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# Form **990**

Department of the Treasury Internal Revenue Service

# **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

2008

OMB No 1545-0047

Open to Public Inspection

A Fo	r the :	2008 ca	alendar yea	r, or tax year beginning	07-01-2008 and en	ding 06-30-2009			
B Che	eck if a	pplicable	Please	C Name of organization JOHNS HOPKINS HOSPITA	N ENDOWMENT FUND I			D Employer	identification number
☐ Add	Iress ch	ange	use IRS label or					23-7252	
┌ Nar	ne cha	nge	print or	Doing Business As				E Telephone	number
┌ Init	ıal retu	rn	type. See Specific	Number and street (or P	O box if mail is not delive	red to street address	S) Room/suite	(443) 997	
┌ Ter	mınatıo	n	Instruc- tions.	1101 E 33RD STREET TEF E001				G Gross rece	ipts \$ 25,710,233
☐ Am	ended :	return		City or town, state or cou	ntry, and ZIP + 4				
_		pending		BALTIMORE, MD 21218	nery, and En .				
i Api	nication	i penunig							
				ne and address of Princ LD J WERTHMAN	ipal Officer			s a group retu	ırn for ┌ Yes
			1101 E	33RD STREET STE EO	001		affilia	tes	j Yes j♥ No
				MORE,MD 21218			H(b) Are all	l affiliates inclu	ıded?
I Ta	x-exem	pt status	<b>✓</b> 501(c)	) ( 3 ) ◀ (insert no )	947(a)(1) or   527				st See instructions )
J W	eb sit	<b>e: ►</b> N/A	4				H(c) Grou	p Exemption I	Number ►
<b>К</b> Тур	e of org	janization	<b>▽</b> Corporat	tion trust association	other <b>►</b>		<b>L</b> Year of Fo		<b>M</b> State of legal domicile MD
Pa	1 I			e organization's mission					
Governance		Check t	this box	ANAGING THE ENDOV  If the organization disco	ontinued its operation	s or disposed of	more than 2	5% of its ass	
				ndent voting members o					9
Activities &				nployees (Part V, line 2		, are vi, mie ib,		. 5	
Ĭ				olunteers (estimate if ne				6	0
্ব				ted business revenue fr	• •		-	7a	201,058
				iness taxable income fro			-	71	
					·		Pric	r Year	Current Year
	8	Contri	butions and	d grants (Part VIII, line	1h)			2,045,930	3,328,184
횰	9			revenue (Part VIII, line		, ,	0		
Rayenue	10	Invest	tment incor	me (Part VIII, column (		41,942,890	7,919,522		
ä	11	Other	revenue (P	art VIII, column (A), lır	nes 5, 6d, 8c, 9c, 10c	:, and 11e)		130,800	233,555
	12	Totali	revenue—a	dd lines 8 through 11 (r	nust equal Part VIII,	column (A ), line			
		12)						44,119,620	
	13			ar amounts paid (Part I)		-3)		16,088,191	15,056,320
	14		•	or for members (Part IX,	` ''				0
88	15	Salarıe 10)	es, other co	ompensation, employee	benefits (Part IX, col	umn (A), lines 5	-		0
Expenses	16a	•	sional fund	Iraising fees (Part IX, co	olumn (A), line 11e)				0
÷	ь			penses, Part IX, column (D),		`			
ш	17	-	_	(Part IX, column (A), lin	<u> </u>	/ f)		4,276,907	4,471,455
	18			-add lines 13–17 (must				20,365,098	
	19			venses Subtract line 18		, , , , , , , , , , , , , , , , , , , ,		23,754,522	<u> </u>
<u>क</u>							Beginni	ng of Year	End of Year
ည္ဆင္ဆ	20	Total	assets (Par	rt X, line 16)				583,178,042	_
3.4	21		•	•					, · · · ·
Net Assets or Fund Balances			•	Part X, line 26)	. 24 6			47,427,185	· · · · · · · · · · · · · · · · · · ·
	22			nd balances Subtract lir	ne 21 from line 20			535,750,857	424,250,785
Plea Sign Here	1	Under p and beli Signa	ature of office	erjury, I declare that I have e correct, and complete Declar er			on all informat		to the best of my knowledge parer has any knowledge
		Туре	e or print nam	ne and title				T	
		Preparer			Date		neck if If-	Preparer's PTI	N (See Gen Inst )
Paid		signature	e <b>F</b>				npolyed 🕨 🦵		
Prepa			ame (or yours	ETNI I					
Use (	Only		mployed), and ZIP + 4	<b>/</b>				EIN Þ	
								Phone no 🕨	
	ha ID		sa thia ratii	rn with the preparer sho	wn shows? /Cas instri	ustions\		1	

# Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's miss		NAGE THE ENDOWMENT AND (	CERTAIN OTHER FUNDS WHICH BENEFIT	CERTAIN AFFILIATES
2	Did the organization undertake the prior Form 990 or 990-EZ	?	vices during the year whi	ch were not listed on   Yes	▼ No
3	If "Yes," describe these new so Did the organization cease cor		changes in how it conduc	ts any program	
•	services?		· · · · · · ·	TYes	▼ No
	If "Yes," describe these chang				
4		anızatıons and 4947(a)(1) tr	usts are required to repo	est program services by expense rt the amount of grants and alloca	
4a	THE JOHNS HOPKINS HOSPITAL END	DOWMENT FUND (THE FUND) SUPP PORATION AND HOWARD COUNTY O	including grants of \$ PORTS THE JOHNS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS HOPKINS	15,056,320 ) (Revenue \$ 1: DSPITAL, JOHNS HOPKINS BAYVIEW MEDI SUPPORTS THE ACTIVITIES OF THESE OF	1,481,261 ) CAL CENTER, JOHNS RGANIZATIONS SUCH
4b	(Code ) (Ex	penses \$	including grants of \$	) (Revenue \$	)
4c	(Code ) (Ex	penses \$	including grants of \$	) (Revenue \$	)
<u> </u>					
4d	Other program services (Des (Expenses \$	scribe in Schedule O ) including grants of:	\$	) (Revenue \$	)
4e	Total program service expens		Must equal Part IX, Line		

