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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)	OMB No 1545-0047 2012 Open to Public Inspection
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization JOHNS HOPKINS HEALTH SYSTEM CORPORATION		D Employer identification number 52-1465301
	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	E Telephone number (443) 997-5724
	City or town, state or country, and ZIP + 4 BALTIMORE, MD 21211		G Gross receipts \$ 273,354,298
	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			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION IS A SUPPORT ORGANIZATION FOR THE JOHNS HOPKINS HOSPITAL, JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC , JOHNS HOPKINS MEDICAL SERVICES CORPORATION AND JOHNS HOPKINS COMMUNITY PHYSICIANS THE ORGANIZATION PROVIDES CENTRALIZED PURCHASING, DISTRIBUTION, LEGAL, CLAIMS MANAGEMENT AND OTHER SERVICES TO THE SUPPORTED MEDICAL SERVICE PROVIDERS IT IS ORGANIZED AND OPERATED EXCLUSIVELY AS A CHARITABLE TAX-EXEMPT ORGANIZATION WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE THE SUPPORT SERVICES PROVIDED BY THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION ENABLES EACH OF THE SUPPORTED ORGANIZATIONS TO MORE EFFECTIVELY FULFILL THIER CHARITABLE PURPOSE OF PROMOTING AND ADVANCING HEALTH CARE		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	3,013
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	4,885,132
	b Net unrelated business taxable income from Form 990-T, line 34	7b	4,488,337
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	5,227,033	10,486,355
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	160,540,507	188,532,265
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	59,401,369	64,813,339
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,829,503	7,260,363
		229,998,412	271,092,322
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	15,873,171	8,778,869
	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)	109,984,383	129,668,301
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <u>1,986,790</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	81,260,134	98,494,837
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	207,117,688	236,942,007
	19 Revenue less expenses Subtract line 18 from line 12	22,880,724	34,150,315
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	357,116,637	574,315,267
	21 Total liabilities (Part X, line 26)	314,135,927	475,941,983
	22 Net assets or fund balances Subtract line 21 from line 20	42,980,710	98,373,284

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				2014-05-12 Date	
	RONALD J WERTHMAN SENIOR VP/FINANCE & TREASURER Type or print name and title					
Paid Preparer Use Only	Prnt/Type preparer's name		Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name 				Firm's EIN 	
	Firm's address 				Phone no	

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

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

- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

[illegible]

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

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 instructions)? 	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 Yes	
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	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? 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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, 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 and XII 	12a	No
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 and XII is optional 	12b	No
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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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 United States? 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 United States? 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	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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 through 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, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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		No
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	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		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 11b 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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	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)?		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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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	13	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	12	
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	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
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	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete 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	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	MD , NY , FL
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 made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	THE CORPORATION 3910 KESWICK RD SOUTH BLDG 4TH BALTIMORE, MD (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. 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

[illegible]

Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								35,034,584	0	7,088,843

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 243

		Yes	No
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>	3 Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
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>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
FSK LAND CORPORATION 3910 KESWICK RD STE N-2500 BALTIMORE MD 21211	REAL ESTATE SERVICES	4,709,844
PRICewaterHOUSE COOPERS LLP PO BOX 7247-8001 PHILADELPHIA PA 19170	CONSULTING	3,349,367
HAVAS PR NORTH AMERICA PO BOX 6173 CHURCH STREET STATION NEW YORK NY 10249	CONTRACT SERVICES	3,241,823
3M PO BOX 371227 PITTSBURGH PA 15250	SOFTWARE MAINTENANCE	2,009,597
MULLAN ENTERPRISES 2330 WEST JOPPA RD STE 210 LUTHERVILLE MD 21093	REAL ESTATE SERVICES	1,859,400

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►85

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	5,153,716			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,332,639			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		10,486,355			
Program Service Revenue	2a	AFFILIATION FEE	Business Code 541900	177,180,272	172,360,067	4,820,205	
	b	PACE PROG REV	900099	11,351,993	11,351,993		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		188,532,265			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		64,796,371		64,796,371
4		Income from investment of tax-exempt bond proceeds . . .					
5		Royalties					
6a		Gross rents	(i) Real	(ii) Personal			
			7,046,268				
			2,261,976				
			4,784,292				
d		Net rental income or (loss)		4,784,292		64,927	4,719,365
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
				16,968			
				0			
				16,968			
d		Net gain or (loss)		16,968			16,968
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
b		Less direct expenses	b				
c		Net income or (loss) from fundraising events . . .					
9a		Gross income from gaming activities See Part IV, line 19	a				
b		Less direct expenses	b				
c		Net income or (loss) from gaming activities . . .					
10a		Gross sales of inventory, less returns and allowances	a				
b	Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory . . .						
Miscellaneous Revenue		Business Code					
11a	MISCELLANEOUS INCOME	900099	1,816,107			1,816,107	
b	TELEPHONE & TV FEE	900099	659,964			659,964	
c							
d	All other revenue						
e	Total. Add lines 11a-11d		2,476,071				
12	Total revenue. See Instructions		271,092,322	183,712,060	4,885,132	72,008,775	

Part IX

Statement of Functional Expenses

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

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

☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	8,778,869	8,778,869		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	29,998,376		29,998,376	
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.	56,923,697	50,662,090	6,261,607	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	24,573,228	21,870,173	2,703,055	
9	Other employee benefits.				
10	Payroll taxes.	18,173,000	16,173,970	1,999,030	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	2,726,329		2,726,329	
c	Accounting.	1,898,102		1,898,102	
d	Lobbying.	253,852		253,852	
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	11,444,860	10,185,925	1,258,935	
12	Advertising and promotion.	1,560,245	1,560,245		
13	Office expenses.	12,704,473	11,306,981	1,397,492	
14	Information technology.				
15	Royalties.				
16	Occupancy.	640,451	570,001	70,450	
17	Travel.	832,082	740,553	91,529	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	485,429	432,032	53,397	
20	Interest.	846,469	846,469		
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	7,729,129	7,729,129		
23	Insurance.	24,346		24,346	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	UBI TAXES	1,921,830	1,921,830		
b	PURCHASED SERVICES	42,317,702	37,662,757	2,668,155	1,986,790
c	COLLECTION AGENCY EXPEN	3,595,814	3,595,814		
d	SOFTWARE AGREEMENT	3,196,888	2,845,230	351,658	
e	All other expenses	6,316,836	5,798,829	518,007	
25	Total functional expenses. Add lines 1 through 24e.	236,942,007	182,680,897	52,274,320	1,986,790
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			31,649,313	2	65,275,790
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			287,894	4	4,181,148
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net			6,950,779	7	237,848,230
	8	Inventories for sale or use			5,162,165	8	4,270,846
	9	Prepaid expenses and deferred charges			1,370,657	9	1,744,887
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	87,318,621			
	b	Less accumulated depreciation	10b	43,346,150	46,437,810	10c	43,972,471
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11			88,966,183	12	183,046,636
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			176,291,836	15	33,975,259
16	Total assets. Add lines 1 through 15 (must equal line 34)			357,116,637	16	574,315,267	
Liabilities	17	Accounts payable and accrued expenses			59,791,447	17	78,605,578
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			4,085,747	20	299,994,243
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			2,274,690	23	1,872,517
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			247,984,043	25	95,469,645
	26	Total liabilities. Add lines 17 through 25			314,135,927	26	475,941,983
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			41,075,661	27	97,583,258
	28	Temporarily restricted net assets			1,905,049	28	790,026
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			42,980,710	33	98,373,284
34	Total liabilities and net assets/fund balances			357,116,637	34	574,315,267	

