33

(C)
15.5
990-T

EXTENDED TO MAY 15, 2018

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2016 or other tax year beginning JUL $\,1\,,\,\,\,2016$ and ending JUN 30, 2017

OMB No	1545-0687

epartment of the Treasury	▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.
iternal Revenue Service	DO not enter SSN numbers on this form as it may be made public if your organization is a 501/

If "Yes," enter the name and identifying number of the parent corporation.

Internal Revenue Service		Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3-). I	501(c)(3)	Organizations Only	
A Check box if address changed		Name of organization (Check box if name changed and see instructions)	DEmployer identification number (Employees' trust, see instructions)			
B Exempt under section	Print	JOHNS HOPKINS UNIVERSITY	52-0595110			
x 501(c)(3/)	10 -00/1	Number, street, and room or suite no. If a P.O. box, see instructions	E Unrelated business activity codes (See instructions)			
408(e) 220(e)	-Type-	3910 KESWICK ROAD, NO. N4327B	(000)	(Gee mandenons)		
408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code	1			
529(a)		BALTIMORE, MD 21211	6216	10	531120	
C Book value of all assets at end of year	F Grou	p exemption number (See instructions.) 8238	<u></u>			
10,053,429,000.	G Ched	ck organization type 🕨 🗶 501(c) corporation 📗 501(c) trust 📗 401(a) trust		Oth	ner trust	
H Describe the organization	ı's prima	ary unrelated business activity. > ADVERTISING, FACILITY RENTAL, OCCUPATIONAL ME	DICI	NE	·	
I During the tax year, was	the corp	oration a subsidiary in an affiliated group or a parent-subsidiary controlled group?	Ve	20 3	X No	

_	e books are in care of SCOTT JONAS, CONTROLLER		Telephor	ne number 🕨 443-997	-8155
Pa	rt I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 14,620,336.				
b	Less returns and allowances c Balance	1c	14,620,336.		,
2	Cost of goods sold (Schedule A, line 7)	2	14,702,312.		
3	Gross profit. Subtract line 2 from line 1c	3	-81,976.		-81,976.
4 a	Capital gain net income (attach Schedule D)	4a	4,303,371.		4,303,371.
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	437,905.		437,905.
C	Capital loss deduction for trusts	4c			
5	Income (loss) from partnerships and S corporations (attach statement)	5	-15,675,054.	STMT 2	-15,675,054.
6	Rent income (Schedule C)	6	7,918,236.	6,037,768.	1,880,468.
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			· · · · · · · · · · · · · · · · · · ·
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11	109,093.	35,187.	73,906.
12	Other income (See instructions; attach schedule)	12			
13	Total. Combine lines 3 through 12	13	-2,988,425.	6,072,955.	-9,061,380.

Pa	(Except for contributions, deductions must be directly connected with the				
14	Compensation of officers, directors, and trustees (Schedule K)		DEOEN/ED	1 14	
15	Salaries and wages		RECEIVED	- SI 5	
16	Repairs and maintenance		D A ARIG		-
17	Bad debts _		B MAY 1 4 2018	551	
18	Interest (attach schedule)	SEE	dra marrage de la constante de		204.
19	Taxes and licenses		OGDEN, UT		-158,675.
20	Charitable contributions (See instructions for limitation rules) SEE STATEMENT 6	SEE	STATEMENT 4	20	0.
21	Depreciation (attach Form 4562)		21		
22	Less depreciation claimed on Schedule A and elsewhere on return		22a	22b	
23	Depletion		***************************************	23	· · · · · · · · · · · · · · · · · · ·
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs			25	···
26	Excess exempt expenses (Schedule I)			26	·
27	Excess readership costs (Schedule J)			27	 -
28	Other deductions (attach schedule)	SEE	STATEMENT 5	28	210,353.
29	Total deductions Add lines 14 through 28			29	51,882,
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from	om line 1	3	30	-9,113,262,
31	Net operating loss deduction (limited to the amount on line 30)		STATEMENT 7	31	<u> </u>
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			32	-9 113 262.

623701 11-22-17 LHA For Paperwork Reduction Act Notice, see instructions.

Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)

Unrelated business taxable income Subtract line 33 from line 32 If line 33 is greater than line 32, enter the smaller of zero or

-9,113,262. Form 990-T (2016)

33

-9,113,262.

1,000.

