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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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

THE JOHNS HOPKINS HOSPITAL

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

3910 KESWICK RD SOUTH BLDG 4TH FLOOR NO 4300A

Room/suite

City or town, state or country, and ZIP + 4

BALTIMORE, MD 21211

F Name and address of principal officer

RONALD J WERTHMAN
3910 KESWICK RD SOUTH BLDG 4TH FLOOR NO 4
BALTIMORE, MD 21211

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) ☐ 501(c) () ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW.HOPKINSMEDICINE.ORG/HOPKINSHOSPITAL

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1867

M State of legal domicile

MD

Part I

Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities THE JOHNS HOPKINS HOSPITAL PROVIDES QUALITY MEDICAL HEALTH CARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE, OR ABILITY TO PAY IN KEEPING WITH THE HOSPITAL'S COMMITMENT TO SERVE ALL MEMBERS OF ITS COMMUNITY, FREE CARE AND/OR SUBSIDIZED CARE, CARE PROVIDED TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST, AND HEALTH ACTIVITIES AND PROGRAMS TO SUPPORT THE COMMUNITY MEMBERS WILL BE CONSIDERED WHERE THE NEED AND/OR AN INDIVIDUAL'S INABILITY TO PAY COEXISTS THE JOHNS HOPKINS HOSPITAL PROVIDES CARE TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST RECOGNIZING ITS MISSION TO THE COMMUNITY, SERVICES ARE PROVIDED TO BOTH MEDICARE AND MEDICAID PATIENTS TO THE EXTENT REIMBURSEMENT IS BELOW COST, THE JOHNS HOPKINS HOSPITAL RECOGNIZES THESE AMOUNTS AS CHARITY CARE IN MEETING ITS MISSION TO THE ENTIRE COMMUNITY			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	15	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13	
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	10,677	
	6	Total number of volunteers (estimate if necessary)	6	1,359	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	3,694,580	
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-287,192	
	Revenue	8	Contributions and grants (Part VIII, line 1h)		
		9	Program service revenue (Part VIII, line 2g)		
		10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
		11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
		12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		
			Prior Year	Current Year	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,801,260	2,787,891	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	648,059,418	667,391,227	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0	
	b	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0			
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	934,361,242	977,004,488	
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,585,221,920	1,647,183,606	
	19	Revenue less expenses Subtract line 18 from line 12	157,048,023	179,542,626	
	Net Assets or Fund Balances		Beginning of Current Year	End of Year	
		20	Total assets (Part X, line 16)	2,375,941,191	
		21	Total liabilities (Part X, line 26)	1,444,671,302	
		22	Net assets or fund balances Subtract line 21 from line 20	931,269,889	

Part II

Signature Block

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

Sign Here

Signature of officer

RONALD J WERTHMAN VP FINANCE & TREASURER

Date

2012-05-11

Paid Preparer Use Only

Print/Type preparer's name

Firm's name

Firm's address

Preparer's signature

Date

Check if self-employed

☐

PTIN

Firm's EIN

Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2010)

Part IIIStatement of Program Service Accomplishments

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

1

Briefly describe the organization’s mission

THE JOHNS HOPKINS HOSPITAL PROVIDES QUALITY MEDICAL HEALTH CARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE, OR ABILITY TO PAY IN KEEPING WITH THE HOSPITAL'S COMMITMENT TO SERVE ALL MEMBERS OF ITS COMMUNITY, FREE CARE AND/OR SUBSIDIZED CARE, CARE PROVIDED TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST, AND HEALTH ACTIVITIES AND PROGRAMS TO SUPPORT THE COMMUNITY MEMBERS WILL BE CONSIDERED WHERE THE NEED AND/OR AN INDIVIDUAL'S INABILITY TO PAY COEXISTS THE JOHNS HOPKINS HOSPITAL PROVIDES CARE TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST RECOGNIZING ITS MISSION TO THE COMMUNITY, SERVICES ARE PROVIDED TO BOTH MEDICARE AND MEDICAID PATIENTS TO THE EXTENT REIMBURSEMENT IS BELOW COST, THE JOHNS HOPKINS HOSPITAL RECOGNIZES THESE AMOUNTS AS CHARITY CARE IN MEETING ITS MISSION TO THE ENTIRE COMMUNITY

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 \$ 89,922,409 including grants of \$ 0) (Revenue \$ 118,524,807)

NEUROSURGERYTHE DEPARTMENT OF NEUROSURGERY AT THE JOHNS HOPKINS HOSPITAL CONTINUES ITS MISSION TO IMPROVE THE LIVES OF PATIENTS BY BUILDING UPON A TRADITION OF DEEP COLLABORATION THE DEPARTMENT IS COMPRISED OF 21 FULL TIME CLINICAL NEUROSURGEONS THAT PROVIDE CARE TO OUR PATIENTS WITH THE HELP OF SPECIALIZED NURSES AND OTHER HEALTH CARE PROVIDERS IN THE OPERATING ROOMS, OUTPATIENT CLINICAL BUILDING, AND OUR INPATIENT CRITICAL CARE AND ACUTE CARE UNITS THE JOHNS HOPKINS HOSPITAL HAS BEEN RANKED #1 IN THE 2011 U S NEWS & WORLD REPORT RANKINGS OF AMERICAN HOSPITALS AND THE NEUROLOGY AND NEUROSURGERY SPECIALTY AT JOHNS HOPKINS HOSPITAL IS CURRENTLY RANKED NUMBER ONE IN THE NATION OUR PHYSICIANS ARE ABLE TO BRING NEW AND EXCEPTIONAL TREATMENTS TO OUR ADULT AND PEDIATRIC PATIENTS FASTER BECAUSE OF OUR TIGHT NETWORK OF EXPERTS WHO SPECIALIZE IN CONDITIONS SUCH AS BRAIN TUMOR, CEREBROVASCULAR DISEASE, SPINAL DEFORMITY, TUMORS AND REPAIR AND TRAUMA WE OPERATE SEVERAL NEUROLOGICAL CENTERS OF CARE AT JOHNS HOPKINS HOSPITAL INCLUDING THE EPILEPSY CENTER AT JOHNS HOPKINS WHICH EVALUATES AND CARES FOR PATIENTS WITH SEIZURE DISORDERS FROM INFANTS THROUGH THE ELDERLY A UNIQUE ASPECT OF OUR EPILEPSY CENTER IS THAT WE PROVIDE A CONTINUUM OF CARE FOR OUR PATIENTS ACROSS THE AGE SPECTRUM OUR COMPREHENSIVE BRAIN TUMOR CENTER IS ONE OF THE LARGEST BRAIN TUMOR TREATMENT AND RESEARCH CENTERS IN THE WORLD WE TREAT AN EXTREMELY LARGE NUMBER OF PATIENTS AFFECTED BY ALL TYPES OF BRAIN TUMORS WE TAILOR THE BEST AND MOST ADVANCED THERAPIES THAT EACH UNIQUE TUMOR DEMANDS OUR TEAM CONSISTS OF SKILLED SURGEONS AND NEUROLOGISTS THAT CAN PROVIDE THE MOST EFFECTIVE AND SAFEST TREATMENT EVEN ON THE MOST CHALLENGING TYPES OF TUMORS PATIENTS COME TO JOHNS HOPKINS FOR NEUROLOGICAL CARE FROM THE LOCAL BALTIMORE COMMUNITY AND THE MID-ATLANTIC REGION AS WELL AS FROM AROUND THE NATION AND THE WORLD TO RECEIVE THE MOST CUTTING-EDGE CARE, AND FIND THAT WE ARE A PLACE OF HOPE AND CARE IN FISCAL-YEAR 2011, WE PROVIDED OVER 30,000 OUTPATIENT CONSULTATIONS AND PERFORMED MORE THAN 4,000 BRAIN, TUMOR, VASCULAR AND PERIPHERAL NERVE OPERATIONS IN THE JOHNS HOPKINS OUTPATIENT CENTER IN OUR HOSPITAL, WE ALSO PROVIDED CARE TO 2,400 ADULT AND 537 PEDIATRIC PATIENTS WITH NEUROSURGICAL DISEASES IN APRIL 2012, THE JOHNS HOPKINS HOSPITALS NEW CLINICAL TOWERS THE SHEIKH ZAYED TOWER AND THE CHARLOTTE R BLOOMBERG CHILDRENS CENTER WILL OPEN, OFFERING ENHANCED LEVELS OF NEUROLOGICAL AND NEUROSURGICAL CARE THE OPENING OF THESE NEW STATE-OF-THE ART FACILITIES WILL ALLOW US TO PROVIDE ADVANCED PATIENT-FOCUSED SERVICES, INCLUDING A NEW 24-BED NEUROLOGICAL CRITICAL CARE UNIT WITH A DEDICATED OPERATING ROOM AND AN ENHANCED EPILEPSY MONITORING UNIT EQUIPPED WITH ADVANCED COMPUTER-BASED TECHNOLOGY, SPECIFICALLY DESIGNED FOR THE EVALUATION OF ADULT AND PEDIATRIC SEIZURE DISORDERS

4b

(Code) (Expenses \$ 73,513,982 including grants of \$ 0) (Revenue \$ 82,464,040)

CARDIAC SURGERYTHE CARDIOLOGISTS, CARDIAC SURGEONS, INTERVENTIONAL RADIOLOGISTS, AND VASCULAR SURGEONS AT THE JOHNS HOPKINS HEART AND VASCULAR INSTITUTE WORK TOGETHER TO PROVIDE HIGH QUALITY, COMPREHENSIVE CARE AND THE MOST ADVANCED TREATMENTS KNOWN TO MEDICINE FOR GENERATIONS, PEOPLE WITH SERIOUS HEART PROBLEMS HAVE TURNED TO JOHNS HOPKINS CARDIOLOGISTS AND CARDIAC SURGEONS FOR HELP RECOGNIZED WORLDWIDE, HOPKINS CARDIOLOGISTS PROVIDE COMPREHENSIVE CARE OF THE HIGHEST QUALITY, ENSURING THAT PATIENTS RECEIVE THE MOST ADVANCED TREATMENTS KNOWN TO MEDICINE OUR CARDIOLOGY PROGRAM FEATURES EXPERT PHYSICIANS WHO DIAGNOSE AND TREAT COMMON AND RARE CARDIAC DISEASES SOME OF THESE INCLUDE CORONARY ARTERY DISEASE, CARDIAC ARRHYTHMIA, HEART FAILURE AND VALVULAR HEART DISEASE DURING FISCAL-YEAR 2011, MORE THAN 1,150 ADULT AND PEDIATRIC CARDIAC SURGERY PROCEDURES WERE PERFORMED AT THE JOHNS HOPKINS HOSPITAL OUR LARGE VOLUME, CONSISTING OF MANY COMPLEX AND COMPLICATED PROCEDURES IN ALL AREAS, INCLUDING PEDIATRIC AND AORTIC CARDIAC PROCEDURES, ASSURES PATIENTS THAT THEY ARE RECEIVING THE BEST CARE POSSIBLE FROM SOME OF THE MOST EXPERIENCED AND EXPERTLY SKILLED SURGEONS IN THE WORLD THE SURGEONS OF THE JOHNS HOPKINS HEART AND VASCULAR INSTITUTE SPECIALIZE IN CORONARY ARTERY BYPASS SURGERY, VALVE REPLACEMENT, COGENTIAL CARDIAC SURGERY AND MINIMALLY-INVASIVE CARDIAC SURGERY IN ADDITION TO OFFERING GROUND-BREAKING TECHNOLOGY, OUR SURGICAL PROGRAM PROVIDES PATIENTS WITH THE ADVANTAGE OF AN ON-SITE MULTI-DISCIPLINARY TEAM OF RADIOLOGISTS, ELECTROPHYSIOLOGISTS, INTERVENTIONAL RADIOLOGISTS, VASCULAR SURGEONS, ADVANCED PRACTICE NURSES, NURSE PRACTITIONERS, DIETITIANS, PHYSICAL THERAPISTS, AND SOCIAL WORKERS THIS TEAM OFTEN EXPANDS TO INCLUDE IMMEDIATE CARE FROM ON-SITE PHYSICIANS FROM EVERY MEDICAL SPECIALTY REQUIRED OUR MULTI-DISCIPLINARY APPROACH AND EXPERTISE HAS GAINED US THE REPUTATION OF BEING THE BEST-PREPARED SURGICAL PRACTICE TO HANDLE PROCEDURES THAT MAY BE COMPLEX AND/OR COMPLICATED BY UNDERLYING ILLNESS OR AGE THE JOHNS HOPKINS HOSPITAL HAS BEEN RANKED #1 IN THE 2011 U S NEWS & WORLD REPORT RANKINGS OF AMERICAN HOSPITALS OUR CARDIOVASCULAR PROGRAM HAS BEEN RANKED #3 IN THE COUNTRY AND WILL CONTINUE TO STRIVE TO PROVIDE THE BEST PATIENT CARE AND MOST INNOVATIVE TREATMENT OPTIONS TO OUR PATIENTS AND THEIR FAMILIES IN APRIL 2012, ALL DEPARTMENTS UNDER THE JOHNS HOPKINS HEART AND VASCULAR INSTITUTE WILL MOVE INTO THEIR NEW LOCATION IN THE SHEIKH ZAYED TOWER THIS INCLUDES RADIOLOGY, CARDIAC SURGERY, VASCULAR SURGERY, AND IMAGING SERVICES THE NEW FACILITIES WILL ALLOW OUR PHYSICIANS AND STAFF TO CONTINUE PROVIDING CUTTING-EDGE CARE, WHILE GIVING PATIENTS AND THEIR FAMILIES A MORE WELCOMING EXPERIENCE

4c

(Code) (Expenses \$ 196,989,316 including grants of \$ 0) (Revenue \$ 260,665,392)

ONCOLOGYSINCE ITS INCEPTION IN 1973, THE SIDNEY KIMMEL COMPREHENSIVE CANCER CENTER AT THE JOHNS HOPKINS HOSPITAL HAS BEEN DEDICATED TO BETTER UNDERSTANDING HUMAN CANCERS AND FINDING MORE EFFECTIVE TREATMENTS ONE OF ONLY 40 CANCER CENTERS IN THE COUNTRY DESIGNATED BY THE NATIONAL CANCER INSTITUTE (NCI) AS A COMPREHENSIVE CANCER CENTER, THE JOHNS HOPKINS KIMMEL CANCER CENTER HAS ACTIVE PROGRAMS IN CLINICAL RESEARCH, LABORATORY RESEARCH, EDUCATION, COMMUNITY OUTREACH, AND PREVENTION AND CONTROL THE KIMMEL CANCER CENTER IS THE ONLY COMPREHENSIVE CANCER CENTER IN THE STATE OF MARYLAND IT ENCOMPASSES A WIDE SPECTRUM OF SPECIALTY PROGRAMS FOR BOTH ADULTS AND CHILDREN COPING WITH CANCER, INCLUDING BONE MARROW TRANSPLANTATION AND NEW DRUG DEVELOPMENT THE STRENGTH OF OUR RESEARCH AND TREATMENT PROGRAMS WAS RECOGNIZED EARLY ON BY THE NATIONAL CANCER INSTITUTE, BECOMING ONE OF THE FIRST TO EARN COMPREHENSIVE CANCER CENTER STATUS AND RECOGNITION AS A CENTER OF EXCELLENCE DURING FISCAL-YEAR 2011, MORE THAN 3,100 INPATIENTS WERE TREATED AT THE SIDNEY KIMMEL COMPREHENSIVE CANCER CENTER AND THERE WERE APPROXIMATELY 80,000 OUTPATIENT VISITS MADE TO THE JOHNS HOPKINS HOSPITAL BY ONCOLOGY PATIENTS PATIENTS WHO VISIT THE KIMMEL CANCER CENTER HAVE ACCESS TO SOME OF THE MOST INNOVATIVE AND ADVANCED THERAPIES IN THE WORLD BECAUSE KIMMEL CANCER CENTER RESEARCH SCIENTISTS AND CLINICIANS WORK CLOSELY TOGETHER, NEW DRUGS AND TREATMENTS DEVELOPED IN THE LABORATORY ARE QUICKLY TRANSFERRED TO THE CLINICAL SETTING, OFFERING PATIENTS CONSTANTLY IMPROVED THERAPEUTIC OPTIONS THE KIMMEL CANCER CENTERS BONE MARROW TRANSPLANT PROGRAM (BMT), HAS BEEN AN INTERNATIONALLY RENOWNED PROGRAM IN THE AREA OF BLOOD AND MARROW TRANSPLANTATION FOR MORE THAN 30 YEARS IN THAT TIME, BMT HAS BECOME AN ACCEPTED, CURATIVE THERAPY FOR A BROAD RANGE OF DISEASES, INCLUDING MALIGNANT DISEASES THAT INVOLVE THE BONE MARROW SUCH AS LEUKEMIAS AND LYMPHOMAS, NONMALIGNANT DISEASES THAT INVOLVE THE BONE MARROW SUCH AS APLASTIC ANEMIA AND A VARIETY OF INHERITED DISEASES TO DATE, MORE THAN 3,000 BONE MARROW TRANSPLANTS HAVE BEEN PERFORMED AT JOHNS HOPKINS, A NATIONAL CANCER INSTITUTE-DESIGNATED COMPREHENSIVE CANCER CENTER THAT IS FULLY ACCREDITED BY THE NATIONAL MARROW DONOR PROGRAM AS AN UNRELATED DONOR TRANSPLANT CENTER THE WORK BY CENTER INVESTIGATORS IN CANCER GENETICS AND EPIGENETICS IS RECOGNIZED AS THE CLASSIC MODEL FOR DECIPHERING THE MECHANISMS OF CANCER INITIATION AND PROGRESSION THE PIONEERING RESEARCH THAT DEFINED CANCER AS A GENETIC DISEASE WAS DONE AT OUR CENTER THESE DISCOVERIES LED TO THE FIRST GENETIC TESTS FOR A HEREDITARY CANCER AND A SCREENING STOOL TEST FOR COLON CANCER OUR INVESTIGATORS WERE THE FIRST TO MAP A CANCER GENOME, DECIPHERING THE GENETIC BLUEPRINTS FOR COLON, BREAST, PANCREATIC, AND BRAIN CANCERS OF THE 75 CANCERS FOR WHICH ALL GENES HAVE BEEN SEQUENCED, 68 HAVE BEEN DONE AT THE KIMMEL CANCER CENTER THESE DISCOVERIES HAVE PAVED THE WAY FOR PERSONALIZED THERAPIES WITH OUR INVESTIGATORS UNDERTAKING THE FIRST USE OF PERSONALIZED GENOME SCANNING TO REVEAL THE GENE MUTATION THAT CAUSED A PERSONS INHERITED FROM OF PANCREATIC CANCER

4d

Other program services (Describe in Schedule O) See also Additional Data for Description

(Expenses \$ 1,140,867,814 including grants of \$ 2,787,891) (Revenue \$ 1,217,966,523)

















4e

Total program service expenses

\$ 1,501,293,521

Form 990 (2010)

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 (see instruction)? 	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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b 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, Parts I and IV	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, Parts II and IV	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, Parts III and IV	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 (see instructions)	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 Yes	
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
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b Yes	

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	604
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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	10,677
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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 instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	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?	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 receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	No
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	No
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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	9		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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	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 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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 3910 KESWICK RD SOUTH BLDG 4TH BALTIMORE, MD 21211 (443) 997-5724