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	271,092,322
2	Total expenses (must equal Part IX, column (A), line 25)	2	236,942,007
3	Revenue less expenses Subtract line 2 from line 1	3	34,150,315
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	42,980,710
5	Net unrealized gains (losses) on investments	5	-8,087
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	21,250,346
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	98,373,284

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 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	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		

Additional Data

Software ID:

Software Version:

EIN: 52-1465301

Name: JOHNS HOPKINS HEALTH SYSTEM CORPORATION

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
AB KRONGARD ESQUIRE ACTING CHAIRMAN	1 00 0 00	X						0	0	0
JANIE ELIZABETH BAILEY TRUSTEE	1 00 0 00	X						0	0	0
LENOX D BAKER JR MD TRUSTEE	1 00 1 00	X						0	0	0
GEORGE L BUNTING JR TRUSTEE	1 00 1 00	X						0	0	0
EDWARD L CAHILL TRUSTEE	1 00 1 00	X						0	0	0
CLARITA G FRAZIER MD TRUSTEE	1 00 0 00	X						0	0	0
FRANCIS X KNOTT TRUSTEE	1 00 2 00	X						0	0	0
RONALD R PETERSON PRESIDENT	9 00 51 00	X		X				13,573,496	0	1,812,123
THEO C RODGERS TRUSTEE	1 00 0 00	X						0	0	0
MELANIE R SABELHAUS TRUSTEE	1 00 0 00	X						0	0	0
C MICHAEL ARMSTRONG TRUSTEE	1 00 1 00	X						0	0	0
PAUL B ROTHMAN TRUSTEE/VICE CHAIRMAN	1 00 2 00	X		X				0	0	0
DAVID C HODGSON TRUSTEE	1 00 0 00	X						0	0	0
JOHN M COLMERS VP HEALTH CARE TRANSFORMAT	30 00 30 00			X				457,566	0	131,057
BRIAN A GRAGNOLATI SR VP COMMUNITY DIVISION	24 00 36 00			X				3,326,151	0	40,805
KENNETH GRANT VP SUPPLY CHAIN	5 00 55 00			X				451,531	0	151,879
DALAL J HALDEMAN PHD VP MARKETING & COMMUNICATI	5 00 55 00			X				698,633	0	69,129
SALLY W MACCONNELL VP/FACILITIES	5 00 55 00			X				922,300	0	278,247
PAMELA D PAULK VP/HUMAN RESOURCES	5 00 55 00			X				649,501	0	155,965
JOANNE E POLLAK SR VP & VP HIPPA	7 00 53 00			X				1,021,286	0	364,483
STEPHANIE L REEL VP/MANAGEMENT SYSTEM & INF	1 00 1 00			X				0	0	0
JUDY A REITZ VP/OPERATIONS INTEGR	5 00 55 00			X				1,272,934	0	533,516
G DANIEL SHEALER JR VP/GENERAL COUNSEL & CORP	5 00 55 00			X				671,208	0	249,543
RONALD J WERTHMAN SENIOR VP/FINANCE & TREAS	12 00 48 00			X				915,085	0	365,794
SAMUEL H CLARK JR ASSISTANT SECRETARY	9 00 51 00			X				685,359	0	126,075

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STUART ERDMAN ASSISTANT TREASURER	3 00							555,546	0	186,947
	57 00			X						
ROBERT NEALL EXECUTIVE	1 00				X			420,043	0	181,111
	59 00				X					
PATRICIA MC BROWN EXECUTIVE	15 00				X			662,494	0	158,003
	45 00				X					
MARY COOKE EXECUTIVE	1 00				X			348,523	0	86,619
	59 00				X					
MICHAEL LARSON CONTROLLER	25 00				X			493,678	0	130,776
	35 00				X					
STEVEN THOMPSON EXECUTIVE	1 00				X			713,014	0	273,756
	59 00				X					
JEFFREY JOY EXECUTIVE	1 00				X			587,204	0	47,555
	59 00				X					
STEVEN KRAVET EXECUTIVE	1 00				X			736,505	0	40,922
	59 00				X					
LINDA KLINE EXECUTIVE	60 00				X			307,367	0	88,638
	0 00				X					
LINDA GILLIGAN EXECUTIVE	1 00				X			322,691	0	145,701
	59 00				X					
ANNETTE FRIES SR COUNSEL REG & CORP	60 00				X			214,321	0	117,018
	0 00				X					
MOHAN CHELLAPPA EXECUTIVE	1 00					X		423,099	0	87,542
	39 00					X				
SWATI SARAIYA EMH PHYSICIAN	40 00					X		335,829	0	56,204
	0 00					X				
LOUIS KOKKINAKOS EMH PHYSICIAN	40 00					X		322,246	0	54,446
	0 00					X				
MARYANN CORKRAN EXECUTIVE	1 00					X		355,579	0	56,197
	39 00					X				
ANATOLY GIMBURG SR DIRECTOR FACILITIES	40 00					X		339,436	0	106,997
	0 00					X				
EDWARD D MILLER MD FORMER OFFICER AND TRUSTEE	1 00						X	731,637	0	102,810
	2 00						X			
RICHARD O DAVIS PHD FORMER OFFICER	1 00						X	676,852	0	190,015
	59 00						X			
DANIEL SMITH FORMER KEY EMPLOYEE	1 00						X	529,624	0	171,675
	59 00						X			
REBECCA ZUCCARELLI FORMER KEY EMPLOYEE	60 00						X	288,095	0	69,734
	0 00						X			
MARY MYERS FORMER KEY EMPLOYEE	60 00						X	262,374	0	137,321
	0 00						X			
HOWARD REEL FORMER KEY EMPLOYEE	60 00						X	462,529	0	123,430
	0 00						X			
MICHAEL IATI FORMER KEY EMPLOYEE	60 00						X	300,848	0	196,810
	0 00						X			