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Form 990-T (2	016) JOHNS HOPKINS UNIVERSITY		52-0595	5110	Page 2
Part III	Tax Computation				
35 0	rganizations Taxable as Corporations. See instructions for tax computation.				
C	ontrolled group members (sections 1561 and 1563) check here 🕨 🔲 See instructions	and:			
a E	nter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that or	rder):			
	1) [\$ (2) [\$ (3) [\$	1			
	nter organization's share of: (1) Additional 5% tax (not more than \$11,750)				
(2	2) Additional 3% tax (not more than \$100,000)				
c ir	ncome tax on the amount on line 34		1	▶ 35c	0.
36 T	rusts Taxable at Trust Rates. See instructions for tax computation, income tax on the amou	int on line 34 fro	m;		
	Tax rate schedule or Schedule D (Form 1041)			▶ 36	
37 P	roxy tax. See instructions			▶ 37	
	Iternative minimum tax			38	
39 T	ax on Non-Compliant Facility Income See instructions			39	
40 T	otal. Add lines 37, 38 and 39 to line 35c or 36, whichever applies			40	0.
	Tax and Payments				
41a F	oreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a			
	ther credits (see instructions)	41b		7	
c G	eneral business credit. Attach Form 3800	41c			
d C	redit for prior year minimum tax (attach Form 8801 or 8827)	41d		7	
e T	otal credits. Add lines 41a through 41d			41e	
42 S	ubtract line 41e from line 40			42	0.
43 0	ther taxes. Check if from: Form 4255 Form 8611 Form 8697 Form	8866 Oth	IEF (attach schedul	o) 43	
	otal tax. Add lines 42 and 43		•	44	0.
45 a P	ayments: A 2015 overpayment credited to 2016	45a	2,150,00	00.	
	016 estimated tax payments	45b		-	
	ax deposited with Form 8868	45c		\dashv \vdash	
	oreign organizations: Tax paid or withheld at source (see instructions)	45d	1,67	17.	
	ackup withholding (see instructions)	45e			
	redit for small employer health insurance premiums (Attach Form 8941)	45f		-	
	ther credits and payments: Form 2439	1	···		
- ,-	X Form 4136 25, 493. Other Total	► 45g	25,49	13.	
	otal payments. Add lines 45a through 45g	1.281	/	46	2,177,170.
	stimated tax penalty (see instructions). Check if Form 2220 is attached	• •		47	
	ax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	• •		48	
	verpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid			49	2,177,170.
		177 170	Refunded	▶ 50	0.
Part V	Statements Regarding Certain Activities and Other Information				
	t any time during the 2016 calendar year, did the organization have an interest in or a signati		<u>-</u>		Yes No
	ver a financial account (bank, securities, or other) in a foreign country? If YES, the organizati		•		100 110
	nCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the	-			
	Bre ► SEE STATEMENT 8	=	.,		l x
	uring the tax year, did the organization receive a distribution from, or was it the grantor of, or		foreign trust?		x
	YES, see instructions for other forms the organization may have to file.		. 10101911 110011		·
	nter the amount of tax-exempt interest received or accrued during the tax year > \$				
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules at	nd statements, and	to the best of my	knowledge and b	elief, it is true,
Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which pro-	sparer has any know FINANCE &	wledge		
Here	anie deni 14 4 201 & ADMINISTE			-	own below (see
	Signature of officer Date Title			instructions)7	
	Print/Type preparer's name Preparer's signature	Date	Check	if PTIN	100 (1.00
Date	C / /		self- employ		
Paid	RAYMOND LY	4-4-18	Som omploy		05643
Prepare	Streets same by WDVC LLD		Firm's EIN		565207
Use On	1676 INTERNATIONAL DRIVE		1		
	Firm's address ► MCLEAN, VA 22102		Phone no.	703-286-8	3000
			, none no.		orm 990-T (2016)
				•	· (2010)

Schedule A - Cost of Goods	Sold. Enter	method of invent	ory valuation N/A						
1 Inventory at beginning of year	1	0.	6 Inventory at end of yea	r		6		-	0.
2 Purchases	2		7 Cost of goods sold. Su	ne 6					
3 Cost of labor	3	9,062,221.	from line 5. Enter here						
4a Additional section 263A costs			line 2		7	14	,702,	312.	
(attach schedule)	4a		8 Do the rules of section	263A (v	vith respect to			Yes	No
b Other costs (attach schedule)	4b	5,640,091.	property produced or a						i i
5 Total. Add lines 1 through 4b	5	14,702,312.	the organization?						
Schedule C - Rent Income (From Real	Property and	Personal Property	Lease	ed With Real Pro	pert	y)		
(see instructions)									
1. Description of property									
(1) MOUNT WASHINGTON NORTH CA	AMPUS	·							
(2)									
(3)									
(4)									
	2 Rent receiv	ved or accrued			0/->-				
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	of rent for pe	d personal property (if the percentarsonal property exceeds 50% or if is based on profit or income)	age	3(a) Deductions directl columns 2(a) a SEE STATEMEN	and 2(b)	cted with the (attach schedi	ile)	n
(1)			7,918,	,236.			6	,037,	768.
(2)			·						
(3)									
(4)	 								
Total	0.	Total	7,918,	236.		-			
(c) Total income. Add totals of columns 2	2(a) and 2(b). Er	nter	, ,		(b) Total deductions				
here and on page 1, Part I, line 6, column		•	7,918,	236.	Enter here and on page 1, Part I, line 6, column (B)	•	6	,037,	768.
Schedule E - Unrelated Deb		l Income (see II			<u> </u>			, ,	
		· · · · · · · · · · · · · · · · · · ·	2. Gross income from		3. Deductions directly co to debt-finan			ble	
1. Description of debt-fin	anced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other de (attach so		s
(1)					· · · · · · · · · · · · · · · · · · ·				
(2)	•								
(3)									
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fin	e adjusted basis allocable to anced property h schedule)	6 Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable (column 6 x to 3(a) an	tal of col	
(1)			%						
(2)			%						
(3)	-		%						
(4)			%						
					nter here and on page 1, eart I, line 7, column (A)		Enter here and Part I, line 7,		
Totals			•			٥.			٥.
Total dividends-received deductions in	cluded in colum	n 8				-			0.
							Form	990-T	(2016)