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)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 💋	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νo
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νo
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		No
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? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

# Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	art V Statements Regarding Other II	RS Filings and Tax Complianc	e			
					Yes	No
1a	ļ					
	of U.S. Information Returns. Enter -0- if not appli	cable				
			<b>1a</b> 0			
b	<b>b</b> Enter the number of Forms W-2G included in li	ne 1a <i>Enter -0-</i> if not applicable	<b>1b</b> 0			
_	c Did the organization comply with backup withho	olding rules for reportable payments t				
C	gaming (gambling) winnings to prize winners?			1c		
2a						
	Statements filed for the calendar year ending wi	th or within the year covered by this	<b>2a</b> 0			
h	<b>b</b> If at least one is reported in 2a, did the organiz	vation file all required federal employs				
	Note: If the sum of lines 1a and 2a is greater than			2b		
3a	Did the organization have unrelated business g	ross income of \$1,000 or more durin	ng the year covered by this			
	return?			3a	Yes	
	<b>b</b> If "Yes," has it filed a Form 990-T for this year			3b	Yes	
4a	over, a financial account in a foreign country (s	uch as a bank account, securities ac		4a		N
<b>L</b>	account)?			74		No
b	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing re		enort of Foreign Bank and			
	See the instructions for exceptions and filing re	equirements for <b>Form 10 F 90-22.1,</b> R6	грон он гогенун банк апа			
5a	Was the organization a party to a prohibited tax	x shelter transaction at any time duri	ng the tax year?	5a		No
b	<b>b</b> Did any taxable party notify the organization th	at it was or is a party to a prohibited	tax shelter transaction?	5b		No
c	c If "Yes," to 5a or 5b, did the organization file Fo	orm 8886-T, <i>Disclo</i> s <i>ure bv Tax-Exemp</i>	ot Entity Regarding Prohibited			
	Tax Shelter Transaction?			5c		
6a	Did the organization solicit any contributions t	hat were not tax deductible?		6a		No
b	b If "Yes," did the organization include with every were not tax deductible?	solicitation an express statement th	nat such contributions or gifts	6b		
7	Organizations that may receive deductible contrib	outions under section 170(c).		0.5		
а	a Did the organization provide goods or services		itribution of \$75 or	7a		No
	more?					 I
	<b>b</b> If "Yes," did the organization notify the donor o	-		7b		
С	c Did the organization sell, exchange, or otherwise file Form 8282?			7c		l No
d	d If "Yes," indicate the number of Forms 8282 fil		7d			
	,					
е	e Did the organization, during the year, receive a			7e		N o
f	benefit contract?			76 7f		No
' a				71 7g		No
_	h For contributions of cars, boats, airplanes, and	,	·	79		110
••	required?			7h		No
8	Section $501(c)(3)$ and other sponsoring organizati					
	supporting organizations. Did the supporting org excess business holdings at any time during th		sponsoring organization, have	_		
	year?			8		<u> </u>
9	Section 501(c)(3) and other sponsoring organizati	ons maintaining donor advised funds.				
а	a Did the organization make any taxable distribu	tions under section 4966?		9a		
b	<b>b</b> Did the organization make a distribution to a do	onor, donor advisor, or related person	17	9b		
10	Section $501(c)(7)$ organizations. Enter					
	a Initiation fees and capital contributions include	·	10a			
b	b Gross receipts, included on Form 990, Part VI facilities	II, line 12, for public use of club	10b			
11	Section 501(c)(12) organizations Enter					
	a Gross income from members or shareholders		l			
_			11a			
b	b Gross income from other sources (Do not net a against amounts due or received from them)	·	11b			
	•	'				
	<b>La</b> Section 4947(a)(1) non-exempt charitable trusts.		n lieu of Form 1041? I	12a		
b	b If "Yes," enter the amount of tax-exempt intere year	est received or accrued during the	12b			

10

11

Yes

Νo

# Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . . . . . . Is there any officer, director or 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 . . . . . . . .

Se	ection A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
a	Enter the number of voting members of the governing body 1a 9			
b	Enter the number of voting members that are independent 1b 9			
!	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
1	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	. 3		No
•	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
;	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
,	Does the organization have members or stockholders?	6		Νo
a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
}	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
а	Does the organization have local chapters, branches, or affiliates?	9a		Νo
ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters			

### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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?	16a		Νo
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

#### Section C. Disclosure

17	List the States	with which a copy	of this Form 99	O is required	to be filed
_,	LIST THE STATES	WILL WILL A CODY	OI (1113   OI111 22	0 13 16441164	to be illed

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. I another's website.
  - L9 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

THE CORPORATION
1101 E 33RD STREET TERRACE LEVEL
BALTIMORE,MD 21218
(443) 997-5724

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- \* List all of the organization's current officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0 - in columns (D), (E), and (F) if no compensation was paid
- \* 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- \* List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

