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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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
JOHNS HOPKINS HEALTH SYSTEM CORPORATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1101 E 33RD STREEt No E001

City or town, state or country, and ZIP + 4
BALTIMORE, MD 21218

D Employer identification number
52-1465301

E Telephone number
(443) 997-5724

G Gross receipts $ 219,268,691

F Name and address of Principal Officer
RONALD J WERTHMAN
1101 E 33RD STREEt No E001
BALTIMORE,MD 21218

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Web site: ▶ WWW HOPKINSMEDICINE ORG

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1986

M State of legal domicile MD

Part I Summary

1 Briefly describe the organization's mission or most significant activities
See Additional Data Table

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of employees (Part V, line 2a)	5	3,259
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	1,320,986
b	Net unrelated business taxable income from Form 990-T, line 34	7b	1,211,005

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	25,804,729	23,655,268
9	Program service revenue (Part VIII, line 2g)	117,777,123	133,083,200
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	60,752,271	56,137,161
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,202,101	4,300,989
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	210,536,224	217,176,618
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	23,694,115	90,174,915
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	72,038,320	87,507,106
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	(Total fundraising expenses, Part IX, column (D), line 25 0)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	76,821,117	68,629,551
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	172,553,552	246,311,572
19	Revenue less expenses Subtract line 18 from line 12	37,982,672	-29,134,954

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	204,826,894	222,517,682
21	Total liabilities (Part X, line 26)	96,409,305	151,748,669
22	Net assets or fund balances Subtract line 21 from line 20	108,417,589	70,769,013

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

Please Sign Here

Signature of officer — Date: 2010-05-10

RONALD J WERTHMAN VP/FINANCE & TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-empolyed ▶ ☐ | Preparer's PTIN (See Gen Inst)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ | EIN ▶ | Phone no ▶

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

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

1 Briefly describe the organization's mission

See Additional Data Table

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting or make significant changes in how it conducts any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 220,643,744 including grants of $ 90,174,915) (Revenue $ 122,851,677)

JHHS IS INCORPORATED TO, AMONG OTHER THINGS, FORMULATE POLICY AMONG AND PROVIDE CENTRALIZED MANAGEMENT FOR JHHS AFFILIATES THE AFFILIATION ENABLES EACH INSTITUTION TO FULFILL MORE EFFECTIVELY THEIR TAX-EXEMPT PURPOSES TO PROMOTE THE HEALTH OF THEIR RESPECTIVE CONSTITUENTS, WHILE AT THE SAME TIME ENHANCING THE QUALITY OF HEALTH CARE AVAILABLE IN MARYLAND FIRST AND FOREMOST, THE AFFILIATION OF TERTIARY AND SPECIALTY HOSPITALS PROVIDES PATIENTS OF THE SYSTEM WITH A BROADER RANGE OF GENERAL AND SPECIALTY HEALTHCARE SERVICES THE JHHS ENHANCES THE QUALITY OF CARE BY ALLOWING A PATIENT SEEKING THE SERVICES OF ANY ONE MEMBER OF THE SYSTEM ACCESS TO THE RESOURCES, KNOWLEDGE AND EXPERTISE OF THE OTHER SYSTEM AFFILIATES, WHERE SUCH ADDITIONAL RESOURCES OR REFERRALS ARE REQUIRED SECOND, THE JHHS STRUCTURE ALLOWS FOR REGIONAL AND STRATEGIC PLANNING, INCREASED ACCESS TO CAPITAL, REDUCTION OF DUPLICATIVE SERVICES AND BETTER USE OF RESOURCES COORDINATION OF THESE FUNCTIONS PROVIDES EFFICIENCIES OF OPERATION AND ALLOWS EACH AFFILIATED MEMBER ORGANIZATION TO OFFER A WIDER RANGE OF HIGHER QUALITY, MORE COST EFFECTIVE SERVICES THAN ANY SINGLE ORGANIZATION CAN OFFER ALONE

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses $ 220,643,744 *Must equal Part IX, Line 25, column (B).*

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		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
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		No
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		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
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? *If "Yes," complete Schedule F, Part II*	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		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "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		No
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		No
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
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			
a	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 IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	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**		No
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? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
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**	Yes	
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**	Yes	
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**		No
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

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	199		
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?	1c		Yes	
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	3,259		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
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)?	4a		Yes	
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			No
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	*Section 501(c)(3) and other 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			

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

Section 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.			
1a	Enter the number of voting members of the governing body . .	1a 11		
b	Enter the number of voting members that are independent . .	1b 9		
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?	2		No
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? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	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	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	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			
a	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		No
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 990 is required to be filed MD

18 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 ☐ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public 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 SuiTE E001
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

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(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			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
1b Total ▶								12,004,285	0	2,234,219

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 146

			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*	**3**		No
4	For any individual listed online 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*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

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
FRED LONDON 400 E PRATT ST STE 305 BALTIMORE, MD 21202	COLLECTION SERVICE	2,370,116
PRICEWATERHOUSE COOPERS LLP PO BOX 7247-80001 PHILADELPHIA, PA 19170	ACCOUNTING/AUDITING SERVICE	1,501,400
DRINKER BIDDLE AND REATH LLP ONE LOGAN SQUARE 18TH CHERRY STS PHILADELPHIA, PA 19103	LEGAL SERVICE	918,328
KELLY SERVICES INC PO BOX 820405 PHILADELPHIA, PA 19182	EMPLOYMENT CONTRACTOR	880,015
SYSTEMS ALLIANCE INC 34 LOVETON CIRCLE STE 102 SPARKS, MD 21152	CONSULTING/ADVERTISING	634,754