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

[illegible]

Part VII

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	693
---	---	-----

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>
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? <i>If "Yes," complete Schedule J for such individual</i>
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>

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
CLARK BANKS A JOINT VENTURE 7500 OLD GEORGETOWN ROAD BETHESDA, MD 20814	CONTRACTORS	136,068,876
MCIC VERMONT INC 900 ASHWOOD PKWY STE 400 ATLANTA, GA 30338	INSURANCE	27,792,765
PERKINS AND WILL INC 15057 COLLECTIONS CENTER DR CHICAGO, IL 60693	CONTRACTORS	14,321,628
BROADWAY TRANSPORT SERVICE INC 3709 EAST MONUMENT ST BALTIMORE, MD 21205	TRANSPORT SERVICE	10,071,654
QUEST DIAGNOSTICS (SOUTHEASTERN PA) 3 GIRALDA FARMS MADISON, NJ 07940	LAB SERVICES	7,761,284
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 ▶132		

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		32,989,494			
	e Government grants (contributions) 1e		4,822,727			
	f All other contributions, gifts, grants, and similar amounts not included above 1f		69,696,266			
	g Noncash contributions included in lines 1a-1f \$		10,500			
	h Total. Add lines 1a-1f		107,508,487			
	Program Service Revenue	2a		Business Code		
NET PATIENT SRV		446110	1,221,661,103	1,217,966,523	3,694,580	
b ONCOLOGY REVENUE		446110	260,665,392	260,665,392		
c NEUROSURGERY REVENUE		446110	118,524,807	118,524,807		
d CARDIAC REVENUE		446110	82,464,040	82,464,040		
e						
f All other program service revenue						
g Total. Add lines 2a-2f			1,683,315,342			
Other Revenue		3 Investment income (including dividends, interest and other similar amounts)			14,145,253	
	4 Income from investment of tax-exempt bond proceeds . .					
	5 Royalties					
			(i) Real	(ii) Personal		
	6a Gross Rents		453,000			
	b Less rental expenses					
	c Rental income or (loss)		453,000			
	d Net rental income or (loss)			453,000		453,000
			(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory		1,265,159,000			
	b Less cost or other basis and sales expenses		1,265,141,170	445,666		
	c Gain or (loss)		17,830	-445,666		
	d Net gain or (loss)			-427,836		-427,836
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
	a		233,455			
	b Less direct expenses b		0			
	c Net income or (loss) from fundraising events . .			233,455		233,455
	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		2,586,411				
b Less cost of goods sold b		1,435,617				
c Net income or (loss) from sales of inventory . .			1,150,794		1,150,794	
Miscellaneous Revenue		Business Code				
11a MISCELLANEOUS REV		900099	17,168,832		17,168,832	
b CAFETERIA INCOME		900099	2,676,641		2,676,641	
c VENDING MACHINES		900099	252,486		252,486	
d All other revenue			249,778		249,778	
e Total. Add lines 11a-11d			20,347,737			
12 Total revenue. See Instructions			1,826,726,232	1,679,620,762	3,694,580	35,902,403

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	2,787,891	2,787,891		
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	4,815,103		4,815,103	
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	499,749,066	447,497,962	52,251,104	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	41,660,004	36,948,258	4,711,746	
9	Other employee benefits	80,440,654	71,342,822	9,097,832	
10	Payroll taxes	40,726,400	36,120,245	4,606,155	
a	Fees for services (non-employees) Management				
b	Legal	2,584,133	2,291,868	292,265	
c	Accounting	2,575,953	2,284,613	291,340	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	424,599	376,576	48,023	
13	Office expenses	370,826,395	363,308,513	7,517,882	
14	Information technology				
15	Royalties				
16	Occupancy	2,942,200	2,629,322	312,878	
17	Travel	3,097,416	9,219	3,088,197	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	975,965	865,584	110,381	
20	Interest	9,861,342	8,746,023	1,115,319	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	69,156,496	61,334,896	7,821,600	
23	Insurance	23,543,473	23,338,498	204,975	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	PURCHASED SERVICES JHU	203,776,716	182,173,079	21,603,637	
b	PURCHASED SERVICES	172,875,972	153,266,688	19,609,284	
c	BAD DEBT	38,242,963	38,242,963	0	
d	SWAP INTEREST	19,078,103	17,170,293	1,907,810	
e	ORGAN PROCUREMENT	18,720,303	18,720,303	0	
f	All other expenses	38,322,459	31,837,905	6,484,554	
25	Total functional expenses. Add lines 1 through 24f	1,647,183,606	1,501,293,521	145,890,085	0
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			252,388,845	1	153,388,153
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			23,830,549	3	25,613,960
	4	Accounts receivable, net			125,820,414	4	167,572,669
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L				6	
	7	Notes and loans receivable, net			65,893,616	7	54,640,762
	8	Inventories for sale or use			35,011,323	8	36,281,470
	9	Prepaid expenses and deferred charges			5,141,528	9	5,483,529
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,850,549,203	1,173,840,338	10c	1,336,188,909
	b	Less: accumulated depreciation	10b	514,360,294			
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11			468,338,124	12	676,232,846
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			225,676,454	15	156,333,550
16	Total assets. Add lines 1 through 15 (must equal line 34)			2,375,941,191	16	2,611,735,848	
Liabilities	17	Accounts payable and accrued expenses			182,482,642	17	213,153,645
	18	Grants payable			2,848,317	18	2,680,513
	19	Deferred revenue			106,800	19	
	20	Tax-exempt bond liabilities			818,534,818	20	808,683,473
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			440,698,725	25	377,299,839
	26	Total liabilities. Add lines 17 through 25			1,444,671,302	26	1,401,817,470
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			532,769,849	27	748,391,488
	28	Temporarily restricted net assets			398,500,040	28	461,526,890
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			931,269,889	33	1,209,918,378
	34	Total liabilities and net assets/fund balances			2,375,941,191	34	2,611,735,848

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,826,726,232
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,647,183,606
3	Revenue less expenses Subtract line 2 from line 1	3	179,542,626
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	931,269,889
5	Other changes in net assets or fund balances (explain in Schedule O)	5	99,105,863
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,209,918,378

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	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	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 separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> 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?	Yes	
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	Yes	

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

2010

Open to Public Inspection

Name of the organization
THE JOHNS HOPKINS HOSPITAL

Employer identification number
52-0591656

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

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

1

☐

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

2

☐

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

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

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

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

Part II

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))					14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2010. 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—2009. 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—2010. 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—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶						
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶						

Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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—2009. 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Additional Data

Software ID:
Software Version:
EIN: 52-0591656
Name: THE JOHNS HOPKINS HOSPITAL

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services							
(Code)	(Expenses \$	1,140,867,814	including grants of \$	2,787,891) (Revenue \$	1,217,966,523)

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

2010

Open to Public
Inspection

Name of the organization
THE JOHNS HOPKINS HOSPITAL

Employer identification number

52-0591656

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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 <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area</div> <div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure</div> <div><input type="checkbox"/> Preservation of open space</div>											
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											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
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)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
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
1c	
1d	
1e	
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

(i)

unrelated organizations

3a(i)

Yes

No

(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		5,429,394		5,429,394
b Buildings		429,651,089	211,361,005	218,290,084
c Leasehold improvements		3,215,285	2,140,273	1,075,012
d Equipment		451,093,205	279,211,727	171,881,478
e Other		961,160,230	21,647,289	939,512,941
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				1,336,188,909

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) U S TREASURY NOTES & BONDS	105,721,946	F
(B) CORPORATE BONDS	156,643,003	F
(C) MORTGAGE BACKED SECURITIES	123,947,613	F
(D) EQUITY INVESTMENTS	34,571,860	F
(E) ALTERNATIVE INVESTMENTS	87,324,736	F
(F) EQUITY AND EQUITY FUNDS	128,516,261	F
(G) FIXED INCOME FUNDS	39,507,427	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	676,232,846	

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
(1) DUE FROM OTHERS	21,302,481
(2) DUE FROM AFFILIATES	2,875,617
(3) CASH CAPITAL PROJECTS	7,516,302
(4) SPECIAL INV FUND	61,758,065
(5) FINANCING EXPENSES - BONDS	44,734,061
(6) DEPT LT - MARRIOTT NUTR SERV	350,000
(7) OTHER ASSETS	15,919,293
(8) PREPAID PENSION COSTS	1,877,731
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	156,333,550

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
ADVANCES FROM THIRD PARTY	66,902,567
DUE TO AFFILIATES	8,782,356
OTHER LIABILITIES	116,838,288
WORKERS COMP TAIL LIABILITY	8,781,773
POST RETIREMENT BENEFITS	1,546,343
EST MALPRACTICE COSTS	41,178,489
PENSION LIABILITY	133,270,023
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	377,299,839

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

Part XI

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,826,726,232
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,647,183,606
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	179,542,626
4	Net unrealized gains (losses) on investments	4	25,903,793
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	73,202,070
9	Total adjustments (net) Add lines 4 - 8	9	99,105,863
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	278,648,489

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	1,854,046,793
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	25,903,793
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	25,903,793
3	Subtract line 2e from line 1	3	1,828,143,000
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	-1,416,768
c	Add lines 4a and 4b	4c	-1,416,768
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,826,726,232

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1,629,521,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	1,629,521,000
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	17,662,606
c	Add lines 4a and 4b	4c	17,662,606
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,647,183,606

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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	FASB'S GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES CLARIFIES THE ACCOUNTING FOR UNCERTAINTY OF INCOME TAX POSITIONS. THIS GUIDANCE DEFINES THE THRESHOLD FOR RECOGNIZING TAX RETURN POSITIONS IN THE FINANCIAL STATEMENTS AS MORE LIKELY THAN NOT THAT THE POSITION IS SUSTAINABLE, BASED ON ITS TECHNICAL MERITS. THIS GUIDANCE ALSO PROVIDES GUIDANCE ON THE MEASUREMENT, CLASSIFICATION AND DISCLOSURE OF TAX RETURN POSITIONS IN THE FINANCIAL STATEMENTS. THE JOHNS HOPKINS HOSPITAL HAS ADOPTED THIS GUIDANCE, AND THERE WAS NO IMPACT ON ITS FINANCIAL STATEMENTS DURING THE YEARS ENDED JUNE 30, 2011 AND 2010.
PART XI, LINE 8 - OTHER ADJUSTMENTS		AUDIT/BOOK ADJUSTMENT 212 MINIMUM PENSION LIABILITY 49,239,521. CHANGE IN MKT VAL OF SWAP AGREEMENT 24,207,127. NET ASSETS RELEASED -244,790.
PART XII, LINE 4B - OTHER ADJUSTMENTS		ASSET SALE 17,830. RECLASS OF COGS -1,435,617. AUDIT/BOOK ADJUSTMENT 1,019.
PART XIII, LINE 4B - OTHER ADJUSTMENTS		RECLASS OF COGS -1,435,617. ASSET SALE 17,830. AUDIT/BOOK ADJUSTMENT 2,290. INTEREST ON SWAP 19,078,103.

Additional Data

Software ID:

Software Version:

EIN: 52-0591656

Name: THE JOHNS HOPKINS HOSPITAL

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

(a) Description	(b) Book value
DUE FROM OTHERS	21,302,481
DUE FROM AFFILIATES	2,875,617
CASH CAPITAL PROJECTS	7,516,302
SPECIAL INV FUND	61,758,065
FINANCING EXPENSES - BONDS	44,734,061
DEPT LT - MARRIOTT NUTR SERV	350,000
OTHER ASSETS	15,919,293
PREPAID PENSION COSTS	1,877,731

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		BEST DRESS SALE (event type)	GOLF CLASSIC (event type)	2 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	164,000	59,000	10,455
	2	Less Charitable contributions			
	3	Gross income (line 1 minus line 2)	164,000	59,000	10,455
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d) ▶			
					233,455

Part III Gaming.

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

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

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

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

b If "No," Explain _____

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

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c

If "Yes," enter name and address

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

OMB No 1545-0047

2010

Open to Public Inspection

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

Name of the organization
THE JOHNS HOPKINS HOSPITAL

Employer identification number
52-0591656

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <div><input type="checkbox"/> Applied uniformly to all hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div> <div><input type="checkbox"/> Generally tailored to individual hospitals</div>			
3	Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care <div><input type="checkbox"/> 100%</div> <div><input checked="" type="checkbox"/> 150%</div> <div><input type="checkbox"/> 200%</div> <div><input type="checkbox"/> Other _____%</div>	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <div><input type="checkbox"/> 200%</div> <div><input type="checkbox"/> 250%</div> <div><input type="checkbox"/> 300%</div> <div><input type="checkbox"/> 350%</div> <div><input type="checkbox"/> 400%</div> <div><input checked="" type="checkbox"/> Other 270.000000000000%</div>	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		No
6a	Does the organization prepare a community benefit report during the tax year?	6a	Yes	
6b	If "Yes," did the organization make it available to the public?	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H				

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheets 1 and 2)			27,202,168	0	27,202,168	1 690 %
b Unreimbursed Medicaid (from Worksheet 3, column a)						
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			27,202,168		27,202,168	1 690 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			24,972,761	962,415	24,010,346	1 490 %
f Health professions education (from Worksheet 5)			98,022,730	0	98,022,730	6 090 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			75,000	0	75,000	0 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			1,161,324	0	1,161,324	0 070 %
j Total Other Benefits			124,231,815	962,415	123,269,400	7 650 %
k Total. Add lines 7d and 7j			151,433,983	962,415	150,471,568	9 340 %

Part II

Community Building Activities during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing		599,220	0	599,220	0 040 %
2	Economic development		467,500	0	467,500	0 030 %
3	Community support		314,420	0	314,420	0 020 %
4	Environmental improvements		43,266	0	43,266	0 %
5	Leadership development and training for community members		26,116	0	26,116	0 %
6	Coalition building		249,775	0	249,775	0 020 %
7	Community health improvement advocacy		2,488,798	0	2,488,798	0 150 %
8	Workforce development		192,656	0	192,656	0 010 %
9	Other		2,542,791	0	2,542,791	0 160 %
10	Total		6,924,542		6,924,542	0 430 %

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	No
2	Enter the amount of the organization's bad debt expense (at cost)	2	29,041,314
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	3	0
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	401,928,810
6	Enter Medicare allowable costs of care relating to payments on line 5	6	360,731,428
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	7	41,197,382
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other			

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes
b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI.	9b	Yes

Part IV

Management Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Section A. Hospital Facilities

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

Schedule H (Form 990) 2010

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

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (Describe)
1	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI

Supplemental Information

Complete this part to provide the following information

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

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

Identifier	ReturnReference	Explanation
		PART I, LINE 7G THE JOHNS HOPKINS HOSPITAL DOES NOT HAVE ANY SUBSIDIZED HEALTH SERVICES

Identifier	ReturnReference	Explanation
		PART I, L7 COL(F) THE AMOUNT OF BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$38,242,963

Identifier	ReturnReference	Explanation
		PART II IN FY 2011, THE JOHNS HOPKINS HOSPITAL COMMUNITY BENEFIT PROGRAM INCLUDED NUMEROUS INITIATIVES THAT SUPPORT THE HOSPITALS EFFORTS TO MEET THE NEEDS OF THE COMMUNITY THESE INITIATIVES ARE DECENTRALIZED AND USE A VARIETY OF METHODS TO IDENTIFY COMMUNITY NEEDS OVER 190 PROGRAMS AND INITIATIVES WERE CARRIED OUT BY CLINICAL AND OPERATIONAL DEPARTMENTS AT THE JOHNS HOPKINS HOSPITAL, AND 54 PROGRAMS AND INITIATIVES WERE CARRIED OUT BY OPERATIONAL DEPARTMENTS/UNITS IN THE JOHNS HOPKINS HEALTH SYSTEM COMMUNITY HEALTH PROGRAMS AND INITIATIVES UNDERTAKEN DURING FY2011 INCLUDE GERIATRIC PSYCHIATRY DAY HOSPITAL TRANSPORTATION, SUPPORTIVE HOUSING FOR THE EATING DISORDERS DAY HOSPITAL, SUPPORTIVE HOUSING FOR MALE SUBSTANCE ABUSE PATIENTS, THE JH SUMMER JOBS PROGRAM, EAST BALTIMORE DEVELOPMENT INC , HISTORIC EAST BALTIMORE COMMUNITY ACTION COALITION, NORTHEAST MARKET STROKE SCREENING PROGRAM, TRANSPORTATION ON-CALL PROGRAM, THE ACCESS PARTNERSHIP, AND COMMUNITY CHATS

Identifier	ReturnReference	Explanation
		PART III, LINE 4 BAD DEBT EXPENSE AT COST IS DETERMINED USING THE SAME COST-TO-CHARGE RATIO THAT IS USED TO CALCULATE CHARITY CARE AND UNREIMBURSED MEDICAID DISCOUNTS AND ALLOWANCES ARE ACCOUNTED FOR SEPARATELY FROM BAD DEBT EXPENSE MARYLAND HOSPITALS ARE RATE REGULATED UNDER THE HSCRC, WHICH INCLUDES BAD DEBT AS PART OF THE REIMBURSEMENT FORMULA FOR EACH HOSPITAL DUE TO THE RATE REGULATION, THE JOHNS HOPKINS HOSPITAL (JHH) CANNOT DETERMINE THE AMOUNT THAT COULD BE REASONABLY ATTRIBUTABLE TO PATIENTS WHO LIKELY WOULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S CHARITY CARE POLICY THE ORGANIZATION'S FINANCIAL STATEMENTS DO NOT INCLUDE A FOOTNOTE ON BAD DEBT EXPENSE THE FINANCIAL STATEMENTS SHOW THE PROVISION FOR BAD DEBTS AS A SEPARATE LINE ITEM IN THE STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS UNDER OPERATING EXPENSES