🔽 Check this box if the organization did not compensate any officer, director, trustee or key employee

		<b>(C)</b> Position (check all that apply)							(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Prector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
RONALD R PETERSON , VICE PRESIDENT	1 00	Х		Х				0	0	0
GEORGE L BUNTING JR , CHAIRMAN/PRESIDENT	1 00	Χ		Х				0	0	0
EDWARD L CAHILL , TRUSTEE	1 00	Х						0	0	0
FRANK A BONSAL JR , TRUSTEE	1 00	Х						0	0	0
FRANCIS C RIENHOFF , TRUSTEE	1 00	Χ						0	0	0
CHARLES H SALISBURY JR , VICE CHAIRMAN	1 00	Χ		Х				0	0	0
CALMAN J ZAMOISKI JR , TRUSTEE	1 00	Χ						0	0	0
C MICHAEL ARMSTRONG , TRUSTEE	1 00	Х						0	0	0
TRACI S LERNER , TRUSTEE	1 00	Х						0	0	0
RONALD J WERTHMAN , VP & TREASURER	1 00			Х				0	0	0
STUART ERDMAN , ASSIST TREAS & SEC	1 00			Х				0	0	0
THOMAS B TRZCINSKI , ASSISTANT SECRETARY	1 00			Х				0	0	0

### Part VIII Continued

		Posi t	tion (	(che	y)				(E)	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	( <b>D</b> ) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
1b Total							▶	0	0	0

- Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►0

# Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
JOHNS HOPKINS UNIVERSTIY 1101 E 33RD STREET BALTIMORE, MD 21218	INVESTMENT ADVISORY	310,824
7 Total number of independent contractors (including those in 1) who received more than \$	100.000 in compensation	

Yes

5

No

Nο

# Part Statement of Revenue VIII

					<b>(A)</b> Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
ats a	1a	Federated cam	paigns 1a					
흔	ь	Membership du	es <b>. 1b</b>					
કું. કુ	С	Fundraising eve	ents 1c					
∄ੁ≅	d	Related organiz	ations 1d					
ž.	е	Government grants	s (contributions) <b>1e</b>					
Contributions, gifts, grants and other similar amounts	f	sımılar amounts no		3,328,184				
를 다 다	g		butions included in					
Ç #	h		s 1a-1f)		3,328,184			
				Business Code				
) E	2a							
<u>8</u>	ь		_					
93	С		<u> </u>					
Ē.	d							
<i>ঐ</i> ⊊	e							
Program Service Revenue	f	All other progra	am service revenue					
	g	Total. Add lines	s 2a-2f					
	3		ome (including dividen	ŀ				
			mounts)		14,227,695 7,915,610			14,227,695 7,915,610
	4		tment of tax-exempt bond	_	7,915,610			7,915,610
	5	Royalties	(ı) Real	(II) Personal				
	6a	Gross Rents	(I) Real	(II) Fersonal				
	Ь	Less rental						
		expenses Rental income						
	.	or (loss)		<u> </u>				
	d	Net rental incol	me or (loss)					
	7a	Gross amount	(ı) Securities 5,189	(II) O ther				
		from sales of assets other	·					
		than inventory Less cost or	14,228,972					
	Ь	other basis and	14,220,972					
	c	sales expenses Gain or (loss)	-14,223,783					
	d	Net gaın or (los	s)		-14,223,783	-14,223,783		
	8a	Gross income f events (not inc	rom fundraising					
άs		\$	reported on line 1c)					
Other Revenue		See Part IV , lın						
ě		\$15,000	а					
Ψ.	Ь		penses <b>b</b>					
¥	C		loss) from fundraising	events F				
J	9a	See part IV, lın	rom gaming activities e 19 ule G if total exceeds					
			а					
	Ь		penses b					
	C 100		loss) from gaming acti	vities				
	104	Gross sales of returns and allo						
	ь	Less cost of g	oods sold <b>b</b>					
	С		loss) from sales of inve	entory 🛌				
		Miscellaneous	Revenue	Business Code				
	11a	JH SUBURBAN	K-1	525,990	233,555		201,058	32,497
	ь							
	С							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d					
	12	Total Dayses	Add lines 1h, 2g, 3, 4,	\$ 233,555 5 6d 7d 8c	11,481,261	-14,223,783	201,058	22,175,802
	**		Addines In, 2g, 3, 4, Le	J, ou, /u, oc, ▶	22, .32,231	_ /,==5/. 05		,

# Part IX Statement of Functional Expenses

,	Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
	not include amounts reported on lines 6b, 7b,		(B)	(B), (C), and (D	). (D)				
<b>D</b> 0	8b, 9b, and 10b of Part VIII.	( <b>A</b> ) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV $$ line 21 $$	15,056,320	15,056,320						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22								
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees								
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								
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)								
9	Other employee benefits								
LO	Payroll taxes								
L1	Fees for services (non-employees)								
а	Management								
b	Legal								
c	Accounting	28,224		28,224					
d	Lobbying								
е	,								
f	J								
g									
L2	Advertising and promotion								
L3	Office expenses								
<b>L4</b>	Information technology								
L5	Royalties								
L6	Occupancy								
L7	Travel								
18	Payments of travel or entertainment expenses for any Federal, state or local public officials								
L9	Conferences, conventions and meetings								
20	Interest								
21	Payments to affiliates	_	_						
22	Depreciation, depletion, and amortization	314,246	314,246						
23	Insurance								
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )								
a		3,421,509			3,421,509				
Ŀ	ADMINISTRATION	381,131		381,131					
c	CIO MANAGEMENT FEE	310,824		310,824					
c	OTHER	15,521		15,521					
f	All other expenses								
25	Total functional expenses. Add lines 1 through 24f	19,527,775	15,370,566	735,700	3,421,509				
26	Joint Costs. Check if if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and								
	fundraising solicitation								

