194,229
Service cost	12,291	9,435
Interest cost	11,949	11,572
Actuarial (gain) loss	(23,135)	48,156
Benefits paid	<u>(5,054)</u>	<u>(4,233)</u>
Benefit obligation as of June 30	<u>\$ 255,210</u>	<u>\$ 259,159</u>
Change in plan assets		
Fair value of plan assets at beginning of year	\$ 131,452	\$ 108,623
Actual return on plan assets	8,173	892
Employer contributions	14,087	26,170
Benefits paid	<u>(5,054)</u>	<u>(4,233)</u>
Fair value of plan assets as of June 30	<u>\$ 148,658</u>	<u>\$ 131,452</u>
Funded status as of June 30,		
Fair value of plan assets	\$ 148,658	\$ 131,452
Projected benefit obligation	<u>(255,210)</u>	<u>(259,159)</u>
Unfunded status	<u>\$ (106,552)</u>	<u>\$ (127,707)</u>

Amounts recognized in the Balance Sheets consist of:

<i>(in thousands)</i>	2013	2012
Net pension liability	<u>\$ (106,552)</u>	<u>\$ (127,707)</u>

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

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

<i>(in thousands)</i>	2013	2012
Actuarial net loss	\$ 79,505	\$ 109,638
Prior service cost	<u>320</u>	<u>786</u>
	<u>\$ 79,825</u>	<u>\$ 110,424</u>
Accumulated benefit obligation	<u>\$ 239,256</u>	<u>\$ 228,884</u>

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Net Periodic Benefit Cost

Components of net periodic pension benefit cost:

<i>(in thousands)</i>	2013	2012
Service cost	\$ 12,291	\$ 9,435
Interest cost	11,949	11,572
Expected return on plan assets	(10,625)	(9,812)
Amortization of prior service cost	466	597
Recognized net actuarial loss	<u>9,451</u>	<u>5,633</u>
Net periodic pension expense	<u>\$ 23,532</u>	<u>\$ 17,425</u>
Other changes in plan assets and benefit obligations recognized in unrestricted net assets	2013	2012
Net (gain) loss	\$ (20,682)	\$ 57,076
Amortization of net gain	(9,451)	(5,633)
Amortization of prior service cost	(466)	(597)
Total recognized in unrestricted net assets	<u>\$ (30,599)</u>	<u>\$ 50,846</u>
Total recognized in net periodic benefit cost and unrestricted net assets	<u>\$ (7,067)</u>	<u>\$ 68,271</u>

The actuarial net loss and prior service cost for the defined benefit plans that will be amortized from unrestricted net assets into net periodic pension costs in 2014 are \$6.6 million and \$211 thousand, respectively.

Assumptions

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

	2013	2012
Discount rate	4.66 %	6.03 %
Expected return on plan assets	8.00 %	8.25 %
Rate of compensation increase - ultimate	3.00 %	3.00 %

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

	2013	2012
Discount rate	5.12 %	4.66 %
Expected return on plan assets	8.00 %	8.00 %
Rate of compensation increase - ultimate	2.50 %	3.00 %

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Plan Assets

JHBMC's pension plan weighted average asset allocations as of June 30, 2013 and 2012 by asset class are as follows:

	2013	2012
Asset class		
Cash and cash equivalents	2.0 %	4.9 %
Equities and equity funds	32.4	30.2
Fixed income funds	29.2	26.3
Alternative Investments	36.4	38.6
	<u>100.0 %</u>	<u>100.0 %</u>

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

Fair Value of Plan Assets

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

- Level 1 Observable inputs such as quoted market prices for identical assets or liabilities in active markets;
- Level 2 Observable inputs for similar assets or liabilities in an active market, or other than quoted prices in an active market that are observable either directly or indirectly; and;
- Level 3 Unobservable inputs in which there is little or no market data that require the reporting entity to develop its own assumptions. There were no financial instruments requiring Level 3 classification at June 30, 2013 and 2012.