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

2012

Open to Public
Inspection

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

Part I

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

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

1	☐	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	☐	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3	☐	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	☐	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
5	☐	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
6	☐	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	☐	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
8	☐	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9	☐	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
10	☐	An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11	☒	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a ☐ Type I b ☐ Type II c ☒ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated
e	☒	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	☐	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g	☐	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above?
h	☐	Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
See Additional Data Table									
Total									8,000,000

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

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

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2011 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
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 IIIPart III

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV **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).

Facts And Circumstances Test

Explanation

Additional Data

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

Form 990, Sch A, Part I, Line 11h - Provide the following information about the supported organization(s).

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
THE JOHNS HOPKINS HOSPITAL	520591656	3	Yes		Yes		Yes		5000000
JOHNS HOPKINS MEDICAL SERVICES CORPORATION	521232569	3	Yes		Yes		Yes		0
JOHNS HOPKINS BAYVIEW MEDICAL CENTER	521341890	3	Yes		Yes		Yes		0
JOHNS HOPKINS COMMUNITY PHYSICIANS INC	521467441	3	Yes		Yes		Yes		3000000

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2012

Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II-A

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)		253,852													
c Total lobbying expenditures (add lines 1a and 1b)		253,852													
d Other exempt purpose expenditures		236,688,155													
e Total exempt purpose expenditures (add lines 1c and 1d)		236,942,007													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000													
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000													
h Subtract line 1g from line 1a If zero or less, enter -0-		0													
i Subtract line 1f from line 1c If zero or less, enter -0-		0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes ☐ No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	255,221	239,646	250,499	253,852	999,218
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

Part II-B

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

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

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Identifier	Return Reference	Explanation
PART IV, SUPPLEMENTAL INFORMATION		THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION PAID \$253,852 DURING THE FISCAL YEAR ENDED JUNE 30, 2013 FOR SUPPORT OF LOBBYING ACTIVITIES. THE JOHNS HOPKINS HEALTH SYSTEM MAINTAINS A DEPARTMENT OF GOVERNMENTAL RELATIONS. THE PRIMARY PURPOSE OF THIS DEPARTMENT IS TO MAINTAIN CONTACT WITH ELECTED AND APPOINTED STATE OFFICIALS, AND OCCASIONALLY FEDERAL OFFICIALS, REGARDING ISSUES WHICH IMPACT THE JOHNS HOPKINS HEALTH SYSTEM OR ITS AFFILIATES AS WELL AS THE HEALTHCARE INDUSTRY IN GENERAL.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
JOHNS HOPKINS HEALTH SYSTEM CORPORATION

Employer identification number
52-1465301

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes☐ No	

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or education)☐ Preservation of an historically important land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the 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, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶_____

4

Number of states where property subject to conservation easement is located ▶_____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

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

Part III

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2012

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

	Amount
1c	
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 XIII Check here if the explanation has been provided in Part XIII

☐

Part V

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

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

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		918,326		918,326
b Buildings		25,830,006	7,939,335	17,890,671
c Leasehold improvements		4,783,950	4,365,079	418,871
d Equipment		12,108,679	5,711,013	6,397,666
e Other		43,677,660	25,330,723	18,346,937
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				43,972,471

Schedule D (Form 990) 2012

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	277,739,825
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	3,690,390
e	Add lines 2a through 2d	2e	3,690,390
3	Subtract line 2e from line 1	3	274,049,435
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	-2,957,113
c	Add lines 4a and 4b	4c	-2,957,113
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	271,092,322
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	242,894,373
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	242,894,373
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	-5,952,366
c	Add lines 4a and 4b	4c	-5,952,366
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	236,942,007

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	FASB 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. THE GUIDANCE ALSO PROVIDES GUIDANCE ON THE MEASUREMENT, CLASSIFICATION AND DISCLOSURE OF TAX RETURN POSITIONS IN THE FINANCIAL STATEMENTS. THERE WAS NO IMPACT ON JHHS FINANCIAL STATEMENTS DURING THE YEARS ENDED JUNE 30, 2013 AND 2012.
PART XI, LINE 2D - OTHER ADJUSTMENTS		JH ENDOWMENT FUNDRAISING EXPENSE RECLASS 3,690,390
PART XI, LINE 4B - OTHER ADJUSTMENTS		RECLASS OF RENTAL EXPENSES -2,261,976 OPHTHALMOLOGY INVESTMENT -523,000 HCGH OBGYN INVESTMENT -172,137
PART XII, LINE 4B - OTHER ADJUSTMENTS		RECLASS OF RENTAL EXPENSES -2,261,976 JH ENDOWMENT FUNDRAISING EXPENSE RECLASS - 3,690,390

Additional Data

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

Form 990, Schedule D, Part X, - Other Liabilities

1	(a) Description of Liability	(b) Book Value
	DUE TO AFFILIATES - SHORT TERM	3,665,465
	EHP BENEFIT LIABILITY	3,256,721
	WORKMAN'S COMP LIABILITY	1,857,180
	MAKE WHOLE PLAN LIABILITY	1,040,592
	SERP1 PLAN LIABILITY	12,686,838
	LONG TERM PENSION LIABILITY	70,718,849
	HCGH OBGYN	1,910,000
	OPHTHALMOLOGY	334,000

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

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

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization
JOHNS HOPKINS HEALTH SYSTEM CORPORATION