Part X	Balance	Sheet

					(A)		(B	-
	1	Cash—non-interest-bearing			Beginning of year	1	End of	year
	2	Savings and temporary cash investments	•		22,788,235	<del>-  </del>	20	6,246,426
	3	Pledges and grants receivable, net			2,773,949	$\vdash$		1,686,290
	4	Accounts receivable, net			2,770,010	4		1,000,200
	5	Receivables from current and former officers, directors, trustee				<del>                                     </del>		
		other related parties		•		5		
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of				6		
	7	Notes and loans receivable, net			3,974,781	7	;	3,676,532
	8	Inventories for sale or use				8		
\$	9	Prepaid expenses and deferred charges				9		
Assets	10a	Land, buildings, and equipment cost basis	<sub>10a</sub>	13,474,392				
•	b	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10a			100	,	6,908,154
	11	Investments—publicly traded securities		1	7,047,022	11	•	0,300,134
	12	·			722,801	11		722,801
		Investments—other securities See Part IV, line 11 Complete F Schedule D			722,001	12		722,001
	13	Investments—program-related See Part IV, line 11 $\it Complete blue of Schedule D$ .	Part VI	II		13		
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 $\it Complete Part IX of Schedule D$			545,870,654	15	42:	3,946,654
	16	Total assets. Add lines 1 through 15 (must equal line 34)			583,178,042	16	46:	3,186,857
	17	Accounts payable and accrued expenses .			13,204,160	17	1	1,627,735
	18	Grants payable		18				
	19	Deferred revenue		19				
	20	Tax-exempt bond liabilities				20		
<u>.</u>	21	Escrow account liability Complete Part IV of Schedule D				21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
<u>.</u>		persons Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third parties	s .		4,811,649	23		4,138,283
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D			29,411,376	25	2:	3,170,054
	26	Total liabilities. Add lines 17 through 25			47,427,185	26	3	8,936,072
		Organizations that follow SFAS 117, check here 🕨 🗸 and com	plete l	lines 27				
ě		through 29, and lines 33 and 34.						
an	27	Unrestricted net assets			263,300,110	27	20	7,148,750
Balance	28	Temporarily restricted net assets			178,435,017	28	13:	9,047,533
됟	29	Permanently restricted net assets			94,015,730	29	7	8,054,502
r Fund		Organizations that do not follow SFAS 117, check here ► □ at lines 30 through 34.	nd con	nplet e				
0	30	Capital stock or trust principal, or current funds				30		
ě	31	Paid-in or capital surplus, or land, building or equipment fund				31		
Assets or	32	Retained earnings, endowment, accumulated income, or other fi		-		32		
Net /	33	Total net assets or fund balances			535,750,857	33	42	4,250,785
ž	34	Total liabilities and net assets/fund balances			583,178,042	$\vdash$		3,186,857
		L Et a state of the state of th						· · · · · · · · · · · · · · · · · · ·
Pa	rt XI	Financial Statements and Reporting						
							Yes	No

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 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?	2c	Yes	
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?	3a		No
b	If "Yes," did the organization undergo the required audit or audits?	3b		

# DLN: 93493130003190

OMB No 1545-0047

# SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection

Employer identification number Name of the organization JOHNS HOPKINS HOSPITAL ENDOWMENT FUND I 23-7252596 Reason for Public Charity Status (to be completed by all organizations) (See Instructions) organization is not a private foundation because it is (Please check only one organization) A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i). A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H ) 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 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) A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v). 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 ) A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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) An organization organized and operated exclusively to test for public safety. See Section 509(a)(4). (See instructions.) 10 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 Type II c ▼ Type III - Functionally Integrated Type III - Other 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 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) No and (III) below, the governing body of the the supported organization? 11g(i) Νo (ii) a family member of a person described in (i) above? 11g(ii) Νo (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Νo

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (See Instructions))	organız col (i) your go	(iv) Is the organization in col (i) listed in your governing document?		organization in col (i) listed in your governing		(v) Did you notify the organization in col (i) of your support?		the organization in col (i) of your		organization in col (i) organized	
			Yes	No	Yes	No	Yes	No					
THE JOHNS HOPKINS HOSPITAL	520591656	3	Yes		Yes		Yes		7074890				
JOHNS HOPKINS BAYVIEW MEDICAL CENTER	521341890	3	Yes		Yes		Yes		0				
JOHNS HOPKINS MEDICAL SERVICES CORPORATION	521232569	3	Yes		Yes		Yes		0				
HOWARD COUNTY GENERAL HOSPITAL	522093120	3	Yes		Yes		Yes		0				

Provide the following information about the organizations the organization supports

Total

7,074,890

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(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 The value of services or facilities					<del> </del>		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts 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							
10	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 instructio	ns )		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and <b>stop here.</b> The organization qualifies a				,			<b>▶</b> □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	<b>▶</b> □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975		+				
С	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	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumm (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

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

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

# **Additional Data**

Software ID: Software Version:

**EIN:** 23-7252596

Name: JOHNS HOPKINS HOSPITAL ENDOWMENT FUND I

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section)	Is organiz (i) listed gove	Is the organization in (i) listed in your governing document?		Is the organization in (i) listed in your governing document?		organization in (i) listed in your governing document?		support?		Did you notify the organization in (i) of your support?		the ation in nized in JS?	<b>(vii)</b> A mount of support?
			Yes	No	Yes	No	Yes	No							
THE JOHNS HOPKINS HOSPITAL	520591656	3	Yes		Yes		Yes		7074890						
JOHNS HOPKINS BAYVIEW MEDICAL CENTER	521341890	3	Yes		Yes		Yes		0						
JOHNS HOPKINS MEDICAL SERVICES CORPORATION	521232569	3	Yes		Yes		Yes		0						
HOWARD COUNTY GENERAL HOSPITAL	522093120	3	Yes		Yes		Yes		0						

OMB No 1545-0047

2008

Open to Public Inspection

# SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

**Employer identification number** Name of the organization JOHNS HOPKINS HOSPITAL ENDOWMENT FUND I 23-7252596 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 Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control?

used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?

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

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be

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

Preservation of land for public use (e.g., recreation or pleasure)

Preservation of an historically importantly land area

Protection of natural habitat

Preservation of certified historic structure

Preservation of open space

2 Complete lines 2a-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 Year

Total number of conservation easements

Description 

Total acreage restricted by conservation easements

Description 

Total acreage restricted by conservation easements

Description 

Total acreage restricted by conservation easements

Description 

Descr

Number of conservation easements included in (c) acquired after 8/17/06

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds?

Yes N

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year

7 A mount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)?

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

La If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

**b** If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Intructions for Form 990

. .

(ii) Assets included in Form 990, Part X

- \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

**-** \$

Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2008

Part	Organizations Maintaining Collecti	ons of Art, His	tori	<u>cal Treasu</u>	res, or Othe	er Similar Ass	sets (c	ontinued)
3	Using the organization's accession and other recorditems (check all that apply)	ds, check any of th	ne fol	lowing that are	e a significant i	use of its collecti	on	
а	Public exhibition	d	Γ	Loan or exch	ange programs	5		
b	Scholarly research	e	Γ	Other				
С	Preservation for future generations							
4	Provide a description of the organization's collection Part XIV	ns and explain hov	w the	y further the o	rganızatıon's e	xempt purpose ır	1	
5	During the year, did the organization solicit or rece assets to be sold to raise funds rather than to be m						_ Yes	∏ No
Par	Trust, Escrow and Custodial Arran Part IV, line 9, or reported an amount				nızatıon answ	vered "Yes" to	Form 9	990,
1a	Is the organization an agent, trustee, custodian or included on Form 990, Part X?	other intermediary	for c	ontributions o	r other assets		Yes	┌ No
b	If "Yes," explain why in Part XIV and complete the	following table						
						Am	ount	
с	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f	_		
2a	Did the organization include an amount on Form 99	0, Part X, line 21?				Г	Yes	│ No
	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Complete if the							<u> </u>
		Current Year (b)	Prior `	Year   (c) I Wo	Years Back (d)	Three Years Back	(e)Four	rears Back
1a L	Beginning of year balance							
b	Contributions							
с	Investment earnings or losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year end b	alance held as						
а	Board designated or quasi-endowment 🕨							
b	Permanent endowment 🕨							
c	Term endowment ▶							
3a	Are there endowment funds not in the possession o	f the organization	thata	are held and a	dmınıstered for	the		
	organization by						Yes	No
	(i) unrelated organizations		•			3a(i		<del>                                     </del>
L	(ii) related organizations  If "Yes" to 3a(ii), are the related organizations lists					3a(i	<del>-                                    </del>	<u> </u>
ь 4	Describe in Part XIV the intended uses of the organ	•				3b		<u> </u>
	t VI Investments—Land, Buildings, and				rt V line 10			
- (4)	t vi investments—Land, bundings, and	r Equipment. 3						
	Description of investment			Output  Outpu	( <b>b</b> )Cost or other basis (other)	(c) Depreciation	(d) B	ook value
1a	Land		+	2,412,548		1		2,412,548
	Buildings			7,074,767		3,949,428		3,125,339
	Leasehold improvements			269,244		117,434		151,810
	Equipment			1,611,485		1,231,567	<del>                                     </del>	
					I	_,,,	1	3/3,310
e	Other					1.267.809		379,918 838,539
	Other	 ), Part X, column (B)	), line	2,106,348		1,267,809		838,539 6,908,154

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	( <b>b)</b> Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value		d of valuation year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, li	no 1E		
(a) Descri			( <b>b)</b> Book value
See Additional Data Table	•		
	4.5.3		
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part X		<u> </u>	423,946,654
(a) Description of Liability	( <b>b</b> ) A mount		
Federal Income Taxes			
ASSETS HELD IN TRUST FOR OTHER	22,211,493		
MINORITY INTS OF JHSHC LP	958,561		
		-	
Total (Column (h) should asset Form 2000, Seek V. as (20) for 250			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶	23,170,054	]	

