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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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ 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 $ 217,256,948

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 Website: ▶ WWW HOPKINSMEDICINE ORG

K Form 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
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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	11
5	Total number of employees (Part V, line 2a)	**5**	3,172
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,230,480
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	1,127,965

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	23,655,268	24,233,532
	9 Program service revenue (Part VIII, line 2g)	133,083,200	132,472,208
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	56,137,161	54,205,820
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,300,989	4,231,752
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	217,176,618	215,143,312
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	90,174,915	62,782,844
	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)	87,507,106	93,199,187
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶228,938		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	68,629,551	76,760,319
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	246,311,572	232,742,350
	19 Revenue less expenses Subtract line 18 from line 12	-29,134,954	-17,599,038

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	222,517,682	218,877,684
	21 Total liabilities (Part X, line 26)	151,748,669	191,634,442
	22 Net assets or fund balances Subtract line 21 from line 20	70,769,013	27,243,242

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2011-05-11

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

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 196,779,655 including grants of $ 62,782,844) (Revenue $ 132,215,750)

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** ▶ $ 196,779,655

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 similar funds or 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, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — **Yes** / **No**	12A	Yes	
13	Is the organization a school 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 United States?	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 United States? *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 U S ? *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 U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities 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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**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 line 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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *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 sections 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	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

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**	205		
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**	3,172		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		**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**		No
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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		**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 receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**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	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		**8**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		**9b**		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	13		
b	Enter the number of voting members that are independent	1b	11		
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?				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?				No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?				No
5	Did the organization become aware during the year of a material diversion of the organization's assets?				No
6	Does the organization have members or stockholders?				No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?				No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?				No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?			Yes	
b	Each committee with authority to act on behalf of the governing body?			Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
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	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	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 Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 current or former 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-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	19,446,759	0	1,713,226

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 170

			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**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**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	2,243,797
MULLAN ENTERPRISES INC 2330 WEST JOPPA RD STE 210 LUTHERVILLE, MD 21093	GENERAL CONTRACTOR	1,573,317
KELLY SERVICES INC PO BOX 820405 PHILADELPHIA, PA 19182	EMPLOYMENT CONTRACTOR	684,700
HOSPITAL SUPPORT SERVICE 1020 STILES ST BALTIMORE, MD 21202	SUPPORT SERVICES	561,057
CATALYST COMMUNICATIONS INC 8358 MAIN ST 1ST FLOOR ELLICOTT CITY, MD 21043	COMMUNICATIONS	553,485
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 51		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	4,149,000			
	e	Government grants (contributions)	1e	4,889,857			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	15,194,675			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		24,233,532			
Program Service Revenue			Business Code				
	2a	AFFILIATION FEE	541,900	121,654,020	121,397,562	256,458	
	b	PACE PROG REV	900,099	10,818,188	10,818,188		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		132,472,208			
	3	Investment income (including dividends, interest and other similar amounts)		54,208,836			54,208,836
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents	5,334,559				
	b	Less rental expenses	2,110,620				
	c	Rental income or (loss)	3,223,939				
	d	Net rental income or (loss)		3,223,939		974,022	2,249,917
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses	3,016				
	c	Gain or (loss)	-3,016				
	d	Net gain or (loss)		-3,016			-3,016
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	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	703,981			703,981
	b	MISCELLANEOUS INCOME	900,099	303,832			303,832
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		1,007,813			
	12	**Total revenue.** See Instructions		215,143,312	132,215,750	1,230,480	57,463,550