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The following table presents the plan assets carried at fair value as of June 30, 2013 and 2012 grouped by hierarchy level:

	June 30, 2013		
	Level 1	Level 2	Total Fair Value
Assets			
Cash equivalents (1)	\$ 2,933	\$ -	\$ 2,933
Equities and equity funds (2)	3,280	44,937	48,217
Fixed income funds (3)	39,032	4,360	43,392
Alternative Investments (4)	-	54,116	54,116
	<u>\$ 45,246</u>	<u>\$ 103,412</u>	<u>\$ 148,658</u>
	June 30, 2012		
	Level 1	Level 2	Total Fair Value
Assets			
Cash equivalents (1)	\$ 6,525	\$ -	\$ 6,525
Equities and equity funds (2)	3,136	36,544	39,680
Fixed income funds (3)	30,517	4,046	34,563
Alternative Investments (4)		50,684	50,684
	<u>\$ 40,178</u>	<u>\$ 91,274</u>	<u>\$ 131,452</u>

- (1) Cash equivalents include investments with original maturities of three months or less and overnight investments. Cash and cash equivalents and overnight investments are rendered level 1 due to their frequent pricing and ease of converting to cash.
- (2) Equities include individual equities. Equity funds include investments in mutual funds, commingled trusts and hedge funds. The individual equities and mutual funds are valued based on the closing price on the primary market and are rendered Level 1. The commingled trusts and hedge funds are valued regularly within each month utilizing NAV per unit and are rendered Level 2.
- (3) Fixed income funds are investments in mutual funds and commingled trusts investing in fixed income instruments. The underlying fixed investments are principally U.S. Treasuries, corporate bonds, commercial paper, and mortgage backed securities. The mutual funds are valued based on the closing price on the primary market and are rendered Level 1. The commingled trusts are valued regularly within each month utilizing NAV per unit and are rendered Level 2.
- (4) Alternative investments include investments that are not traded on national exchanges or over-the-counter markets. These investments are valued using a net asset value per share that has been calculated in accordance with investment company rules, which among other things, indicates that the underlying investments be measured at fair value. This valuation technique renders these investments Level 2.

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There are no unfunded commitments related to the Plans' alternative investments. The following table displays information by major alternative investment category as of June 30, 2013:

(in thousands)

Description	Fair Market Value	Liquidity	Notice Period	Receipt of Proceeds
Global asset allocation	\$ 27,068	Monthly	5 to 30 days	(1)
Fund of funds	439	Quarterly or terminated	45 days	(2)
Hedge funds	21,513	Monthly, quarterly, or bi-annually	30 to 90 days	(3)
Credit funds	5,007	Annually	60 to 90 days	(4)
Distressed credit	89	December 31, 2013		
	<u>\$ 54,116</u>			

(1) Within 15 days, or 95% on redemption date, 5% within 3 days.

(2) 90% within 30 days, 10% after annual audit.

(3) 90 to 95% within 3 to 30 days, 5 to 10% after annual audit or redemption date.

(4) Within 30 days, or 90% within 10 days, 10% after annual audit.

The following table displays information by major alternative investment category as of June 30, 2012:

(in thousands)

Description	Fair Market Value	Liquidity	Notice Period	Receipt of Proceeds
Global asset allocation	\$ 23,269	Monthly	5 to 30 days	(1)
Fund of funds	10,527	Quarterly or terminated	45 days or terminated	(2)
Hedge funds	11,206	Monthly, quarterly, or bi-annually	30 to 90 days	(3)
Credit funds	4,105	Annually	60 to 90 days	(4)
Distressed credit	1,577	December 31, 2013		
	<u>\$ 50,684</u>			

(1) At least 95% within 15 days, remaining within 30 days of redemption date.

(2) At least 90% within 60 days, remaining received after audit or as SPV shares.

(3) 90-95% within 30 days, 5-10% after annual audit.

(4) Within 30 days, or 90% within 10 days, 10% after annual audit.

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Contributions and Estimated Future Benefit Payments (Unaudited)

JHBMC expects to contribute \$3.2 million to its pension plan in 2014.