Second   S	1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	11,481,261
Net unrealized gams (losses) on investments   5   5   5   5   5   5   5   5   5	2	Total expenses (Form 990, Part IX, column (A), line 25)	2	19,527,775
Principle   Pri	3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-8,046,514
Prot	4	Net unrealized gains (losses) on investments	4	-103,408,506
Process   Pro	5	Donated services and use of facilities	5	
Solition   Part XIV    Solitical   Part XIV    Solition   Part XIV    Solitical	6	Investment expenses	6	
State   Add   Innex   Add	7	Prior period adjustments	7	
Potal adjustments (net) Add lines 4 - 8   Total reverse or (deficit) for the year per financial statements Combine lines 3 and 9	8	Other (Describe in Part XIV)	8	-45,052
10	9		9	-103,453,558
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return  1 Total revenue, gains, and other support per audited financial statements	10		10	-111,500,072
A mounts included on line 1 but not on Form 990, Part VIII, line 12   28	Par		er R	eturn
Net unrealized gains on investments	1	Total revenue, gains, and other support per audited financial statements	1	-87,025,881
b         Donated services and use of facilities         2b         4	2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
c         Recoveries of prior year grants         2c         4         4         4         4         4         4         4         4         4         4         4         5         9         95,943,920         3         8,918,039         3         8,918,039         3         8,918,039         3         8,918,039         3         8,918,039         3         8,918,039         4         4         4         4         4         4         4         4         4         4         4         4         4         4         4         4         2,563,222         5         6         1,481,261         4         2,563,222         5         1,1481,261         7         4         2,563,222         5         1,1481,261         7         1         2,563,222         5         1,1481,261         7         1         2,563,222         5         1,1481,261         7         1         2,563,222         5         1,1481,261         8         1         2,563,222         5         1,1481,261         8         1         2,1481,261         1         2,4471,191         1         24,474,191         1         24,474,191         2         2         2         2         2         2         2	а	Net unrealized gains on investments		
d         Other (Describe in Part XIV)         2d         7,464,586         2e         -95,943,920           e         Add lines 2a through 2d         .	b	Donated services and use of facilities		
Add lines 2a through 2d	c	Recoveries of prior year grants		
Subtract line   2e from line   1	d	Other (Describe in Part XIV)		
A mounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b . 4a   b Other (Describe in Part XIV)	e	Add lines <b>2a</b> through <b>2d</b>	2e	-95,943,920
Investment expenses not included on Form 990, Part VIII, line 7b .	3		3	8,918,039
b Other (Describe in Part XIV)	4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
Add lines 4a and 4b	а			
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	b			
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return  1 Total expenses and losses per audited financial statements				2,563,222
Total expenses and losses per audited financial statements	1		_	· · · · · · · · · · · · · · · · · · ·
A mounts included on line 1 but not on Form 990, Part IX, line 25  a Donated services and use of facilities				
a       Donated services and use of facilities			┝┷	24,474,191
b Prior year adjustments				
c       Losses reported on Form 990, Part IX, line 25       2c         d       Other (Describe in Part XIV)       2d       7,184,711         e       Add lines 2a through 2d       2e       7,184,711         3       Subtract line 2e from line 1       3       17,289,480         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3       17,289,480         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a       4a         b       Other (Describe in Part XIV)       4b       2,238,295         c       Add lines 4a and 4b       4c       2,238,295         5       Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)       5       19,527,775			1	
d Other (Describe in Part XIV)		· · · · · · · · · · · · · · · · · · ·		
Add lines 2a through 2d			-	
Subtract line 2e from line 1			2e	7.184.711
A mounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b 4a  b Other (Describe in Part XIV)		•		<del>                                     </del>
a Investment expenses not included on Form 990, Part VIII, line 7b 4a   b Other (Describe in Part XIV)	4			, ,
b         Other (Describe in Part XIV)         4b         2,238,295           c         Add lines 4a and 4b         4c         2,238,295           5         Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)         5         19,527,775	а			
c       Add lines 4a and 4b	ь		1	
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	c		4c	2,238,295
Part XIV Supplemental Information	5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	19,527,775
	Par		•	

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

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part XI, Line 8 - Other Adjustments		NET GAIN FROM JHSHC LP - SEP TAX RETURN 279875 INVEST IN JHSHC LP - BOOK TO TAX DIFF -324927
Part XII, Line 2d - Other Adjustments		INCOME FROM JHSHC - SEP RETURN NET ASSETS RELEASED FROM RESTRICTION MINORITY SHARE IN JHSHC
Part XII, Line 4b - Other Adjustments		EXPENSES RECLASSED FROM INCOME BOOK TO TAX DIFF - JHSHC
Part XIII, Line 2d - Other Adjustments		EXPENSES FROM JHSHC - SEP RETURN NET ASSETS RELEASED FROM RESTRICTION
Part XIII, Line 4b - Other Adjustments		EXPENSES RECLASSED FROM INCOME

# **Additional Data**

Software ID: Software Version:

**EIN:** 23-7252596

Name: JOHNS HOPKINS HOSPITAL ENDOWMENT FUND I

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
ASSETS HELD BY OTHERS - CASH	2,736,113
ASSETS HELD BY OTHERS - DEBT	28,451,840
ASSETS HELD BY OTHERS - EQUITY	42,867,301
ASSETS HELD OTHERS REAL ESTATE	77,974
ASSETS HELD BY OTHERS - INVEST	56,564,049
OTHER ASSETS	1,078,654
INTEREST RECEIVABLE	8,795
ASSETS HELD BY OTHERS - ALTERNATIVE INVESTMENTS	327,969
COMBINED INVESTMENT POOL - CASH	8,862,776
COMBINED INVESTMENT POOL - DEBT	22,088,501
COMBINED INVESTMENT POOL - EQUITY	99,334,913
COMBINED INVESTMENT POOL - ALTERNATIVE INVESTMENT	148,701,972
REAL EATATE	3,593,790
EQUITY INVESTMENT IN AFFILIATES	9,252,007