Schedule F - Interest,	Annuitie	es, Roya	lties, aı		From Controlled O			ation	1S (see ins	struction	ıs)
1. Name of controlled organizal	tion	2. Em identifi num	cation	3. Net unre	elated income instructions)	4 Tota	al of specified nents made	include	t of column 4 ed in the cont ation's gross	rolling	6. Deductions directly connected with income in column 5
(1)		·		<u> </u>							
(2)											
(3)					-						
(4)											
Nonexempt Controlled Organi	zations										
7. Taxable Income		inrelated incon see instruction		9 Total	of specified pay made	ments	10. Part of column the controllingross				ductions directly connected income in column 10
(1)			-	1							
(2)			_								
(3)											
(4)											
							Add colun Enter here and line 8, c		1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals						<u> </u>			0.		0.
Schedule G - Investme		me of a	Section	1 501(c)(i	7), (9), or	(17) Or	ganizatior	1			
(see insti	ructions)										· · · · · · · · · · · · · · · · · · ·
1. Desc	ription of inco	ome			2. Amount of	income	 Deduction directly connected (attach schedule) 	cted	4. Set- (attach s	asides chedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)											
(4)											
					Enter here and Part I, line 9, co		·				Enter here and on page 1, Part I, line 9, column (B)
Totals						0.					0.
Schedule I - Exploited (see instru		t Activity	Incom	ne, Other	Than Ac	lvertisi	ng Income	9			
1 Description of exploited activity	2. (unrelated incom	Gross I business ne from business	directly with proof un	penses connected oduction related as income	4. Net incor from unrelated business (cominus colum gain, comput through	d trade or olumn 2 in 3) If a e cols 5	5. Gross inco from activity is not unrelat business inco	that ted	attribut	6. Expenses attributable to column 5 attributable to column 5	
(1)											
(2)											
(3)											
(4)	page 1	re and on 1, Part I, , col (A)	page	ere and on 1, Part I, , col (B)						<u>.</u>	Enter here and on page 1, Part II, line 26
Totals		0.		0.							0.
Schedule J - Advertisi											
Part I Income From	Periodic	cais Hep	ortea c	on a Con	solidated	Basis					
1. Name of periodical		2. Gross advertising income	adv	3. Direct rertising costs	or (loss) (c col 3) If a g	tising gain of 2 minus ain, compute hrough 7	5 Circular income		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) PRESS		72,0	00.	29,867	7.		10,213	,419.	7,86	6,256.	
(2) ATHLETIC PROGRAMS		37,0	93.	5,320	<u>).</u>]		3	,195.		1,197.	
(3)					_						
(4)											
Totals (carry to Part II, line (5))	•	109,0	93.	35,187	, .	73,906	. 10,216	,614.	7,86	7,453.	0. Form 990-T (2016)

Part II | Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					- ·	<u> </u>	
(2)							
(3)							<u> </u>
(4)							f
Totals from Part I	•	109,093.	35,187.				0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)		109,093.					0.
Schodule K - Compa	ncatio	n of Officers	Directore en	Trustage /com			

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1) /		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14			0.

Form 990-T (2016)

Form **4136**

Credit for Federal Tax Paid on Fuels

OMB No 1545-0162

2016

Attachment Sequence No 23

Department of the Treasury Internal Revenue Service (99) ▶ Information about Form 4136 and its separate instructions is at www.irs.gov/form4136.

Name (as shown on your income tax return)

JOHNS HOPKINS UNIVERSITY

Taxpayer identification number

52-0595110

Caution: Claimant has the name and address of the person who sold the fuel to the claimant and the dates of purchase. For claims on lines 1c and 2b (type of use 13 or 14), 3d, 4c, and 5, claimant has not waived the right to make the claim. For claims on lines 1c and 2b (type of use 13 or 14), claimant certifies that a certificate has not been provided to the credit card issuer.

	010011000011							
1	Nontaxable Use of Gasoline	Note: CRN is credit reference number.						
			(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN	
а	Off-highway business use			\$ 183]			
b	Use on a farm for farming purposes			183	}		362	
C	Other nontaxable use (see Caution a	bove line 1)		183		\$		
ď	Exported			184			411	

2 Nontaxable Use of Aviation Gasoline

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
а	Use in commercial aviation (other than foreign trade)		\$ 15		\$	354
b	Other nontaxable use (see Caution above line 1)		193			324
C	Exported		194			412
d	LUST tax on aviation fuels used in foreign trade		001			433

3 Nontaxable Use of Undyed Diesel Fuel

	Claimant certifies that the diesel fuel did not contain visib Exception. If any of the diesel fuel included in this claim		idence of dy	e, attach an expl	anatio	on and check h	nere ►	
		(a) Type of use	(b) Rate	(c) Gallons	(d)	Amount of co	edit	(e) CRN
а	Nontaxable use	STATEMENT 1	\$ 243	104910 10				
þ	Use on a farm for farming purposes		243	J	\$	25493	15	360
С	Use in trains		243		T			353
d	Use in certain intercity and local buses (see Caution							
	above line 1)		17					350
е	Exported		244					413