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

(in thousands)

2014	\$	6,344
2015		7,373
2016		8,409
2017		9,628
2018		10,843
Thereafter		72,451

10. Maryland Health Services Cost Review Commission

JHBMC's charges are subject to review and approval by the Commission. JHBMC's management has filed the required forms with the Commission and believes JHBMC is in compliance with Commission requirements. The total rate of reimbursement for services to patients under the Medicare and Medicaid programs is based on an agreement between the Center for Medicare and Medicaid Services and the Commission. Management believes that this program will remain in effect at least through June 30, 2014. Effective April 1, 1999, the Commission developed a methodology to control inpatient hospital charges and JHBMC elected to be paid under the new methodology. The methodology established a charge per admission cap for each hospital. The hospital specific charge per admission is adjusted annually to reflect cost inflation, and is also adjusted for changes in the hospital's case mix index. Certain highly tertiary inpatient cases such as solid organ transplants, bone marrow transplants and certain oncology cases are treated as exclusions from the charge per case methodology. Effective July 1, 2011, the Commission modified this methodology in an effort to reduce readmissions at Maryland hospitals. Under a Charge per Episode ("CPE") methodology, hospitals are allowed to retain any rate authority lost due to reductions in readmissions. Conversely, hospitals are not granted any additional rate authority for any increases to readmissions.

In fiscal 2011, the HSCRC developed a new methodology to establish a charge per visit (CPV) for certain types of outpatient services. The hospital specific charge per visit is adjusted annually to reflect cost inflation and is also adjusted for changes in case mix. This methodology is primarily focused on ambulatory surgery procedures, medical clinic visits and emergency room visits. The methodology also includes other types of outpatient services including infusion procedures, therapies, mental health and major radiology procedures. Certain types of visits such as radiation therapy, psychiatric day hospital and certain types of recurring visits will be treated as exclusions under this methodology. In March 2012, the HSCRC voted to suspend the CPV methodology for fiscal 2012. The HSCRC has not yet provided a timeline for the establishment of a replacement methodology.

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

11. Professional and General Liability Insurance

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

The medical institutions obtain primary and excess liability insurance coverage from commercial insurers and the RRG. The primary coverage is written by the RRG, and a portion of the risk is reinsured with the captive insurance company. Commercial excess insurance and reinsurance is purchased under a claims-made policy by the participating institutions for claims in excess of primary coverage retained by the RRG and the captive. Primary retentions are \$5.0 million per incident. Primary coverage is insured under a retrospectively rated claims-made policy; premiums are accrued based upon an estimate of the ultimate cost of the experience to date of each participating member institution. The basis for loss accruals for unreported claims under the primary policy is an actuarial estimate of asserted and unasserted claims including reported and unreported incidents and includes costs associated with settling claims. Projected losses were discounted at 0.6% and 0.7% as of June 30, 2013 and 2012 respectively.

Professional and general liability insurance expense incurred by JHBMC was \$2.9 million and \$2.8 million for the years ended June 30, 2013 and 2012, respectively, and is included in purchased services in the statement of operations and changes in net assets. Reserves were \$15.4 million and \$15.7 million as of June 30, 2013 and 2012, respectively.

Effective July 1, 2011, JHBMC adopted the provisions of ASU 2010-24, "Presentation of Insurance Claims and Related Insurance Recoveries", which clarifies that health care entities should not net insurance recoveries against the related claims liabilities. In connection with JHHS' adoption of ASU 2010-24, JHBMC recorded an increase in its assets and liabilities in the accompanying Balance Sheets as follows:

Caption on balance sheets	2013	2012
Prepaid expenses and other current assets	\$ 2,991	\$ 3,622
Estimated malpractice recoveries, net of current portion	5,249	4,572
Total assets	<u>\$ 8,240</u>	<u>\$ 8,194</u>
Current portion of estimated malpractice costs	\$ 2,991	\$ 3,622
Estimated malpractice costs, net of current portion	5,249	4,572
Total liabilities	<u>\$ 8,240</u>	<u>\$ 8,194</u>

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

12. Transactions With Related Parties

During the years ended June 30, 2013 and 2012, JHBMC engaged in transactions with JHHS and its Affiliates, JHH, Johns Hopkins Community Physicians ("JHCP"), Johns Hopkins Medical Management Corporation ("JHMMC"), Johns Hopkins HealthCare, LLC ("JHHC"), Priority Partners Managed Care Organization, Inc. ("PP"), Johns Hopkins Employer Health Programs ("JHEHP"), JHMI Utilities LLC ("JHMI Utilities"), Johns Hopkins International, LLC ("JHI") and Johns Hopkins Home Care Group, Inc. ("JHHCG").