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

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

Identifier	ReturnReference	Explanation
		<p>PART VI, LINE 2 JHH USES A VARIETY OF METHODS TO IDENTIFY THE COMMUNITY NEEDS JHH AND OTHER HOSPITAL IN THE BALTIMORE REGION AND BALTIMORE CITY HEALTH DEPARTMENT HAVE UNDERTAKEN AN EFFORT TO SHARE HEALTH DATA/INFORMATION THAT CAN LEAD TO A BETTER QUALITY OF LIFE FOR ALL RESIDENTS OF BALTIMORE CITY AS SUCH, THE BALTIMORE CITY HEALTH DEPARTMENT CONVENED A COMMUNITY HEALTH ASSESSMENT MEETING IN OCTOBER 2011 THAT BROUGHT TOGETHER LEADERS FROM ALL OF THE HOSPITALS IN BALTIMORE CITY MEETINGS WITH EAST BALTIMORE ELECTED OFFICIALS, BALTIMORE CITY ELECTED OFFICIALS AND CITY DEPARTMENTAL OFFICIALS, COMMUNITY LEADERS, FAITH-BASED ORGANIZATION LEADERS, AND COMMUNITY-BASED ORGANIZATIONS WITH A SPECIFIC AGENDA FOCUSED ON COMMUNITY NEEDS WERE USED FOR GATHERING INFORMATION AND OPINIONS FROM PERSONS WHO REPRESENT THE BROAD INTEREST OF THE COMMUNITY SERVED BY THE HOSPITAL AS PART OF AN ONGOING AND CONTINUOUS COMMUNITY HEALTH NEEDS IDENTIFICATION PROCESS, JHH SENIOR LEADERSHIP AND JHH STAFF MEMBERS IN THE OFFICE OF EAST BALTIMORE COMMUNITY AFFAIRS, OFFICE OF COMMUNITY HEALTH, AND OFFICE OF COMMUNITY SERVICES MEET REGULARLY AND ON AN AD-HOC REQUEST BASIS WITH COMMUNITY STAKEHOLDERS JHH SENIOR LEADERSHIP SERVES ON THE BOARDS OF THE EAST BALTIMORE DEVELOPMENT INC (EBDI) AND THE HISTORIC EAST BALTIMORE COMMUNITY ACTION COALITION (HEBCAC) BOTH INITIATIVES INCLUDED SIGNIFICANT INVOLVEMENT FROM COMMUNITY MEMBERS, NONPROFIT ORGANIZATIONS, GOVERNMENT REPRESENTATIVES AND THE BUSINESS COMMUNITY DISCUSSIONS AT EBDI AND HEBCAC MEETINGS HAVE COVERED A RANGE OF TOPICS RELATED TO QUALITY OF LIFE IN EAST BALTIMORE, AND WAYS IN WHICH JOHNS HOPKINS MIGHT CONTINUE TO WORK TOGETHER WITH ELECTED OFFICIALS FROM EAST BALTIMORE ON MEASURES TO ADVANCE EDUCATION, WORKFORCE DEVELOPMENT, EMPLOYMENT OPPORTUNITIES, PUBLIC SAFETY, AND ECONOMIC AND NEIGHBORHOOD DEVELOPMENT IN THE AREAS AROUND THE JOHNS HOPKINS EAST BALTIMORE MEDICAL CAMPUS JHH OFFICE OF EAST BALTIMORE COMMUNITY AFFAIRS STAFF MEMBERS SERVE ON THE BOARD OF THE URBAN HEALTH INSTITUTE AND ARE INVOLVED IN PLANNING AND COORDINATION OF THE COMMUNITY HEALTH INITIATIVE AND ITS FIRST PHASE COMMUNITY HEALTH ASSESSMENT SECONDARY DATA WERE COLLECTED FROM A VARIETY OF LOCAL, COUNTY, AND STATE SOURCES TO PRESENT A COMMUNITY PROFILE, ACCESS TO HEALTH CARE, CHRONIC DISEASES, SOCIAL ISSUES AND OTHER HEALTH INDICATORS</p>

Identifier	ReturnReference	Explanation
		PART VI, LINE 3 JHH WILL PUBLISH THE AVAILABILITY OF FINANCIAL ASSISTANCE ON A YEARLY BASIS IN THEIR LOCAL NEWSPAPERS AND WILL POST NOTICES OF AVAILABILITY AT PATIENT REGISTRATION SITES, ADMISSIONS/BUSINESS OFFICE, THE BILLING OFFICE AND AT THE EMERGENCY DEPARTMENT WITHIN JHH NOTICE OF AVAILABILITY WILL ALSO BE SENT TO PATIENTS ON PATIENT BILLS A PATIENT BILLING AND FINANCIAL ASSISTANCE INFORMATION SHEET WILL BE PROVIDED TO INPATIENTS BEFORE DISCHARGE AND WILL BE AVAILABLE TO ALL PATIENTS UPON REQUEST JHH (FINANCIAL COUNSELORS/PATIENT FINANCIAL SERVICES REPRESENTATIVES, SOCIAL SERVICES DEPARTMENT PERSONNEL AND/OR MEDICAL ASSISTANCE/MEDICAID ELIGIBILITY TECHNICIAN) WILL PROVIDE PATIENTS WITH ASSISTANCE IN DETERMINING ELIGIBILITY FOR AND MAKING APPLICATION TO A VARIETY OF SPECIAL ENTITLEMENT PROGRAMS THAT PROVIDE FINANCIAL ASSISTANCE BOTH TOWARD PAYMENT OF MEDICAL BILLS AND GENERAL EXPENSES THE FINANCE DEPARTMENT, IN CONJUNCTION WITH THE SOCIAL SERVICES DEPARTMENT, WILL INTERVIEW PATIENTS TO DETERMINE POTENTIAL ELIGIBILITY FOR MARYLAND MEDICAL ASSISTANCE AS WELL AS OTHER SPECIAL PROGRAMS

Identifier	ReturnReference	Explanation
		<p>PART VI, LINE 4 JHH GEOGRAPHIC SERVICE AREA IS URBAN THE HOSPITAL CONSIDERS ITS COMMUNITY BENEFIT SERVICE AREA (CBSA) AS SPECIFIC POPULATIONS OR COMMUNITIES OF NEED TO WHICH THE HOSPITAL ALLOCATES RESOURCES THROUGH ITS COMMUNITY BENEFIT PLAN THE CBSA IS DEFINED BY THE GEOGRAPHIC AREA CONTAINED WITHIN THE FOLLOWING SEVEN ZIP CODES 21213, 21205, 21224, 21218, 21202, 21231 AND 21206 THE GENERAL DATA FOR THIS COMMUNITY BENEFIT SERVICE AREA ARE AS FOLLOWS TOTAL POPULATION WAS 243,919 OF WHICH 48 72% WERE MALES AND 51 28% WERE FEMALES, AVERAGE HOUSEHOLD INCOME WAS \$52,591, 38 7% OF RESIDENTS ARE UNINSURED, 28 8% OF RESIDENTS ARE COVERED BY MEDICAID/MEDICARE, 25 6% OF PEOPLE HAD INCOME BELOW THE FEDERAL POVERTY GUIDELINES NUMBER OF OTHER HOSPITALS SERVING THE COMMUNITY OR COMMUNITIES 25 FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREAS OR POPULATIONS ARE PRESENT IN THE COMMUNITY</p>

Identifier	ReturnReference	Explanation
		<p>PART VI, LINE 6 FOR THE LAST 30 YEARS, MARYLAND HOSPITALS HAVE MET THEIR COMMUNITY BENEFIT OBLIGATIONS IN A UNIQUE MANNER THAT BUILDS THE COSTS OF UNCOMPENSATED CARE - CHARITY CARE AND PATIENT BAD DEBT AND GRADUATE MEDICAL EDUCATION INTO THE RATES THAT HOSPITALS ARE REIMBURSED BY ALL PAYORS THE SYSTEM IS BASED IN FEDERAL AND STATE LAW AND BENEFITS ALL MARYLAND RESIDENTS, INCLUDING THOSE IN NEED OF FINANCIAL ASSISTANCE TO PAY THEIR HOSPITAL BILLS MARYLAND IS THE ONLY STATE IN WHICH ALL PAYORS GOVERNMENTALLY INSURED, COMMERCIALLY INSURED, OR SELF PAY ARE CHARGED THE SAME PRICE FOR SERVICES AT ANY GIVEN HOSPITAL UNDER THIS SYSTEM, MARYLAND HOSPITALS ARE REGULATED BY A STATE AGENCY - THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) THAT IS REQUIRED TO 1 PUBLICLY DISCLOSE INFORMATION ON THE COST AND FINANCIAL POSITION OF HOSPITALS,2 REVIEW AND APPROVE HOSPITAL RATES,3 COLLECT INFORMATION DETAILING TRANSACTIONS BETWEEN HOSPITALS AND FIRMS WITH WHICH THEIR TRUSTEES HAVE A FINANCIAL INTEREST, AND,4 MAINTAIN THE SOLVENCY OF EFFICIENT AND EFFECTIVE HOSPITALS SINCE 2000, THE RATE SETTING COMMISSION HAS HAD ITS OWN FRAMEWORK FOR REPORTING HOSPITALS COMMUNITY BENEFITS AND ISSUING A REPORT ANNUALLY REGARDING HOSPITALS COMMUNITY BENEFIT TOTALS THAT REPORT IS AVAILABLE ON HTTP //WWW HSCRC STATE MD US/COMMUNITY_BENEFITS/DOCUMENTS/CBR_FY2007_FINAL_REPORT PDF BECAUSE OF THIS UNIQUE STRUCTURE MARYLAND HOSPITALS COMMUNITY BENEFITS NUMBERS WILL NOT COMPARE WITH THE REST OF THE NATIONS HOSPITALS HOWEVER, MARYLAND HOSPITALS MEET OR EXCEED THE COMMUNITY BENEFIT STANDARD ESTABLISHED BY THE IRS IN 1969</p> <p>ADDITIONAL DETAIL ILLUSTRATING THIS CAN BE FOUND WITHIN THIS SCHEDULE H REPORT LINE 7B - MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE-SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL MARYLAND'S UNIQUE ALL-PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY DIRECTED OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE COMMUNITY BENEFIT EXPENSES ARE EQUAL TO MEDICAID REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT IS ZERO THE EXCEPTION TO THIS IS THE IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT IN RECENT YEARS, THE STATE OF MARYLAND HAS CLOSED FISCAL GAPS IN THE STATE MEDICAID BUDGET BY ASSESSING HOSPITALS THROUGH THE RATE-SETTING SYSTEM LINE 7F COLUMN (D) MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE-SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL MARYLAND'S UNIQUE ALL-PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO HEALTH PROFESSIONS EDUCATION</p>

Identifier	ReturnReference	Explanation
		PART VI, LINE 7 THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION (JHHS) IS INCORPORATED IN THE STATE OF MARYLAND TO, AMONG OTHER THINGS, FORMULATE POLICY AMONG AND PROVIDE CENTRALIZED MANAGEMENT FOR JHHS AND AFFILIATES JHHS IS ORGANIZED AND OPERATED FOR THE PURPOSE OF PROMOTING HEALTH BY FUNCTIONING AS A PARENT HOLDING COMPANY OF AFFILIATES WHOSE COMBINED MISSION IS TO PROVIDE PATIENT CARE IN THE TREATMENT AND PREVENTION OF HUMAN ILLNESS WHICH COMPARES FAVORABLY WITH THAT RENDERED BY ANY OTHER INSTITUTION IN THIS COUNTRY OR ABROAD JHHSC IS THE SOLE MEMBER OF THE JOHNS HOPKINS HOSPITAL (JHH), AN ACADEMIC MEDICAL CENTER, JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC (JHBMC), A COMMUNITY BASED TEACHING HOSPITAL AND LONG-TERM CARE FACILITY, HOWARD COUNTY GENERAL HOSPITAL, INC (HCGH), A COMMUNITY BASED HOSPITAL, SUBURBAN HOSPITAL, INC (SHI), A COMMUNITY BASED HOSPITAL, SIBLEY MEMORIAL HOSPITAL (SMH), A D C COMMUNITY BASED HOSPITAL, AND ALL CHILDRENS HOSPITAL, INC (ACH), A FL ACADEMIC CHILDRENS HOSPITAL

Identifier	ReturnReference	Explanation
REPORTS FILED WITH STATES	PART VI, LINE 7	MD

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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

DLN: 93493132025932

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
THE JOHNS HOPKINS HOSPITAL

Employer identification number
52-0591656

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Yes

No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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. Part II can be duplicated if additional space is needed.

1 (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
(1) JOHNS HOPKINS COMMUNITY PHYSICIANS INC3910 KESWICK RD S BLDG STE 4300A BALTIMORE, MD 21211	52-1467441	501(C)(3)	2,687,781				SERVICES TO UNINSURED PATIENTS
(2) THE CHILDREN'S HOUSE AT JOHNS HOPKINS HOSPITAL INC 1915 MCELDERRY STREET BALTIMORE, MD 21205	52-1619682	501(C)(3)	70,000				TO SUPPORT HEALTH CARE PUBLIC CHARITY
(3) NATIONAL MARFAN FOUNDATION22 MANHASSET AVENUE PORT WASHINGTON, NY 11050	52-1265361	501(C)(3)	6,250				TO SUPPORT HEALTH CARE PUBLIC CHARITY
(4) HEATHER ANN RICCI MEMORIAL FUND INC2408 EDWARDS MANOR DR FOREST HILL, MD 21050	20-1095235	501(C)(3)	5,000				TO SUPPORT HEALTH CARE PUBLIC CHARITY
(5) NATIONAL KIDNEY FOUNDATION OF MD1107 KENILWORTH DRIVE STE 202 BALTIMORE, MD 21204	52-6069952	501(C)(3)	11,300				TO SUPPORT HEALTH CARE PUBLIC CHARITY
(6) THE LIVING LEGACY FOUNDATION OF MARYLAND1730 TWIN SPRINGS RD BALTIMORE, MD 21227	52-1736533	501(C)(3)	5,000				TO SUPPORT HEALTH CARE PUBLIC CHARITY

2

Enter total number of section 501(c)(3) and government organizations

6

3

Enter total number of other organizations

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 HOSPITAL TO THE OFFICERS, DIRECTORS, AND KEY EMPLOYEES OF THE ORGANIZATION

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

2010

Open to Public Inspection

Name of the organization
THE JOHNS HOPKINS HOSPITAL

Employer identification number
52-0591656

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		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?	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		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
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 from the organization or a related organization?		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?		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?		No
b	Any related organization?		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?		No
b	Any related organization?		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	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

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

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

Note. The sum of columns (B)(i)-(iii) 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								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part IIISupplemental 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 THE JOHNS HOPKINS HOSPITAL 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 4B	MAKE WHOLE PLAN & SERP I PLAN. THE MAKE WHOLE AND SERP I PLANS ARE FROZEN, NON-TAX QUALIFIED DEFINED BENEFIT PLANS. PARTICIPATION IN THE PLANS IS LIMITED TO THE EXISTING PLAN PARTICIPANTS. THE BENEFITS UNDER THE PLANS ARE BASED UPON THE PARTICIPANT'S LENGTH OF SERVICE AND COMPENSATION. THE MAKE WHOLE PLAN WAS DESIGNED TO REPLACE THE BENEFITS THE PARTICIPANTS LOST DUE TO THE COMPENSATION LIMITS IMPOSED BY LAW UPON OUR QUALIFIED DEFINED BENEFIT PLAN. IN THE MANNER REQUIRED BY APPLICABLE IRS RULES, THE DESIGN OF EACH OF THESE ARRANGEMENTS WAS APPROVED AS REASONABLE, IN ADVANCE, BY AN INDEPENDENT COMPENSATION COMMITTEE, WHICH BASED ITS DECISION ON DATA PROVIDED BY AN INDEPENDENT COMPENSATION CONSULTANT. PARTICIPANTS' INTERESTS UNDER THESE 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): CHARLES BARBARA \$5,436, EDWARD B. CHAMBERS \$4,020, STUART ERDMAN \$92,900, DALAL HALDEMAN \$40,892, KAREN B. HALLER \$10,096, RONALD R. PETERSON \$212,947, ROBERT SCHEU \$24,230, AND SAMUEL H. CLARK, JR. \$80,512. THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A PARTICIPATED IN A NON QUALIFIED RETIREMENT PLAN AND RECEIVED PAYMENT FROM THE PLAN, IT IS REPORTED ON SCHEDULE J, PART II, COLUMN (B)(III) AS WELL AS SCHEDULE J, PART II, COLUMN (F) IF THEY WERE REQUIRED TO BE DISCLOSED ON PRIOR YEARS FORMS 990: MARTIN BLEDSOE \$928.00, RICHARD O. DAVIS \$155,209.42, STUART ERDMAN \$57,046.42, KENNETH GRANT \$54,975.37, JOHN HUNDT \$20,120.00, HARRY KOFFENBERGER \$44,152.00, PAMELA D. PAULK \$75,913.34, SALLY W. MCCONNELL \$80,238.64, JOANNE E. POLLAK \$152,549.78, JUDY A. REITZ \$191,095.01, G. DANIEL SHEALER, JR. \$49,518.71, DIANN SYNDER \$2,100.00, RENEE DEMSKI \$6,640.00, JANE HILL \$3,942.00, RONALD J. WERTHMAN \$158,941.73, EDWARD D. MILLER, M.D. \$1,706,684.51, WALKER G. WYLIE \$151,711.43, JAMES SCHEULEN \$45,260.36, CHRISTINA LUNDQUIST \$43,422.50, DANIEL ASHBY \$15,877.67, RICHARD THOMAS \$1,992.00, HOWARD GWON \$41,408.40, SHARON KRUMM \$6,431.88, AND JAHANSHA BEHZAD \$52,014.87.
	PART I, LINE 7	BONUSES. THE BONUSES ARE ISSUED ON A WEIGHTED FORMULA BASED ON THE ATTAINMENT OF QUANTIFIABLE ORGANIZATION OBJECTIVES SET BY THE TRUSTEE COMPENSATION COMMITTEE EACH YEAR. THEY ARE REVIEWED BY MANAGEMENT THAT USES DISCRETION TO DETERMINE PAYMENT. DEPENDENT TUITION REIMBURSEMENT. THE DEPENDENT TUITION REIMBURSEMENT PROGRAM REIMBURSES EMPLOYEES FOR 50% LESS TAXES OF EACH DEPENDENT CHILD'S FULL TIME UNDERGRADUATE TUITION AND MANDATORY ACADEMIC FEES, UP TO A MAXIMUM OF 50% OF THE JOHNS HOPKINS UNIVERSITY'S FRESHMAN UNDERGRADUATE TUITION FOR EACH ELIGIBLE DEPENDENT EMPLOYEE WHO HAS A MINIMUM OF TWO YEARS OF CONTINUOUS SERVICE AND IS 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: 52-0591656