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 52

Part VIII **Statement of Revenue**

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d 4,261,000				
	e	Government grants (contributions) 1e 5,229,260				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 14,165,008				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total (Add lines 1a-1f)** ▶	23,655,268			
Program Service Revenue			Business Code				
	2a	AFFILIATION FEE	541,900	122,851,677	122,412,885	438,792	
	b	PACE PROG REV	900,099	10,231,523	10,231,523		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total. Add lines 2a-2f** ▶ $ 133,083,200					
	3	Investment income (including dividends, interest other similar amounts) ▶	56,137,161			56,137,161
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties				
			(i) Real	(ii) Personal			
	6a	Gross Rents	5,364,454				
	b	Less rental expenses	2,092,073				
	c	Rental income or (loss)	3,272,381				
	d	Net rental income or (loss) ▶	3,272,381		882,194	2,390,187
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) ▶					
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* a					
	b	Less direct expenses b					
	c	Net income or (loss) from fundraising events ▶					
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a					
	b	Less direct expenses b					
	c	Net income or (loss) from gaming activities ▶					
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less cost of goods sold b					
	c	Net income or (loss) from sales of inventory ▶					
		Miscellaneous Revenue	Business Code				
	11a	TELEPHONE & TV FEE	900,099	726,250			726,250
	b	MISCELLANEOUS INCOME	900,099	302,358			302,358
	c						
	d	All other revenue _____					
	e	**Total. Add lines 11a-11d** ▶ $ 1,028,608					
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	217,176,618	132,644,408	1,320,986	59,555,956

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	90,174,915	90,174,915		
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	10,555,435		10,555,435	
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	49,274,978	45,658,370		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	12,326,134	10,970,259	1,355,875	
9	Other employee benefits	4,321,375	3,846,024	475,351	
10	Payroll taxes	11,029,184	9,815,974	1,213,210	
11	Fees for services (non-employees)				
a	Management				
b	Legal	1,533,057		1,533,057	
c	Accounting	1,547,184		1,547,184	
d	Lobbying	360,254		360,254	
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	7,592,049	6,756,924	835,125	
12	Advertising and promotion	824,240	824,240		
13	Office expenses	7,237,757	6,930,177	307,580	
14	Information technology				
15	Royalties . .				
16	Occupancy	737,707	656,559	81,148	
17	Travel	437,906	389,736	48,170	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	258,909	230,429	28,480	
20	Interest	376,639	376,639		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,453,514	5,453,514		
23	Insurance	21,466		21,466	
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	ubi taxes	520,723	520,723		
b	PURCHASED SERVICES	35,693,492	32,307,834	3,385,658	
c	COLLECTION AGENCY EXPEN	3,435,942	3,435,942		
d	MISCELLANEOUS	777,997	634,756	143,241	
e	DUES & SUBSCRIPTIONS	550,119	489,606	60,513	
f	All other expenses	1,270,596	1,171,123	99,473	
25	**Total functional expenses.** Add lines 1 through 24f	246,311,572	220,643,744	25,667,828	0
26	**Joint Costs.** Check ☐ 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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	6,995,307	2	22,144,672
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,894,375	4	197,648
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*		6	
	7	Notes and loans receivable, net	2,842,129	7	5,247,797
	8	Inventories for sale or use	3,599,888	8	3,968,916
	9	Prepaid expenses and deferred charges	1,022,786	9	1,182,894
	10a	Land, buildings, and equipment cost basis — 10a: 74,707,331			
	b	Less accumulated depreciation *Complete Part VI of Schedule D* — 10b: 22,161,640	55,870,102	10c	52,545,691
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*	103,729,149	12	63,614,882
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*	28,873,158	15	73,615,182
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*	204,826,894	16	222,517,682
Liabilities	17	Accounts payable and accrued expenses	39,847,173	17	42,710,968
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	4,666,410	20	4,426,542
	21	Escrow account liability *Complete Part IV of Schedule D*		21	
	22	Payable 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	3,961,082	23	3,662,922
	24	Unsecured notes and loans payable		24	
	25	Other liabilities *Complete Part X of Schedule D*	47,934,640	25	100,948,237
	26	**Total liabilities.** *Add lines 17 through 25*	96,409,305	26	151,748,669
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	108,417,589	27	70,769,013
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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	108,417,589	33	70,769,013
	34	Total liabilities and net assets/fund balances	204,826,894	34	222,517,682

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	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		

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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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
JOHNS HOPKINS HEALTH SYSTEM CORPORATION

Employer identification number
52-1465301

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

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).** (Attach Schedule H)

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 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)

10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11 ☑ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☑ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☑ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☑

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		No
(ii) a family member of a person described in (i) above? **11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

h 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 (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
THE JOHNS HOPKINS HOSPITAL	520591656	3	Yes		Yes		Yes		73725000
JOHNS HOPKINS MEDICAL SERVICES CORPORATION	521232569	3	Yes		Yes		Yes		0
JOHNS HOPKINS BAYVIEW MEDICAL CENTER	521341890	3	Yes		Yes		Yes		0
JOHNS HOPKINS COMMUNITY PHYSICIANS INC	521467441	3	Yes		Yes		Yes		11179000
Total									84,904,000

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.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(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						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add line 1-3						
5 The portion of total contribution by each 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						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 501(c)(3) organization, check this box and **stop here** ▶

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

18 **Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(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 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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 30 June, 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 501(c)(3) organization, check this box and **stop here** ☐

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	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 ☐

b **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 ☐

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

Part IV **Supplemental Information.** 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

Additional Data

Software ID:
Software Version:
EIN: 52-1465301
Name: JOHNS HOPKINS HEALTH SYSTEM CORPORATION

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)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
THE JOHNS HOPKINS HOSPITAL	520591656	3	Yes		Yes		Yes		73725000
JOHNS HOPKINS MEDICAL SERVICES CORPORATION	521232569	3	Yes		Yes		Yes		0
JOHNS HOPKINS BAYVIEW MEDICAL CENTER	521341890	3	Yes		Yes		Yes		0
JOHNS HOPKINS COMMUNITY PHYSICIANS INC	521467441	3	Yes		Yes		Yes		11179000

Additional Data

Software ID:
Software Version:
EIN: 52-1465301
Name: JOHNS HOPKINS HEALTH SYSTEM CORPORATION