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	62,782,844	62,782,844		
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	17,054,076		17,054,076	
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	44,920,647	39,979,376	4,941,271	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	11,453,692	10,193,786	1,259,906	
9 Other employee benefits	7,846,966	6,983,800	863,166	
10 Payroll taxes	11,923,806	10,612,187	1,311,619	
11 Fees for services (non-employees)				
a Management				
b Legal	2,079,959		2,079,959	
c Accounting	1,637,873		1,637,873	
d Lobbying	255,221		255,221	
e Professional fundraising *See Part IV, line 17*				
f Investment management fees				
g Other	7,677,826	6,833,265	844,561	
12 Advertising and promotion	572,735	572,735		
13 Office expenses	6,979,568	6,694,210	285,358	
14 Information technology				
15 Royalties				
16 Occupancy	642,353	571,694	70,659	
17 Travel	476,695	424,259	52,436	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	181,942	161,928	20,014	
20 Interest	268,982	268,982		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,740,568	5,740,568		
23 Insurance	50,005		50,005	
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	486,413	486,413		
b PURCHASED SERVICES	42,200,087	37,558,077	4,642,010	
c COLLECTION AGENCY EXPEN	3,770,554	3,770,554		
d MISCELLANEOUS	1,827,883	1,393,708	205,237	228,938
e DUES & SUBSCRIPTIONS	616,181	548,401	67,780	
f All other expenses	1,295,474	1,202,868	92,606	
25 **Total functional expenses.** Add lines 1 through 24f	232,742,350	196,779,655	35,733,757	228,938
26 **Joint costs.** Check here ▶ ☐ 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	22,144,672	2	9,985,333
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	197,648	4	764,495
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	5,247,797	7	4,562,481
	8	Inventories for sale or use	3,968,916	8	4,817,879
	9	Prepaid expenses and deferred charges	1,182,894	9	222,706
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* — 10a: 75,793,374			
	b	Less accumulated depreciation — 10b: 27,430,645	52,545,691	10c	48,362,729
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11	63,614,882	12	62,549,570
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	73,615,182	15	87,612,491
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	222,517,682	16	218,877,684
Liabilities	17	Accounts payable and accrued expenses	42,710,968	17	45,930,931
	18	Grants payable		18	
	19	Deferred revenue		19	19,930
	20	Tax-exempt bond liabilities	4,426,542	20	4,522,747
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties	3,662,922	23	3,010,300
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	100,948,237	25	138,150,534
	26	**Total liabilities.** Add lines 17 through 25	151,748,669	26	191,634,442
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	70,769,013	27	26,102,155
	28	Temporarily restricted net assets		28	1,141,087
	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	70,769,013	33	27,243,242
	34	Total liabilities and net assets/fund balances	222,517,682	34	218,877,684

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
JOHNS HOPKINS HEALTH SYSTEM CORPORATION

Employer identification number
52-1465301

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

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

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 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).**

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 supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									56,898,700

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.)

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** 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—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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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

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

OMB No 1545-0047

2009

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), then

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

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

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	255,221	
c Total lobbying expenditures (add lines 1a and 1b)	255,221	
d Other exempt purpose expenditures	232,487,129	
e Total exempt purpose expenditures (add lines 1c and 1d)	232,742,350	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h Subtract line 1g from line 1a If zero or less, enter -0-	0	
i Subtract line 1f from line 1c If zero or less, enter -0-	0	

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	403,991	409,013	360,254	255,221	1,428,479
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

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

		(a) 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 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? 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 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

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

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 (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, 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 $255,221 DURING THE FISCAL YEAR ENDED JUNE 30, 2010 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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
JOHNS HOPKINS 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 for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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 Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c 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) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		27,813,404	7,440,190	20,373,214
c Leasehold improvements		5,182,402	4,490,731	691,671
d Equipment		5,787,548	2,689,239	3,098,309
e Other		37,010,020	12,810,485	24,199,535
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				48,362,729

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other INVESTMENT IN AFFILIATES	62,549,570	C
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	62,549,570	

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	278,792
DUE FROM AFFILIATES	15,337,234
SERP1 PENSION ASSET	6,326,508
RENT RECEIVABLE	389,957
OTHER ASSETS	65,280,000
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	87,612,491

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
DUE TO AFFILIATES - SHORT TERM	578,486
EHP BENEFIT LIABILITY	3,284,686
WORKMAN'S COMP LIABILITY	1,575,209
MAKE WHOLE PLAN LIABILITY	584,336
SERP1 PLAN LIABILITY	10,044,692
LONG TERM PENSION LIABILITY	56,803,125
DUE TO AFFILIATES - LONG TERM	65,280,000
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	138,150,534

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

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	215,143,312
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	232,742,350
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-17,599,038
4	Net unrealized gains (losses) on investments	4	495,232
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-26,421,965
9	Total adjustments (net) Add lines 4 - 8	9	-25,926,733
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-43,525,771

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	208,108,000
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	208,108,000
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	7,035,312		
c	Add lines **4a** and **4b**			4c	7,035,312
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	215,143,312