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

Revenue / (Expense) Transactions

(in thousands)

	2013	2012
Net patient service revenue from providing services to subscribers of PP	\$ 33,549	\$ 31,486
Net patient service revenue from providing services to subscribers of JHHC	15,910	17,128
Management services provided to JHHS relating to the PACE and Creative Alternatives programs	15,514	15,287
Laboratory and various support services provided by JHH	(15,193)	(14,460)
Purchasing, legal, advertising and other services provided by JHHS	(25,119)	(21,399)
Premiums paid to JHEHP for administration of health care claims	(2,575)	(2,619)
Telecommunication services provided by JHMI Utilities	(4,973)	(2,753)
Fees paid to JHHCG for management of discharge pharmacy and patient discharge planning	(3,005)	(2,862)
Services provided by JHCP	(1,498)	(1,498)
Temporary nursing services provided by JHMMC	(826)	(994)
Translation services provided by JHI	(420)	(315)

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

	2013	2012
Due from JHMSC - note receivable	\$ 1,970	\$ 2,626
Due to JHHS - promissory note	(10,025)	-
Due to JHHS - promissory note	(3,000)	-
Due to JHHS for services as noted above	(3,297)	(3,119)
Due to JHCP for services provided	(230)	(224)
Due to JHH for services as noted above	(487)	(1,077)
Due to JHMI Utilities for services as noted above	(1,176)	(663)
Due to JHHCG for pharmacy services and patient discharge planning	(343)	(182)
Due to JHMMC for nursing services received	(41)	(72)
Other	(53)	(155)
	<u>\$ (16,682)</u>	<u>\$ (2,866)</u>
Net due to affiliates	<u>\$ (16,682)</u>	<u>\$ (2,866)</u>

In May 2013, JHBMC and JHHS entered into a long-term Promissory Note in the amount of \$10.0 million. The Promissory Note carries a variable interest rate based on the one-month LIBOR plus a spread of 0.71%. Interest payments will be made at the end of each month. The rate was approximately 0.12% for the year ended June 30, 2013. Principal payments are made annually in May from 2014 through 2027, and range from \$545 thousand to \$915 thousand.

On June 30, 2013, JHBMC and JHHS entered into a long-term Promissory Note in the amount of \$3.0 million, with a fixed interest rate of 3.00%. The Promissory Note is structured as a term note and comes due in 2023. Interest payments will be paid semi-annually in May and November.

In August 2013, JHBMC and JHHS entered into a long-term Promissory Note in the amount of \$47.7 million, with a fixed interest rate of 5.28%. The Promissory Note will fund construction of a new Cancer Center and expansion of the Emergency Department on the JHBMC campus. Interest payments will be paid semi-annually in May and November. Principal payments will be made annually in May starting in 2040, and range from \$7.8 million to \$13.6 million.

As of June 30, 2013, total maturities of notes payable to JHHS during the next five years and thereafter are as follows:

(in thousands)

2014	\$ 545
2015	565
2016	590
2017	610
2018	645
Thereafter	<u>10,070</u>
	<u>\$ 13,025</u>

Included in the amounts due from affiliates in the accompanying Balance Sheets as of June 30, 2013 and 2012 is a Note Receivable from Johns Hopkins Medical Services Corporation for \$2.0 million and \$2.6 million, respectively. The Note Receivable bears no interest with annual payments of \$656.0 thousand through June 30, 2016.

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Broadway Services, Inc. ("BSI"), a related organization, is a wholly owned subsidiary of the Dome Corporation. The Dome Corporation is owned equally by JHHS and JHU. BSI provides JHBMC with various services including security, housekeeping, escort and transportation. During 2013 and 2012, JHBMC incurred costs of approximately \$6.7 million for these services. JHBMC had accounts payable to BSI of approximately \$259 thousand and \$312 thousand as of June 30, 2013 and 2012, respectively. These amounts are included in accounts payable and accrued expenses in the accompanying Balance Sheets.

JHBMC pays ground and space rent and ground maintenance costs to FSK Land Corporation, a related organization. During 2013 and 2012, JHBMC incurred costs of \$2.1 million and \$1.6 million, respectively, for these services.

13. Contracts, Commitments and Contingencies

JHBMC has agreements with JHU, under which JHU provides medical administration and educational services, conducts medical research programs, provides patient care medical services, and provides certain other administrative and technical support services through the physicians employed by The Johns Hopkins University School of Medicine ("JHUSOM"). Compensation for providing medical administration and educational services is paid to JHU by JHBMC; funding for services in conducting medical research is paid from grant funds and by JHBMC; compensation for patient care medical care services is derived from billings to patients (or third-party payors) by JHU; and compensation for other support services is paid to JHU by JHBMC. The aggregate amount of purchased services incurred by JHBMC under these agreements was \$51.8 million and \$44.6 million for the years ended June 30, 2013 and 2012, respectively.