Schedule I

# Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

DLN: 93493130003190

(Form 990)

Internal Revenue Service	Complete	if the organization ansv	wered "Yes," on Form 99	0, Part IV, lines 21 or 1	22. Attach to Form 990.	Employer identi	Inspection
JOHNS HOPKINS HOSPITAL E	ENDO WMENT FUN	DI				23-7252596	
Part I General Inform	nation on Grar	nts and Assistance	<b>)</b>			l	
Form 990, Part I Part IV and Scho	d to award the gran rganization's proce ner Assistance V, line 21 for an edule I-1 if addit	ts or assistance? dures for monitoring the to Governments as y recipient that received as the total space is		in the United States  in the United State  Oo. Check this box	t <b>es.</b> Complete if the of	organization answere	ed "Yes" on
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE JOHNS HOPKINS HOSPITAL1101 E 33RD STREET STE E001 BALTIMORE, MD 21218	52-0591656	501(C)(3)	568,757				PATIENT CARE
JOHNS HOPKINS UNIVERSITY3400 N CHARLES STREET BALTIMORE, MD 21218	52-0595110	501(C)(3)	6,088,376				MEDICAL RESEARCH
THE JOHNS HOPKINS HOSPITAL1101 E 33RD STREET STE E001 BALTIMORE,MD 21218	52-0591656	501(C)(3)	2,705,235				GENERAL OPERATIONS AND CAPITAL PROJECTS
THE JOHNS HOPKINS HOSPITAL1101 E 33RD STREET STE E001 BALTIMORE,MD 21218	52-0591656	501(C)(3)	3,157,585				DEVELOPMENT AND SPECIAL PURPOSE
JOHNS HOPKINS HEALTH SYSTEM CORPORATION 1101 E 33RD STREET STE E001 BALTIMORE, MD 21218	52-1465301	501(C)(3)	205,007				GENERAL OPERATIONS AND CAPITAL PROJECTS
JOHNS HOPKINS UNIVERSITY3400 N CHARLES STREET BALTIMORE, MD 21218	52-0595110	501(C)(3)	1,688,047				OTHER
THE JOHNS HOPKINS HOSPITAL1101 E 33RD STREET STE E001 BALTIMORE,MD 21218	52-0591656	501(C)(3)	643,313				OTHER
2 Enter total number of sect	tion 501(c)(3) and	government	•		•		

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, F	art IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

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

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

See Additional Data Table

ggg / (dditigiid) B dtd   dbig	you madelonal back Table					
Ident if ier	Return Reference	Explanation				
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 The Board of Trustees has delegated the facilitation and accounting for all grant programs administered by JOHNS HOPKINS HOSPITAL ENDOWMENT FUND, INC to the Officers AND Directors				

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As Filed Data -

DLN: 93493130003190

OMB No 1545-0047

2008

Open to Public Inspection

# SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service

# **Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization JOHNS HOPKINS HOSPITAL ENDOWMENT FUND I Employer identification number 23-7252596

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		THE TrusteeS serving on the Board must be an elected, ex-officio or emeritus Trustee of The Johns Hopkins Health System Corporation, The Johns Hopkins Hospital, Johns Hopkins Bayview Medical Center, Inc., The Johns Hopkins Medical Services Corporation or Howard County General Hospital, Inc. The Johns Hopkins Hospital, Johns Hopkins Bayview Medical Center, Inc., Johns Hopkins Medical Services Corporation AND Howard County General Hospital, Inc. ARE ORGANIZATIONS SUPPORTED BY JOHNS HOPKINS HOSPITAL ENDOWMENT FUND, INC

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		A SECURED WEBSITE PROVIDES ACCESS TO A COPY OF THE FORM 990 TO THE ORGANIZATION'S GOVERNING BODY BEFORE IT IS FILED

ldentifier	Return Reference	Explanation
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 AND TRUSTEES ARE REQUIRED TO COMPLY ON AN ANNUAL BASIS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		JOHNS HOPKINS HOSPITAL ENDOWMENT FUND, INC DOES NOT COMPENSATE OFFICERS, DIRECTORS OR TRUSTEES

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		INTERNAL POLICIES, INCLUDING CONFLICT OF INTEREST POLICY, ARE PROVIDED TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST, THE GOVERNING DOCUMENTS HAVE BEEN MADE AVAILABLE IN THE PUBLIC FILING WITH THE STATE OF MARY LAND AND THE INTERNAL REVENUE SERVICE

#### DLN: 93493130003190

# OMB No 1545-0047

2008

Open to Public Inspection

**Employer identification number** 

# SCHEDULE R (Form 990)

Name of the organization

1101 E 33RD STREET STE E001

1101 E 33RD STREET STE E001

JOHNS HOPKINS MEDICAL SERVICES CORPORATION

BALTIMORE, MD21218

BALTIMORE, MD21218

52-1341890

52-1232569

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

► See separate instructions.