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
EDWARD D MILLER MD , VICE CHAIR	40 00	X		X				495,964	0	233,333
RONALD R PETERSON , PRESIDENT	40 00	X		X				1,568,368	0	358,329
EDWARD L CAHILL , TRUSTEE	1 00	X						0	0	0
JAMES A FLICK JR , TRUSTEE	1 00	X						0	0	0
GEORGE L BUNTING JR , TRUSTEE	1 00	X						0	0	0
C MICHAEL ARMSTRONG , CHAIRMAN	1 00	X						0	0	0
LENOX D BAKER JR MD , TRUSTEE	1 00	X						0	0	0
FRANCIS X KNOTT , TRUSTEE	1 00	X						0	0	0
AB KRONGARD ESQUIRE , VICE CHAIR	1 00	X						0	0	0
THEO C RODGERS , TRUSTEE	1 00	X						0	0	0
MARC APPLESTEIN MD , TRUSTEE	1 00	X						0	0	0
SALLY W MACCONNELL , VP/FACILITIES	40 00			X				393,708	0	51,538
PAMELA D PAULK , VP/HUMAN RESOURCES	40 00			X				450,596	0	88,399
JOANNE E POLLAK , VP & GENERAL COUNSEL	40 00			X				651,184	0	112,980
STEPHANIE L REEL , VP/MANAGEMENT SYSTEM	1 00			X				0	0	0
JUDY REITZ , VP/OPERATIONS INTEGR	40 00			X				641,352	0	102,719
RONALD J WERTHMAN , VP/FINANCE & TREAS	40 00			X				695,197	0	135,748
G DANIEL SHEALER JR , VP/CORP COMPL & SEC	40 00			X				360,266	0	75,228
SAMUEL H CLARK JR , ASSISTANT SECRETARY	40 00			X				263,996	0	56,420
STUART ERDMAN , ASSISTANT TREASURER	40 00			X				303,224	0	75,861
KENNETH GRANT , VP SUPPLY CHAIN	40 00			X				419,317	0	35,741
HARRY KOFFENBERGER , VICE PRESIDENT CORP SECU	40 00			X				226,700	0	70,087
RICHARD O DAVIS PHD , VP/INNOVATION & PT SAFE	40 00			X				350,801	0	71,172
DALAL J HALDEMAN PHD , VP MARKETING & COMMUNICA	40 00			X				340,547	0	76,290
ROBERT NEALL , SR MANAGER	40 00				X			545,388	0	40,949
PATRICIA MC BROWN , SR MANAGER	40 00				X			490,817	0	66,453
BARBARA COOK , SR MANAGER	40 00				X			477,636	0	89,278
DANIEL SMITH , SR MANAGER	40 00				X			423,290	0	59,395
MICHAEL LARSON , CONTROLLER	40 00				X			384,153	0	54,620
JEFFREY JOY , SR MANAGER	40 00				X			300,287	0	47,945

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
LINDA GILLIGAN , SR MANAGER	40 00				X			283,977	0	61,098
REBECCA ZUCCARELLI , SR DIR SERVICE EXCELLE	40 00				X			255,649	0	41,899
MARY MYERS , SR MANAGER	40 00				X			233,015	0	36,871
WILLIAM BRODY , SR MANAGER	40 00					X		322,968	0	0
MOHAN CHELLAPPA , SR MANAGER	40 00					X		289,795	0	105,026
MARK ESPOSITO , EMH PHYSICIAN	40 00					X		285,743	0	32,143
SWATI SARAIYA , EMH PHYSICIAN	40 00					X		284,903	0	25,422
LOUIS KOKKINAKOS , EMH PHYSICIAN	40 00					X		265,444	0	29,275

Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:

THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION IS A SUPPORT ORGANIZATION FOR THE JOHNS HOPKINS HOSPITAL, JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC., JOHNS HOPKINS MEDICAL SERVICES CORPORATION AND JOHNS HOPKINS COMMUNITY PHYSICIANS. THE ORGANIZATION PROVIDES CENTRALIZED PURCHASING, DISTRIBUTION, LEGAL, CLAIMS MANAGEMENT AND OTHER SERVICES TO THE SUPPORTED MEDICAL SERVICE PROVIDERS. IT IS ORGANIZED AND OPERATED EXCLUSIVELY AS A CHARITABLE TAX-EXEMPT ORGANIZATION WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE SUPPORT SERVICES PROVIDED BY THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION ENABLES EACH OF THE SUPPORTED ORGANIZATIONS TO MORE EFFECTIVELY FULFILL THIER CHARITABLE PURPOSE OF PROMOTING AND ADVANCING HEALTH CARE.

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION IS A SUPPORT ORGANIZATION FOR THE JOHNS HOPKINS HOSPITAL, JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC., JOHNS HOPKINS MEDICAL SERVICES CORPORATION AND JOHNS HOPKINS COMMUNITY PHYSICIANS. THE ORGANIZATION PROVIDES CENTRALIZED PURCHASING, DISTRIBUTION, LEGAL, CLAIMS MANAGEMENT AND OTHER SERVICES TO THE SUPPORTED MEDICAL SERVICE PROVIDERS. IT IS ORGANIZED AND OPERATED EXCLUSIVELY AS A CHARITABLE TAX-EXEMPT ORGANIZATION WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE SUPPORT SERVICES PROVIDED BY THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION ENABLES EACH OF THE SUPPORTED ORGANIZATIONS TO MORE EFFECTIVELY FULFILL THIER CHARITABLE PURPOSE OF PROMOTING AND ADVANCING HEALTH CARE.

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

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

- 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 990EZ, Part VI, line 47 (Lobbying Activities)

- 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)

- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization	Employer identification number
JOHNS HOPKINS HEALTH SYSTEM CORPORATION	52-1465301

Part I-A **To be completed by all organizations exempt under section 501(c) and section 527 organizations.** (See the instructions for Schedule C for details.)

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 **To be completed by all organizations exempt under section 501(c)(3).** (See the instructions for Schedule C for details.)

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 in 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 **To be completed by all organizations exempt under section 501(c), except section 501(c)(3).** (See the instructions for Schedule C for details.)