4 Nontaxable Use of Undyed Kerosene (Other Than Kerosene Used in Aviation)

_	Claimant certifies that the kerosene did not contain visible Exception. If any of the kerosene included in this claim of	•	dence of dye	, attach an expla	nation and check here ►	
		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
а	Nontaxable use taxed at \$ 244		\$ 243			
b	Use on a farm for farming purposes		243		\$	346
С	Use in certain intercity and local buses (see Caution above line 1)		17			247
d	Exported		17 244		 	347 414
e	Nontaxable use taxed at \$ 044		043		 	377
f	Nontaxable use taxed at \$ 219		218	<u>. </u>		369

350

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5 Kerosene Used in Aviation (see Caution above line 1)

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a	Kerosene used in commercial aviation (other than foreign trade) taxed at \$ 244		\$ 200		\$	417
b	Kerosene used in commercial aviation (other than foreign trade) taxed at \$ 219		175			355
c	Nontaxable use (other than use by state or local government) taxed at \$ 244		243			346
d	Nontaxable use (other than use by state or local government) taxed at \$ 219		218			369
е	LUST tax on aviation fuels used in foreign trade		001			433

6	Sales by	Registered	Ultimate	Vendors	of Undyed	Diesel Fuel
---	----------	------------	----------	---------	-----------	-------------

Use in certain intercity and local buses

Registration No. ▶

Claimant certifies that it sold the diesel fuel at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. Claimant certifies that the diesel fuel did not contain visible evidence of dye

Exception. If any of the diesel fuel included in this claim did contain visible evidence of dye, attach an explanation and check here

(b) Rate (c) Gallons (d) Amount of credit (e) CRN

(a) Use by a state or local government \$ 243 \$ \$ 360

7 Sales by Registered Ultimate Vendors of Undyed Kerosene (Other Than Kerosene For Use in Aviation)

Registration No. ▶

17

Claimant certifies that it sold the kerosene at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. Claimant certifies that the kerosene did not contain visible evidence of dye

Exception. If any of the kerosene included in this claim did contain visible evidence of dye, attach an explanation and check here

		(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
а	Use by a state or local government	\$ 243	}		
b	Sales from a blocked pump	243		\$	346
_c	Use in certain intercity and local buses	17			347

8 Sales by Registered Ultimate Vendors of Kerosene For Use in Aviation

Registration No. ▶

Claimant sold the kerosene for use in aviation at a tax-excluded price and has not collected the amount of tax from the buyer, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. See the instructions for additional information to be submitted

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
а	Use in commercial aviation (other than foreign trade) taxed at \$ 219		\$ 175		\$	355
b	Use in commercial aviation (other than foreign trade) taxed at \$ 244		200			417
С	Nonexempt use in noncommercial aviation		025			418
d	Other nontaxable uses taxed at \$ 244		243			346
е	Other nontaxable uses taxed at \$ 219		218			369
f	LUST tax on aviation fuels used in foreign trade		001			433

Form 4136 (2016)

9	Reserved	Registration No. ▶

		(b) Rate	(c) Gallons of alcohol	(d) Amount of cred	(e) CRN
а	Reserved				
b	Reserved				

10 Biodiesel or Renewable Diesel Mixture Credit

Registration No. ▶

Biodiesel mixtures. Claimant produced a mixture by mixing biodiesel with diesel fuel. The biodiesel used to produce the mixture met ASTM D6751 and met EPA's registration requirements for fuels and fuel additives. The mixture was sold by the claimant to any person for use as a fuel or was used as a fuel by the claimant. Claimant has attached the Certificate for Biodiesel and, if applicable, the Statement of Biodiesel Reseller Renewable diesel mixtures. Claimant produced a mixture by mixing renewable diesel with liquid fuel (other than renewable diesel). The renewable diesel used to produce the renewable diesel mixture was derived from biomass process, met EPA's registration requirements for fuels and fuel additives, and met ASTM D975, D396, or other equivalent standard approved by the IRS. The mixture was sold by the claimant to any person for use as a fuel or was used as a fuel by the claimant. Claimant has attached the Certificate for Biodiesel and, if applicable, the Statement of Biodiesel Reseller, both of which have been edited as discussed in the Instructions for Form 4136. See the instructions for line 10 for information about renewable diesel used in aviation.

		(b) Rate	(c) Gallons of biodiesel or renewable diesel	(d) Amount of credit	(e) CRN
а	Biodiesel (other than agri-biodiesel) mixtures	\$1 00		\$	388
þ	Agri-biodiesel mixtures	\$1 00			390
С	Renewable diesel mixtures	\$1 00			307

11 Nontaxable Use of Alternative Fuel

Caution: There is a reduced credit rate for use in certain intercity and local buses (type of use 5) (see instructions).