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

1	Total expenses and losses per audited financial statements			1	183,266,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	183,266,000
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	49,476,350		
c	Add lines **4a** and **4b**			4c	49,476,350
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	232,742,350

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
Part XI, Line 8 - Other Adjustments		ADDITIONAL MINIMUM PENSION LIABILITY -17451000 Subsidiary FUNDING -10448489 ROUNDING 270 HCGH INTERCOMPANY 317608 TEMPORARILY RESTRICTED 1159646
Part XII, Line 4b - Other Adjustments		RECLASS OF RENTAL EXPENSES -2110620 AFFILIATE FUNDING 9150000 LOSE ON FIXED ASSET DISPOSAL -3016 ROUNDING -1052
Part XIII, Line 4b - Other Adjustments		RECLASS OF RENTAL EXPENSES -2110620 AFFILIATE FUNDING 51588969 ROUNDING -1999

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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 United States

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

OMB No 1545-0047

2009

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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	520591572	501(C)(3)	5,750				PROMOTING AND ADVANCING HEALTHCARE
NATIONAL STUDENT NURSES ASSOCIATION45 MAIN ST STE 606 BROOKLYN,NY 11201	136081991	501(C)(6)	7,500				PROMOTING AND ADVANCING HEALTHCARE
JOHNS HOPKINS HOSPITAL1101 EAST 33RD STREET BALTIMORE,MD 21218	520591656	501(C)(3)	50,720,000				GENERAL OPERATIONS
HOWARD COUNTY GENERAL HOSPITAL INC 5755 CEDAR LANE COLUMBIA,MD 21044	522093120	501(C)(3)	868,969				GENERAL OPERATIONS
JOHNS HOPKINS COMMUNITY PHYSICIANS INC1101 EAST 33RD STREET BALTIMORE,MD 21218	521467441	501(C)(3)	11,178,700				GENERAL OPERATIONS

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 4

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" to 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.

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
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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 any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision 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 with respect to the filing organization or a related organization			
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			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**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
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

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 $5,116, DANIEL SMITH $26,878, HARRIS BENNY $23,852, MOHAN CHELLAPPA $74,818, SAMUEL H CLARK $70,386, RICHARD O DAVIS $37,168, STUART ERDMAN $90,782, LINDA GILLIGAN $29,717, DALAL HALDEMAN $41,112, JEFFREY JOY $35,026, MICHAEL LARSON $21,898, EDWARD D MILLER $228,049, RONALD R PETERSON $214,557, JOANNE E POLLAK $0 00, G DANIEL SHEALER,JR $0 00, BARBARA COOK $0 00, HARRY KOFFENBERGER $0 00, SALLY W MACCONNELL $0 00, PAMELA E PAULK $0 00, JUDY A REITZ $0 00, PATRICIA M C BROWN $0 00 AND RONALD J WERTHMAN $0 00 The following individuals listed on Form 990, Part VII, Section A, line 1a participated in a non qualified retirement plan and received payment from the plan, it is reported on Schedule J, Part II, Column (B)(iii) as well as Schedule J, Part II, Column (F) if they were required to be disclosed on prior years forms 990 ROBERT NEALL $50,436, KENNETH GRANT $62,798, MICHAEL LARSON $41,412, STUART ERDMAN $8,431, RICHARD O DAVIS $24,395, PATRICIA M C BROWN $436,768, BARBARA COOK $648,550, HARRY KOFFENBERGER $196,252, SALLY W MACCONNELL $500,030, PAMELA D PAULK $500,544, RONALD R PETERSON $23,022, JOANNE E POLLAK $1,690,170, JUDY A REITZ $1,658,368, G DANIEL SHEALER JR $337,154, RONALD J WERTHMAN $1,172,501
	Part I, Line 7	BONUSES THE BONUSES ARE ISSUED ON A WEIGHTED FORMULA BASED ON THE ATTAINMENT OF QUANTIFIABLE ORGANIZATION OBJECTIVES SET BY THE TRUSTEE COMPENSATION COMMITTEE EACH YEAR THEY ARE REVIEWED BY MANAGEMENT THAT USES DISCRETION TO DETERMINE PAYMENT DEPENDENT TUITION REIMBURSEMENT THE DEPENDENT TUITION REIMBURSEMENT PROGRAM REIMBURSES EMPLOYEES FOR 50% LESS TAXES OF EACH DEPENDENT CHILD'S FULL TIME UNDERGRADUATE TUITION AND MANDATORY 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
Supplemental Information	Part III	Schedule J, Part II, Column F The amount reported in column F represents the amount of a payment reported in column B that was already reported on prior 990s as deferred compensation The amount reported could be different than the total amount previously reported on prior year 990s because participants have accrued benefits under our deferred compensation plan for many years and some plans originated in the 1980s Therefore it is difficult to identify the entire previously reported amount for this extended period of time Prior year returns and work papers were used to determine our best estimate of the previously reported amounts and placed in Column F The amount in column F may also be different than the amount reported in column B (iii) due to gains/losses that have accrued over the years, and some individuals were not required to be reported in all prior years Since this is a new requirement of the IRS, going forward we have adopted a spreadsheet that will track the deferred compensation reported on the 990 by each year to remain in compliance with Schedule J, Part II, Column F