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 internal funds contributed to other organizations for section 527 exempt funtion activities $ _____

3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and 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 internal 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-

Part II-A **To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

A Check ☐ if the filing organization belongs to an affiliated group

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	360,254	
c	Total lobbying expenditures (add lines 1a and 1b)	360,254	
d	Other exempt purpose expenditures	245,951,318	
e	Total exempt purpose expenditures (add lines 1c and 1d)	246,311,572	
f	Lobbying nontaxable amount Enter the amount from the following table in both columns—	1,000,000	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h	Subtract line 1g from line 1a Enter -0- if line g is more than line a	0	
i	Subtract line 1f from line 1c Enter -0- if line f is more than line c	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 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a	Lobbying non-taxable amount		1,000,000	1,000,000	1,000,000	3,000,000
b	Lobbying ceiling amount (150% of line 2a, column(e))					4,500,000
c	Total lobbying expenditures		403,991	409,013	360,254	1,173,258
d	Grassroots non-taxable amount		250,000	250,000	250,000	750,000
e	Grassroots ceiling amount (150% of line d, column (e))					1,125,000
f	Grassroots lobbying expenditures					

Part II-B **To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

		(a) Yes	(a) No	(b) 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 c through i)?			
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 other means?			
i	Other activities If "Yes," describe in Part IV			
j	Total 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 **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

			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 carryover lobbying and political expenditures from the prior year?	3		

Part III-B **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** (See the instructions for Schedule C for details.)

1	Dues, assessments and similar amounts from members	1 $
2	Section 162(e) non-deductible 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 (line 2c total minus 3 and 4)	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, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION PAID $360,254 DURING THE FISCAL YEAR ENDED JUNE 30, 2009 FOR SUPPORT OF LOBBYING ACTIVITIES THE JOHNS HOPKINS HEALTH SYSTEM MAINTAINS A DEPARTMENT OF GOVERNMENTAL RELATIONS THE PRIMARY PURPOSE OF THIS DEPARTMENT IS TO MAINTAIN CONTACT WITH ELECTED AND APPOINTED STATE OFFICIALS, AND OCCASIONALLY FEDERAL OFFICIALS, REGARDING ISSUES WHICH IMPACT THE JOHNS HOPKINS HEALTH SYSTEM OR ITS AFFILIATES AS WELL AS THE HEALTHCARE INDUSTRY IN GENERAL

Part IV Supplemental Information

Identifier	Return Reference	Explanation

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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.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
JOHNS HOPKINS HEALTH SYSTEM CORPORATION

Employer identification number
52-1465301

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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other 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 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
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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 ☐ No

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

7 Amount 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)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

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

(ii) Assets included in Form 990, Part X ▶ $

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

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

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

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

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

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

Part IV Trust, 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 why in Part XIV and complete the following table

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

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

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings		27,234,471	6,000,505	21,233,966
c Leasehold improvements		5,182,402	4,399,798	782,604
d Equipment		5,506,765	2,503,316	3,003,449
e Other		36,783,693	9,258,021	27,525,672
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				52,545,691

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

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other INVESTMENT IN AFFILIATES	63,614,882	C
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	63,614,882	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should 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
DUE FROM OTHERS	1,026,370
DUE FROM AFFILIATES	18,527,259
SERP1 PENSION ASSET	5,131,662
RENT RECEIVABLE	479,891
OTHER ASSETS	48,450,000
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	73,615,182

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
DUE TO AFFILIATES - SHORT TERM	1,614,049
EHP BENEFIT LIABILITY	2,185,285
WORKMAN'S COMP LIABILITY	1,201,584
MAKE WHOLE PLAN LIABILITY	1,300,656
SERP1 PLAN LIABILITY	8,214,117
LONG TERM PENSION LIABILITY	37,982,546
DUE TO AFFILIATES - LONG TERM	48,450,000
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	100,948,237

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	217,176,618
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	246,311,572
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-29,134,954
4	Net unrealized gains (losses) on investments	4	-1,994,000
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-6,519,622
9	Total adjustments (net) Add lines 4 - 8	9	-8,513,622
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-37,648,576

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

1	Total revenue, gains, and other support per audited financial statements			1	210,008,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	210,008,000
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	7,168,618		
c	Add lines **4a** and **4b**			4c	7,168,618
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	217,176,618

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

1	Total expenses and losses per audited financial statements			1	169,473,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	169,473,000
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	76,838,572		
c	Add lines **4a** and **4b**			4c	76,838,572
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	246,311,572

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
Part XI, Line 8 - Other Adjustments		ADDITIONAL MINIMUM PENSION LIABILITY -6229000 JHMMC FUNDING -23675 ROUNDING 724 HCGH INTERCOMPANY -267671
Part XII, Line 4b - Other Adjustments		RECLASS OF RENTAL EXPENSES -2092073 AFFILIATE FUNDING 9261000 ROUNDING -309
Part XIII, Line 4b - Other Adjustments		RECLASS OF RENTAL EXPENSES -2092073 AFFILIATE FUNDING 78930315 ROUNDING 330

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
JOHNS HOPKINS HEALTH SYSTEM CORPORATION

Employer identification number
52-1465301

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

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

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

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOY SCOUTS OF AMERICA 701 WYMAN PARK DRIVE BALTIMORE,MD 21211	52-0591572	501(C)(3)	5,750				PROMOTING AND ADVANCING HEALTHCARE
CHESAPEAKE HABITAT FOR HUMANITY INC3326 KESWICK ROAD BALTIMORE,MD 21211	52-1226188	501(C)(3)	30,500				PROMOTING AND ADVANCING HEALTHCARE
JOHNS HOPKINS HOSPITAL1101 EAST 33RD STREET BALTIMORE,MD 21218	52-0591656	501(C)(3)	78,725,000				GENERAL OPERATIONS
HOWARD COUNTY GENERAL HOSPITAL INC 5755 CEDAR LANE COLUMBIA,MD 21044	52-2093120	501(C)(3)	205,315				GENERAL OPERATIONS
CRISTO REY CORPORATE INTERNSHIP PROGRAM INC420 SOUTH CHESTER ST BALTIMORE,MD 21231	20-5300491		25,000				PROMOTING AND ADVANCING HEALTHCARE
JOHNS HOPKINS COMMUNITY PHYSICIANS INC1101 EAST 33RD STREET BALTIMORE,MD 21218	52-1467441	501(C)(3)	11,179,000				GENERAL OPERATIONS

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 5

3 Enter total number of other organizations . . . . . ▶ 1

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

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

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

See Additional Data Table

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 THE BOARD OF TRUSTEES HAS DELEGATED THE FACILITATION AND ACCOUNTING FOR ALL GRANT PROGRAMS ADMINISTERED BY JOHNS HOPKINS HEALTH SYSTEM CORPORATION TO THE OFFICERS, DIRECTORS, AND KEY EMPLOYEES OF THE ORGANIZATION