		(a) Type of use	(b) Rate	(c) Gallons, or gasoline or diesel gallon equivalents	(d) Amount of credit	(e) CRN
а	Liquefied petroleum gas (LPG) (see instructions)		\$ 183		\$	419
b	"P Series" fuels		183			420
C	Compressed natural gas (CNG) (see instructions)		183			421
d	Liquefied hydrogen		183			422
е	Fischer-Tropsch process liquid fuel from coal (including peat)		243			423
f	Liquid fuel derived from biomass		243			424
g	Liquefied natural gas (LNG) (see instructions)		243			425
h	Liquefied gas derived from biomass		183			435

12 Alternative Fuel Credit

		o. 🕨

		riogionation rior							
		(b) Rate	(c) Gallons, or gasoline or diesel gallon equivalents	(d) Amount of credit	(e) CRN				
а	Liquefied petroleum gas (LPG) (see instructions)	\$ 50		\$	426				
b	"P Series" fuels	50			427				
С	Compressed natural gas (CNG) (see instructions)	50			428				
d	Liquefied hydrogen	50			429				
е	Fischer-Tropsch process liquid fuel from coal (including peat)	50			430				
f	Liquid fuel derived from biomass	50			431				
g	Liquefied natural gas (LNG) (see instructions)	50			432				
h	Liquefied gas derived from biomass	50			436				
i	Compressed gas derived from biomass	50			437				

13	Registered Credit Card Issuers	Registration No. ►					
		(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN		
а	Diesel fuel sold for the exclusive use of a state or local government	\$ 243		\$	360		
b	Kerosene sold for the exclusive use of a state or local government	243			346		
С	Kerosene for use in aviation sold for the exclusive use of a state or local government taxed at \$ 219	218			369		

14 Nontaxable Use of a Diesel-Water Fuel Emulsion

Caution: There is a reduced credit rate for use in certain intercity and local buses (type of use 5) (see instructions).						
		(a) Type of use	(b) Rate	(c) Gailons	(d) Amount of credit	(e) CRN
а	Nontaxable use		\$.197		\$	309
b	Exported		198			306

15 Diesel-Water Fuel Emulsion Blending

Registration No. ▶

	(b) Rate	(c) Gallons	(d) Amount of cr	edit	(e) CRN
Blender credit	\$ 046		\$		310

16 Exported Dyed Fuels and Exported Gasoline Blendstocks

		(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
а	Exported dyed diesel fuel and exported gasoline blendstocks taxed at \$ 001	\$ 001		\$	415
b	Exported dyed kerosene	001			416

17	Total income tax credit claimed. Add lines 1 through 16, column (d). Enter here and on Form 1040, line 72; Form 1120, Schedule J, line 19b; Form 1120S, line 23c, Form 1041, line 24g; or				
	the proper line of other returns. ▶	17	\$ 25493	15	

Form **4136** (2016)

Alternative Minimum Tax - Corporations

Attach to the corporation's tax return.

OMB No. 1545-0123

▶ Information about Form 4626 and its separate instructions is at www.irs.gov/form4626 JOHNS HOPKINS UNIVERSITY 52-0595110 Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e). 1 Taxable income or (loss) before net operating loss deduction -9,113,262. 1 Adjustments and preferences: a Depreciation of post-1986 property 229,533. b Amortization of certified pollution control facilities 2b c Amortization of mining exploration and development costs 2c d Amortization of circulation expenditures (personal holding companies only) 2d 15,447. e Adjusted gain or loss 2e f Long-term contracts 2f g Merchant marine capital construction funds 2g h Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) 2h i Tax shelter farm activities (personal service corporations only) 2i j Passive activities (closely held corporations and personal service corporations only) 2j k Loss limitations 2k 21 44,900. I Depletion m Tax-exempt interest income from specified private activity bonds 2m n Intangible drilling costs 2n 4,526,175. o Other adjustments and preferences 20 Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20 3 -4,297,207. Adjusted current earnings (ACE) adjustment: a ACE from line 10 of the ACE worksheet in the instructions 4a -4,297,207 b Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a 4b negative amount. See instructions c Multiply line 4b by 75% (0.75) Enter the result as a positive amount 4¢ d Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments See instructions Note: You must enter an amount on line 4d (even if line 4b is positive) 4d e ACE adjustment. . If line 4b is zero or more, enter the amount from line 4c If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount 5 Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT -4,297,207 Alternative tax net operating loss deduction. See instructions SEE STATEMENT 13 6 7 Alternative minimum taxable income Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions ß Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c). a Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions) If zero or less, enter -0-8a b Multiply line 8a by 25% (0 25) 8b c Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-9 Subtract line 8c from line 7 If zero or less, enter -0-10 Multiply line 9 by 20% (0 20) 10 11 Alternative minimum tax foreign tax credit (AMTFTC) See instructions 11 12 Tentative minimum tax. Subtract line 11 from line 10 12 13 13 Regular tax liability before applying all credits except the foreign tax credit 14 Alternative minimum tax Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on

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Form 4626 (2016)