Employer identification number
52-1465301

Part I General Information on Grants and Assistance

1

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

Yes

No

2

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) HOWARD COUNTY GENERAL HOSPITAL INC 3910 KESWICK RD S BLDG 4TH FL STE 4300A BALTIMORE, MD 21211	52-2093120	501(C)(3)	739,852				GENERAL OPERATIONS
(2) JOHNS HOPKINS COMMUNITY PHYSICIANS INC 3910 KESWICK RD S BLDG 4TH FL STE 4300A BALTIMORE, MD 21211	52-1467441	501(C)(3)	3,000,000				GENERAL OPERATIONS
(3) SIBLEY MEMORIAL HOSPITAL FOUNDATION 5255 LOUGHBORO RD NW WASHINGTON, DC 20016	45-0562642	501(C)(3)	15,000				PROMOTING AND ADVANCING HEALTHCARE
(4) THE JOHNS HOPKINS HOSPITAL 3910 KESWICK RD S BLDG 4TH FL STE 4300A BALTIMORE, MD 21211	52-0591656	501(C)(3)	5,000,000				PROMOTING AND ADVANCING HEALTHCARE

2

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

4

3

Enter total number of other organizations listed in the line 1 table

0

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

Cat No 50055P

Schedule I (Form 990) 2012

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

Part IV

Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE BOARD OF TRUSTEES HAS DELEGATED THE FACILITATION AND ACCOUNTING FOR ALL GRANT PROGRAMS ADMINISTERED BY JOHNS HOPKINS HEALTH SYSTEM CORPORATION TO THE OFFICERS, DIRECTORS, AND KEY EMPLOYEES OF THE ORGANIZATION

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2012

Open to Public Inspection

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.

Name of the organization
JOHNS HOPKINS HEALTH SYSTEM CORPORATION

Employer identification number
52-1465301

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 ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)		
1b 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 of the expenses described above? If "No," complete Part III to explain		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☒ Compensation committee ☒ Written employment contract ☒ Independent compensation consultant ☒ Compensation survey or study ☒ Form 990 of other organizations ☒ Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
4a Receive a severance payment or change-of-control payment?		No
4b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
4c 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		
5a The organization?		No
5b 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		
6a The organization?		No
6b 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 Regulations 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

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

Part III Supplemental Information

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

Also complete this part for any additional information

Identifier	Return Reference	Explanation
	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) STUART ERDMAN \$51,813 49, RONALD R PETERSON \$1,636,472 00, RICHARD DAVIS \$121,726 58, KENNETH GRANT \$33,588 27, SALLY MACCONNELL \$156,552 48, PAMELA PAULK \$79,951 19, JOANNE POLLAK \$240,163 24, JUDY REITZ \$380,279 74, G DANIEL SHEALER JR \$171,756 76, RONALD WERTHMAN \$257,055 56, JOHN COLMERS \$77,748 00, ROBERT NEALL \$59,901 17, PATRICIA BROWN \$91,336 01, DANIEL SMITH \$50,143 12, MICHAEL LARSON \$37,467 82, STEVE THOMPSON \$227,604 00, LINDA GILLIGAN \$30,276 00 AND KAREN HALLER \$49,949 06 THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A PARTICIPATED IN A NON QUALIFIED RETIREMENT PLAN AND RECEIVED PAYMENT FROM THE PLAN, IT IS REPORTED ON SCHEDULE J, PART II, COLUMN (B)(III) AS WELL AS SCHEDULE J, PART II, COLUMN (F) IF THEY WERE REQUIRED TO BE DISCLOSED ON PRIOR YEARS FORMS 990 ROBERT NEALL \$47,822 51, KENNETH GRANT \$57,341 44, MICHAEL LARSON \$51,181 27, STUART ERDMAN \$179,290 75, RICHARD O DAVIS \$91,226 55, PATRICIA M C BROWN \$63,761 96, SALLY W MACCONNELL \$209,835 64, PAMELA D PAULK \$99,626 46, JOANNE E POLLAK \$184,686 32, JUDY A REITZ \$482,916 23, G DANIEL SHEALER JR \$86,244 40, RONALD J WERTHMAN \$123,826 85, EDWARD MILLER \$245,947 77, MARY COOKE \$14,876 00, DANIEL SMITH \$43,792 67, MOHAN CHELLAPPA \$60,968 00, LINDA KLINE \$10,508 00, DALAL HALDEMAN \$300,066 57, SAMUEL CLARK \$361,984 72, BRIAN GRAGNOLATI \$2,337,091 72, MARYANN CORKRAN \$125,962 18, ANATOLY GIMBURG \$11,032 00, HOWARD REEL \$58,709 03, JEFFREY JOY \$239,035 75, STEVEN KRAVET \$234,129 09, REBECCA ZUCCARELLI \$30,230 71 AND JOHN BERGBOWER \$4,000 00 LISTED ON FORM 990, SCHEDULE J, PART II, B(III) IS RONALD PETERSON \$11,914,712 00 MR PETERSON HAS 40 YEARS OF SERVICE AND HAS ACCRUED BUT NOT YET RECEIVED HIS NONQUALIFIED RETIREMENT PLAN IN THE AMOUNT OF \$11,746,615 00 THIS DEFERRED COMPENSATION IS REPORTED ON FORM 990, PART VII, SECTION A AND INCLUDED ON SCHEDULE J, PART II, COLUMN E AND REPORTED IN BOX 5, W-2, FOR THE PURPOSES OF PREPAYING THE MEDICARE TAX
	PART I, LINE 7	BONUSES THE BONUSES ARE ISSUED ON A WEIGHTED FORMULA BASED ON THE ATTAINMENT OF QUANTIFIABLE ORGANIZATION OBJECTIVES SET BY THE TRUSTEE COMPENSATION COMMITTEE EACH YEAR THEY ARE REVIEWED BY MANAGEMENT THAT USES DISCRETION TO DETERMINE PAYMENT DEPENDENT TUITION REIMBURSEMENT THE DEPENDENT TUITION REIMBURSEMENT PROGRAM REIMBURSES EMPLOYEES FOR 50% LESS TAXES OF EACH DEPENDENT CHILD'S FULL TIME UNDERGRADUATE TUITION AND MANDATORY ACADEMNIC FEES, UP TO A MAXIMUM OF 50% OF THE JOHNS HOPKINS UNIVERSITY'S FRESHMAN UNDERGRADUATE TUITION FOR EACH ELIGIBLE DEPENDENT EMPLOYEES WHO HAVE A MINIMUM OF TWO YEARS OF CONTINUOUS SERVICE ARE ELIGIBLE THE DEPENDENT MUST BE ENROLLED FULL TIME AT AN APPROVED, ACCREDITED COLLEGE OR UNIVERSITY AND IN GOOD ACADEMIC STANDING PAYMENT IS LIMITED TO FOUR YEARS OF FULL TIME, UNDERGRADUATE STUDY PER DEPENDENT CHILD TUITION REIMBURSEMENT TUITION REIMBURSEMENT IS AVAILABLE TO EMPLOYEES THAT WORK 20 HOURS OR MORE A WEEK FOR UP TO A MAXIMUM BENEFIT OF \$10,000 PER ACADEMIC YEAR TO RECEIVE REIMBURSEMENT, ELIGIBLE EMPLOYEES MUST PURSUE A COURSE OF STUDY AT AN ACCREDITED UNIVERSITY OR COLLEGE THAT LEADS TO A LICENSURE, DEGREE, OR MEETS THE NECESSITY RELATED TO CURRENT POSITION OR ANOTHER POSITION WITHIN THE ORGANIZATION
SUPPLEMENTAL INFORMATION	PART III	SCHEDULE J, PART II, COLUMN F THE AMOUNT REPORTED IN COLUMN F REPRESENTS THE AMOUNT OF A PAYMENT REPORTED IN COLUMN B THAT WAS ALREADY REPORTED ON PRIOR 990S AS DEFERRED COMPENSATION THE AMOUNT REPORTED COULD BE DIFFERENT THAN THE TOTAL AMOUNT PREVIOUSLY REPORTED ON PRIOR YEAR 990S BECAUSE PARTICIPANTS HAVE ACCRUED BENEFITS UNDER OUR DEFERRED COMPENSATION PLAN FOR MANY YEARS AND SOME PLANS ORIGINATED IN THE 1980S THEREFORE IT IS DIFFICULT TO IDENTIFY THE ENTIRE PREVIOUSLY REPORTED AMOUNT FOR THIS EXTENDED PERIOD OF TIME PRIOR YEAR RETURNS AND WORK PAPERS WERE USED TO DETERMINE OUR BEST ESTIMATE OF THE PREVIOUSLY REPORTED AMOUNTS AND PLACED IN COLUMN F THE AMOUNT IN COLUMN F MAY ALSO BE DIFFERENT THAN THE AMOUNT REPORTED IN COLUMN B (III) DUE TO GAINS/LOSSES THAT HAVE ACCRUED OVER THE YEARS, AND SOME INDIVIDUALS WERE NOT REQUIRED TO BE REPORTED IN ALL PRIOR YEARS SINCE THIS IS A NEW REQUIREMENT OF THE IRS, GOING FORWARD WE HAVE ADOPTED A SPREADSHEET THAT WILL TRACK THE DEFERRED COMPENSATION REPORTED ON THE 990 BY EACH YEAR TO REMAIN IN COMPLIANCE WITH SCHEDULE J, PART II, COLUMN F