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
JOHNS HOPKINS HEALTH SYSTEM CORPORATION

Employer identification number
52-1465301

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ First class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☑ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**		No
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?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
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?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
See Additional Data Table	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	OFFICERS AND CERTAIN KEY EMPLOYEES OF JOHNS HOPKINS HEALTH SYSTEM CORPORATION WERE PROVIDED A GROSS UP ON THEIR DEPENDENT TUITION AMOUNTS THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS APPROVED ALL GROSS UPS PROPER BUSINESS DOCUMENTATION WAS PROVIDED AND THE GROSS UP WAS TREATED AS TAXABLE COMPENSATION TO THE EMPLOYEE
	Part I, Line 1b	AN INTERNAL POLICY IS USED TO AWARD OFFICERS AND KEY EMPLOYEES GROSS UP PAYMENTS ON DEPENDENT TUITION
	Part I, Line 4a	Make Whole Plan & SERP I Plan The Make Whole and SERP I plans are frozen, non-tax qualified defined benefit plans Participation in the plans is limited to the existing plan participants The benefits under the plans are based upon the participant's length of service and compensation The Make Whole plan was designed to replace the benefits the participants lost due to the compensation limits imposed by law upon our qualified defined benefit plan In the manner required by applicable IRS rules, the design of each of these arrangements was approved as reasonable, in advance, by an independent compensation committee, which based its decision on data provided by an independent compensation consultant Participants' interests under these arrangements are not guaranteed or secured at any way and at all times are subject to claims of employer's bankruptcy/insolvency creditors Furthermore, if a participant voluntarily terminates employment or is terminated by the employer for cause prior to the applicable vesting date under the Make Whole Plan, the participant's entire Make Whole Plan benefit is forfeited If a participant terminates employment for any reason prior to the applicable vesting date under the SERP I, the participant's entire SERP I benefit is forfeited In addition, under current law, interests under these arrangements are reportable as taxable compensation when they become vested, even if those amounts are not yet payable to the participant (and even if those amounts are never paid to the participant) No rollover or other tax-deferral options are available to participants Note that any Make Whole Plan or SERP I vested amount or payment being reported as compensation was also reported in previous year(s) when that interest accrued under the plan SERP II Plan & SRP Plan The SERP II and SRP plans are active, non-tax qualified defined contribution target benefit plans The plans are designed to achieve a reasonable targeted retirement benefit level for each participant (in combination with the other retirement programs of the employer) based upon certain criteria, such as each participant's length of service and compensation In the manner required by applicable IRS rules, the design of each of these arrangements was approved as reasonable, in advance, by an independent compensation committee, which based its decision on data provided by an independent compensation consultant Participants' interests under these arrangements are not guaranteed or secured at any way and at all times are subject to claims of employer's bankruptcy/insolvency creditors If a participant voluntarily terminates employment or is terminated by the employer for cause prior to the applicable vesting date under each arrangement, the participant's account is forfeited In addition, under current law, interests under these arrangements are reportable as taxable compensation when they become vested, even if those amounts are not yet payable to the participant (and even if those amounts are never paid to the participant) No rollover or other tax-deferral options are available to participants Note that any SERP II or SRP Plan vested amount or payment being reported as compensation was also reported in previous year(s) when that interest accrued under the plan 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) MARY MYERS $10,232, DANIEL SMITH $25,109, PATRICIA M C BROWN $43,657, MOHAN CHELLAPPA $70,312, SAMUEL H CLARK $30,177, BARBARA COOK $51,676, RICHARD O DAVIS $37,168, STUART ERDMAN $44,363, LINDA GILLIGAN $29,104, DALAL HALDEMAN $41,332, JEFFREY JOY $35,128, HARRY KOFFENBERGER $54,904, SALLY W MACCONNELL $10,072, EDWARD D MILLER $221,458, PAMELA D PAULK $60,369, RONALD R PETERSON $208,055, JOANNE E POLLAK $70,866, JUDY REITZ $65,294, G DANIEL SHEALER $38,134, RONALD J WERTHMAN $93,569 The following individuals listed on Form 990, Part VII, Section A, line 1a participated in a non qualified retirement plan and received payment from the plan, it is reported on Schedule J, Part II, Column (B)(iii) as well as Schedule J, Part II, Column (F) if they were required to be disclosed on prior years forms 990 ROBERT NEALL $220,874, KENNETH GRANT $59,515, MICHAEL LARSON $37,914, STUART ERDMAN $4,287, SAMUEL H CLARK $4,263, RICHARD O DAVIS $5,643
	Part I, Line 7	BONUSES THE BONUSES ARE ISSUED ON A WEIGHTED FORMULA BASED ON THE ATTAINMENT OF QUANTIFIABLE ORGANIZATION OBJECTIVES SET BY THE TRUSTEE COMPENSATION COMMITTEE EACH YEAR THEY ARE REVIEWED BY MANAGEMENT THAT USES DISCRETION TO DETERMINE PAYMENT DEPENDENT TUITION REIMBURSEMENT THE DEPENDENT TUITION REIMBURSEMENT PROGRAM REIMBURSES EMPLOYEES FOR 50% LESS TAXES OF EACH DEPENDENT CHILD'S FULL TIME UNDERGRADUATION TUITION AND MANDATORY ACADEMNIC FEES, UP TO A MAXIMUM OF 50% OF THE JOHNS HOPKINS UNIVERSITY'S FRESHMAN UNDERGRADUATE TUITION FOR EACH ELIGIBLE DEPENDENT EMPLOYEES WHO HAVE A MINIMUM OF TWO YEARS OF CONTINUOUS SERVICE ARE ELIGIBLE THE DEPENDENT MUST BE ENROLLED FULL TIME AT AN APPROVED, ACCREDITED COLLEGE OR UNIVERSITY AND IN GOOD ACADEMIC STANDING PAYMENT IS LIMITED TO FOUR YEARS OF FULL TIME, UNDERGRADUATE STUDY PER DEPENDENT CHILD TUITION REIMBURSEMENT TUITION REIMBURSEMENT IS AVAILABLE TO EMPLOYEES THAT WORK 20 HOURS OR MORE A WEEK FOR UP TO A MAXIMUM BENEFIT OF $10,000 PER ACADEMIC YEAR TO RECEIVE REIMBURSEMENT, ELIGIBLE EMPLOYEES MUST PURSUE A COURSE OF STUDY AT AN ACCREDITED UNIVERSITY OR COLLEGE THAT LEADS TO A LICENSURE, DEGREE, OR MEETS THE NECESSITY RELATED TO CURRENT POSITION OR ANOTHER POSITION WITHIN THE ORGANIZATION