* SEE ALSO

Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return

SEE STATEMENT 11 SEE STATEMENT 12



A	Adjusted Current Earning ► See ACE Worksheet			
Pre-adjustment AMTI Enter the amount from I	ine 3 of Form 4626		1	-4,297,207.
2 ACE depreciation adjustment:				
a AMT depreciation		2a		
b ACE depreciation:				
(1) Post-1993 property	2b(1)			
(2) Post-1989, pre-1994 property	2b(2)			
(3) Pre-1990 MACRS property	2b(3)			
(4) Pre-1990 original ACRS property	2b(4)			
(5) Property described in sections				
168(f)(1) through (4)	2b(5)			
(6) Other property	2b(6)			
(7) Total ACE depreciation. Add lines 2b(1)	through 2b(6)	2b(7)		
c ACE depreciation adjustment. Subtract line 2b(7) from line 2a		2c	
3 Inclusion in ACE of items included in earnings	and profits (E&P).			
a Tax-exempt interest income		3a		
b Death benefits from life insurance contracts		3b		
c All other distributions from life insurance contr	acts (including surrenders)	3c		
d Inside buildup of undistributed income in life in	3d			
e Other items (see Regulations sections 1 56(g)-				
for a partial list)				
f Total increase to ACE from inclusion in ACE of	through 3e	3f		
4 Disallowance of items not deductible from E&P				
a Certain dividends received		4a		
b Dividends paid on certain preferred stock of public utili	ties that are deductible under section 247 (as		
affected by P L 113-295, Div A, section 221(a)(41)(A), I	Dec 19, 2014, 128 Stat 4043)	4b		
c Dividends paid to an ESOP that are deductible	under section 404(k)	4c		
d Nonpatronage dividends that are paid and dedi	uctible under section			
1382(c)		4d		
e Other items (see Regulations sections 1.56(g)-	1(d)(3)(ı) and (ıı) for a			
partial list)		4e		
f Total increase to ACE because of disallowance	of items not deductible from E&P. A	dd lines 4a through 4e	4f	
5 Other adjustments based on rules for figuring l	E&P.			
a Intangible drilling costs		5a		
b Circulation expenditures		5b		
c Organizational expenditures	5c			
d LIFO inventory adjustments	5d			
e Installment sales				
f Total other E&P adjustments. Combine lines 5a	5f			
6 Disallowance of loss on exchange of debt pool	6			
7 Acquisition expenses of life insurance compan	7			
8 Depletion	8			
9 Basis adjustments in determining gain or loss	from sale or exchange of pre-1994 p	roperty	9	
10 Adjusted current earnings Combine lines 1, 2		<u> </u>		

Form 4626

-4,297,207.

10



FORM	990-	- T
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INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS

STATEMENT

2

DESCRIPTION		AMOUNT
PARTNERSHIP	1	-105,192.
PARTNERSHIP		-2,505.
	3	-5,661.
PARTNERSHIP	4	-282,503.
PARTNERSHIP	5	468,863.
PARTNERSHIP	6	3,348.
PARTNERSHIP	7	6,979.
PARTNERSHIP		-2,425.
PARTNERSHIP		31,348.
PARTNERSHIP		-125,883.
PARTNERSHIP		-220,687.
PARTNERSHIP		168,310.
PARTNERSHIP		-139.
PARTNERSHIP		9,083.
PARTNERSHIP		-1,517.
PARTNERSHIP		26,255.
PARTNERSHIP		-201.
PARTNERSHIP	18	841,823.
PARTNERSHIP	19	-2,183.
PARTNERSHIP		122,097.
PARTNERSHIP	21	6,670.
PARTNERSHIP	22	-7.
PARTNERSHIP	23	-110,165.
PARTNERSHIP	24	-32,595.
PARTNERSHIP	25	-2,807.
PARTNERSHIP	26	-15,604.
PARTNERSHIP	27	-39,763.
PARTNERSHIP	28	-7,530.
PARTNERSHIP	29	304.
PARTNERSHIP	30	-157,104.
PARTNERSHIP	31	~397,667.
PARTNERSHIP	32	102.
PARTNERSHIP	33	~231,087.
PARTNERSHIP	34	~310,277.
PARTNERSHIP	35	30,563.
PARTNERSHIP	36	-323,651.
PARTNERSHIP	37	-65,719.
PARTNERSHIP	38	-19,168.
PARTNERSHIP	39	-44,678.
PARTNERSHIP	40	32.
PARTNERSHIP	41	-1,438.
PARTNERSHIP	42	-265,959.
PARTNERSHIP	43	-4,048.
PARTNERSHIP	44	1,671.
PARTNERSHIP		2,712.
PARTNERSHIP	46	-10,948.