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)	366,674	139,336	19,317	239,074	1,065	765,466	0
	(II)	0	0	0	0	0	0	0
RONALD R PETERSON	(I)	1,023,809	503,289	144,011	225,582	21,410	1,918,101	23,022
	(II)	0	0	0	0	0	0	0
RICHARD O DAVIS PHD	(I)	232,297	79,512	84,197	48,193	25,347	469,546	24,395
	(II)	0	0	0	0	0	0	0
KENNETH GRANT	(I)	235,629	86,830	115,553	11,025	23,048	472,085	62,798
	(II)	0	0	0	0	0	0	0
DALAL J HALDEMAN PHD	(I)	233,290	79,439	77,538	52,137	21,000	463,404	0
	(II)	0	0	0	0	0	0	0
HARRY KOFFENBERGER	(I)	131,144	50,411	248,373	10,056	5,100	445,084	137,376
	(II)	0	0	0	0	0	0	0
SALLY W MACCONNELL	(I)	301,919	116,508	518,289	11,025	13,364	961,105	181,594
	(II)	0	0	0	0	0	0	0
PAMELA D PAULK	(I)	310,642	111,830	562,874	11,025	12,460	1,008,831	355,725
	(II)	0	0	0	0	0	0	0
JOANNE E POLLAK	(I)	441,779	174,002	1,777,250	11,025	27,036	2,431,092	827,828
	(II)	0	0	0	0	0	0	0
JUDY A REITZ	(I)	427,720	200,438	1,724,874	11,025	20,955	2,385,012	532,381
	(II)	0	0	0	0	0	0	0
G DANIEL SHEALER JR	(I)	263,225	92,305	374,621	11,025	24,429	765,605	299,996
	(II)	0	0	0	0	0	0	0
RONALD J WERTHMAN	(I)	472,248	163,537	1,263,359	11,025	22,985	1,933,154	730,678
	(II)	0	0	0	0	0	0	0
SAMUEL H CLARK JR	(I)	184,694	55,141	45,350	81,411	14,497	381,093	0
	(II)	0	0	0	0	0	0	0
STUART ERDMAN	(I)	229,729	66,429	61,069	101,807	19,211	478,245	8,431
	(II)	0	0	0	0	0	0	0
ROBERT NEALL	(I)	190,985	72,835	105,923	11,025	23,244	404,012	9,466
	(II)	0	0	0	0	0	0	0
PATRICIA MC BROWN	(I)	316,040	128,383	493,342	11,025	12,261	961,051	43,657
	(II)	0	0	0	0	0	0	0
DANIEL SMITH	(I)	270,771	115,695	60,495	37,903	20,601	505,465	0
	(II)	0	0	0	0	0	0	0
MICHAEL LARSON	(I)	270,351	81,889	60,955	32,923	24,554	470,672	41,412
	(II)	0	0	0	0	0	0	0
JEFFREY JOY	(I)	196,180	70,192	41,932	46,051	17,048	371,403	0
	(II)	0	0	0	0	0	0	0
LINDA GILLIGAN	(I)	178,257	59,466	51,443	40,742	22,163	352,071	0
	(II)	0	0	0	0	0	0	0
REBECCA ZUCCARELLI	(I)	177,127	31,913	48,494	15,689	27,364	300,587	0
	(II)	0	0	0	0	0	0	0
MARY MYERS	(I)	140,723	52,220	47,984	14,962	19,077	274,966	0
	(II)	0	0	0	0	0	0	0
HAMED IBRAHIM	(I)	130,677	36,951	300,897	11,025	2,566	482,116	0
	(II)	0	0	0	0	0	0	0
MOHAN CHELLAPPA	(I)	226,302	56,553	20,771	85,843	24,719	414,188	0
	(II)	0	0	0	0	0	0	0
MARK ESPOSITO	(I)	219,763	67,037	16,666	11,025	19,152	333,643	0
	(II)	0	0	0	0	0	0	0
HARRIS BENNY	(I)	197,490	63,397	21,236	34,877	21,153	338,153	0
	(II)	0	0	0	0	0	0	0
LOUIS KOKKINAKOS	(I)	206,139	70,591	25,007	11,025	20,279	333,041	0
	(II)	0	0	0	0	0	0	0
BARBARA COOK	(I)	52,473	0	680,733	3,720	3,868	740,794	411,898
	(II)	0	0	0	0	0	0	0