Software ID:

Software Version:

EIN: 52-1465301

Name: JOHNS HOPKINS HEALTH SYSTEM CORPORATION

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
RONALD R PETERSON	(i) (ii)	1,203,070 0	455,714 0	11,914,712 0	1,788,537 0	23,586 0	15,385,619 0	3,148,877 0
JOHN M COLMERS	(i) (ii)	341,769 0	101,949 0	13,848 0	111,057 0	20,000 0	588,623 0	0 0
BRIAN A GRAGNOLATI	(i) (ii)	684,528 0	282,084 0	2,359,539 0	15,000 0	25,805 0	3,366,956 0	0 0
KENNETH GRANT	(i) (ii)	302,103 0	69,099 0	80,329 0	125,783 0	26,096 0	603,410 0	0 0
DALAL J HALDEMAN PHD	(i) (ii)	295,781 0	82,006 0	320,846 0	50,219 0	18,910 0	767,762 0	208,202 0
SALLY W MACCONNELL	(i) (ii)	353,068 0	311,469 0	257,763 0	264,580 0	13,667 0	1,200,547 0	0 0
PAMELA D PAULK	(i) (ii)	420,038 0	109,122 0	120,341 0	144,132 0	11,833 0	805,466 0	0 0
JOANNE E POLLAK	(i) (ii)	592,842 0	205,244 0	223,200 0	333,888 0	30,595 0	1,385,769 0	0 0
JUDY A REITZ	(i) (ii)	556,707 0	167,770 0	548,457 0	506,130 0	27,386 0	1,806,450 0	0 0
G DANIEL SHEALER JR	(i) (ii)	462,309 0	103,235 0	105,664 0	236,194 0	13,349 0	920,751 0	0 0
RONALD J WERTHMAN	(i) (ii)	601,469 0	159,577 0	154,039 0	341,164 0	24,630 0	1,280,879 0	0 0
SAMUEL H CLARK JR	(i) (ii)	234,182 0	59,330 0	391,847 0	113,349 0	12,726 0	811,434 0	294,546 0
STUART ERDMAN	(i) (ii)	294,639 0	60,897 0	200,010 0	164,832 0	22,115 0	742,493 0	0 0
ROBERT NEALL	(i) (ii)	269,052 0	79,298 0	71,693 0	173,824 0	7,287 0	601,154 0	0 0
PATRICIA MC BROWN	(i) (ii)	421,880 0	147,593 0	93,021 0	144,333 0	13,670 0	820,497 0	0 0
MARY COOKE	(i) (ii)	232,019 0	56,109 0	60,395 0	77,566 0	9,053 0	435,142 0	0 0
MICHAEL LARSON	(i) (ii)	299,221 0	72,599 0	121,858 0	105,127 0	25,649 0	624,454 0	0 0
STEVEN THOMPSON	(i) (ii)	529,446 0	158,704 0	24,864 0	251,400 0	22,356 0	986,770 0	0 0
JEFFREY JOY	(i) (ii)	259,984 0	73,666 0	253,554 0	29,122 0	18,433 0	634,759 0	0 0
STEVEN KRAVET	(i) (ii)	372,930 0	115,623 0	247,952 0	18,226 0	22,696 0	777,427 0	148,918 0