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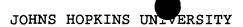
PARTNERSHIP 47	253,735.
PARTNERSHIP 48	-756,717.
PARTNERSHIP 49	-851,738.
PARTNERSHIP 50	-1,404,565.
PARTNERSHIP 51	2,781.
PARTNERSHIP 52	-200,950.
PARTNERSHIP 53	945.
PARTNERSHIP 54	621,048.
PARTNERSHIP 55	-351,050.
PARTNERSHIP 56	37,943.
PARTNERSHIP 57	223,191.
PARTNERSHIP 58	19.
PARTNERSHIP 59	
	-19,804.
PARTNERSHIP 60	-230,642.
PARTNERSHIP 61	-216,135.
PARTNERSHIP 62	-12,624.
PARTNERSHIP 63	52,530.
PARTNERSHIP 64	478,217.
PARTNERSHIP 65	-92,875.
PARTNERSHIP 66	341,027.
PARTNERSHIP 67	4,499.
PARTNERSHIP 68	1,957.
PARTNERSHIP 69	20,317.
PARTNERSHIP 70	-306.
PARTNERSHIP 71	594.
PARTNERSHIP 72	29,311.
PARTNERSHIP 73	12,055.
PARTNERSHIP 74	13,260.
PARTNERSHIP 75	-555.
PARTNERSHIP 76	21,682.
PARTNERSHIP 77	23,603.
PARTNERSHIP 78	-1,
PARTNERSHIP 79	-13,744.
PARTNERSHIP 80	19,937.
PARTNERSHIP 81	2,392.
PARTNERSHIP 82	-10,740.
PARTNERSHIP 83	1,645.
PARTNERSHIP 84	-954.
PARTNERSHIP 85	-3,771.
PARTNERSHIP 86	14,470.
PARTNERSHIP 87	925,821.
PARTNERSHIP 88	
	-15,572.
PARTNERSHIP 89	57.
PARTNERSHIP 90	37.
PARTNERSHIP 91	332,190.
PARTNERSHIP 92	39,468.
PARTNERSHIP 93	-499.
PARTNERSHIP 94	-458.
PARTNERSHIP 95	30,777.
PARTNERSHIP 96	15,917.
PARTNERSHIP 97	24,644.
PARTNERSHIP 98	43,886.
PARTNERSHIP 99	63,863.

JOHNS HOPKINS UNIVERSITY

JOHNS HOPKINS UN VERSITY		52-0595	110
PARTNERSHIP 100		-65	804.
PARTNERSHIP 101		-1,795,	
PARTNERSHIP 102		-4,491,	
PARTNERSHIP 103		235,	
PARTNERSHIP 104		23,	772.
PARTNERSHIP 105		-2,	133.
PARTNERSHIP 106		5,	989.
PARTNERSHIP 107		-782,	935.
PARTNERSHIP 108		-212,	
PARTNERSHIP 109		-307,	
PARTNERSHIP 110			200.
PARTNERSHIP 111		-7,865,	
PARTNERSHIP 112		1,128,	
PARTNERSHIP 113		4,	047.
TOTAL TO FORM 990-T, PAGE 1, L	INE 5	-15,675,	054.
FORM 990-T	INTEREST PAID	STATEMENT	3
DESCRIPTION		AMOUNT	
OTHER INTEREST			204.
TOTAL TO FORM 990-T, PAGE 1, L	INE 18		204.
FORM 990-T	CONTRIBUTIONS	STATEMENT	4
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT	
FROM PASS-THROUGH ENTITIES	N/A	15,	190.
TOTAL TO FORM 990-T, PAGE 1, L	INE 20	15,	190.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT	 5
DESCRIPTION		AMOUNT	
PROFESSIONAL FEES		130,	338
ALTERNATIVE INVESTMENT SOFTWAR	E FEE		000.
OTHER INDIRECT COSTS	-		015.
TOTAL TO FORM 990-T, PAGE 1, L	INE 28	210,	353.
			_



FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	6
QUALIFIED	CONTRIBUTIONS SUBJECT TO 100% LIMIT			
FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTIONS YEAR 2011 YEAR 2012 YEAR 2013 YEAR 2014 YEAR 2015			
TOTAL CARI	RYOVER RENT YEAR 10% CONTRIBUTIONS	15,190		
	TRIBUTIONS AVAILABLE NOOME LIMITATION AS ADJUSTED	15,190 0		
EXCESS 100	CONTRIBUTIONS OF CONTRIBUTIONS OF CONTRIBUTIONS	15,190 0 15,190		
ALLOWABLE	CONTRIBUTIONS DEDUCTION			0
TOTAL CONT	TRIBUTION DEDUCTION			0



FORM 990-T	NET	OPERATING LOSS I	DEDUCTION	STATEMENT
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/10	6,379,954.	5,448,762.	931,192.	931,192.
06/30/11	2,474,258.	1,044,438.	1,429,820.	1,429,820.
06/30/12	0.	0.	0.	0.
06/30/13	947,477.	0.	947,477.	947,477.
06/30/14	5,384,019.	0.	5,384,019.	5,384,019.
06/30/15	7,454,419.	0.	7,454,419.	7,454,419.
06/30/16	15,472,618.	0.	15,472,618.	15,472,618.
NOL CARRYOV	JER AVAILABLE THIS	YEAR	31,619,545.	31,619,545.
FORM 990-T	NAME OF	FOREIGN COUNTRY		STATEMENT 8