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 52-1465301
Name: JOHNS HOPKINS HEALTH SYSTEM CORPORATION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
EDWARD D MILLER MD	(I) (II)	351,886	115,057	29,021	232,268	1,065	729,297	
RONALD R PETERSON	(I) (II)	985,122	466,007	117,239	293,471	64,858	1,926,697	
SALLY W MACCONNELL	(I) (II)	280,277	95,251	18,180	35,361	16,177	445,246	
PAMELA D PAULK	(I) (II)	302,430	94,882	53,284	71,179	17,220	538,995	
JOANNE E POLLAK	(I) (II)	406,216	157,056	87,912	81,676	31,304	764,164	
JUDY REITZ	(I) (II)	411,425	170,170	59,757	76,104	26,615	744,071	
RONALD J WERTHMAN	(I) (II)	452,194	136,135	106,868	104,379	31,369	830,945	
G DANIEL SHEALER JR	(I) (II)	253,063	77,651	29,552	48,944	26,284	435,494	
SAMUEL H CLARK JR	(I) (II)	177,931	41,021	45,044	40,987	15,433	320,416	4,263
STUART ERDMAN	(I) (II)	215,331	37,397	50,496	55,173	20,688	379,085	4,287
KENNETH GRANT	(I) (II)	225,558	71,485	122,274	10,810	24,931	455,058	59,515
HARRY KOFFENBERGER	(I) (II)	129,072	42,282	55,346	65,083	5,004	296,787	
RICHARD O DAVIS PHD	(I) (II)	228,729	65,378	56,694	47,978	23,194	421,973	5,643
DALAL J HALDEMAN PHD	(I) (II)	226,189	65,930	48,428	52,142	24,148	416,837	
ROBERT NEALL	(I) (II)	184,295	73,278	287,815	20,276	20,673	586,337	
PATRICIA MC BROWN	(I) (II)	300,642	129,732	60,443	54,467	11,986	557,270	
BARBARA COOK	(I) (II)	294,286	116,129	67,221	62,486	26,792	566,914	
DANIEL SMITH	(I) (II)	261,588	102,771	58,931	35,919	23,476	482,685	
MICHAEL LARSON	(I) (II)	262,182	108,874	13,097	30,862	23,758	438,773	37,914
JEFFREY JOY	(I) (II)	189,013	70,014	41,260	45,938	2,007	348,232	
LINDA GILLIGAN	(I) (II)	170,675	54,708	58,594	39,914	21,184	345,075	
REBECCA ZUCCARELLI	(I) (II)	172,459	43,530	39,660	15,474	26,425	297,548	
MARY MYERS	(I) (II)	135,609	42,642	54,764	19,512	17,359	269,886	
WILLIAM BRODY	(I) (II)	322,904		64			322,968	
MOHAN CHELLAPPA	(I) (II)	217,785	52,508	19,502	81,122	23,904	394,821	
MARK ESPOSITO	(I) (II)	216,959	51,614	17,170	10,810	21,333	317,886	
SWATI SARAIYA	(I) (II)	202,820	57,125	24,958	10,810	14,612	310,325	
LOUIS KOKKINAKOS	(I) (II)	187,776	57,008	20,660	10,810	18,465	294,719	

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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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
JOHNS HOPKINS HEALTH SYSTEM CORPORATION

Employer identification number
52-1465301

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

Identifier	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, TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO COMPLY ON AN ANNUAL BASIS

Identifier	Return Reference	Explanation
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

Identifier	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 OUR PUBLIC FILING WITH THE STATE OF MARYLAND AND THE INTERNAL REVENUE SERVICE

Identifier	Return Reference	Explanation
PART V LINE 4(B)	STATEMENTS REGARDING OTHER IRS FILING AND TAX COMPLIANCE	AS OF THIS TAX RETURN FILING DATE AND PER IRS GUIDANCE IN NOTICE 2010-23, JOHNS HOPKINS HEALTH SYSTEM CORPORATION DOES NOT HAVE COMPLETE INFORMATION AT THIS TIME TO DEFINITIVELY NAME THE FOREIGN COUNTRIES

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
JOHNS HOPKINS HEALTH SYSTEM CORPORATION

Employer identification number
52-1465301

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
HCGH OBGYN ASSOCIATES SERIES 5755 CEDAR LANE COLUMBIA, MD 21044 20-4967941	OBSTETRICS AND GYNECOLOGY	MD	8,683,000	2,724,000	N/A

Part II 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
See Additional Data Table					

Part III Identification of Related Organizations Taxable as a Partnership

(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
See Additional Data Table											

Part IV 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
See Additional Data Table							

Part V Transactions with Related Organizations

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

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

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

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) **See Additional Data Table**		
(2)		
(3)		
(4)		
(5)		
(6)		

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

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Software ID:
Software Version:
EIN: 52-1465301
Name: JOHNS HOPKINS HEALTH SYSTEM CORPORATION