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				
LINDA KLINE	(i) (ii)	253,369 0	36,845 0	17,153 0	64,279 0	24,359 0	396,005 0	0 0
LINDA GILLIGAN	(i) (ii)	229,228 0	67,560 0	25,903 0	121,424 0	24,277 0	468,392 0	0 0
ANNETTE FRIES	(i) (ii)	171,195 0	33,133 0	9,993 0	96,505 0	20,513 0	331,339 0	0 0
MOHAN CHELLAPPA	(i) (ii)	283,515 0	51,525 0	88,059 0	78,311 0	9,231 0	510,641 0	0 0
SWATI SARAIYA	(i) (ii)	246,548 0	87,709 0	1,572 0	48,143 0	8,061 0	392,033 0	0 0
LOUIS KOKKINAKOS	(i) (ii)	221,742 0	92,690 0	7,814 0	32,587 0	21,859 0	376,692 0	0 0
MARYANN CORKRAN	(i) (ii)	174,903 0	41,029 0	139,647 0	45,496 0	10,701 0	411,776 0	0 0
ANATOLY GIMBURG	(i) (ii)	185,635 0	118,863 0	34,938 0	81,706 0	25,291 0	446,433 0	0 0
EDWARD D MILLER MD	(i) (ii)	228,561 0	191,012 0	312,064 0	102,205 0	605 0	834,447 0	0 0
RICHARD O DAVIS PHD	(i) (ii)	380,636 0	124,326 0	171,890 0	177,521 0	12,494 0	866,867 0	0 0
DANIEL SMITH	(i) (ii)	326,294 0	119,525 0	83,805 0	143,420 0	28,255 0	701,299 0	0 0
REBECCA ZUCCARELLI	(i) (ii)	221,443 0	31,808 0	34,844 0	46,812 0	22,922 0	357,829 0	14,898 0
MARY MYERS	(i) (ii)	183,086 0	56,304 0	22,984 0	116,145 0	21,176 0	399,695 0	0 0
HOWARD REEL	(i) (ii)	241,131 0	157,529 0	63,869 0	98,539 0	24,891 0	585,959 0	20,728 0
MICHAEL IATI	(i) (ii)	188,101 0	111,997 0	750 0	175,275 0	21,535 0	497,658 0	0 0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
JOHNS HOPKINS HEALTH SYSTEM CORPORATION

Employer identification number
52-1465301

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	574218NX7	05-09-2013	88,250,000	REFUND PRIOR ISSUES HCGH 05/08/2008 & JHH 6/26/2008		X		X		X
B	MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY	52-0936091	574218PK3	05-22-2013	61,850,000	REFUND PRIOR ISSUES BMC 4/23/2008 & SHI 11/19/2008		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	88,250,000		61,850,000					
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X					
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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				
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X					

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X					
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	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%		%		%	
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 00000%		0%		%		%	
6	Total of lines 4 and 5	0%		0%		%		%	
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X				

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X				
b	Exception to rebate?	X		X					
c	No rebate due?		X		X				
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X					
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X					
b	Name of provider	GOLDMAN SACHS CAPITAL		SEE SCH K SUPPLEMENTAL					
c	Term of hedge	31 0000000000000							
d	Was the hedge superintegrated?		X		X				
e	Was a hedge terminated?		X		X				

Part IV

Arbitrage (Continued)

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

Part V

Procedures To Undertake Corrective Action

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

Part VI

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

Identifier	Return Reference	Explanation
SCHEDULE K, PART IV, LINES 4B&C, COLUMN B	NAME OF THE PROVIDER OF THE HEDGE AND THE TERM OF THE HEDGE	REFUNDING OF 2008A BMC BONDS - GOLDMAN SACHS - 19 8 REFUNDING OF 2008 SHI BONDS - JP MORGAN - 13 0
SCHEDULE K, PART III, LINES 7-9	NONQUALIFIED BONDS	THE ORGANIZATION ANSWERED 'NO' BECAUSE IT HAS NO NONQUALIFIED BONDS

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

2012

Open to Public
Inspection

Name of the organization JOHNS HOPKINS HEALTH SYSTEM CORPORATION	Employer identification number 52-1465301
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Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	A COPY OF THE FORM 990 IS SENT BY EMAIL TO THE ORGANIZATION'S GOVERNING BODY BEFORE IT IS FILED
	FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY IS A PART OF THE ANNUAL FINANCIAL AUDIT CONFIRMATION PROCE SS PROVIDED ONLINE ALL OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO C OMPLY ON AN ANNUAL BASIS
	FORM 990, PART VI, SECTION B, LINE 15	EVERY THREE YEARS AN INDEPENDENT STUDY IS CONDUCTED GATHERING INDUSTRY COMPENSATION AVERAG ES FROM SELECT PEER INSTITUTIONS EVERY YEAR THE JOHNS HOPKINS BOARD OF TRUSTEES COMPENSAT ION COMMITTEE REVIEWS COMPENSATION AMOUNTS FOR OFFICERS AND ALL EMPLOYEES AT THE DIRECTOR AND HIGHER LEVELS
	FORM 990, PART VI, SECTION C, LINE 19	INTERNAL POLICIES, INCLUDING CONFLICT OF INTEREST POLICY, ARE PROVIDED TO THE PUBLIC ON TH E ORGANIZATION'S WEBSITE FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST, THE GOVERNING D OCUMENTS HAVE BEEN MADE AVAILABLE IN OUR PUBLIC FILING WITH THE STATE OF MARYLAND AND THE INTERNAL REVENUE SERVICE
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	ADDITIONAL MINIMUM PENSION LIABILITY 25,264,996 SUBSIDIARY FUNDING 97,818 TEMPORARILY RE STRICTED 1,283,000 NET ASSETS RELEASED -152,000 INVESTMENT IN ACADEMIC MISSION -2,244,00 0 JHCP CONTRIBUTION -3,000,000 ROUNDING 532

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

2012

Open to Public Inspection

Name of the organization
JOHNS HOPKINS HEALTH SYSTEM CORPORATION

Employer identification number
52-1465301

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) HCGH OBGYN ASSOCIATES SERIES 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 20-4967941	OBSTETRICS AND GYNECOLOGY	MD	12,038,000	2,781,000	JOHNS HOPKINS HEALTH SYSTEM CORPORATION

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate 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	
See Additional Data Table												