**Related Organizations and Unrelated Partnerships** 

JOHNS HOPKINS HOSPITAL ENDOWMENT FUND I 23-7252596 Part I **Identification of Disregarded Entities** (B) (C) (D) Name, address, and EIN of disregarded entity Direct controlling Primary activity Legal domicile (state Total income End-of-year assets or foreign country) entity Part II Identification of Related Tax-Exempt Organizations Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling or foreign country) (if section 501(c)(3)) entity THE JOHNS HOPKINS HOSPITAL JOHNS HOPKINS HEALTH 1101 E 33RD STREET STE E001 HOSPITAL 501(C)(3) SYSTEM CORPORATION MD BALTIMORE, MD21218 52-0591656 HOWARD COUNTY GENERAL HOSPITAL INC JOHNS HOPKINS HEALTH 1101 E 33RD STREET STE E001 HOSPITAL MD 501(C)(3) SYSTEM CORPORATION BALTIMORE, MD21218 52-2093120 JOHNS HOPKINS BAYVIEW MEDICAL CENTER INC JOHNS HOPKINS HEALTH

HOSPITAL

HOSPITAL

MD

MD

501(C)(3)

501(C)(3)

SYSTEM CORPORATION

JOHNS HOPKINS HEALTH

SYSTEM CORPORATION

Part III Identification of Related Organizations Taxable as a Partnership							
			(0)				

				<u> </u>							
(A) Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	<b>(D)</b> Direct controlling entity	(E) Predominant income(related, investment, unrelated)	<b>(F)</b> Share of total income	<b>(G)</b> Share of end-of-year assets	<b>(H)</b> Disproprtionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	Gen mar	( <b>J)</b> eral or naging tner?
							Yes	No		Yes	No
JOHNS HOPKINS SUBURBAN HEALTH CENTER LP  1101 E 33RD STREET STE E001 BALTIMORE, MD21218 52-1845934	REAL ESTATE	MD	N/A	UNRELATED	270,516	907,353		No	201,058		No
JOHNS HOPKINS BROADWAY ACQUISITION AND DEVELOPMENT SERIES 1101 E 33RD STREET STE E001 BALTIMORE, MD21218 52-2284576	LAND HOLDING	MD	N/A	INVESTMENT	205,571	9,237,547		No			No

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

(A) Name, address, and EIN of related organization	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	( <b>D)</b> Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total Income	( <b>G)</b> Share of end-of-year assets	<b>(H)</b> Percentage ownership

No

No

No

No

No No No

Part V	Transactions v	with Related	<b>Organizations</b>
--------	----------------	--------------	----------------------

	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	
b	Gift, grant, or capital contribution to other organization(s)	1b	Yes
С	Gıft, grant, or capıtal contribution from other organization(s)	1c	
d	Loans or loan guarantees to or for other organization(s)	1d	Yes
e	Loans or loan guarantees by other organization(s)	1e	
f	Sale of assets to other organization(s)	1f	
g	Purchase of assets from other organization(s)	1g	
h	Exchange of assets	1h	
i	Lease of facilities, equipment, or other assets to other organization(s)	1i	

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

- k Performance of services or membership or fundraising solicitations for other organization(s)
- I Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- Reimbursement paid to other organization for expenses
- **p** Reimbursement paid by other organization for expenses
- **q** O ther transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

	1j		No
	1k		No
	11		No
	1m		No
	1n		No
			,
	10		No
	1p		No
	1q	Yes	
	1r		No
d			
	7,	074,890	)
	1	240 52	

	(A) Name of other organization(s)	<b>(B)</b> Transaction type(a-r)	<b>(C)</b> Amount Involved
(1)	THE JOHNS HOPKINS HOSPITAL	В	7,074,890
(2)	JOHNS HOPKINS BROADWAY ACQUISITION AND DEVELOPMENT SERIES	Q	1,240,532
(3)	JOHNS HOPKINS SUBURBAN HEALTH CENTER LP	D	102,703
(4)			
(5)			
(6)			

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

# Part VI Unrelated Organizations Taxable as a Partnership

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

									_	
<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organization	partners end-or				( <b>G)</b> Code V—UBI amount on Box 20 of K-1		r J
			Yes	No		Yes	No		Yes	No
			•	•		•		Cabadul	D / Form	

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DLN: 93493130003190

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

**Depreciation and Amortization** (Including Information on Listed Property)

Attachment

See separate instructions. Attach to your tax return. Sequence No 67 Name(s) shown on return **Identifying number** Business or activity to which this form relates JOHNS HOPKINS HOSPITAL ENDOWMENT FUND Form 990 Page 10 23-7252596 **Election To Expense Certain Property Under Section 179 Note:** If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount See the instructions for a higher limit for certain businesses 250,000 2 Total cost of section 179 property placed in service (see instructions) 2 800,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use (a) Description of property (c) Elected cost only) 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions ) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) **15** Property subject to section 168(f)(1) election . 15 **16** Other depreciation (including ACRS) 314.246 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2008 18 If you are electing to group any assets placed in service during the tax year into one or more . | general asset accounts, check here Section B-Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (a)Depreciation (d) Recovery year placed in (business/investment (e) Convention (f) Method deduction property period service use only—see instructions) 19a 3-year property **b** 5-year property c 7 - year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs S/L 27 5 yrs ΜМ S/L h Residential rental 27 5 yrs property ММ S/L ΜМ S/L i Nonresidential real 39 yrs property S/L ΜМ Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L c 40-year ММ S/L 40 yrs Part IV **Summary** (See instructions) 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 314,246 and on the appropriate lines of your return Partnerships and S corporations—see instr 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Form 4562 (2008) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment Convention deduction vehicles first) service basis use period cost use only) percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 1 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? . . . . . **36** Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? \_ . . . . . . 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e) (d) (f) (c) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or

#### amount section this year beains percentage 42 A mortization of costs that begins during your 2008 tax year (see instructions) 43 A mortization of costs that began before your 2008 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44