Name: THE JOHNS HOPKINS HOSPITAL

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)	0	0	0	0	0	0	0
	(ii)	384,310	154,003	1,727,177	11,025	1,174	2,277,689	1,292,881
RONALD R PETERSON	(i)	0	0	0	0	0	0	0
	(ii)	1,051,740	392,713	175,852	223,972	22,645	1,866,922	0
RICHARD O DAVIS PHD	(i)	0	0	0	0	0	0	0
	(ii)	266,712	66,983	201,808	11,025	26,949	573,477	0
KENNETH GRANT	(i)	0	0	0	0	0	0	0
	(ii)	274,341	71,238	76,727	11,025	24,183	457,514	54,975
DALAL J HALDEMAN PHD	(i)	0	0	0	0	0	0	0
	(ii)	256,422	65,702	17,831	51,917	21,836	413,708	0
KAREN B HALLER PHD	(i)	291,618	55,974	19,691	21,121	21,262	409,666	0
	(ii)	0	0	0	0	0	0	0
HARRY KOFFENBERGER	(i)	0	0	0	0	0	0	0
	(ii)	171,355	50,929	62,281	10,247	7,214	302,026	0
SALLY W MACCONNELL	(i)	0	0	0	0	0	0	0
	(ii)	308,469	81,670	119,133	11,025	13,916	534,213	28,161
PAMELA D PAULK	(i)	0	0	0	0	0	0	0
	(ii)	358,095	93,834	98,982	11,025	11,369	573,305	0
JOANNE E POLLAK	(i)	0	0	0	0	0	0	0
	(ii)	470,238	152,548	191,409	11,025	29,293	854,513	0
JUDY A REITZ SCD	(i)	0	0	0	0	0	0	0
	(ii)	476,374	142,210	249,714	11,025	22,055	901,378	0
G DANIEL SHEALER JR	(i)	0	0	0	0	0	0	0
	(ii)	285,188	77,567	84,102	11,025	24,500	482,382	0
RONALD J WERTHMAN	(i)	0	0	0	0	0	0	0
	(ii)	521,650	137,220	200,441	11,025	24,035	894,371	0
SAMUEL H CLARK JR	(i)	0	0	0	0	0	0	0
	(ii)	212,676	55,118	21,653	91,537	17,036	398,020	0
STUART ERDMAN	(i)	0	0	0	0	0	0	0
	(ii)	268,282	56,726	76,007	103,925	21,123	526,063	57,046
EDWARD B CHAMBERS	(i)	220,662	19,513	73,608	15,045	24,197	353,025	0
	(ii)	0	0	0	0	0	0	0
ROBERT SCHEU	(i)	220,837	37,380	211	35,255	23,844	317,527	0
	(ii)	0	0	0	0	0	0	0
JOHN HUNDT	(i)	203,200	30,968	31,134	11,025	9,284	285,611	0
	(ii)	0	0	0	0	0	0	0
STEVEN MANDELL	(i)	200,946	28,296	6,123	10,882	25,378	271,625	0
	(ii)	0	0	0	0	0	0	0
JAMES SCHEULEN	(i)	185,645	21,782	47,010	9,623	21,993	286,053	8,785
	(ii)	0	0	0	0	0	0	0
SHELLEY BARANOWSKI	(i)	178,915	14,783	3,160	9,252	27,487	233,597	0
	(ii)	0	0	0	0	0	0	0
JANE HILL	(i)	178,260	17,409	5,158	9,091	19,913	229,831	0
	(ii)	0	0	0	0	0	0	0
RENEE DEMSKI	(i)	194,728	27,507	16,779	10,370	24,151	273,535	0
	(ii)	0	0	0	0	0	0	0
TERRY LANGBAUM	(i)	191,305	24,341	1,688	9,953	19,923	247,210	0
	(ii)	0	0	0	0	0	0	0
CHRISTINA LUNDQUIST	(i)	196,836	18,851	68,849	10,865	7,934	303,335	0
	(ii)	0	0	0	0	0	0	0
DIANN SNYDER	(i)	149,159	14,780	4,715	7,817	21,560	198,031	0
	(ii)	0	0	0	0	0	0	0
DANIEL ASHBY	(i)	171,051	24,540	17,068	9,259	24,648	246,566	1,780
	(ii)	0	0	0	0	0	0	0
RICHARD THOMAS	(i)	175,501	31,440	3,548	9,542	19,574	239,605	0
	(ii)	0	0	0	0	0	0	0
KAREN DAVIS	(i)	157,127	16,929	8,509	8,021	20,390	210,976	0
	(ii)	0	0	0	0	0	0	0
MARTIN BLEDSOE	(i)	145,485	19,684	24,480	8,671	19,771	218,091	0
	(ii)	0	0	0	0	0	0	0
JAMES HEDEMAN	(i)	158,646	14,575	1,368	7,975	16,130	198,694	0
	(ii)	0	0	0	0	0	0	0
HOWARD GWON	(i)	159,213	22,562	42,516	8,378	17,808	250,477	11,879
	(ii)	0	0	0	0	0	0	0
SHARON KRUMM	(i)	158,634	19,631	7,948	8,138	9,248	203,599	0
	(ii)	0	0	0	0	0	0	0
CHARLES BARBARA	(i)	161,599	16,530	29,811	13,631	15,803	237,374	0
	(ii)	0	0	0	0	0	0	0
JAHANSHA BEHZAD	(i)	154,512	17,571	52,804	7,957	19,187	252,031	9,564
	(ii)	0	0	0	0	0	0	0
WALKER WYLIE	(i)	199,982	45,846	169,331	11,025	22,292	448,476	74,884
	(ii)	0	0	0	0	0	0	0
LOUIS CROCETTI III	(i)	145,624	10,000	43,612	7,268	21,122	227,626	0
	(ii)	0	0	0	0	0	0	0
KAREN HAUCK	(i)	181,599	2,000	905	8,701	16,267	209,472	0
	(ii)	0	0	0	0	0	0	0
ALAN COLTRI	(i)	163,227	18,881	20,081	8,607	24,560	235,356	0
	(ii)	0	0	0	0	0	0	0
STEPHANIE HUGHES	(i)	100,793	2,000	75,591	7,045	21,896	207,325	0
	(ii)	0	0	0	0	0	0	0

Schedule K (Form 990) <small>Department of the Treasury Internal Revenue Service</small>	<div>Supplemental Information on Tax Exempt Bonds</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.</div>										OMB No 1545-0047	
											2010	
	Name of the organization THE JOHNS HOPKINS HOSPITAL										Employer identification number 52-0591656	

Part I

Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY	52-0936091	574212BB1	03-06-2003	70,814,997	REFUND 6/24/99, 7/1/01, 6/17/97 BONDS		X		X		X
B	MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY	52-0936091	57421U5AA	02-09-2004	75,165,000	REFUND PRIOR ISSUES 6/22/93		X		X		X
C	MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY	52-0936091	57421XAA6	03-01-2004	60,000,000	REFUND PRIOR ISSUES 6/29/98, REVOLVING COMMERCIAL PAPER PROGRAM		X		X		X
D	MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY	52-0936091	57422AC96	11-13-2007	40,000,000	FINANCE OR REFINANCE THE ACQUISITION, CONSTRUCTION, RENOVATION AND EQUIPMENT		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	54,100,000		20,540,000		15,000,000			
2	Amount of bonds legally defeased								
3	Total proceeds of issue	70,814,997		75,165,000		60,000,000		40,000,000	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds	262,862							
6	Proceeds in refunding escrow								
7	Issuance costs from proceeds	715,439						167,569	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	15,351,158						39,832,431	
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2007		2007					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X			X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

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

Part IIIPrivate Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	X		X		X		X	
b	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %		0 %		0 490 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 040 %						0 040 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 530 %	
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X	

Part IVArbitrage

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

Part VSupplemental Information

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

Identifier	Return Reference	Explanation

Schedule K (Form 990)	Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.										OMB No 1545-0047	
											2010	
	Department of the Treasury Internal Revenue Service											Open to Public Inspection
Name of the organization THE JOHNS HOPKINS HOSPITAL										Employer identification number 52-0591656		

Part I

Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY	52-0936091	57422B7M9	04-02-2008	168,650,000	REFUND PRIOR ISSUE 10/25/07 SERIES E AND F		X		X		X
B MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY	52-0936091	574217X83	06-26-2008	150,002,476	CONSTRUCTION AND EQUIPMENT FOR CARDIOVASCULAR, CRITICAL CARE AND CHILDRENS		X		X		X
C MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY	52-0936091	5742176Z3	06-16-2010	150,000,216	CONSTRUCTION AND EQUIPPING OF TWO MEDICAL TOWERS		X		X		X
D MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY	52-0936091	57421XNP9	08-26-2008	15,000,000	FINANCE BUILDING CONSTRUCTION AND ACQUISITION OF EQUIPMENT		X		X		X

Part II

Proceeds

				A		B		C		D	
1	Amount of bonds retired										
2	Amount of bonds legally defeased										
3	Total proceeds of issue			168,650,000		150,002,476		150,000,216		15,000,000	
4	Gross proceeds in reserve funds										
5	Capitalized interest from proceeds										
6	Proceeds in refunding escrow										
7	Issuance costs from proceeds										
8	Credit enhancement from proceeds										
9	Working capital expenditures from proceeds										
10	Capital expenditures from proceeds			150,002,476		150,002,476		150,000,216		15,000,000	
11	Other spent proceeds										
12	Other unspent proceeds										
13	Year of substantial completion			2012		2012		2012			
				Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?			X			X		X		X
15	Were the bonds issued as part of an advance refunding issue?				X		X		X		X
16	Has the final allocation of proceeds been made?			X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?			X		X		X		X	

Part III

Private Business Use

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

Part IIIPrivate Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	X			X		X	X	
b	Are there any research agreements that may result in private business use of bond-financed property?	X			X		X	X	
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 150 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 090 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 240 %		0 %		0 %		0 %	
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X	

Part IVArbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X
2	Is the bond issue a variable rate issue?	X			X		X		X
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	X			X		X		X
b	Name of provider	MERRILL LYNCH AND GOLDMAN SACHS		NA		NA			
c	Term of hedge	30 800000000000							
d	Was the hedge superintegrated?		X						
e	Was a hedge terminated?		X						
4a	Were gross proceeds invested in a GIC?	X			X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X						
5	Were any gross proceeds invested beyond an available temporary period?	X			X		X		X
6	Did the bond issue qualify for an exception to rebate?	X		X		X		X	

Part VSupplemental Information

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

Identifier	Return Reference	Explanation

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
THE JOHNS HOPKINS HOSPITAL

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Employer identification number
52-0591656

Part I

Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY	52-0936091	574217H65	10-25-2007	168,650,000	2007A AND 2007B SERIES TO ADVANCE REFUND 1999 AND 2003 BONDS		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	168,650,000							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	168,650,000							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrow	117,893,011							
7	Issuance costs from proceeds	1,446,626							
8	Credit enhancement from proceeds	1,587,551							
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?	X							
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III

Private Business Use

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

Part IIIPrivate Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	X							
b	Are there any research agreements that may result in private business use of bond-financed property?	X							
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %							
6	Total of lines 4 and 5	0 %							
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IVArbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X						
2	Is the bond issue a variable rate issue?	X							
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	X							
b	Name of provider	MERRILL LYNCH AND GOLDMAN SACHS							
c	Term of hedge	30 800000000000							
d	Was the hedge superintegrated?		X						
e	Was a hedge terminated?		X						
4a	Were gross proceeds invested in a GIC?	X							
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X						
5	Were any gross proceeds invested beyond an available temporary period?	X							
6	Did the bond issue qualify for an exception to rebate?	X							

Part VSupplemental Information

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

Identifier	Return Reference	Explanation

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE JOHNS HOPKINS HOSPITAL

Employer identification number
52-0591656

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art	X	2	10,500	APPRAISED FMV
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles .				
7 Boats and planes				
8 Intellectual property . .				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests .				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . .				
15 Real estate—Residential .				
16 Real estate—Commercial				
17 Real estate—Other . .				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
25 Other ► ()				
26 Other ►()				
27 Other ►()				
28 Other ► ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29			1
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a	Yes	No	No
b If "Yes," describe the arrangement in Part II				
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes		
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No	
b If "Yes," describe in Part II				
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part III

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS	PART I, COLUMN (B)	THE JOHNS HOPKINS HOSPITAL RECEIVED ONE PAINTING BY JOSEPH SHEPPARD AND ONE PAINTING BY GRACE HARTIGAN

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization THE JOHNS HOPKINS HOSPITAL	Employer identification number 52-0591656
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Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		JOHNS HOPKINS HEALTH SYSTEM CORPORATION, A IRC 501(C)(3) TAX EXEMPT PARENT ORGANIZATION OF THE JOHNS HOPKINS HOSPITAL ELECTS THE BOARD OF TRUSTEES

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		THE GOVERNING BODY OF THE JOHNS HOPKINS HOSPITAL IS EMPOWERED BY ITS BY-LAWS TO MAKE CERTAIN DECISIONS, ALL OTHER DECISIONS ARE SUBJECT TO APPROVAL OF THE PARENT ORGANIZATION JOHNS HOPKINS HEALTH SY STEM CORPORATION

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 ORGANZIATION'S GOVERNING BODY BEFORE IT IS FILED FOR THE 2010 YEAR ONLY , SCHEDULE B WAS NOT PROVIDED TO THE GOVERNING BODY BEFORE FILING OF THE FORM 990 BECAUSE OF SUBSTANTIAL ANONY MOUS DONATIONS

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

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 25,903,793 AUDIT/BOOK ADJUSTMENT 212 MINIMUM PENSION LIABILITY 49,239,521 CHANGE IN MKT VAL OF SWAP AGREEMENT 24,207,127 NET ASSETS RELEASED -244,790 TOTAL TO FORM 990, PART XI, LINE 5 99,105,863

Identifier	Return Reference	Explanation
YEAR OF SUBSTANTIAL COMPLETION	SCHEDULE K PART II, LINE 8	DUE TO REFUNDING, YEAR OF SUBSTANTIAL COMPLETION IS NOT APPLICABLE

Identifier	Return Reference	Explanation
	FORM 5471, SCHEDULE O, PART II, SECTION B	SCHEDULE O, PART II, SECTION B-U S PERSONS WHO ARE OFFICERS OR DIRECTORS OF THE FOREIGN CORP NAME & ADDRESS SOCIAL SECURITY OFFICER DIRECTOR ----- ----- 1 MICHAEL C GOONAN * X * 2 STEVEN M COHEN * X * 3 PHYLLIS R F LANTOS * X X * 4 JAMES M STATEN * X X * 5 CHRISTOPHER D SMITH * X * 6 ABRAHAM P CHEU, JR * X * 7 RONALD J WERTHMAN * X X * 8 CHARLES G COLLIS, ESQ * X X * 9 FREDERICK G SAVAGE, ESQ * X X * 10 PETER R CHESTERTON * X * 11 MARK LARMORE * X * 12 RICHARD U LEVINE, MD * X * 13 CHRISTOPHER GARROD * X * 14 DAVID J LEFFELL * X * * - DETAIL AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
	FORM 5471 - REGS SEC 1 6046-1(B) (11)	STATEMENT REQUIRED PURSUANT TO REGULATIONS SECTION 1 6046-1(B)(11) PURSUANT TO REGULATIONS SECTION 1 6046-1(B)(11), THE MEDICAL CENTRE INSURANCE COMPANY , LTD HAD THE FOLLOWING AMOUNTS OF INDEBTEDNESS A TO ANY UNITED STATES PERSON OWNING 5 PERCENT OR MORE IN VALUE OF THE COMPANY'S STOCK NONE B TO ANY OTHER FOREIGN CORPORATION OWNING 5 PERCENT OR MORE IN VALUE OF THE OUTSTANDING STOCK OF THE FOREIGN CORPORATION NONE STATEMENT REQUIRED PURSUANT TO REGULATION SECTION 1 6046-1(B)(12) PURSUANT TO REGULATION SECTION 1 6046-1(B)(12), THE FOLLOWING IS A COMPLETE LIST OF ALL SUBSCRIBERS TO THE STOCK OF THE MEDICAL CENTRE INSURANCE COMPANY , LTD AS OF DECEMBER 31, 2010 NONE

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

2010

Open to Public Inspection

Name of the organization
THE JOHNS HOPKINS HOSPITAL

Employer identification number
52-0591656

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

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
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?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) JHMI UTILITIES LLC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD21211 20-2814243	UTILITY FACILITIES	MD	N/A	RELATED	341,688	70,514,342		No	2,072		No	50 000 %
(2) OPHTHALMOLOGY ASSOCIATES LLC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD21211 52-1890957	OPHTHALMOLOGY SERVICES	MD	N/A									
(3) SUBURBAN WELLNESS CENTER LLC 20500 GOLDENROD LANE GERMANTOWN, MD20874 56-2296930	REAL ESTATE	MD	N/A									
(4) GCM SUBURBAN IMAGING LLC 1201 SEVEN LOCKS ROAD STE 200 ROCKVILLE, MD20854 52-2326237	OUTPATIENT RADIOLOGY	MD	N/A									
(5) ROCKVILLE IMAGING LLC 1201 SEVEN LOCKS ROAD STE 200 ROCKVILLE, MD20854 14-1944128	OUTPATIENT RADIOLOGY	MD	N/A									
(6) CHEVY CHASE IMAGING LLC 1201 SEVEN LOCKS ROAD STE 200 ROCKVILLE, MD20854 14-1944126	RADIOLOGY SERVICES	MD	N/A									

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, 35A, or 36.)

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

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

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

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

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

Yes

Yes

No

No

No

No

No

No

Yes

Yes

No

No

Yes

No

No

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	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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.

[illegible]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation
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Software ID:

Software Version:

EIN: 52-0591656

Name: THE JOHNS HOPKINS HOSPITAL

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 section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
JOHNS HOPKINS HEALTH SYSTEM CORPORATION 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD21211 52-1465301	SUPPORTING ORGANIZATION	MD	501(C)(3)	LINE 11C, III-FI	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
HOWARD COUNTY GENERAL HOSPITAL INC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD21211 52-2093120	HOSPITAL	MD	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
HOWARD COUNTY LIQUIDATION CORPORATION 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD21211 52-0892284	INACTIVE TAX-EXEMPT ORGANIZATION	MD	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
JOHNS HOPKINS BAYVIEW MEDICAL CENTER INC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD21211 52-1341890	HOSPITAL	MD	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
JOHNS HOPKINS COMMUNITY PHYSICIANS INC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD21211 52-1467441	HEALTHCARE SERVICES	MD	501(C)(3)	LINE 11C, III-FI	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
JOHNS HOPKINS HOSPITAL ENDOWMENT FUND INC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD21211 23-7252596	MANAGEMENT OF ENDOWMENT	MD	501(C)(3)	LINE 11C, III-FI	JOHNS HOPKINS HOSPITAL ENDOWMENT FUND INC		No
JOHNS HOPKINS MEDICAL SERVICES CORPORATION 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD21211 52-1232569	HEALTHCARE SERVICES	MD	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
JOHNS HOPKINS PARKING CORPORATION 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD21211 31-1475716	SUPPORTING ORGANIZATION	MD	501(C)(3)	LINE 11A, I	JOHNS HOPKINS PARKING CORPORATION		No
SUBURBAN HOSPITAL HEALTHCARE SYSTEM INC 8600 OLD GEORGETOWN ROAD BETHESDA, MD20814 52-2052354	HEALTHCARE SERVICES	MD	501(C)(3)	LINE 11C, III-FI	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
SUBURBAN HOSPITAL INC 8600 OLD GEORGETOWN ROAD BETHESDA, MD20814 52-0610545	HOSPITAL	MD	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
LUCY WEBB HAYES NATIONAL TRAINING SCHOOL FOR DEACONESSES 5255 LOUGHBORO RD NW WASHINGTON, DC20016 53-0196602	HOSPITAL	DC	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
POTOMAC HOME SUPPORT INC 6001 MONTROSE ROAD NO 1020 ROCKVILLE, MD20852 52-1750383	HOME HEALTH CARE	MD	501(C)(3)	LINE 9	N/A		No