Form 990, Schedule R, Part II - 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 501(c)(3))	(F) Direct Controlling Entity
HOWARD COUNTY GENERAL HOSPITAL 5755 CEDAR LANE COLUMBIA, MD21044 52-2093120	HOSPITAL	MD	501(C)(3)	3	N/A
HOWARD COUNTY LIQUIDATION CORPORATION 5755 CEDAR LANE COLUMBIA, MD21044 52-0892284	TRANSITION ORGANIZATION	MD	501(C)(3)	3	N/A
JOHNS HOPKINS BAYVIEW MEDICAL CENTER INC 1101 E 33RD STREET BALTIMORE, MD21218 52-1341890	HOSPITAL	MD	501(C)(3)	3	N/A
JOHNS HOPKINS COMMUNITY PHYSICIANS INC 1101 E 33RD STREET BALTIMORE, MD21218 52-1467441	HOSPITAL	MD	501(C)(3)	3	N/A
JOHNS HOPKINS MEDICAL SERVICES CORPORATION 1101 E 33RD STREET BALTIMORE, MD21218 52-1232569	HOSPITAL	MD	501(C)(3)	3	N/A
THE JOHNS HOPKINS HOSPITAL 1101 E 33RD STREET BALTIMORE, MD21218 52-0591656	HOSPITAL	MD	501(C)(3)	3	N/A
SUBURBAN HOSPITAL HEALTHCARE SYSTEM INC 8600 OLD GEORGETOWN ROAD BETHESDA, MD20814 52-2052354	SUPPORTING ORGANIZATION	MD	501(C)(3)	11, TYPE III	N/A
SUBURBAN HOSPITAL INC 8600 OLD GEORGETOWN ROAD BETHESDA, MD20814 52-0610545	HOSPITAL	MD	501(C)(3)	3	SUBURBAN HOSPITAL HEALTHCARE SYSTEM INC

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(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, investment, unrelated)	(F) Share of total income ($)	(G) Share of end-of-year assets ($)	(H) Disproprtionate allocations?		(I) Code V-UBI amount on Box 20 of Schedule K-1 (Form 1065) ($)	(J) General or Managing Partner?	
							Yes	No		Yes	No
JOHNS HOPKINS MEDICINE INTERNATIONAL LLC 1101 E 33RD STREET BALTIMORE, MD21218 52-2144849	meDICAL SERVICE	MD	N/A	RELATED	4,702,063	20,510,777		No	438,792		No
JOHNS HOPKINS HEALTHCARE LLC 1101 E 33RD STREET BALTIMORE, MD21218 52-1899357	MEDICAL SERVICE	MD	N/A	RELATED	44,298,378	47,536,849		No			No
JHMI UTILITIES LLC 1101 E 33RD STREET BALTIMORE, MD21218 20-2814243	UTILITY FACILITIES	MD	THE JOHNS HOPKINS HOSPITAL					No			No
MEDBIQUITOUS CONSORTIUM LLC 1101 E 33RD STREET BALTIMORE, MD21218 20-8924480	INTERNET PUBLISHING	MD	N/A	RELATED	11,867	107,645		No		Yes	
OPHTHALMOLOGY ASSOCIATES LLC 1101 E 33RD STREET BALTIMORE, MD21218 52-1890957	OPHTHALMOLOGY SERVICES	MD	N/A	RELATED	32,116	3,285,817		No			No
HOWARD COUNTY NEONATAL SERVICES SERIES 1101 E 33RD STREET BALTIMORE, MD21218 52-2239401	NEONATAL HEALTH	MD	N/A	RELATED	-103,979	-86,863		No			No
WHITE MARSH SURGERY CENTER SERIES 1101 E 33RD STREET BALTIMORE, MD21218 20-8707724	SURGERY	MD	N/A	RELATED	-215,535	1,452,690		No			No
BAYVIEW HOLDING COMPANY LLC 1101 E 33RD STREET BALTIMORE, MD21218 38-3711488	REAL ESTATE	MD	N/A	RELATED	-2,907,729	99,994,164		No		Yes	
SUBURBAN WELLNESS CENTER LLC 20500 GOLDENROD LANE GERMANTOWN, MD20874 56-2296930	REAL ESTATE	MD	SUBURBAN HEALTH ENTERPRISES INC					No			No
GCM SUBURBAN IMAGING LLC 1201 SEVEN LOCKS ROAD SUITE 200 ROCKVILLE, MD20854 52-2326237	OUTPATIENT RADIOLOGY	MD	SUBURBAN HEALTH ENTERPRISES INC					No			No
GERMANTOWN WELLNESS AND FITNESS LLC 8600 OLD GEORGETOWN RD BETHESDA, MD20814 52-2325919	HEALTHCARE SERVICE	MD	SUBURBAN HEALTH ENTERPRISES INC					No			No
CAPITAL HEALTH PARTNERS LLC 1101 E 33RD STREET BALTIMORE, MD21218 52-2107221	HEALTHCARE SERVICE	MD	JOHNS HOPKINS HEALTHCARE LLC					No			No
JOHNS HOPKINS IMAGING LLC 6704 CURTIS COURT GLEN BURNIE, MD21060 52-1917496	RADIOLOGY SERVICE	MD	JOHNS HOPKINS HEALTHCARE LLC					No			No

Form 990, Schedule R, Part IV - 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
HOWARD COUNTY HEALTH SERVICES INC 1101 E 33RD STREET BALTIMORE, MD21218 52-1434783	HEALTHCARE MANAGEMENT	MD	N/A	C		3,820,735	100 000 %
HSI MEDICAL SERVICES CORPORATION 1101 E 33RD STREET BALTIMORE, MD21218 52-1847705	HEALTHCARE - SLEEP DIAGNOSTICS	MD	N/A	C			100 000 %
JOHNS HOPKINS MEDICAL MANAGEMENT CORPORATION 1101 E 33RD STREET BALTIMORE, MD21218 52-1250028	NURSING SERVICES	MD	N/A	C	31,247,015	3,158,736	100 000 %
JOHNS HOPKINS EMPLOYER HEALTH PROGRAMS INC 1101 E 33RD STREET BALTIMORE, MD21218 52-1947678	BENEFIT PLANS	MD	N/A	C	13,084,915	1,688,813	100 000 %
HCP VENTURE ONE CORPORATION 1101 E 33RD STREET BALTIMORE, MD21218 52-1558858	MEDICAL SERVICES	MD	HOWARD COUNTY GENERAL HOSPITAL INC	C			
TCAS INC 5759 CEDAR LANE COLUMBIA, MD21044 52-1979344	NURSING SERVICES	MD	JOHNS HOPKINS MEDICAL MANAGEMENT CORPORATION	C			
SUBURBAN CONTRACTING CORP INC 8600 OLD GEORGETOWN ROAD beTHESDA, MD20814 52-2188022	MEDICARE CONTRACTING	MD	SUBURBAN HOSPITAL HEALTHCARE SYSTEM INC	C			
SUBURBAN HEALTH ENTERPRISES INC 8600 OLD GEORGETOWN ROAD BETHESDA, MD20814 52-2052352	MEDICAL OFFICE LEASING AND RELEASING	MD	SUBURBAN HOSPITAL HEALTHCARE SYSTEM INC	C			
SUBURBAN SPECIALTY CARE PHYSICIANS PC 8600 OLD GEORGETOWN ROAD BETHESDA, MD20814 52-2116011	MULTI SPECIALTY MEDICAL PRACTICE	MD	SUBURBAN HOSPITAL HEALTHCARE SYSTEM INC	C			