JHBMC also has an agreement with JHU under which JHU recruits and pays interns and resident physicians who furnish services to JHBMC on a rotating and nonrotating basis. Included in purchased services expense in the accompanying Statements of Operations and Changes in Net Assets for services under this agreement is \$5.3 million for each of the year ended June 30, 2013 and \$5.2 million for the year ended June 30, 2012 for physicians providing services on a rotating basis and \$3.7 million and \$4.1 million for the years ended June 30, 2013 and 2012, respectively for physicians providing services on a nonrotating basis.

Additionally, JHBMC is leasing space to JHU. Payments totaled \$2.9 million and \$3.1 million for the years ended June 30, 2013 and 2012, respectively, and have been recorded as a reduction of purchased services.

JHBMC provides departmental support for Chiefs of Service based on personal recruitment agreements between JHBMC, JHUSOM and the respective Chief of Service. These commitments to the department are conditional to the extent the Chief of Service remains in the position. Future expected payments related to agreements currently in place were \$4.2 million and \$5.6 million at June 30, 2013 and 2012, respectively. In 2012, JHBMC also transferred \$4.5 million to JHUSOM as support for the renal program. This transfer is presented as other net assets released from restrictions on the statement of operations and changes in net assets.

Amounts due from JHU for liabilities previously paid on behalf of JHU by JHBMC were \$1.0 million at June 30, 2013, and are presented on the Balance Sheets as due from others. Amounts due to JHU for current operations, net of liabilities previously paid on behalf of JHU by JHBMC, were \$1.8 million at June 30, 2012, and are presented as other accrued expenses on the Balance Sheet.

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JHBMC serves as the guarantor on a loan agreement between JHCP and MHHEFA. The terms of the Guarantee Agreement between JHBMC and MHHEFA require JHBMC to guarantee \$501.0 thousand plus any outstanding interest charges and attorney fees in the event of default by JHCP. The principal of the loan is repaid in monthly installments, which began on June 15, 2001, and is due on July 1, 2014.

Commitments for leases that do not meet the criteria for capitalization are classified as operating leases with related rentals charged to operations as incurred. The following is a schedule by year of future minimum lease payments under operating leases as of June 30, 2013, that have initial or remaining lease terms in excess of one year:

(in thousands)

2014	\$	2,394
2015		2,422
2016		2,369
2017		2,317
2018		2,356

Rental expense for all operating leases for the years ended June 30, 2013 and 2012 amounted to \$5.1 million.

14. Functional Expenses

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

(in thousands)

	2013	2012
Health care services	\$ 468,719	\$ 448,534
General and administrative services	<u>69,742</u>	<u>63,872</u>
Total expenses	<u>\$ 538,461</u>	<u>\$ 512,406</u>

15. Subsequent Events

JHBMC has performed an evaluation of subsequent events through September 27, 2013, which is the date the financial statements were issued.

Supplemental Financial Information



**Report of Independent Auditors on
Supplemental Financial Information**

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

We have audited the financial statements of Johns Hopkins Bayview Medical Center ("JHBMC") as of June 30, 2013 and 2012 and for the year then ended and our report thereon appears on page 1 of this document. That audit was conducted for the purpose of forming an opinion on the financial statements taken as a whole. The information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves and other additional procedures, in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements taken as a whole. The information is presented for purposes of additional analysis of the financial statements rather than to present the results of operations of the individual entities and is not a required part of the financial statements. Accordingly, we do not express an opinion on the results of operations, of the individual entities.