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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
SIBLEY SUBURBAN HOME HEALTH AGENCY 6001 MONTROSE ROAD NO 307 ROCKVILLE, MD20852 52-1450142	HOME HEALTH CARE	MD	501(C)(3)	LINE 9	N/A		No
PEDIATRIC PHYSICIAN SERVICES INC 501 SIXTH AVENUE SOUTH ST PETERSBURG, FL33701 59-3425191	PEDIATRIC MEDICAL SERVICES	FL	501(C)(3)	LINE 9	ALL CHILDREN'S HEALTH SYSTEM INC		No
ALL CHILDREN'S HOSPITAL FOUNDATION INC 501 SIXTH AVENUE SOUTH ST PETERSBURG, FL33701 59-2481738	FOUNDATION	FL	501(C)(3)	LINE 7	ALL CHILDREN'S HEALTH SYSTEM INC		No
ALL CHILDREN'S HOSPITAL INC 501 SIXTH AVENUE SOUTH ST PETERSBURG, FL33701 59-0683252	HOSPITAL	FL	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		No
ALL CHILDREN'S RESEARCH INSTITUTE INC 501 SIXTH AVENUE SOUTH ST PETERSBURG, FL33701 59-2481742	RESEARCH	FL	501(C)(3)	LINE 4	ALL CHILDREN'S HEALTH SYSTEM INC		No
SURGIKID OF FLORIDA INC 501 SIXTH AVENUE SOUTH ST PETERSBURG, FL33701 59-3441883	MEDICAL SERVICES	FL	501(C)(3)	LINE 9	ALL CHILDREN'S HEALTH SYSTEM INC		No
KIDS HOME CARE INC 501 SIXTH AVENUE SOUTH ST PETERSBURG, FL33701 59-3476049	HOME HEALTH CARE	FL	501(C)(3)	LINE 9	ALL CHILDREN'S HEALTH SYSTEM INC		No
WEST COAST NEONATOLOGY INC 501 SIXTH AVENUE SOUTH ST PETERSBURG, FL33701 59-3398308	NEONATAL CARE	FL	501(C)(3)	LINE 9	ALL CHILDREN'S HEALTH SYSTEM INC		No
ALL CHILDREN'S HEALTH SYSTEM INC 501 SIXTH AVENUE SOUTH ST PETERSBURG, FL33701 59-2481740	MANAGEMENT SERVICES	FL	501(C)(3)	LINE 11C, III-FI	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		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
HCP VENTURE ONE CORPORATION 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD21211 52-1558858	MEDICAL SERVICES	MD	N/A	C			
HOWARD COUNTY HEALTH SERVICES INC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD21211 52-1434783	HEALTHCARE MANAGEMENT	MD	N/A	C			
HSI MEDICAL SERVICES CORPORATION 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD21211 52-1847705	HEALTHCARE-SLEEP DIAGNOSTICS	MD	N/A	C			
JOHNS HOPKINS MEDICAL MANAGEMENT CORPORATION 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD21211 52-1250028	NURSING SERVICES	MD	N/A	C			
JOHNS HOPKINS EMPLOYER HEALTH PROGRAMS INC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD21211 52-1947678	BENEFIT PLANS	MD	N/A	C			
TCAS INC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD21211 52-1979344	NURSING SERVICES	MD	N/A	C			
SUBURBAN CONTRACTING CORP INC 8600 OLD GEORGETOWN ROAD BETHESDA, MD20814 52-2188022	MEDICARE CONTRACTING	MD	N/A	C			
SUBURBAN HEALTH ENTERPRISES INC 8600 OLD GEORGETOWN ROAD BETHESDA, MD20814 52-2052352	MEDICAL OFFICE LEASING AND RELEASING	MD	N/A	C			
SUBURBAN SPECIALTY CARE PHYSICIANS PC 8600 OLD GEORGETOWN ROAD BETHESDA, MD20814 52-2116011	MULTI SPECIALTY MEDICAL PRACTICE	MD	N/A	C			
ACHPOB INC 501 SIXTH AVENUE SOUTH ST PETERSBURG, FL33701 59-2427749	MEDICAL OFFICE BUILDING MANAGEMENT	FL	N/A	C			
VARIOUS CHARITABLE REMAINDER TRUSTS 3910 KESWICK RD STE 4300A BALTIMORE, MD21211	CHARITABLE REMAINDER TRUSTS	MD	N/A	T		90,822	100 000 %

Form

4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2010

Attachment
Sequence No 67

Department of the Treasury
Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

Name(s) shown on return THE JOHNS HOPKINS HOSPITAL	Business or activity to which this form relates FORM 990 PAGE 10	Identifying number 52-0591656
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	69,156,496

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	69,156,496
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost	
25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25		
26 Property used more than 50% in a qualified business use									
		%							
		%							
		%							
27 Property used 50% or less in a qualified business use									
		%				S/L -			
		%				S/L -			
		%				S/L -			
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28			
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2010 tax year (see instructions)					
43 Amortization of costs that began before your 2010 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	

TY 2010 Category 3 filer statement

Name: THE JOHNS HOPKINS HOSPITAL

EIN: 52-0591656

Amount Of Indebtedness	Type Of Indebtedness	Name	Address	Identifying Number	Number Of Shares
		SEE FORM 990 SCHEDULE O			

**TY 2010 Earnings and Profits Other
Adjustments Statement**

Name: THE JOHNS HOPKINS HOSPITAL

EIN: 52-0591656

Description	Amount
OTHER THAN TEMP IMPAIR ON MKT SEC	-5,361,330

**TY 2010 Itemized Other Current Assets
Schedule****Name:** THE JOHNS HOPKINS HOSPITAL**EIN:** 52-0591656

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
THE MEDICAL CENTRE INSURANCE COMPANY LT		ACCRUED INTEREST RECEIVABLE	3,524,334	3,765,043
		AMOUNTS DUE FROM RELATED PARTIES	3,145,061	2,340,385
		LOSSES RECOVERABLE FROM REINSURERS	27,512,500	23,374,600
		OTHER ASSETS	0	42,645
		RECEIVABLE FOR SECURITIES SOLD	10,297,430	4,864,743

TY 2010 Other Deductions Schedule**Name:** THE JOHNS HOPKINS HOSPITAL**EIN:** 52-0591656

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
LOSSES INCURRED		201,891,828
ACQUISITION EXPENSE		1,709,585
MANAGEMENT FEES		115,000
LEGAL AND PROFESSIONAL FEES		85,448
AUDIT FEES		86,726
ANNUAL BUSINESS FEES		8,012
TRAVEL & MEETING EXPENSES		129,144
SALARIES		12,000
INVESTMENT MANAGEMENT FEES		3,068,442
U.S. WITHHOLDING TAX		167,149
FOREIGN WITHHOLDING TAX		1,425,910
BANK CHARGES		541
MISCELLANEOUS		20,192

TY 2010 Itemized Other Investments Schedule**Name:** THE JOHNS HOPKINS HOSPITAL**EIN:** 52-0591656

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
THE MEDICAL CENTRE INSURANCE COMPANY LT		INVESTMENTS	946,118,163	1,121,752,890

TY 2010 Itemized Other Liabilities Schedule**Name:** THE JOHNS HOPKINS HOSPITAL**EIN:** 52-0591656

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
THE MEDICAL CENTRE INSURANCE COMPANY LT		RESERVE FOR LOSSES AND LOSS ADJUSTMENT EXP	913,878,500	984,042,600
		FUNDS WITHHELD FROM REINSURERS	35,907,356	37,523,187
		PAYABLE FOR SECURITIES PURCHASED	4,335,194	1,251,715
		AMOUNT DUE TO SHAREHOLDERS	4,912,118	69,549,782

TY 2010 Paid-In or Capital Surplus Reconciliation Statement**Name:** THE JOHNS HOPKINS HOSPITAL**EIN:** 52-0591656

Description	Beginning Amount	Ending Amount
BEGINNING BALANCE	149,902,062	293,675,395
DISTRIBUTIONS OF CAPITAL TO SHAREHOLDERS	-4,595,842	-516,133
CONTRIBUTIONS OF CAPITAL FROM SHAREHOLDERS	4,379,880	5,281,395
OTHER COMPREHENSIVE INCOME/(LOSS)	143,989,295	58,355,916

The Johns Hopkins Hospital
Index
June 30, 2011 and 2010

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REPORT OF INDEPENDENT AUDITORS

To the Board of Trustees of
The Johns Hopkins Hospital

In our opinion, the accompanying balance sheets and the related statements of operations and changes in net assets and cash flows present fairly, in all material respects, the financial position of The Johns Hopkins Hospital ("JHH") at June 30, 2011 and 2010, and the results of its operations and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America. These financial statements are the responsibility of JHH's management. Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits of these statements in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

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

September 28, 2011

The Johns Hopkins Hospital
Balance Sheets
June 30, 2011 and 2010
(in thousands)

	2011	2010
ASSETS		
Current assets		
Cash and cash equivalents	\$ 153,388	\$ 252,389
Short-term investments	89,230	86,885
Assets whose use is limited for current liabilities	9,370	9,370
Patient accounts receivable, net of estimated uncollectibles of \$47,114 and \$49,696 at June 30, 2011 and 2010, respectively	167,573	125,820
Due from others	21,302	17,539
Due from affiliates - current portion	2,876	3,656
Inventories of supplies	36,281	35,011
Prepaid expenses and other current assets	5,484	5,142
Total current assets	<u>485,504</u>	<u>535,812</u>
Assets whose use is limited, net of current		
By donors or grantors for		
Future campus development	7,516	74,969
Pledges receivable	25,614	23,831
By Board of Trustees	61,758	65,402
Malpractice funding arrangement	0	3,944
Other	6,549	4,798
Total assets whose use is limited, net of current	<u>101,437</u>	<u>172,944</u>
Investments	587,003	381,454
Property, plant and equipment	1,850,549	1,703,948
Less accumulated depreciation and amortization	(514,360)	(530,107)
Total property, plant and equipment, net	<u>1,336,189</u>	<u>1,173,841</u>
Due from affiliates, net of current portion	54,641	65,894
Net pension asset	1,878	-
Other assets	4,648	4,848
Total assets	<u>\$ 2,571,300</u>	<u>\$ 2,334,793</u>

The accompanying notes are an integral part of these financial statements

The Johns Hopkins Hospital
Balance Sheets, continued
June 30, 2011 and 2010
(in thousands)

	2011	2010
LIABILITIES AND NET ASSETS		
Current liabilities		
Current portion of long-term debt	\$ 124,995	\$ 13,415
Accounts payable and accrued liabilities	199,077	168,930
Accrued vacation	16,755	16,509
Due to affiliates	8,782	7,223
Advances from third-party payors	66,903	73,064
Current portion of estimated malpractice costs	1,235	2,317
Total current liabilities	<u>417,747</u>	<u>281,458</u>
Long-term debt, net of current portion	643,252	763,969
Estimated malpractice costs, net of current portion	39,943	36,305
Net pension liability	133,270	172,211
Other long-term liabilities	127,166	149,578
Total liabilities	<u>1,361,378</u>	<u>1,403,521</u>
Net assets		
Unrestricted	748,394	532,768
Temporarily restricted	461,528	398,504
Total net assets	<u>1,209,922</u>	<u>931,272</u>
Total liabilities and net assets	<u>\$ 2,571,300</u>	<u>\$ 2,334,793</u>

The accompanying notes are an integral part of these financial statements

The Johns Hopkins Hospital
Statements of Operations and Changes in Net Assets
For the years ended June 30, 2011 and 2010
(in thousands)

	2011	2010
Operating revenues		
Net patient service revenue	\$ 1,585,310	\$ 1,544,364
Other revenue	130,577	121,995
Investment income	14,145	10,912
Net assets released from restrictions used for operations	245	199
Total operating revenues	<u>1,730,277</u>	<u>1,677,470</u>
Operating expenses		
Salaries, wages and benefits	667,347	648,002
Purchased services	497,833	469,357
Supplies and other	346,880	338,350
Interest	9,861	10,819
Provision for bad debts	38,243	46,139
Depreciation and amortization	69,357	65,432
Total operating expenses	<u>1,629,521</u>	<u>1,578,099</u>
Income from operations	100,756	99,371
Non-operating revenues and expenses		
Interest expense on swap agreements	(19,078)	(19,115)
Change in market value of swap agreements	24,207	(32,290)
Realized and unrealized gains on investments	27,049	2,717
Excess of revenues over expenses	<u>132,934</u>	<u>50,683</u>
Contributions from affiliates	31,200	45,720
Unrealized (losses) gains on investments	(1,145)	7,659
Change in funded status of defined benefit plans	49,240	(40,248)
Net assets released from restrictions used for purchases of property and equipment	3,397	89,080
Increase in unrestricted net assets	<u>215,626</u>	<u>152,894</u>
Changes in temporarily restricted net assets		
Gifts, grants and bequests	66,666	31,074
Net assets released from restrictions used for purchase of property, plant and equipment	(3,397)	(89,080)
Net assets released from restrictions used for operations	(245)	(199)
Increase (decrease) in temporarily restricted net assets	<u>63,024</u>	<u>(58,205)</u>
Increase in net assets	<u>278,650</u>	<u>94,689</u>
Net assets at beginning of year	931,272	836,583
Net assets at end of year	<u>\$ 1,209,922</u>	<u>\$ 931,272</u>

The accompanying notes are an integral part of these financial statements

The Johns Hopkins Hospital
Statements of Cash Flows
For the years ended June 30, 2011 and 2010
(in thousands)

	2011	2010
Operating activities		
Change in net assets	\$ 278,650	\$ 94,689
Adjustments to reconcile change in net assets to net cash and cash equivalents provided by operating activities		
Depreciation, amortization, and accretion	73,635	70,574
Provisions for bad debts	38,243	46,139
Net realized and unrealized (gains) losses on investments	(25,905)	(10,395)
Change in market value on swap agreements	(24,207)	32,290
Change in funded status of defined benefit plans	(49,240)	40,248
Restricted contributions and investment income received	(64,882)	(65,645)
Contributions from affiliates	(31,200)	(45,720)
Changes in assets and liabilities		
Patient receivable and due from others	(83,759)	(27,049)
Inventories of supplies, prepaid expenses and other current assets	(1,612)	1,523
Due (to) from affiliates	13,592	(25,243)
Pledges receivable	(1,783)	34,590
Other assets	5,836	(1,747)
Accounts payable, accrued liabilities and accrued vacation	15,294	2,483
Advances from third-party payors	(6,161)	15,693
Accrued pension benefit costs	8,421	1,382
Other long-term liabilities	1,795	(559)
Estimated malpractice costs	2,556	1,081
Net cash and cash equivalents provided by operating activities	149,273	164,334
Investing activities		
Purchases of property, plant, and equipment	(216,404)	(245,356)
Purchases of investment securities	(1,379,696)	(1,069,534)
Sales of investment securities	1,265,159	926,032
Net cash and cash equivalents used in investing activities	(330,941)	(388,858)
Financing activities		
Proceeds from restricted contributions and investment income received	64,882	65,645
Proceeds from long-term borrowing	0	150,000
Repayment of long-term debt	(13,415)	(7,645)
Contributions from affiliates	31,200	45,720
Net cash and cash equivalents provided by financing activities	82,667	253,720
(Decrease) increase in cash and cash equivalents	(99,001)	29,196
Cash and cash equivalents at beginning of year	252,389	223,193
Cash and cash equivalents at end of year	\$ 153,388	\$ 252,389
Supplemental disclosure of noncash transactions		
Construction costs incurred but not paid	\$ 49,626	\$ 34,525

The accompanying notes are an integral part of these financial statements

The Johns Hopkins Hospital

Notes to Financial Statements

For the years ended June 30, 2011 and 2010

1. Organization and Summary of Significant Accounting Policies

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

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

JHH's mission is to provide patient care in the treatment and prevention of human illness which compares favorably with that rendered by any other institution in the United States or abroad.

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

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

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

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

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

Assets whose use is limited include assets set aside for future capital improvements, assets held by trustees under debt agreements, assets restricted by the board of trustees, and assets held for malpractice funding. These assets consist of cash and short term investments, accrued interest and pledges receivable. The carrying amounts reported in the balance sheets approximate fair value.

The Johns Hopkins Hospital

Notes to Financial Statements

For the years ended June 30, 2011 and 2010

Valuation of Investments Investments in equity securities with readily determinable fair values and all investments in debt securities are recorded at fair value in the Balance Sheets (see Note 4). Debt and equity securities traded on a national securities and international exchange are valued as of the last reported sales price on the last business day of the fiscal year, investments traded on the over-the-counter market and listed securities for which no sale was reported on that date are valued at the average of the last reported bid and ask prices.

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

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

Investment income earned on cash balances (interest and dividends) is reported in the operating income section of the Statements of Operations and Changes in Net Assets under "Investment income." Realized gains or losses related to the sale of investments, other than temporary impairments, and unrealized gains or losses on alternative investments are included in the non-operating section of the Statement of Operations and Changes in Net Assets included in excess of revenues over expenses unless the income or loss is restricted by donor or law. Prior to April 1, 2011, unrealized gains or losses on investments other than alternative investments are excluded from excess of revenues over expenses.

On April 1, 2011, JHH changed the classification of certain investments to a trading portfolio from available for sale. Accordingly, cumulative unrealized gains of \$12.1 million were reclassified from unrestricted net assets to non-operating income included in the realized and unrealized gains (losses) on investments within the Statement of Operations and Changes in Net Assets. This change was made as management's intent with respect to the nature of the investment portfolios has changed.

Investments in companies in which JHH does not have control, but has the ability to exercise significant influence over operating and financial policies are accounted for using the equity method of accounting, and operating results flow through the investment income on the Statements of Operations and Changes in Net Assets. Dividends paid are recorded as a reduction of the carrying amount of the investment.

Investments in companies in which JHH does not have control, nor has the ability to exercise significant influence over operating and financial policies are accounted for using the cost method of accounting. Investments are originally recorded at cost, with dividends received being recorded as investment income.

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Property, Plant and Equipment. Property, plant and equipment acquisitions are recorded at cost. Equipment is recorded as an asset if the individual cost is at least \$5 thousand and the useful life is at least three years. Renovation projects of \$5 thousand or greater are capitalized in total even though individual components are less than the capital limit. The amount capitalized for equipment, buildings, and renovation projects financed by debt would include the interest costs incurred on borrowed funds, net of income earned, during the period of construction of capital assets and is capitalized as a component of the cost of acquiring those assets. Depreciation and amortization are determined by use of the straight-line method over an estimated useful life of the asset or the remaining life of the lease, whichever is shorter. Estimated useful lives assigned by JHH range from 5 to 25 years for land improvements, 3 to 40 years for buildings and improvements, 3 to 25 years for fixed and movable equipment, and 5 to 10 years for leasehold improvements. Maintenance and repair costs are expensed as incurred. When property, plant and equipment are retired, sold or otherwise disposed of, the asset's carrying amount and related accumulated depreciation are removed from the accounts and any gain or loss is included in operations.

The cost of software is capitalized provided the cost of the project is at least \$100 thousand and the expected life is at least two years. Costs include payment to vendors for the purchase of software and assistance in its installation, payroll costs of employees directly involved in the software installation, and the interest costs of the software project if financed by debt. Preliminary costs to document system requirements, vendor selection, and any costs before software purchase are expensed. Capitalization of costs will generally end when the project is completed and the software is ready to be used. Where implementation of the project is in phases, only those costs incurred which further the development of the project will be capitalized. Costs incurred to maintain the system are expensed.

Gifts of long-lived assets such as land, buildings or equipment are reported as unrestricted support, and are excluded from the excess of revenues over expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expiration of donor restrictions are reported when the donated or acquired long-lived assets are placed into service.

Impairment of Long-Lived Assets. Long-lived assets are reviewed for impairment when events and circumstances indicate that the carrying amount of an asset may not be recoverable. JHH's policy is to record an impairment loss when it is determined that the carrying amount of the asset exceeds the sum of the expected undiscounted future cash flows resulting from use of the asset and its eventual disposition. Impairment losses are measured as the amount by which the carrying amount of the asset exceeds its fair value. Long-lived assets to be disposed of are reported at the lower of the carrying amount or fair value less cost to sell. There were no impairment charges for the years ended June 30, 2011 and 2010.

Financing Expenses. Financing expenses incurred in connection with the issuance by the Maryland Health and Higher Educational Facilities Authority ("MHHEFA") of long-term debt have been capitalized and are included in other assets. These expenses are being amortized over the term of the related bond issues using the effective interest method.