Additional Data

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

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493131008331

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

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 B, line 11		A SECURED WEBSITE PROVIDES ACCESS TO THE COPY OF THE FORM 990 TO THE ORGANIZATION'S GOVERNING BODY BEFORE IT IS FILED

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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
JOHNS HOPKINS HEALTH SYSTEM CORPORATION

Employer identification number
52-1465301

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
HCGH OBGYN ASSOCIATES SERIES 5755 CEDAR LANE COLUMBIA, MD 21044 20-4967941	OBSTETRICS AND GYNECOLOGY	MD	10,142,000	3,918,000	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
See Additional Data Table					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
See Additional Data Table											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
See Additional Data Table							

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

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

		Yes	No
1 During the tax year, did the orgranization 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	(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** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

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

Additional Data Return to Form

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)	11, III fi	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, III fi	N/A
SUBURBAN HOSPITAL INC 8600 OLD GEORGETOWN ROAD BETHESDA, MD20814 52-0610545	HOSPITAL	MD	501(C)(3)	3	N/A

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, unrelated, excluded from tax under sections 512-514)	(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
JOHNS HOPKINS MEDICINE INTERNATIONAL LLC 1101 E 33RD STREET BALTIMORE, MD21218 52-2144849	meDICAL SERVICE	MD	N/A	RELATED	3,516,894	20,298,573	Yes		256,458		No
JOHNS HOPKINS HEALTHCARE LLC 1101 E 33RD STREET BALTIMORE, MD21218 52-1899357	MEDICAL SERVICE	MD	N/A	RELATED	53,908,140	57,358,116	Yes				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	-32,022	277,587		No		Yes	
OPHTHALMOLOGY ASSOCIATES LLC 1101 E 33RD STREET BALTIMORE, MD21218 52-1890957	OPHTHALMOLOGY SERVICES	MD	N/A	RELATED	-262,513	2,960,041		No			No
HOWARD COUNTY NEONATAL SERVICES SERIES 1101 E 33RD STREET BALTIMORE, MD21218 52-2239401	NEONATAL HEALTH	MD	N/A	RELATED	-81,754	-143,808		No			No
WHITE MARSH SURGERY CENTER SERIES 1101 E 33RD STREET BALTIMORE, MD21218 20-8707724	SURGERY	MD	N/A	RELATED	-152,684	1,248,287		No			No
BAYVIEW HOLDING COMPANY LLC 1101 E 33RD STREET BALTIMORE, MD21218 38-3711488	REAL ESTATE	MD	N/A	RELATED	-2,686,184	99,374,289		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		3,592,049	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	33,568,495	3,770,158	100 000 %
JOHNS HOPKINS EMPLOYER HEALTH PROGRAMS INC 1101 E 33RD STREET BALTIMORE, MD21218 52-1947678	BENEFIT PLANS	MD	N/A	C	14,637,010	890,296	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 HEALTH ENTERPRISES 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	4,912,979
(2)	howARD COUNTY GENERAL HOSPITAL INC	K	1,476,253
(3)	hoWARD COUNTY GENERAL HOSPITAL INC	B	868,969
(4)	HOWARD COUNTY GENERAL HOSPITAL INC	P	3,487,628
(5)	HOWARD COUNTY GENERAL HOSPITAL INC	P	180,320
(6)	JOHNS HOPKINS BAYVIEW MEDICAL CENTER INC	K	16,092,000
(7)	JOHNS HOPKINS BAYVIEW MEDICAL CENTER INC	L	15,031,000
(8)	JOHNS HOPKINS BAYVIEW MEDICAL CENTER INC	P	246,000
(9)	JOHNS HOPKINS COMMUNITY PHYSICIANS INC	C	4,149,000
(10)	JOHNS HOPKINS COMMUNITY PHYSICIANS INC	K	2,853,355
(11)	JOHNS HOPKINS COMMUNITY PHYSICIANS INC	B	11,178,700
(12)	JOHNS HOPKINS COMMUNITY PHYSICIANS INC	P	14,428,285
(13)	THE JOHNS HOPKINS HOSPITAL	K	76,264,000
(14)	THE JOHNS HOPKINS HOSPITAL	B	50,720,000
(15)	THE JOHNS HOPKINS HOSPITAL	P	295,000
(16)	THE JOHNS HOPKINS HOSPITAL	E	65,280,000
(17)	JOHNS HOPKINS MEDICAL MANAGEMENT CORPORATION	K	587,587
(18)	JOHNS HOPKINS EMPLOYER HEALTH PROGRAMS INC	K	690,083
(19)	JOHNS HOPKINS EMPLOYER HEALTH PROGRAMS INC	L	2,118,771
(20)	JOHNS HOPKINS MEDICINE INTERNATIONAL LLC	K	2,216,998
(21)	JOHNS HOPKINS MEDICINE INTERNATIONAL LLC	P	3,527,824
(22)	JOHNS HOPKINS HEALTHCARE LLC	K	5,192,598
(23)	JOHNS HOPKINS HEALTHCARE LLC	P	10,378,262
(24)	JOHNS HOPKINS HEALTHCARE LLC	P	249,996
(25)	JHMI UTILITIES LLC	K	174,320
(26)	opHTHALMOLOGY ASSOCIATES LLC	K	65,695
(27)	OPHTHALMOLOGY ASSOCIATES LLC	P	282,000
(28)	SUBURBAN HOSPITAL INC	O	4,339,242