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) HOWARD COUNTY HEALTH SERVICES INC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1434783	HEALTHCARE MANAGEMENT	MD	JOHNS HOPKINS HEALTH SYSTEM CORPORATION	C	257,566	80,185,950	100 000 %		No
(2) HSI MEDICAL SERVICES CORPORATION 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1847705	HEALTHCARE - SLEEP DIAGNOSTICS	MD	JOHNS HOPKINS HEALTH SYSTEM CORPORATION	C			100 000 %		No
(3) JOHNS HOPKINS MEDICAL MANAGEMENT CORPORATION 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1250028	NURSING SERVICES	MD	JOHNS HOPKINS HEALTH SYSTEM CORPORATION	C	50,299,567	7,942,026	100 000 %		No
(4) JOHNS HOPKINS EMPLOYER HEALTH PROGRAMS INC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1947678	BENEFIT PLANS	MD	JOHNS HOPKINS HEALTH SYSTEM CORPORATION	C	16,254,027	2,452,849	100 000 %		No
(5) HCP VENTURE ONE CORPORATION 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1558858	MEDICAL SERVICES	MD	N/A	C					No
(6) TCAS INC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1979344	NURSING SERVICES	MD	N/A	C					No
(7) SUBURBAN HEALTH ENTERPRISES INC 8600 OLD GEORGETOWN ROAD BETHESDA, MD 20814 52-2052352	MEDICAL OFFICE LEASING AND RELEASING	MD	N/A	C					No

Part V

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

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

1

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

a

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

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

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

k

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

l

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

m

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

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

Other transfer of cash or property to related organization(s)

s

Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

No

1d

Yes

1e

Yes

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

Yes

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

No

1s

Yes

2

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Schedule R (Form 990) 2012

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]

Software ID:

Software Version:

EIN: 52-1465301

Name: JOHNS HOPKINS HEALTH SYSTEM CORPORATION

Part VII Supplemental Information

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

Identifier		Return Reference		Explanation									
Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership													
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1	(j) General or Managing Partner?		(k) Percentage ownership	
							Yes	No		Yes	No		
JOHNS HOPKINS MEDICINE INTERNATIONAL LLC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-2144849	MEDICAL SERVICE	MD	JOHNS HOPKINS HEALTH SYSTEM CORPORATION	RELATED	7,277,351	26,262,649	Yes		2,716,734		No	49 390 %	
JOHNS HOPKINS HEALTHCARE LLC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1899357	MEDICAL SERVICE	MD	JOHNS HOPKINS HEALTH SYSTEM CORPORATION	RELATED	47,674,805	93,304,059	Yes		1,693,025		No	85 590 %	
JHMI UTILITIES LLC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 20-2814243	UTILITY FACILITIES	MD	N/A										
MEDBIQUITOUS CONSORTIUM LLC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 20-8924480	INTERNET PUBLISHING	MD	JOHNS HOPKINS HEALTH SYSTEM CORPORATION	RELATED	11,789	141,030		No			No	50 000 %	
OPHTHALMOLOGY ASSOCIATES LLC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1890957	OPHTHALMOLOGY SERVICES	MD	JOHNS HOPKINS HEALTH SYSTEM CORPORATION	RELATED	129,805	4,681,541		No			No	99 800 %	
HOWARD COUNTY NEONATAL SERVICES SERIES 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-2239401	NEONATAL HEALTH	MD	JOHNS HOPKINS HEALTH SYSTEM CORPORATION	RELATED	-32,363	158,439		No			No	50 000 %	
WHITE MARSH SURGERY CENTER SERIES 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 20-8707724	SURGERY	MD	JOHNS HOPKINS HEALTH SYSTEM CORPORATION	RELATED	-17,832	792,814		No			No	50 000 %	
BAYVIEW HOLDING COMPANY LLC 1101 E 33RD STREET BALTIMORE, MD 21218 38-3711488	REAL ESTATE	MD	JOHNS HOPKINS HEALTH SYSTEM CORPORATION	RELATED	-1,956,500	96,162,754		No			No	50 000 %	
SUBURBAN WELLNESS CENTER LLC 20500 GOLDENROD LANE GERMANTOWN, MD 20874 56-2296930	REAL ESTATE	MD	N/A										
GCM SUBURBAN IMAGING LLC 1201 SEVEN LOCKS ROAD SUITE 200 ROCKVILLE, MD 20854 52-2326237	OUTPATIENT RADIOLOGY	MD	N/A										
GERMANTOWN WELLNESS AND FITNESS LLC 8600 OLD GEORGETOWN RD BETHESDA, MD 20814 52-2325919	HEALTHCARE SERVICE	MD	N/A										
JOHNS HOPKINS IMAGING LLC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1917496	RADIOLOGY SERVICE	MD	N/A										
CHEVY CHASE IMAGING LLC 1201 SEVEN LOCKS ROAD SUITE 200 ROCKVILLE, MD 20854 14-1944126	RADIOLOGY SERVICE	MD	N/A										
ROCKVILLE IMAGING LLC 1201 SEVEN LOCKS ROAD SUITE 200 ROCKVILLE, MD 20854 14-1944128	OUTPATIENT RADIOLOGY	MD	N/A										
WEST COUNTY MEDICAL LLC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 27-5234888	REAL ESTATE	MD	N/A	RELATED	275,392	7,404,770		No			No	50 000 %	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
JOHNS HOPKINS MEDICINE ALLIANCE FOR PATIENTS LLC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 46-2866692	HEALTHCARE SERVICES	MD	N/A	RELATED				No			No	50 000 %

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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
HOWARD COUNTY HEALTH SERVICES INC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1434783	HEALTHCARE MANAGEMENT	MD	JOHNS HOPKINS HEALTH SYSTEM CORPORATION	C	257,566	80,185,950	100 000 %		No
HSI MEDICAL SERVICES CORPORATION 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1847705	HEALTHCARE - SLEEP DIAGNOSTICS	MD	JOHNS HOPKINS HEALTH SYSTEM CORPORATION	C			100 000 %		No
JOHNS HOPKINS MEDICAL MANAGEMENT CORPORATION 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1250028	NURSING SERVICES	MD	JOHNS HOPKINS HEALTH SYSTEM CORPORATION	C	50,299,567	7,942,026	100 000 %		No
JOHNS HOPKINS EMPLOYER HEALTH PROGRAMS INC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1947678	BENEFIT PLANS	MD	JOHNS HOPKINS HEALTH SYSTEM CORPORATION	C	16,254,027	2,452,849	100 000 %		No
HCP VENTURE ONE CORPORATION 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1558858	MEDICAL SERVICES	MD	N/A	C					No
TCAS INC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1979344	NURSING SERVICES	MD	N/A	C					No
SUBURBAN HEALTH ENTERPRISES INC 8600 OLD GEORGETOWN ROAD BETHESDA, MD 20814 52-2052352	MEDICAL OFFICE LEASING AND RELEASING	MD	N/A	C					No