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

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Estimated Malpractice Costs. The provision for estimated medical malpractice claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported

Swap Agreements The value of the interest rate swap agreements entered into by JHH are adjusted to market value monthly at the close of each accounting period based upon quotations from market makers The change in market value, if any, is recorded in the Statement of Operations and Changes in Net Assets Entering into interest rate swap agreements involves, to varying degrees, elements of credit, default, prepayment, market and documentation risk in excess of the amounts recognized on the Balance Sheets Such risks involve the possibility that there will be no liquid market for these agreements, the counterparty to these agreements may default on its obligation to perform and there may be unfavorable changes in interest rates

Asset Retirement Obligations. The Financial Accounting Standards Board's ("FASB") guidance on accounting for asset retirement obligations provides for the recognition of an estimated liability for legal obligations associated with the retirement of tangible long-lived assets, including obligations that are conditional upon a future event JHH measures asset retirement obligations at fair value when incurred and capitalizes a corresponding amount as part of the book value of the related long-lived assets The increase in the capitalized cost is included in determining depreciation expense over the estimated useful life of these assets Since the fair value of the asset retirement obligation is determined using a present value approach, accretion of the obligation due to the passage of time until its settlement is recognized each year as part of depreciation and amortization expense in JHH's Statements of Operations and Changes in Net Assets

Temporarily Restricted Net Assets. Temporarily restricted net assets are those whose use has been limited by donors or law to a specific time period or purpose

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

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

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Notes to Financial Statements

For the years ended June 30, 2011 and 2010

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

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

FASB's guidance on accounting for uncertainty in income taxes clarifies the accounting for uncertainty of income tax positions This guidance defines the threshold for recognizing tax return positions in the financial statements as "more likely than not" that the position is sustainable, based on its technical merits This guidance also provides guidance on the measurement, classification and disclosure of tax return positions in the financial statements JHH has adopted this guidance, and there was no impact on its financial statements during the years ended June 30, 2011 and 2010

2. Net Patient Service Revenue

JHH has agreements with third-party payors that provide for payments to JHH at amounts different from its established rates Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered including estimated retroactive adjustments under reimbursement agreements with third-party payors Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined Adjustments mandated by the Health Services Cost Review Commission are also included in contractual adjustments, a portion of which are also included in established rates Contractual adjustments to patient service revenue were \$178.3 million and \$159.8 million for the years ended June 30, 2011 and 2010, respectively

JHH has a policy of providing care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates Such patients are identified based on information obtained from the patient and subsequent analysis Because JHH does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue Charges for these services, measured at JHH's established rates, amounted to \$30.0 million and \$23.6 million for the years ended June 30, 2011 and 2010, respectively Patient accounts receivable as of June 30 consisted of the following

	2011	2010
Medicare program	16 %	20 %
Blue Cross and Blue Shield of Maryland	19 %	17 %
Health Maintenance Organizations	16 %	15 %
Commercial	14 %	12 %
Medicaid program	13 %	11 %
Medicaid Managed Care Organizations	9 %	10 %
Other self-pay and third party-payors	13 %	15 %

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For the years ended June 30, 2011 and 2010

3. Pledges Receivable

As of June 30, 2011 and 2010, the total value of pledges receivable was \$26.7 million and \$26.1 million. These amounts have been discounted at rates ranging from 1.38% to 6.0% and consist of the following (in thousands):

	2011			Totals
	1 Year	2 –5 Years	5 Years or Greater	
Future campus development	\$ 16,153	\$ 9,263	\$ 198	\$ 25,614

	2010			Totals
	1 Year	2 –5 Years	5 Years or Greater	
Cancer center capital campaign	\$ -	\$ 3,193	\$ -	\$ 3,193
Future campus development	4,614	15,666	358	20,638
	<u>\$ 4,614</u>	<u>\$ 18,859</u>	<u>\$ 358</u>	<u>\$ 23,831</u>

Pledges are deemed to be fully collectable and therefore, no reserve is recorded.

4. Fair Value Measurements

FASB's guidance on the fair value option for financial assets and financial liabilities permits companies to choose to measure many financial assets and liabilities, and certain other items at fair value. This guidance requires a company to record unrealized gains and losses on items for which the fair value option has been elected in excess of revenues over expenses. The fair value option may be applied on an instrument by instrument basis. Once elected, the fair value option is irrevocable for that instrument. The fair value option can be applied only to entire instruments and not to portions thereof. JHH did not elect fair value accounting for any asset or liability that was not currently required to be measured at fair value.

JHH follows the guidance on fair value measurements, which defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date, establishes a framework for measuring fair value, and expands disclosures about such fair value measurements. This guidance applies to other accounting pronouncements that require or permit fair value measurements and, accordingly, this guidance does not require any new fair value measurements. Adopting this guidance did not have a material impact on JHHs' financial position and results of operations.

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

- Level 1 – Observable inputs such as quoted market prices for identical assets or liabilities in active markets,
- Level 2 – Observable inputs for similar assets or liabilities in an active market, or other than quoted prices in an active market that are observable either directly or indirectly, and
- Level 3 – Unobservable inputs in which there is little or no market data that require the reporting entity to develop its own assumptions. There were no financial instruments requiring level 3 classification at June 30, 2011 or June 30, 2010.

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

The following table presents the financial instruments carried at fair value as of June 30, 2011 grouped by hierarchy level (in thousands):

<u>Assets</u>	Total Fair Value	Level 1	Level 2
Cash equivalents (1)	\$ 124,831	\$ -	\$ 124,831
U S treasury notes (2)	123,515	-	123,515
Corporate bonds (2)	182,775	-	182,775
Mortgage backed securities (2)	141,164	-	141,164
Equities and equity funds (3)	128,516	-	128,516
Fixed Income Funds (4)	39,507	-	39,507
Totals	<u>\$ 740,308</u>	<u>\$ -</u>	<u>\$ 740,308</u>
<u>Liabilities</u>			
Interest rate swap agreements (5)	<u>\$ 99,095</u>	<u>\$ -</u>	<u>\$ 99,095</u>

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The following table presents the financial instruments carried at fair value as of June 30, 2010 grouped by hierarchy level (in thousands)

<u>Assets</u>	Total Fair Value	Level 1	Level 2
Cash equivalents (1)	\$ 131,629	\$ -	\$ 131,629
U S treasury notes (2)	107,309	-	107,309
Corporate bonds (2)	210,723	-	210,723
Mortgage backed securities (2)	150,259	-	150,259
Equities and equity funds (3)	-	-	-
Fixed Income Funds (4)	53,363	-	53,363
Totals	<u>\$ 653,283</u>	<u>\$ -</u>	<u>\$ 653,283</u>
<u>Liabilities</u>			
Interest rate swap agreements (5)	<u>\$ 123,303</u>	<u>\$ -</u>	<u>\$ 123,303</u>

- (1) Cash equivalents include investments with original maturities of three months or less, including certificates of deposit and overnight investments. Certificates of deposit are carried at amortized cost, which approximates fair value. Certificates of deposit that have original maturities greater than three months and are considered short-term investments. Computed prices and frequent evaluation versus market value render the certificates of deposit level 2.
- (2) For investments in U S Treasuries (notes, bonds, and bills), corporate bonds, and mortgage backed securities, fair value is based upon quotes for similar securities, therefore these investments are rendered level 2. These investments fluctuate in value based upon changes in interest rates. Until April 1, 2011, significant changes in the credit quality of the underlying entity were analyzed and any other than temporary impairments was recorded upon that determination, if any.
- (3) Equities include individual equities and investments in mutual funds, commingled trusts and hedge funds. A small portion of the investments are lent out under securities lending. The ability to liquidate these funds is not limited except for the small percentage of each securities lending fund that is on loan. The commingled trusts and hedge funds are valued regularly within each month utilizing NAV per unit and are rendered level 2.
- (4) Fixed income funds are investments in mutual funds and commingled trusts investing in fixed income instruments. The underlying fixed investments are principally U S Treasuries, corporate bonds, commercial paper, and mortgage backed securities. Fair value is based on quotes for similar securities, therefore these investments are rendered level 2.
- (5) The interest rate swap agreements are valued using a pricing service at net present value. These evaluated prices render these instruments level 2. The volatility in the fair value of the swap agreements change as long-term interest rates change. See footnote 9.

During 2011, there were no transfers between level 1 and 2.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair value. Furthermore, while JHH believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value as of the reporting date. JHH holds alternative investments which are accounted for on the equity method of accounting which approximates fair value, that are not traded on national exchanges or over-the counter markets. JHH is provided a net asset value per share for these alternative investments that has been calculated in

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accordance investment company rules, which among other requirements, indicates that the underlying investments be measured at fair value. There are no unfunded commitments related to JHH's alternative investments.

The following table displays information by major alternative investment category as of June 30, 2011.

Description	Market Value	Liquidity	Notice Period	Receipt of Proceeds
Global asset allocation	\$ 55,050	Monthly	5 - 14 days	(1)
Fund of funds	29,000	Monthly, quarterly or annually	30 - 60 days	(2)
Hedge funds	3,275	Quarterly - at quarter end	60 days	(3)

(1) Within 15 days, or 95% within 1 business day of the redemption date, 5% after the 12th business day of the month.

(2) Within 5 days, or 95% in 1 - 30 days, 5% within 60 days or after annual audit.

(3) 95% within 30 days of redemption date, 5% within 120 days of redemption date.

The following table displays information by major alternative investment category as of June 30, 2010.

Description	Market Value	Liquidity	Notice Period	Receipt of Proceeds
Global asset allocation	\$ 36,393	Monthly/manager's discretion	5 days	15 - 30 days
Fund of funds	10,241	Monthly	30 days	30 days

The estimated total fair value of long-term debt based on quoted market prices for the same or similar issues, was \$785.4 million and \$802.9 million as of June 30, 2011 and 2010, respectively.

5. Investments and Assets Whose Use is Limited

Investments (short and long-term) at June 30 consisted of the following (in thousands):

	2011		2010	
	Cost	Carrying Amount	Cost	Carrying Amount
U.S. treasury notes	\$ 110,024	\$ 105,722	\$ 73,276	\$ 77,711
Corporate bonds	164,787	156,643	149,904	156,456
Mortgage backed securities	128,605	123,948	109,411	115,638
Equities and equity funds	114,991	128,516	58,740	51,938
Fixed Income funds	39,699	39,507	-	-
Alternative investments	78,816	87,325	50,386	46,634
Equity/cost investments	34,572	34,572	19,962	19,962
	<u>\$ 671,494</u>	<u>\$ 676,233</u>	<u>\$ 461,679</u>	<u>\$ 468,339</u>

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Included in investments as of June 30, 2011 and 2010 are \$388.0 million and \$351.4 million, respectively, of investments pooled together with other JHH affiliates.

Assets whose use is limited as of June 30 consisted of the following (in thousands):

	2011		2010	
	Cost	Carrying Amount	Cost	Carrying Amount
Cash and cash equivalents	\$ 16,586	\$ 16,595	\$ 31,521	\$ 31,521
U.S. treasury notes	17,607	17,793	28,916	29,598
Mortgage backed securities	16,889	17,217	33,720	34,621
Corporate bonds	26,156	26,132	53,800	54,267
Equities and Equity funds	-	-	1,422	1,425
Beneficial interest remainder trust	7,457	7,457	6,275	6,275
Alternative investments	-	-	735	776
Pledges receivable	25,614	25,613	23,831	23,831
	<u>\$ 110,309</u>	<u>\$ 110,807</u>	<u>\$ 180,220</u>	<u>\$ 182,314</u>

Included in assets whose use is limited as of June 30, 2011 and 2010 are \$60.9 million and \$65.1 million, respectively, of investments pooled together with other JHH affiliates.

The following tables show the unrealized losses and fair value of JHH's investments and assets whose use is limited with unrealized losses that are not deemed to be other-than-temporarily impaired, aggregated by investment category and length of time that individual securities have been in a continuous unrealized loss position, as of June 30, 2010 (in thousands):

	Less Than 12 Months		12 Months or More		Total	
	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses
U.S. treasury notes	\$ 15,871	\$ 109	\$ -	\$ -	\$ 15,871	\$ 109
Corporate bonds	28,041	188	1,663	40	29,704	228
Mortgage backed securities	10,797	143	1,854	2	12,651	145
Alternative investments	-	-	42,764	4,212	42,764	4,212
Equities and equity funds	6,016	40	34,376	7,556	40,392	7,596
Fixed income funds	-	-	-	-	-	-
Total	<u>\$ 60,725</u>	<u>\$ 480</u>	<u>\$ 80,657</u>	<u>\$ 11,810</u>	<u>\$ 141,382</u>	<u>\$ 12,290</u>

There were 37 investment positions in an unrealized loss position as of June 30, 2010. The unrealized loss on the government obligations, corporate bonds and mortgage backed securities were caused by interest rate increases. The contractual terms of those investments do not permit the issuer to settle the securities at a price less than the amortized cost of the investment. For the debt securities in an unrealized loss position, JHH does not have the intent or requirement to sell them, therefore, JHH does not consider these investments to be other-than-temporarily impaired as of June 30, 2010. The equity index funds are broad based and have fluctuated between an unrealized gain or loss position since acquisition and based on management's impairment policy, JHH does not consider these investments to be other-than-temporarily impaired as of June 30, 2010. Starting April 1, 2011, JHH discontinued its evaluation of investments for other than temporary impairment due to its change in investment portfolio classification.

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Realized and unrealized losses on investments for the years ended June 30, included in non-operating revenues and expenses section of the Statement of Operations consisted of the following (in thousands)

	2011	2010
Realized gains (losses) on investments	\$ 4,528	\$ (827)
Unrealized gains on investments	22,521	3,544
Total	<u>\$ 27,049</u>	<u>\$ 2,717</u>

Investments recorded under the cost or equity method as of June 30 consisted of the following (in thousands)

Entity	Cost/Equity	%	2011	2010
JHMI Utilities, LLC	Equity	50.0 %	\$ 3,862	\$ 3,737
MCIC Bermuda	Cost	10.0 %	29,635	15,150
MCIC Vermont	Cost	16.0 %	1,000	1,000
Other	Cost		75	75
			<u>\$ 34,572</u>	<u>\$ 19,962</u>

6. Property, Plant and Equipment

Property, plant and equipment and accumulated depreciation and amortization consisted of the following as of June 30 (in thousands)

	2011		2010	
	Cost	Accumulated Depreciation	Cost	Accumulated Depreciation
Land and land improvements	\$ 14,421	\$ 3,884	\$ 13,387	\$ 3,521
Buildings and improvements	432,866	213,500	432,699	191,644
Fixed and moveable equipment	451,093	279,212	515,659	319,901
Construction in-progress	905,607	-	698,906	-
Capitalized software	46,562	17,764	43,297	15,041
	<u>\$ 1,850,549</u>	<u>\$ 514,360</u>	<u>\$ 1,703,948</u>	<u>\$ 530,107</u>

Accruals for purchases of property, plant and equipment as of June 30, 2011 amounted to \$49.6 million and are included in accounts payable and accrued liabilities in the Balance Sheet.

Depreciation expense for the years ended June 30, 2011 and 2010 amounted to \$63.6 million and \$60.4 million, respectively. Amortization expense for the years ended June 30, 2011 and 2010 amounted to \$5.7 million and \$5.0 million, respectively.

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JHH and The Johns Hopkins University ("JHU") share various facilities, equipment and services. The costs related to these facilities, equipment and services are generally paid for in their entirety by one institution. Under the provisions of a Joint Administrative Agreement and a lease agreement between JHH and JHU, these costs are allocated to both institutions on the basis of usage. JHU leases approximately 26.6% and 25.9% of the net square footage within JHH's buildings at June 30, 2011 and 2010, respectively. During the year ended June 30, 2011, JHH retired long-lived assets determined to have no future value and a zero book value. The original cost and corresponding accumulated depreciation of these long-lived assets was \$85.3 million. No proceeds from retirement were received.

7. Debt

Debt as of June 30 is summarized as follows (in thousands)

	2011		2010	
	Current Portion	Long-Term Portion	Current Portion	Long-Term Portion
MHHEFA bonds and notes				
1990 Series--Revenue Bonds	\$ 9,370	\$ 54,850	\$ 9,370	\$ 59,753
2001 Series--Revenue Bonds - net of original issue discount of \$790 and \$816 as of June 30, 2011 and 2010, respectively	2,755	78,514	2,595	81,244
2004 - Commercial Paper Series A	54,625	-	1,450	54,625
2004 - Commercial Paper Series C	10,000	50,000	-	60,000
2007 - Commercial Paper Series D	-	40,000	-	40,000
2008 - Commercial Paper Series E	-	84,100	-	84,100
2008 - Commercial Paper Series F	-	84,550	-	84,550
2008 Series Revenue Bonds -- including premium of \$4,806 and \$4,958 as of June 30, 2011 and 2010, respectively	48,245	101,301	-	149,697
2010 Series Revenue Bonds -- including net original issue premium of \$1,742 at June 30, 2011	-	149,937	-	150,000
	<u>\$ 124,995</u>	<u>\$ 643,252</u>	<u>\$ 13,415</u>	<u>\$ 763,969</u>

1990 Series - Revenue Bonds

Portions of the Series 1990 Revenue Bonds have been advance refunded by the 1993 Series - Refunding Revenue Bonds.

The bonds outstanding consist of Capital Appreciation Bonds. Interest on the Capital Appreciation Bonds accrues from the date of delivery, is compounded semi-annually on each July 1, and January 1, and is to be paid at maturity or redemption. Serial Capital Appreciation Bonds of \$40.8 million and \$47.3 million as of June 30, 2011 and 2010, respectively, bearing interest at rates ranging from 7.25% to 7.35% per annum, are due each July 1 in the amount of \$9.4 million from 2010 to 2015. Term Capital Appreciation Bonds of \$23.4 million and \$21.8 million as of June 30, 2011 and 2010, respectively, are due July 1, 2019 and bear interest, compounded semi-annually at a rate of 7.4%. Annual sinking fund installments for the Term Capital Appreciation Bonds in the amount of \$9.4 million are due on July 1, 2016 through 2019.

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2001 Series - Revenue Bonds

The outstanding 2001 bonds consist of Serial Bonds of \$14.6 million and \$17.2 million as of June 30, 2011 and 2010, respectively bearing interest at rates ranging from 4.06% to 5.00%

The remaining 2001 Bonds are Term Bonds amounting to \$67.5 million. These bonds pay interest semi-annually at a rate of 5.0%. Annual sinking fund installments begin May 15, 2017, ranging from \$3.1 million to \$7.0 million. The bond discount is being amortized on a straight-line basis over the term of the bonds.

2004 Commercial Paper Revenue Notes – Series A

The Series A Notes pay interest as the notes mature at a variable rate based on the commercial paper sold by a designated re-marketing agent for terms ranging from 1 to 270 days. The rates for the years ended June 30, 2011 and 2010 were approximately 0.31% and 0.33%, respectively.

In connection with the 2004 Commercial Paper Revenue Notes – Series A, JHH entered into a \$75.2 million line of credit agreement dated February 9, 2004 with the Bank of America, N.A. to provide for payment of such commercial paper at maturity, subject to certain conditions described therein. This agreement expires on October 31, 2011. In connection with the expiration of this line of credit, JHH plans via a competitive bid process, to refinance this commercial paper series through a direct bank placement of a tax-exempt floating rate note. Accordingly, \$53.5 million of commercial paper notes have been reclassified as short-term in the balance sheet.