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TY 2009 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
	N/A	NA			

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TY 2009 Itemized Other Current Liabilities Schedule

Name: JOHNS HOPKINS HEALTH SYSTEM CORPORATION

EIN: 52-1465301

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
FEDERAL STREET MULTI-STRATEGY OFFSHORE F		EARLY CAPITAL CONTRIBUTIONS	330,000	343,200
		UNREALIZED DEPRECIATION ON SWAP CONTRACTS	0	820,383

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TY 2009 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
FEDERAL STREET MULTI-STRATEGY OFFSHORE F		PREPAID EXPENSES	5,297	6,169
		ACCOUNTS RECEIVABLE	198,473	1,488,379
		UNREALIZED APPRECIATION ON SWAP CONTRACTS	918,077	160,872
		EARLY CONTRIBUTIONS TO INVESTMENT FUNDS	0	2,000,000

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TY 2009 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		1,950,386
ADMINISTRATION FEES		107,077
PROFESSIONAL FEES		102,305
OTHER EXPENSES		8,654

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TY 2009 Itemized Other Investments Schedule

Name: JOHNS HOPKINS HEALTH SYSTEM CORPORATION

EIN: 52-1465301

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
FEDERAL STREET MULTI-STRATEGY OFFSHORE F		INVESTMENTS IN INVESTMENT FUNDS	222,728,673	174,039,597

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TY 2009 Other Income Statement

Name: JOHNS HOPKINS HEALTH SYSTEM CORPORATION

EIN: 52-1465301

Description	Foreign Amount	Amount
CHANGE IN UNREALIZED APPR ON INVEST		40,597,926
NET REALIZED LOSS ON INVESTMENT		-12,609,207
CHANGE IN UNREALIZED DEPRECIATION		-1,577,588
NET REALIZED GAIN ON SWAP CONTRACTS		2,493,460

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TY 2009 Paid-In or Capital Surplus Reconciliation Statement

Name: JOHNS HOPKINS HEALTH SYSTEM CORPORATION

EIN: 52-1465301

Description	Beginning Amount	Ending Amount
TOTAL CAPITAL CONTRIBUTIONS	241,605,124	192,257,904
LESS COMMON STOCK - 256,950 6964 SHARES AT 01 PAR VALUE	2,325	1,590
ENDING PAID IN CAPTIAL	241,602,799	192,256,314