--> **Form 990, Schedule R, Part V - Transactions With Related Organizations**

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
HOWARD COUNTY GENERAL HOSPITAL INC	B	739,852	FMV
HOWARD COUNTY GENERAL HOSPITAL INC	M	7,247,212	FMV
HOWARD COUNTY GENERAL HOSPITAL INC	Q	1,408,727	FMV
JOHNS HOPKINS BAYVIEW MEDICAL CENTER INC	M	25,119,000	FMV
JOHNS HOPKINS BAYVIEW MEDICAL CENTER INC	J	15,514,000	FMV
JOHNS HOPKINS BAYVIEW MEDICAL CENTER INC	O	246,000	FMV
JOHNS HOPKINS COMMUNITY PHYSICIANS INC	B	3,000,000	FMV
JOHNS HOPKINS COMMUNITY PHYSICIANS INC	N	3,621,361	FMV
JOHNS HOPKINS COMMUNITY PHYSICIANS INC	O	771,430	FMV
THE JOHNS HOPKINS HOSPITAL	L	92,726,317	FMV
THE JOHNS HOPKINS HOSPITAL	O	220,083	FMV
THE JOHNS HOPKINS HOSPITAL	E	72,840,000	FMV
JOHNS HOPKINS MEDICINE INTERNATIONAL LLC	K	780,578	FMV
JOHNS HOPKINS MEDICINE INTERNATIONAL LLC	P	3,632,044	FMV
JOHNS HOPKINS HEALTHCARE LLC	L	6,624,237	FMV
JOHNS HOPKINS HEALTHCARE LLC	Q	15,116,909	FMV
OPHTHALMOLOGY ASSOCIATES LLC	L	56,683	FMV
JOHNS HOPKINS MEDICAL MANAGEMENT CORPORATION	B	472,706	FMV
JOHNS HOPKINS MEDICAL SERVICES CORPORATION	Q	226,737	FMV
SUBURBAN HOSPITAL HEALTHCARE SYSTEM INC	Q	233,917	FMV
ALL CHILDREN'S HOSPITAL INC	M	1,593,000	FMV
JHMI UTILITIES LLC	D	62,400,000	FMV
SUBURBAN HOSPITALINC	N	101,511	FMV
SUBURBAN HOSPITALINC	O	5,843,653	FMV
LUCY WEBB HAYES NATIONAL TRAINING SCHOOL FOR DEACONESSES	S	3,274,364	FMV

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
HOWARD COUNTY HEALTH SERVICES INC	B	900,000	FMV
JOHNS HOPKINS MEDICAL MANAGEMENT CORPORATION	L	929,473	FMV
JOHNS HOPKINS MEDICINE INTERNATIONAL LLC	N	19,877,886	FMV
THE JOHNS HOPKINS HOSPITAL	D	48,250,000	FMV
THE JOHNS HOPKINS HOSPITAL	B	5,000,000	FMV
JOHNS HOPKINS COMMUNITY PHYSICIANS INC	P	16,360,844	FMV
JOHNS HOPKINS COMMUNITY PHYSICIANS INC	S	158,566,833	FMV
JHMI UTILITIES LLC	L	186,802	FMV
JHMI UTILITIES LLC	P	1,059,000	FMV
JOHNS HOPKINS MEDICAL MANAGEMENT CORPORATION	M	1,836,097	FMV
JOHNS HOPKINS MEDICAL MANAGEMENT CORPORATION	O	936,469	FMV
JOHNS HOPKINS HEALTHCARE LLC	J	62,321,625	FMV
OPHTHALMOLOGY ASSOCIATES LLC	J	1,382,005	FMV

TY 2012 Category 3 filer statement

Name: JOHNS HOPKINS HEALTH SYSTEM CORPORATION

EIN: 52-1465301

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

TY 2012 Itemized Other Current Liabilities Schedule**Name:** JOHNS HOPKINS HEALTH SYSTEM CORPORATION**EIN:** 52-1465301

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
FEDERAL STREET MULTI-STRATEGY OFFSHORE F		EARLY CAPITAL CONTRIBUTIONS	313,605	89,738
		MANAGEMENT FEE PAYABLE	0	30,662
		ADMINISTRATION FEE PAYABLE	18,750	18,750
		ACCRUED EXPENSES	43,300	41,311

TY 2012 Itemized Other Current Assets Schedule**Name:** JOHNS HOPKINS HEALTH SYSTEM CORPORATION**EIN:** 52-1465301

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
FEDERAL STREET MULTI-STRATEGY OFFSHORE F		PREPAID EXPENSES	6,165	7,047
		ACCOUNTS RECEIVABLE	3,268,462	3,037,639
		EARLY CONTRIBUTIONS TO INVESTMENT FUNDS	0	0
		UNREALIZED APPRECIATION ON SWAP CONTRACTS	206,590	0

TY 2012 Other Deductions Schedule**Name:** JOHNS HOPKINS HEALTH SYSTEM CORPORATION**EIN:** 52-1465301

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
MANAGEMENT FEES		679,375
ADMINISTRATION FEES		75,000
PROFESSIONAL FEES		61,864
OTHER EXPENSES		6,163

TY 2012 Itemized Other Investments Schedule**Name:** JOHNS HOPKINS HEALTH SYSTEM CORPORATION**EIN:** 52-1465301

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
FEDERAL STREET MULTI-STRATEGY OFFSHORE F		INVESTMENTS IN INVESTMENT FUNDS	96,454,055	37,040,278

TY 2012 Other Income Statement**Name:** JOHNS HOPKINS HEALTH SYSTEM CORPORATION**EIN:** 52-1465301

Description	Foreign Amount	Amount
NET REALIZED GAIN ON INVESTMENT		229,785
NET REALIZED GAIN ON SWAP CONTRACTS		975,859
NET UNREALIZED DEPREC ON INVESTMENT		3,645,554
NET UNREALIZED APPRECIATION ON SWAP		-206,590

TY 2012 Paid-In or Capital Surplus Reconciliation Statement**Name:** JOHNS HOPKINS HEALTH SYSTEM CORPORATION**EIN:** 52-1465301

Description	Beginning Amount	Ending Amount
TOTAL CAPITAL CONTRIBUTIONS	110,307,561	47,726,685
LESS COMMON STOCK - 256,950 6964 SHARES AT .01 PAR VALUE	-817	-292
ENDING PAID IN CAPITAL	110,306,744	47,726,393