Amounts advanced under the line of credit agreement bear interest at a variable rate based upon the overnight Federal funds rate plus 0.30% for the first 90 days outstanding and at a prime rate plus 2.00% thereafter. The advances are repayable on the earliest of the date that is 360 days from the date of such advance, the date of termination, the date of receipts by JHH of the proceeds of any subsequent issuances of notes and the final date. No amounts were outstanding as of June 30, 2011 or 2010.

2004 Commercial Paper Revenue Notes – Series C

The Series C Notes pay interest as the notes mature at a variable rate based on the commercial paper sold by a designated re-marketing agent for terms ranging from 1 to 270 days. The rates for the years ended June 30, 2011 and 2010 were approximately 0.46% and 0.66%, respectively.

In connection with the 2004 Commercial Paper Revenue Series C, JHH entered into a \$60.0 million line of credit agreement dated March 1, 2004 with Suntrust Bank to provide for payment of such commercial paper at maturity subject to certain conditions described therein. This agreement expires on November 1, 2012 subject to extension or earlier termination.

Amounts advanced under the line of credit agreement bear interest at a variable rate based upon the higher of the prime rate and the Federal funds rate plus 0.50% for the first 60 days outstanding and the higher of these two rates plus 2.00% thereafter. The advances are repayable on the earliest date that is 360 days from the date of such advance, the date of termination, the date of receipts by JHH of proceeds of any subsequent issuances of notes or the final date. No amounts were outstanding as of June 30, 2011 or 2010. Since this liquidity facility must be repaid within 360 days, \$10.0 million of commercial paper notes that were scheduled for remarketing during the period July 1 through July 6, 2011 have been reclassified as short-term in the June 30, 2011 balance sheet. This commercial paper was successfully remarketed subsequent to June 30, 2011. There were no commercial paper notes that were required to be reclassified as short-term in the June 30, 2010 balance sheet.

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On July 1, 2008, JHH made \$15.0 million of aggregate principal payments on the notes. In connection with the payment of these maturities, JHH issued an additional \$15.0 million of commercial paper notes to replace the matured notes. The additional notes are subject to the same terms and conditions as the original notes except for the inclusion of the additional maturities.

2007 Commercial Paper Revenue Notes – Series D

The Series D Notes pay interest monthly at a variable rate based on the commercial paper sold by a designated re-marketing agent for terms ranging from 1 to 270 days. The rates for the years ended June 30, 2011 and 2010 were approximately 0.43% and 0.66%.

In connection with the 2007 Commercial Paper Revenue Series D, JHH entered into a \$40.0 million line of credit agreement dated November 1, 2007 with Suntrust Bank to provide for payment of such commercial paper at maturity subject to certain conditions described therein. This agreement expires on November 1, 2012 subject to extension or earlier termination.

Amounts advanced under the line of credit agreement bear interest at a variable rate based upon the higher of the prime rate and the Federal funds rate plus 0.50% for the first 60 days outstanding and the higher of these two rates plus 2.00% thereafter. The advances are repayable on the earliest date that is 360 days from the date of such advance, the date of termination, the date of receipts by JHH of proceeds of any subsequent issuances of notes or the final date. No amounts were outstanding as of June 30, 2011. There were no commercial paper notes that were required to be reclassified as short-term in the June 30, 2011 or 2010 balance sheets.

2008 Commercial Paper Revenue Notes - Series E and Series F

In April 2008 JHH issued \$84.1 million and \$84.6 million 2008 Commercial Paper Revenue Notes Series E and Series F, respectively. Notes are due May 15, 2038 and pay interest as they mature at a variable rate based on the commercial paper sold by a designated remarketing agent for terms ranging from 1 to 270 days. The interest rates for the years ended June 30, 2011 and 2010 were approximately 0.28% and 0.32% for the Series E notes and 0.29% and 0.33% for the Series F notes, respectively.

In connection with the 2008 Commercial Paper Revenue Notes Series E and Series F, JHH entered into a \$170.5 million letter of credit agreement dated April 1, 2008 with Bank of America, N.A. equal to the principal amount of the Notes plus thirty-four days of interest at the maximum rate of 12.0%. This agreement was extended on June 30, 2010 to expire on June 30, 2015.

Amounts advanced under the line of credit agreements bear interest at the prime rate for the first 90 days outstanding and the prime rate plus 1.00% thereafter. The advances are repayable on the earliest date that is 366 days from the date of the advance or the date of receipt by JHH of proceeds of subsequent issuances of notes in excess of the principal of notes maturing or the expiration date. No amounts were outstanding as of June 30, 2011.

2008 Series Revenue Bonds

In June 2008 JHH issued \$144.7 million of Revenue Bonds to finance construction of two new clinical care buildings. The bonds are term bonds that were sold in three tranches of approximately \$48.2 million each that have final maturities in 2042, 2046 and 2048. The payment terms require sinking fund deposits in 2036 through 2048 in amounts ranging from \$2.3 million to \$20.2 million. The interest rates on the bonds are based on initial term rate periods of three, five and seven years and currently range between 3.65% and 5.0%. Interest is payable semi-annually. At the end of the initial term rate periods the bonds are subject to mandatory purchase by JHH. The first tranche of term bonds are required to be purchased by JHH on

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November 14, 2011. Accordingly, \$48.2 million of debt has been reclassified to current in the balance sheet. JHH has the option at the end of each term period to change the length of the term periods or extend the fixed rate period to the final maturity of the bonds. JHH also has the right to retire the bonds at par value at the end of each term period. JHH plans to refinance the first tranche of term bonds through a tax-exempt floating rate note issuance. The bonds were sold at a premium of \$5.3 million which is being accounted for using the bond outstanding method.

2010 Series Revenue Bonds

In June 2010 JHH issued \$148.2 million of Revenue Bonds to further finance construction of the two new clinical buildings. \$29.8 million of the bonds are serial bonds that mature in 2031 through 2035 and pay interest semi-annually at rates ranging from 4.38% to 4.63%. The remaining 2010 Bonds are Term Bonds amounting to \$118.4 million paying interest semi-annually at a rate of 5.0% and maturing in 2040. The payment terms for the Term Bonds require sinking fund deposits in 2036 through 2040 in amounts ranging from \$21.0 million to \$26.3 million. The Serial Bonds were sold at a discount of \$5 million and the Term Bonds were sold at a premium of \$2.3 million both of which are being accounted for using the bond outstanding method.

Derivative Financial Instruments

JHH's primary objective for holding derivative financial instruments is to manage interest rate risk. Derivative financial instruments are recorded at fair value and are included in other long-term liabilities. The total notional amount of interest rate swap agreements was \$523.3 million and \$524.7 million as of June 30, 2011 and 2010, respectively.

JHH follows accounting guidance on derivative financial instruments that is based on whether the derivative instrument meets the criteria for designation as cash flow or fair value hedges. The criteria for designating a derivative as a hedge include the assessment of the instrument's effectiveness in risk reduction, matching of the derivative instrument to its underlying transaction, and the assessment of the probability that the underlying transaction will occur. All of JHH's derivative financial instruments are interest rate swap agreements without hedge accounting designation.

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

Each swap agreement has certain collateral thresholds whereby, on a daily basis, if the market value of the swap agreement declines such that its devaluation exceeds the threshold, cash must be deposited by JHHS with the swap counterparty for the difference between the threshold amount and the market value. At June 30, 2011 and 2010, the amount of required collateral was \$54.4 million and \$65.3 million, respectively. JHH has funded the collateral payments to JHHS. JHHS makes the deposits to the counterparty. JHH has included the collateral funding in the balance of due from affiliates, net of current portion in the balance sheet.

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Fair value of derivative instruments as of June 30 (in thousands)

Derivatives Reported as Liabilities			
2011		2010	
Balance Sheet Caption	Fair Value	Balance Sheet Caption	Fair Value
Interest rate swaps not designated as hedging instruments	Other long-term liabilities \$ (99,095)	Other long-term liabilities	\$ (123,302)

Derivatives not designated as hedging instruments as of June 30 (in thousands)

Classification of Derivative Loss in Statement of Operations	Amount of Loss Recognized in Change in Unrestricted Net Assets	
	2011	2010
Interest rate swaps		
Loss on market value of swap agreements	\$ 24,207	\$ 32,290

The following is a description of JHH's interest rate swap agreements

In January 2004 in connection with the issuance of the 2004 Commercial Paper Revenue Notes Series A, JHH entered into a fixed payor interest swap agreement with J P Morgan. The notional amount on this swap agreement is \$54.6 million and \$56.1 million as of June 30, 2011 and 2010, respectively. JHH pays J P Morgan a fixed annual rate of 3.329% on the outstanding loan value of the 2004 Series A Notes in return for the receipt of a floating rate of interest equal to 67% of the one Month LIBOR rate. The floating rate payments from this interest rate swap agreement are intended to substantially offset the floating rate of the Series A Notes. The change in market value of this swap agreement is recorded in JHH's Statements of Operations and Changes in Net Assets. The floating rates as of June 30, 2011 and 2010 were 0.13% and 0.23%, respectively.

In April 2006, JHH entered into two forward start fixed payor swap agreements with Goldman Sachs Capital Markets, L P ("GSCM"). The notional amount on these swap agreements is \$150 million each. Payments under the first of these swap agreements began May 1, 2007 and payments under the second agreement began May 1, 2008. These agreements carry a term of 32 years. JHH pays GSCM a fixed annual rate of 3.911% on the notional value of the swap agreement in return for the receipt of a floating rate of interest equal to 67% of the one-month LIBOR rate. Under the second swap agreement JHH pays GSCM a fixed annual rate of 3.922% on the \$150.0 million notional value in return for the receipt of a floating rate of interest equal to 67% of the one month LIBOR rate. The floating rates as of June 30, 2011 and 2010 were 0.13% and 0.23%, respectively.

In July 2007, JHH entered into two additional fixed payor interest rate swap agreements. One with GSCM in a notional amount of \$84.1 million and another with Merrill Lynch Capital Services ("MLCS") in a notional amount of \$84.6 million. JHH will pay GSCM a fixed annual rate of 3.819% and will pay MLCS a fixed annual rate of 3.8091% on the outstanding loan values in return for the receipt of a floating rate of interest equal to 67% of the one-month LIBOR rate. The floating rate payment from these interest rate swap agreements are intended to substantially offset the floating rate of the 2008 Commercial Paper Notes Series E and Series F. The floating rates as of June 30, 2011 and 2010 were 0.13% and 0.23%, respectively.

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Obligated Group

The Johns Hopkins Health System's Obligated Group ("JHHS Obligated Group") consists of JHH, Johns Hopkins Bayview Medical Center, Inc., ("JHBMC"), Suburban Hospital Healthcare System, Inc. ("SHHS") and Suburban Hospital, Inc. ("SHI"). JHBMC was admitted into the JHHS Obligated Group in 2004 as part of a plan of debt refinancing. SHHS and SHI were admitted into the JHHS Obligated Group in 2010 as part of the JHH 2010 Series Revenue Bonds issuance. All JHH debt, the 2004 JHBMC Commercial Paper Series B, JHBMC 2008 Variable Rate Demand Bonds Series A, JHBMC Pooled Loan Program Issue Series 1985A and 1985B debt, the SHI 2004 Series A and B Revenue Bonds and SHI 2008 Series Revenue Bonds are parity debt, and as such are collateralized equally and ratably by a claim on and a security interest in all of JHH's, JHBMC's, SHI's and SHHS' receipts as defined in the Master Loan Agreement with MHHEFA. JHH, JHBMC, SHI and SHHS are required to achieve a defined minimum debt service coverage ratio each year, maintain adequate insurance coverage and comply with certain restrictions on their ability to incur additional debt. As of June 30, 2011 and 2010 JHH, JHBMC, SHI and SHHS are in compliance with these requirements. As of June 30, 2011 and 2010 the outstanding JHBMC, SHI and SHHS parity debt was \$177.8 million and \$185.8 million, respectively. In addition the obligated group has agreed to guarantee the \$40.0 million principal amount of the Howard County General Hospital ("HCGH") Series 2008 debt.

In 1998 JHH and JHU each agreed to guarantee 4.5% of the HCGH Series 1998 Revenue Bonds. The total outstanding principal of the debt at June 30, 2011 and 2010 was \$113.7 million and \$116.2 million, respectively.

Total maturities of debt and sinking fund requirements during the next five fiscal years and thereafter are as follows as of June 30, 2011 (in thousands):

2012	\$ 124,995
2013	61,150
2014	22,115
2015	72,525
2016	22,135
Thereafter	459,569
	<u>\$ 762,489</u>

Interest costs incurred, paid and capitalized in the years ended June 30 are as follows (in thousands):

	2011	2010
Net interest costs		
Capitalized	\$ 16,507	\$ 8,281
Charged to operations	28,939	29,934
	<u>\$ 45,446</u>	<u>\$ 38,215</u>
Interest costs paid	<u>\$ 39,172</u>	<u>\$ 32,156</u>

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8. Temporarily Restricted Net Assets

Temporarily restricted net assets were available for the following purposes as of June 30
(in thousands)

	2011	2010
Purchase of property, plant and equipment	\$ 459,845	\$ 396,939
Patient care	1,164	1,074
Education and counseling	519	491
	<u>\$ 461,528</u>	<u>\$ 398,504</u>

9. Pension Plans

JHH has two defined benefit pension plans (the "Plans") covering substantially all of its employees. The plan for employees not represented by a collective bargaining unit is part of a multi-employer plan. Employees represented by Local 1999-E are covered by a noncontributory pension plan which provides for retirement income benefits based on years of service and compensation.

Employees not represented by a collective bargaining agreement are covered by a contributory pension plan which provides for retirement income based on years of service, the level of contributions and the employees' compensation. Effective July 1, 1992, the option for an employee to contribute to the pension plan was discontinued. The funding policy for both plans is to make sufficient contributions to meet the Internal Revenue Service minimum funding requirements. The assets of both plans as of June 30, 2011 and 2010 consisted of cash and cash equivalents, listed stocks, corporate bonds, government securities and alternative investments. All assets are managed by external investment managers, consistent with the plan's investment policy.

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The change in benefit obligation, plan assets, and funded status of the pension plans are shown below (in thousands)

	2011	2010
<u>Change in benefit obligation</u>		
Benefit obligation as of beginning of year	\$ 614,623	\$ 509,765
Service cost	22,525	20,944
Interest cost	36,562	35,706
Actuarial loss	13,171	63,271
Benefits paid	<u>(17,387)</u>	<u>(15,063)</u>
Benefit obligation as of June 30	<u>\$ 669,494</u>	<u>\$ 614,623</u>
<u>Change in plan assets</u>		
Fair value of plan assets as of beginning of year	\$ 442,412	\$ 379,027
Actual return on plan assets	79,839	54,217
Employer contribution	33,238	24,231
Benefits paid	<u>(17,387)</u>	<u>(15,063)</u>
Fair value of plan assets as of June 30	<u>\$ 538,102</u>	<u>\$ 442,412</u>
<u>Funded Status as of June 30,</u>		
Fair value of plan assets	\$ 538,102	\$ 442,412
Projected benefit obligation	<u>(669,494)</u>	<u>(614,623)</u>
Funded status	<u>\$ (131,392)</u>	<u>\$ (172,211)</u>

Amounts recognized in the Balance Sheets consist of (in thousands)

	2011	2010
Net pension asset	\$ 1,878	\$ -
Net pension liability	(133,270)	(172,211)
Net amount recognized	<u>\$ (131,392)</u>	<u>\$ (172,211)</u>

Amounts not yet recognized in net periodic benefit cost and included in unrestricted net assets consist of (in thousands)

	2011	2010
Actuarial net loss	\$ 253,622	\$ 301,600
Prior service cost	3,308	4,569
	<u>\$ 256,930</u>	<u>\$ 306,169</u>
Accumulated benefit obligation	<u>\$ 579,016</u>	<u>\$ 529,740</u>

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Net Periodic Cost

Components of net periodic pension cost (in thousands)

	2011	2010
Service cost	\$ 22,525	\$ 20,944
Interest cost	36,562	35,706
Expected return on plan assets	(41,261)	(42,764)
Amortization of prior service cost	1,261	1,261
Recognized net actuarial loss	22,572	10,336
Net periodic pension benefit cost	<u>\$ 41,659</u>	<u>\$ 25,483</u>

The actuarial net loss and prior service cost for the defined benefit plans that will be amortized from unrestricted net assets into net periodic benefit costs in 2012 are \$25.5 million and \$1.3 million, respectively.

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

	2011	2010
Discount rate	6.04%	7.10%
Expected return on plan assets	8.25%	8.25%
Rate of compensation increase	2.00% - 3.00%	3.00% - 4.00%

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

	2011	2010
Discount rate	6.03%	6.04%
Expected return on plan assets	8.25%	8.25%
Rate of compensation increase	2.50% - 3.00%	2.00% - 3.00%

The rate of compensation increase was 2.00% for fiscal 2012, 2.50% for fiscal year 2013 and 3.00% thereafter. The expected rate of return on plan assets assumption was developed based on historical returns for the major asset classes. This review also considered both current market conditions and projected future conditions.

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Plan Assets

JHH's pension plan weighted average asset allocations as of June 30, 2011 and 2010 by asset category are as follows

	2011	2010
<u>Asset Category</u>		
Cash equivalents	4.5%	5.0%
Equity funds	35.8%	34.5%
Fixed income funds	15.6%	19.1%
Alternative investments	44.1%	41.4%
Total	100.0%	100.0%

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

Fair Value of Plan Assets

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

- Level 1 – Observable inputs such as quoted market prices for identical assets or liabilities in active markets,
- Level 2 – Observable inputs for similar assets or liabilities in an active market, or other than quoted prices in an active market that are observable either directly or indirectly, and
- Level 3 – Unobservable inputs in which there is little or no market data that require the reporting entity to develop its own assumptions. There were no financial instruments requiring Level 3 classification at June 30, 2011 and 2010.

The following table presents the plan assets carried at fair value as of June 30, 2011 and 2010 grouped by hierarchy level:

As of June 30, 2011

Assets	Total Fair Value	Level 1	Level 2
Cash equivalents (1)	\$ 23,943	\$ -	\$ 23,943
Equity funds (2)	192,793	-	192,793
Fixed income funds (3)	83,991	77,148	6,843
Alternative investments (4)	237,375	-	237,375
Totals	<u>\$ 538,102</u>	<u>\$ 77,148</u>	<u>\$ 460,954</u>

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As of June 30, 2010

Assets	Total Fair Value	Level 1	Level 2
Cash equivalents (1)	\$ 22,133	\$ -	\$ 22,133
Equity funds (2)	152,451	20,914	131,537
Fixed income funds (3)	84,596	78,172	6,424
Alternative investments (4)	183,232	-	183,232
Totals	<u>\$ 442,412</u>	<u>\$ 99,086</u>	<u>\$ 343,326</u>

- (1) Cash equivalents include investments with original maturities of three months or less and overnight investments. Computed prices and frequent evaluation versus market value render the other investments level 2.
- (2) Equities include individual equities. Equity funds include investments in mutual funds, commingled trusts and hedge funds. A small portion of the investments are lent out under securities lending. The ability to liquidate these funds is not limited except for the small percentage of each securities lending fund that is on loan. The individual equities and mutual funds are rendered level 1. The commingled trusts and hedge funds are valued regularly within each month utilizing NAV per unit and are rendered level 2.
- (3) Fixed income funds are investments in mutual funds and commingled trusts investing in fixed income instruments. The underlying fixed investments are principally U.S. Treasuries, corporate bonds, commercial paper, and mortgage backed securities. The mutual funds are rendered level 1. The commingled trusts are valued regularly within each month utilizing NAV per unit and are rendered level 2.
- (4) Alternative investments include investments that are not traded on national exchanges or over-the-counter markets. These investments are valued at using a net asset value per share that has been calculated in accordance with investment company rules, which among other things, indicates that the underlying investments be measured at fair value. This valuation technique renders these investments level 2.