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

September 27, 2013

Johns Hopkins Bayview Medical Center, Inc.
Supplemental Statements of Operations and Changes in Net Assets
Years Ended June 30, 2013 and 2012

	2013						2012													
	Johns Hopkins Bayview Center		Restricted Gifts and Grant Programs		Other Specialty Programs		Inter-Divisional Eliminations		Total		Johns Hopkins Bayview Center		Restricted Gifts and Grant Programs		Other Specialty Programs		Inter-Divisional Eliminations		Total	
	Acute Care Hospital										Acute Care Hospital									
Operating revenues	\$ 451,265	\$ 39,809	\$ -	\$ 29,386	\$ (1,877)	\$ 518,583	\$ 434,925	\$ 40,278	\$ -	\$ 32,209	\$ (1,925)	\$ 505,487								
Patient service revenue before bad debts expense	27,866	1,314	-	109	-	29,289	26,344	1,416	-	173	-	27,933								
Provision for bad debts	423,399	38,495	-	29,277	(1,877)	489,294	408,581	38,862	-	32,036	(1,925)	477,554								
Net patient service revenue	7,007	789	15,633	19,882	-	43,411	7,528	809	17,217	21,149	-	46,703								
Other revenue	1,258	-	-	-	-	1,258	1,484	-	-	-	-	1,484								
Investment income	554	-	-	-	-	554	284	-	-	-	-	284								
Net assets released from restrictions	432,218	39,284	15,633	49,259	(1,877)	534,517	417,877	39,671	17,217	53,185	(1,925)	526,025								
Total operating revenues																				
Operating expenses	203,859	22,532	7,964	20,035	(1,877)	254,390	195,934	22,177	9,169	19,964	-	247,244								
Salaries, wages and benefits	137,259	11,690	5,479	22,002	(1,877)	174,553	119,009	11,518	5,557	24,265	(1,925)	158,424								
Purchased services	68,075	6,340	2,041	7,635	-	84,091	65,942	6,660	2,342	7,493	-	82,437								
Supplies and other	257	22	-	20	-	299	254	22	-	23	-	299								
Interest	23,964	894	149	521	-	25,128	22,490	862	149	501	-	24,002								
Depreciation and amortization	433,014	41,478	15,633	50,213	(1,877)	538,461	403,629	41,239	17,217	52,246	(1,925)	512,406								
Total operating expenses	(796)	(2,194)	-	(954)	-	(3,944)	14,248	(1,568)	-	939	-	13,619								
Income from operations	(2,368)	(459)	-	(25)	-	(2,852)	(2,486)	(482)	-	(26)	-	(2,994)								
Nonoperating revenues and expenses	4,768	-	-	4,768	-	9,536	(5,847)	-	-	-	-	(5,847)								
Interest expense on swap agreements	1,179	-	-	-	-	1,179	(376)	-	-	-	-	(376)								
Change in market values of swap agreements	(311)	-	-	-	-	(311)	-	-	-	-	-	-								
Realized/Unrealized gains (losses) on investments	2,472	(2,653)	-	(979)	-	(1,160)	5,539	(2,050)	-	913	-	4,402								
Loss on advance refunding of debt	-	-	-	-	-	-	-	-	-	-	-	-								
Excess of revenues over expenses	-	-	-	-	-	-	200	-	-	-	-	200								
Contributions from affiliates	30,599	-	-	-	-	30,599	(50,847)	-	-	-	-	(20,248)								
Change in funded status of defined benefit plans	33,071	(2,653)	-	(979)	-	29,439	(45,108)	(2,050)	-	913	-	(17,816)								
Total change in unrestricted net assets																				
Changes in temporarily restricted net assets	-	-	848	-	-	848	-	-	1,073	-	-	1,073								
Gifts, grants and bequests	-	-	(554)	-	-	(554)	-	-	(284)	-	-	(284)								
Net assets released from restrictions for operations	-	-	-	-	-	-	-	-	(4,500)	-	-	(4,500)								
Other	-	-	294	-	-	294	-	-	(3,711)	-	-	(3,711)								
Total change in temporarily restricted net assets																				
Changes in permanently restricted net assets	-	-	(49)	-	-	(49)	-	-	-	-	-	-								
Gifts, grants and bequests	-	-	(49)	-	-	(49)	-	-	-	-	-	-								
Total change in permanently restricted net assets																				
Increase (decrease) in net assets	33,071	(2,653)	245	(979)	-	29,684	(45,108)	(2,050)	(3,711)	913	-	(49,956)								
Net assets																				
Beginning of the year	(946)	9,708	7,171	13,115	-	29,048	44,162	11,758	10,882	12,202	-	79,004								
End of year	\$ 32,125	\$ 7,055	\$ 7,416	\$ 12,136	\$ -	\$ 58,732	\$ (946)	\$ 9,708	\$ 7,171	\$ 13,115	\$ -	\$ 29,048								