Form 990, Schedule R, Part V - Transactions with Related Organizations

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(1)	HOWARD COUNTY GENERAL HOSPITAL INC	K	5,262,481
(2)	howARD COUNTY GENERAL HOSPITAL INC	K	1,496,180
(3)	hoWARD COUNTY GENERAL HOSPITAL INC	B	205,315
(4)	HOWARD COUNTY GENERAL HOSPITAL INC	P	3,506,751
(5)	HOWARD COUNTY GENERAL HOSPITAL INC	P	175,708
(6)	JOHNS HOPKINS BAYVIEW MEDICAL CENTER INC	K	18,887,000
(7)	JOHNS HOPKINS BAYVIEW MEDICAL CENTER INC	L	15,329,000
(8)	JOHNS HOPKINS BAYVIEW MEDICAL CENTER INC	P	269,000
(9)	JOHNS HOPKINS COMMUNITY PHYSICIANS INC	C	4,261,000
(10)	JOHNS HOPKINS COMMUNITY PHYSICIANS INC	K	3,136,000
(11)	JOHNS HOPKINS COMMUNITY PHYSICIANS INC	B	11,179,000
(12)	JOHNS HOPKINS COMMUNITY PHYSICIANS INC	P	12,492,991
(13)	THE JOHNS HOPKINS HOSPITAL	K	74,097,000
(14)	THE JOHNS HOPKINS HOSPITAL	B	78,725,000
(15)	THE JOHNS HOPKINS HOSPITAL	L	100,000
(16)	THE JOHNS HOPKINS HOSPITAL	P	315,000
(17)	THE JOHNS HOPKINS HOSPITAL	E	48,450,000
(18)	JOHNS HOPKINS MEDICAL MANAGEMENT CORPORATION	K	514,740
(19)	JOHNS HOPKINS EMPLOYER HEALTH PROGRAMS INC	K	561,239
(20)	JOHNS HOPKINS EMPLOYER HEALTH PROGRAMS INC	L	1,814,837
(21)	JOHNS HOPKINS MEDICINE INTERNATIONAL LLC	K	1,976,251
(22)	JOHNS HOPKINS MEDICINE INTERNATIONAL LLC	P	3,392,491
(23)	JOHNS HOPKINS MEDICINE INTERNATIONAL LLC	P	58,429
(24)	JOHNS HOPKINS HEALTHCARE LLC	K	5,124,195
(25)	JOHNS HOPKINS HEALTHCARE LLC	P	9,450,305
(26)	JOHNS HOPKINS HEALTHCARE LLC	P	476,088
(27)	JHMI UTILITIES LLC	K	109,336
(28)	OPHTHALMOLOGY ASSOCIATES LLC	P	291,000
(29)	SUBURBAN HOSPITAL INC	O	1,027,228

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TY 2008 Category 3 filer statement

Name: JOHNS HOPKINS HEALTH SYSTEM CORPORATION

EIN: 52-1465301

Amount Of Indebtedness	Type Of Indebtedness	Name	Address	Identifying Number	Number Of Shares
0	N/A	NA			

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TY 2008 Itemized Other Current Liabilities Schedule

Name: JOHNS HOPKINS HEALTH SYSTEM CORPORATION

EIN: 52-1465301

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
JOHNS HOPKINS HEALTH SYSTEM CORPORATION	52-1465301	EARLY CAPITAL CONTRIBUTIONS	13,830,000	330,000
JOHNS HOPKINS HEALTH SYSTEM CORPORATION	52-1465301	UNREALIZED DEPRECIATION ON SWAP CONTRACTS	179,980	0

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TY 2008 Itemized Other Current Assets Schedule

Name: JOHNS HOPKINS HEALTH SYSTEM CORPORATION

EIN: 52-1465301

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
		PREPAID EXPENSES	5,222	5,297
		ACCOUNTS RECEIVABLE	4,808,106	198,473
		UNREALIZED APPRECIATION ON SWAP CONTRACTS	14,611	918,077
		EARLY CONTRIBUTIONS TO INVESTMENT FUNDS	21,000,000	0

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TY 2008 Other Deductions Schedule

Name: JOHNS HOPKINS HEALTH SYSTEM CORPORATION

EIN: 52-1465301

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
MANAGEMENT FEES		3,231,553
ADMINISTRATION FEES		168,822
PROFESSIONAL FEES		51,824
OTHER EXPENSES		16,957

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TY 2008 Itemized Other Investments Schedule

Name: JOHNS HOPKINS HEALTH SYSTEM CORPORATION

EIN: 52-1465301

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
		INVESTMENTS IN INVESTMENT FUNDS	341,177,187	222,728,673

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TY 2008 Other Income Statement

Name: JOHNS HOPKINS HEALTH SYSTEM CORPORATION

EIN: 52-1465301

Description	Foreign Amount	Amount
OTHER INCOME		4,498
CHANGE IN UNREALIZED DEP ON INVEST		-90,373,490
NET REALIZED LOSS ON INVESTMENT		-3,601,837
CHANGE IN UNREALIZED APPRECIATION		918,077
NET REALIZED LOSS ON SWAP CONTRACTS		-7,836,044

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TY 2008 Paid-In or Capital Surplus Reconciliation Statement

Name: JOHNS HOPKINS HEALTH SYSTEM CORPORATION

EIN: 52-1465301

Description	Beginning Amount	Ending Amount
TOTAL CAPITAL CONTRIBUTIONS	300,332,912	241,605,124
LESS COMMON STOCK - 256,950 6964 SHARES AT 01 PAR VALUE	2,569	2,325
ENDING PAID IN CAPTIAL	300,330,343	241,602,799