The following table displays information by major alternative investment category as of June 30, 2011

Description	Fair Value	Liquidity	Notice Period	Receipt of Proceeds
Global asset allocation	\$ 103,931	Monthly	5 days	(1)
Fund of funds	74,126	Monthly, quarterly or annually	30 to 65 days	(2)
Hedge funds	27,695	Monthly or quarterly	30 to 65 days	(3)
Credit funds	21,327	Annual	60 to 90 days	(4)
Distressed credit	10,296	December 31, 2013		

- (1) Within 15 days, or 95% on redemption date, 5% on third business day
- (2) Within 5 days, or 90% within 30 to 60 days, 10% after annual audit
- (3) 90% - 95% within 30 days, 5% - 10% after 10 days, 10% after annual audit
- (4) Within 30 days, or 90% within 10 days, 10% after annual audit

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The following table displays information by major alternative investment category as of June 30, 2010

Description	Fair Market Value	Liquidity	Notice Period	Receipt of Proceeds
Global asset allocation	\$ 70,184	Monthly	5 days	15 days
Fund of funds	68,242	Monthly or quarterly	30 to 65 days	(1)
Hedge funds	9,360	Quarterly	30 days	(2)
Credit funds	19,582	Annual	30 to 90 days	(3)
Distressed credit	15,864	December 31, 2013		

(1) Within 5 days, or 90% within 30 to 60 days, 10% after annual audit

(2) 95% within 30 days, 5% after annual audit

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

Contributions and Estimated Future Benefit Payments (Unaudited)

JHH expects to contribute \$71.4 million to its pension plan in the fiscal year ending June 30, 2012

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid in each of the following fiscal years as of June 30, 2011 (in thousands)

2012	\$ 20,888
2013	23,451
2014	26,410
2015	29,489
2016	32,551
2017 -- 2019	214,111

10. Maryland Health Services Cost Review Commission ("Commission" or "HSCRC")

JHH's charges are subject to review and approval by the Commission. JHH management has filed the required forms with the Commission and believes JHH to be in compliance with Commission requirements. The total rate of reimbursement for services to patients under the Medicare and Medicaid programs is based on an arrangement between the Centers for Medicare and Medicaid Service and the Commission. Management believes that this program will remain in effect at least through June 30, 2012.

Effective April 1, 1999, the Commission developed a methodology to control inpatient hospital charges and JHH elected to be paid under the new methodology. The methodology established a charge per admission cap for each hospital. The hospital specific charge per admission is adjusted annually to reflect cost inflation and is also adjusted for changes in the hospital's case mix index. Certain highly tertiary inpatient cases such as solid organ transplants, bone marrow transplants and certain oncology cases are treated as exclusions from the charge per case methodology. Effective July 1, 2008, the Commission developed a new methodology to establish a charge per visit (CPV) for certain types of outpatient services. The hospital specific charge per visit is adjusted annually to reflect cost inflation and is also adjusted for changes in case mix. Certain types of visits such as radiation therapy, psychiatric day hospital and certain types of recurring visits will be treated as exclusions under this methodology.

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In addition to the HSCRC annual rate update, JHH's management successfully negotiated a prospective rate setting agreement effective July 1, 2004 to provide annual rate increases through fiscal year 2010 for capital costs related to the planned east Baltimore campus redevelopment project. This capital cost rate increase is budgeted to raise JHH's annual approved rate base by approximately \$39.3 million by fiscal year 2012 when the new hospital facilities are projected to open. JHH received a certificate of need (CON) from the Maryland Health Care Commission. In order to provide capital funding in rates for this capital project, CON approval is a condition required by the HSCRC.

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

11. Professional and General Liability Insurance

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

JHH and JHU each have a 10% ownership interest in the RRG and the captive insurance company. This ownership interest is included in investments on the Balance Sheets. The medical institutions obtain primary and excess liability insurance coverage from commercial insurers and the RRG. The primary coverage is written by the RRG, and a portion of the risk is reinsured with the captive insurance company. Commercial excess insurance and reinsurance is purchased under a claims-made policy by the participating institutions for claims in excess of primary coverage retained by the RRG and the captive. Primary retentions are \$5.0 million per incident. Primary coverage is insured under a retrospectively rated claims-made policy, premiums are accrued based upon an estimate of the ultimate cost of the experience to date of each participating member institution. The basis for loss accruals for unreported claims under the primary policy is an actuarial estimate of asserted and unasserted claims including reported and unreported incidents and includes costs associated with settling claims. Projected losses were discounted at 1.2% and 2.00% for June 30, 2011 and 2010, respectively.

Professional and general liability insurance expense incurred by JHH was \$23.7 million and \$24.3 million for the years ended June 30, 2011 and 2010, respectively, and are included in purchased services expense in JHH's Statements of Changes in Net Assets. Professional and general liability insurance reserves recorded in JHH's balance sheets at June 30, 2011 and 2010 were \$41.2 million and \$38.6 million, respectively.

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12. Transactions with Related Parties

During the years ended June 30, 2011 and 2010, JHH engaged in transactions with JHHS and its affiliates, all related parties Johns Hopkins Bayview Medical Center, Inc ("JHBMC"), Johns Hopkins Medical Services Corporation ("JHMSC"), Johns Hopkins Community Physicians ("JHCP"), Johns Hopkins Medical Management Corp ("JHMMC"), Johns Hopkins Employer Health Programs, Inc ("EHP"), Johns Hopkins HealthCare, LLC ("JHHC"), Johns Hopkins Home Care Group, Inc ("JHHCG"), Central Maryland Heart Center, Dome Corporation, Howard County General Hospital ("HCGH"), Priority Partners Managed Care Organization, Inc ("Priority Partners"), JHMI Utilities, LLC, and Suburban Hospital Healthcare System ("SHHS") The following is a summary of related party transactions and balances

	2011	2010
<u>Revenue/(expense) transactions (in thousands)</u>		
Purchasing, legal, advertising and other services provided by JHHS	\$ (83,124)	\$ (76,220)
Cost recoveries for laboratory and various services provided to JHBMC	14,153	13,203
Cost recoveries for laboratory services provided to HCGH	7,449	7,089
Cost recoveries for laboratory and various support services provided to JHCP	275	380
Contribution to JHCP for services provided by JHCP to uninsured patients	(2,712)	(2,688)
Temporary staffing services provided by JHMMC	(14,746)	(13,638)
Premiums paid to EHP for administration of health care claims	(5,215)	(4,958)
Net patient services revenue for services to patients referred by JHHC and various support services provided to JHHC	38,663	36,219
Cost recoveries for fringe benefit and various support services from JHHCG	13,807	12,642
Net patient service revenue for services to patients referred from Priority Partners	111,813	101,300
Utility and telecommunication services provided by JHMI Utilities, LLC	(25,204)	(24,100)

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	2011	2010
<u>Due (to)/from related party balances as of June 30 (in thousands)</u>		
Due from JHHS for services provided and funding for strategic initiatives and swap collateral	\$ 49,376	\$ 62,241
Due from JHBMC for laboratory and various support services	1,267	673
Due from JHMSC for notes receivable	614	920
Due to JHCP for support services	(99)	(157)
Due to JHHCG for fringe benefits and patient receivables from operation of discharge pharmacies	(1,167)	(1,416)
Due to JHHC for services to patients	169	(545)
Due from (to) JHMI Utilities LLC for utility and network service and capital costs	(407)	1,432
Due from HCGH for support services	267	600
Due from SHHS for support services	39	43
Other	(1,324)	(1,464)
Total	<u>\$ 48,735</u>	<u>\$ 62,327</u>

Included in the amounts due from affiliates in the accompanying Balance Sheets as of June 30, 2011 and 2010 are \$ 6 million and \$0 9 million, respectively, in a note receivable from JHMSC. The note receivable bears no interest with annual payments from JHMSC of \$307 thousand.

Broadway Services, Inc. ("BSI"), a related organization, is a wholly-owned subsidiary of the Dome Corporation. The Dome Corporation is owned equally by JHHS and JHU. BSI provides JHH with various services including security, housekeeping, escort and transportation. During 2011 and 2010, JHH incurred costs of approximately \$10 3 million and \$10 1 million, respectively, for these services.

13. Contracts, Commitments and Contingencies

JHH has agreements with JHU, under which JHU provides medical administration and educational services, patient care medical services, and certain other administrative and technical support services through the physicians and interns employed by The Johns Hopkins University School of Medicine ("JHUSOM"). Compensation for providing medical administration, educational services and other support services is paid to JHU by JHH, compensation for patient care medical care services is derived from billings to patients (or third-party payors) by JHU. The aggregate amount of purchased services incurred by JHH under these agreements was \$197 4 million and \$190 4 million for the years ended June 30, 2011 and 2010, respectively.

In order to upgrade their management information systems and to purchase medical equipment, JHH authorized MHHEFA to issue \$80 0 million in revenue bonds. MHHEFA uses the bond proceeds to purchase the management information systems and medical equipment for JHH. JHH has entered into a master lease pursuant to which MHHEFA leases each item to JHH in accordance with a schedule in the master lease. On each schedule, JHH makes lease payments sufficient to pay the debt service of the bonds. The leases are short-term in duration, in the range of 5 to 7 years, due to the nature of the systems being financed. Upon expiration of each schedule, JHH has the option to extend the lease, purchase the project or return the project to

The Johns Hopkins Hospital

Notes to Financial Statements

For the years ended June 30, 2011 and 2010

MHHEFA These leases meet the criteria of operating leases, and are therefore charged to operations as incurred As of June 30, 2011 and 2010 current principal on outstanding leases was \$ 3 million and \$1 3 million, respectively

JHH had non-cancellable commitments under construction contracts of \$238 2 million and \$268 3 million at June 30, 2011 and 2010, respectively, relating primarily to its campus redevelopment project which includes the construction of a new Cardiovascular and Critical Care Adult Tower and a Children's Hospital

Commitments for leases that do not meet the criteria for capitalization are classified as operating leases with rentals charged to operations as incurred

The following is a schedule by year of future minimum lease payments under all operating leases as of June 30, 2011, that have initial or remaining lease terms in excess of one year (in thousands)

2012	\$	2,835
2013		2,492
2014		1,959
2015		1,867
2016		1,927

Rental expense for all operating leases for the years ended June 30, 2011 and 2010 amounted to \$14 0 million and \$13 7 million, respectively

In 2005, JHH and JHU created a Limited Liability Company (JHMI Utilities, LLC) to provide utility and telecommunication services for their East Baltimore Campus Each member owns 50% of the LLC and shares equally in the governance of the LLC The existing JHH utility assets have been transferred at cost to the LLC The LLC has also assumed the liability for the JHH's 1985 Pooled Loan obligation of \$8 4 million The cost of acquiring and upgrading the existing utility facilities, the construction of a new power plant and an upgrade of the telecommunication system have been financed through the issuance of tax exempt bonds by MHHEFA and the proceeds of the Pooled Loan program sponsored by MHHEFA JHH and JHU have guaranteed the total debt issued by MHHEFA At June 30, 2011 the amount of debt guarantees by JHH was \$49 7 million JHH records its investment in JHMI Utility LLC under the equity method of accounting

During the year ended June 30, 2006, JHH recorded asset retirement obligations associated with the abatement of asbestos in several buildings that were constructed prior to 1980 The fair value of the estimated asset retirement obligations as of June 30, 2011 and 2010 was \$17 7 million and \$17 3 million, respectively

The change in the asset retirement obligation for the year ended June 30, 2011 consisted of the following (in thousands)

Retirement obligation at beginning of year	\$	17,308
Liabilities settled		(129)
Accretion expense		564
Retirement obligation at end of year	\$	<u>17,743</u>

The Johns Hopkins Hospital

Notes to Financial Statements

For the years ended June 30, 2011 and 2010

JHH has pledged investments having an aggregate market value of \$23.7 million as of June 30, 2011 for JHHS compliance with regulations of the Workers Compensation Commission and the Department of Economic and Employment Development's Unemployment Insurance Fund. These investments are included in assets whose use is limited by board of trustees in the Balance Sheet.

14. Functional Expenses

The Hospital provides general health care services to residents within its geographic location as well as to national and international patients. Expenses related to providing these services for the years ended June 30 consisted of the following (in thousands):

	2011	2010
Health care services	\$ 1,412,985	\$ 1,363,557
General and administrative services	216,536	214,542
Total expenses	<u>\$ 1,629,521</u>	<u>\$ 1,578,099</u>

15. The Johns Hopkins Hospital Endowment Fund, Incorporated

The Endowment Corporation was organized for the purpose of holding and managing the endowment and certain other funds transferred from and for the benefit of JHHS and affiliates. The affairs of the Endowment Corporation are managed by a Board of Trustees, comprised of Trustees who are self-perpetuating. Neither JHHS nor any affiliate holds legal title to any Endowment Corporation funds. The Endowment Corporation's distributions from net assets to JHH were \$8.8 million and \$7.1 million in the years ended June 30, 2011 and 2010, respectively, and were recorded as other revenue. The Board of Trustees may, at its own discretion, award funds from the Endowment Corporation to organizations other than JHHS or its affiliates if the Board of Trustees determines that doing so is for support, benefit, or in furtherance of the mission of JHHS. Accordingly, these amounts are not presented in the financial statement of JHH until they are subsequently distributed to JHH from the Endowment Corporation. The Endowment Corporation's net assets were \$553.2 million and \$466.1 million as of June 30, 2011 and 2010, respectively.

16. Subsequent Events

Subsequent events have been evaluated by Management through September 28, 2011, which is the date the financial statements were issued.

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				
REDONDA G MILLER MD V P MEDICAL AFFAIRS	1 00			X				0	0	0	
G DANIEL SHEALER JR V P CORP COMPLIANCE & SE	1 00			X				0	446,857	35,525	
RONALD J WERTHMAN V P FINANCE & TREASURER	1 00			X				0	859,311	35,060	
SAMUEL H CLARK JR ASSISTANT SECRETARY	1 00			X				0	289,447	108,573	
STUART ERDMAN ASSISTANT TREASURER	1 00			X				0	401,015	125,048	
EDWARD B CHAMBERS ADMINISTRATOR PEDIATRICS	40 00				X			313,783	0	39,242	
ROBERT SCHEU DIRECTOR, PERIOPERATIVE SV	40 00				X			258,428	0	59,099	
JOHN HUNDT ADMINISTRATOR SURGERY	40 00				X			265,302	0	20,309	
STEVEN MANDELL SR DIRECTOR INFO SVCS	40 00				X			235,365	0	36,260	
JAMES SCHEULEN ADMINISTRATOR	40 00				X			254,437	0	31,616	
SHELLEY BARANOWSKI DIRECTOR OF NURSING	40 00				X			196,858	0	36,739	
JANE HILL ADMINISTRATOR NEURO	40 00				X			200,827	0	29,004	
RENEE DEMSKI SR DIRECTOR OF QUALITY	40 00				X			239,014	0	34,521	
TERRY LANGBAUM ADMIN COMPREHENSIVE CANCE	40 00				X			217,334	0	29,876	
CHRISTINA LUNDQUIST ADMINISTRATOR ACCM	40 00				X			284,536	0	18,799	
DIANN SNYDER DIRECTOR OF NURSING	40 00				X			168,654	0	29,377	
DANIEL ASHBY SR DIRECTOR PHARMACY	40 00				X			212,659	0	33,907	
RICHARD THOMAS ADMINISTRATOR	40 00				X			210,489	0	29,116	
KAREN DAVIS DIRECTOR OF NURSING	40 00				X			182,565	0	28,411	
MARTIN BLEDSOE ADMINISTRATOR	40 00				X			189,649	0	28,442	
JAMES HEDEMAN SR DIRECTOR INFO SVCS	40 00				X			174,589	0	24,105	
HOWARD GWON ADMINISTRATOR	40 00				X			224,291	0	26,186	
SHARON KRUMM DIRECTOR OF NURSING	40 00				X			186,213	0	17,386	
CHARLES BARBARA ADMINISTRATOR	40 00				X			207,940	0	29,434	
JAHANSHA BEHZAD ADMINISTRATOR	40 00				X			224,887	0	27,144	

Additional Data

Software ID:
Software Version:
EIN: 52-0591656
Name: THE JOHNS HOPKINS HOSPITAL

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
FRANCIS X KNOTT VICE CHAIRMAN	1 00	X						0	0	0
LENOX D BAKER MD JR TRUSTEE	1 00	X						0	0	0
DEIDRE A BOSLEY TRUSTEE	1 00	X						0	0	0
GEORGE L BUNTING JR TRUSTEE	1 00	X						0	0	0
JAMES T DRESHER JR TRUSTEE	1 00	X						0	0	0
IRA T FINE MD TRUSTEE	1 00	X						0	0	0
CHRISTOPHER W KERSEY MD TRUSTEE	1 00	X						0	0	0
TRACI S LERNER TRUSTEE	1 00	X						0	0	0
EDWARD D MILLER MD VICE CHAIRMAN	1 00	X		X				0	2,265,490	12,199
MILTON H MILLER JR TRUSTEE	1 00	X						0	0	0
RONALD R PETERSON PRESIDENT	1 00	X		X				0	1,620,305	246,617
CHARLES H SALISBURY JR TRUSTEE	1 00	X						0	0	0
RONALD J DANIELS JD LLM TRUSTEE	1 00	X						0	0	0
GEORGE J DOVER MD TRUSTEE	1 00	X						0	0	0
RICHARD O DAVIS PHD V P , INNOVATION & PT SAFE	1 00			X				0	535,503	37,974
KENNETH GRANT V P , GENERAL SERVICES	1 00			X				0	422,306	35,208
DALAL J HALDEMAN PHD V P , MKTG & COMMUNICATION	1 00			X				0	339,955	73,753
KAREN B HALLER PHD V P , NURSING & P C SVCS	40 00			X				367,283	0	42,383
HARRY KOFFENBERGER V P , CORPORATE SERCURITY	1 00			X				0	284,565	17,461
SALLY W MACCONNELL V P , FACILITIES	1 00			X				0	509,272	24,941
PAMELA D PAULK V P , HUMAN RESOURCES	1 00			X				0	550,911	22,394
JOANNE E POLLAK V P & GENERAL COUNSEL	1 00			X				0	814,195	40,318
STEPHANIE L REEL V P , MANAGEMENT SYSTEMS &	1 00			X				0	0	0
JUDY A REITZ SCD EXECUTIVE V P & C O O	1 00			X				0	868,298	33,080

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			
WALKER WYLIE EXECUTIVE MANAGEMENT	40 00					X		415,159	0	33,317
LOUIS CROCETTI III CLINICAL PHARMACIST	40 00					X		199,236	0	28,390
KAREN HAUCK NURSING COORDINATOR	40 00					X		184,504	0	24,968
ALAN COLTRI CHIEF SYSTEMS ARCHITECT	40 00					X		202,189	0	33,167
STEPHANIE HUGHES NURSE CLINICIAN	40 00					X		178,384	0	28,941