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		45720000
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		11178700

Additional Data

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

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
C MICHAEL ARMSTRONG CHAIRMAN	1 00	X						0	0	0
AB KRONGARD ESQUIRE VICE CHAIR	1 00	X						0	0	0
JANIE ELIZABETH BAILEY TRUSTEE	1 00	X						0	0	0
LENOX D BAKER JR MD TRUSTEE	1 00	X						0	0	0
GEORGE L BUNTING JR TRUSTEE	1 00	X						0	0	0
EDWARD L CAHILL TRUSTEE	1 00	X						0	0	0
JONATHAN S FISH MD TRUSTEE	1 00	X						0	0	0
JAMES A FLICK JR TRUSTEE	1 00	X						0	0	0
FRANCIS X KNOTT TRUSTEE	1 00	X						0	0	0
EDWARD D MILLER MD VICE CHAIR	40 00	X		X				525,327	0	240,139
RONALD R PETERSON PRESIDENT	40 00	X		X				1,671,109	0	246,992
THEO C RODGERS TRUSTEE	1 00	X						0	0	0
MELANIE R SABELHAUS TRUSTEE	1 00	X						0	0	0
RICHARD O DAVIS PHD VP/INNOVATION & PT SAFE	40 00			X				396,006	0	73,540
KENNETH GRANT VP SUPPLY CHAIN	40 00			X				438,012	0	34,073
DALAL J HALDEMAN PHD VP MARKETING & COMMUNICA	40 00			X				390,267	0	73,137
HARRY KOFFENBERGER VICE PRESIDENT CORP SECU	40 00			X				429,928	0	15,156
SALLY W MACCONNELL VP/FACILITIES	40 00			X				936,716	0	24,389
PAMELA D PAULK VP/HUMAN RESOURCES	40 00			X				985,346	0	23,485
JOANNE E POLLAK VP & GENERAL COUNSEL	40 00			X				2,393,031	0	38,061
STEPHANIE L REEL VP/MANAGEMENT SYSTEM	1 00			X				0	0	0
JUDY A REITZ VP/OPERATIONS INTEGR	40 00			X				2,353,032	0	31,980
G DANIEL SHEALER JR VP/CORP COMPL & SEC	40 00			X				730,151	0	35,454
RONALD J WERTHMAN VP/FINANCE & TREAS	40 00			X				1,899,144	0	34,010
SAMUEL H CLARK JR ASSISTANT SECRETARY	40 00			X				285,185	0	95,908

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STUART ERDMAN ASSISTANT TREASURER	40 00			X				357,227	0	121,018
ROBERT NEALL EXECUTIVE	40 00				X			369,743	0	34,269
PATRICIA MC BROWN EXECUTIVE	40 00				X			937,765	0	23,286
DANIEL SMITH EXECUTIVE	40 00				X			446,961	0	58,504
MICHAEL LARSON CONTROLLER	40 00				X			413,195	0	57,477
JEFFREY JOY EXECUTIVE	40 00				X			308,304	0	63,099
LINDA GILLIGAN EXECUTIVE	40 00				X			289,166	0	62,905
REBECCA ZUCCARELLI SR DIR SERVICE EXCELLE	40 00				X			257,534	0	43,053
MARY MYERS EXECUTIVE	40 00				X			240,927	0	34,039
HAMED IBRAHIM MANAGING DIRECTOR	40 00					X		468,525	0	13,591
MOHAN CHELLAPPA EXECUTIVE	40 00					X		303,626	0	110,562
MARK ESPOSITO EMH PHYSICIAN	40 00					X		303,466	0	30,177
HARRIS BENNY EXECUTIVE	40 00					X		282,123	0	56,030
LOUIS KOKKINAKOS EMH PHYSICIAN	40 00					X		301,737	0	31,304
BARBARA COOK FORMER EXECUTIVE	40 00						X	733,206	0	7,588

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
ubi taxes	486,413	486,413		
PURCHASED SERVICES	42,200,087	37,558,077	4,642,010	
COLLECTION AGENCY EXPEN	3,770,554	3,770,554		
MISCELLANEOUS	1,827,883	1,393,708	205,237	228,938
DUES & SUBSCRIPTIONS	616,181	548,401	67,780	