NAME OF COUNTRY

AFGHANISTAN

ANGOLA

BANGLADESH

BOTSWANA

BURKINA FASO

COTE D IVOIRE

ETHIOPIA

GHANA

GUINEA

HAITI

HONG KONG

INDIA

INDONESIA

ITALY

KENYA

LESOTHO

LIBERIA

MADAGASCAR

MALAWI

MOZAMBIQUE

NEPAL

NIGERIA

PAKISTAN

RWANDA

TANZANIA

TOGO

UGANDA

UNITED KINGDOM

VIETNAM

JOHNS HOPKINS UN ERSITY

CAMEROON CANADA CHAD CHILE MALI SWAZILAND SIERRA LEONE ZAMBIA PHILIPPINES SOUTH AFRICA SOUTH SUDAN

BURMA

FORM 990-T	COST	OF GOODS	SOLD	- OTHER	COSTS		STATEMENT	9
DESCRIPTION							AMOUNT	
SUPPLIES AND MATE	RIALS					-	109	,312.
CONTRACTUAL SERVI							1,148	
UTILITIES							3	,531.
TRAVEL								,463.
TELECOM AND COMPU	TING							,227.
RENTAL EXPENSE	CINC							,428.
MARKETING/ADVERTI MEMBERSHIP/DUES	SING							,760.
LICENSES AND REGI	STRATION							,717. ,367.
EVENTS, GIFTS AND								,375.
FOOD COSTS AND CA								304.
INSURANCE-MALPRAC	TICE						117	,309.
TRAINING								,357.
OTHER EXPENSES								,643.
INDIRECT COSTS						-	3,811	,193.
TOTAL TO FORM 990	-Т, SCHEDUI	LE A, LINE	4B			:	5,640	,091.
FORM 990-T	DEDUCTIONS	CONNECTED	WITH	RENTAL	INCOME		STATEMENT	10
DESCRIPTION				CTIVITY NUMBER	AMO	JNT	TOTAL	
REPAIRS & MAINTEN	ANCE					258,023.		
ADMINISTRATIVE EX						246,145.		
PAYROLL						524,158.		
CONTRACT SERVICES						979,061.		
UTILITIES						744,681.		
REAL ESTATE TAXES	DMY					494,579.		
INSURANCE - PROPE	K.I, X					10,584.		

JOHNS HOPKINS UN ERSITY

52-0595110

NON-RECOVERABLE EXPENSES DEPRECIATION - BUILDING AMORTIZATION DEFERRED RENT

270,570. 2,134,070. 289,324.

86,573.

- SUBTOTAL - 1

6,037,768.

TOTAL TO FORM 990-T, SCHEDULE C, COLUMN 3

6,037,768.

T 11	STATEMENT	4 4626 AMT CONTRIBUTION LIMITATION
•	-9,113 4,816	REGULAR TAXABLE INCOME BEFORE NOL, CHARITABLE CONTRIBUTIONS, AND DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD) ADD: OTHER AMT ADJUSTMENT AND PREFERENCE ITEMS OTHER THAN ACE, CHARITABLE CONTRIBUTIONS AND DPAD
	-4,297	PREADJUSTMENT AMTI BEFORE ACE, CHARITABLE DEDUCTIONS, NOL AND DPAD
7,207	-4,297	ACE WITHOUT CHARITABLE CONTRIBUTIONS (LINE 3 PLUS LINE 4) LINE 5 LESS LINE 3 (ENTER EXCESS AS A NEGATIVE AMOUNT) MULTIPLY LINE 6 BY 75%. ENTER RESULT AS A POSITIVE AMOUNT . ENTER EXCESS OF THE CORPORATION'S PRIOR YEAR NET INCREASES IN AMTI DUE TO ACE
07,207 07,207 0	·) AMTI WITHOUT CHARITABLE CONTRIBUTIONS, NOL AND DPAD (LINE 3 PLUS LINE 9)
0		CONTRIBUTION DEDUCTION TO CALCULATE 90% AMTI LIMITATION FOR NOL (LESSER OF LINE 11 OR LINE 12)
	-3,867	AMTI FOR PURPOSES OF 90% NOL LIMITATION (LINE 10 LESS LINE 13)
0		AMT NOL (LESSER OF LINE 15 OR LINE 16)
97,207 0) AMTI FOR CHARITABLE DEDUCTION LIMITATION (LINE 10 PLUS SPECIAL DEDUCTIONS LESS AMT NOL ON LINE 17)) 10% OF LINE 18
0		AMT CHARITABLE DEDUCTION (LESSER OF LINE 12 OR LINE 19)) REGULAR CONTRIBUTION DEDUCTION
0		AMT CONTRIBUTION ADJUSTMENT (LINE 21 LESS LINE 20)



FORM 4626	AMT CONTRIBUTIONS	STATEMENT 12
CARRYOVER OF PRIOR YEAR FOR TAX YEAR 2011 FOR TAX YEAR 2012 FOR TAX YEAR 2013 FOR TAX YEAR 2014 FOR TAX YEAR 2015	RS UNUSED CONTRIBUTIONS	
TOTAL CARRYOVER CURRENT YEAR CONTRIBUTE	IONS	15,190
TOTAL CONTRIBUTIONS 10% OF TAXABLE INCOME A	AS ADJUSTED	15,190
EXCESS CONTRIBUTIONS		15,190
ALLOWABLE CONTRIBUTIONS	5	0

JOHNS HOPKINS UNIVERSITY

FORM 4626	ALTERNATI	VE MINIMUM TAX NO	OL DEDUCTION	STATEMENT	13
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING		
06/30/16	7,854,675.	7,086,776.	767,899.		
AMT NOL CA	RRYOVER AVAILABLE 1	HIS YEAR	767,899.		

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Information about Schedule D (Form 1120) and its separate instructions is at www irs.gov/form1120.

OMB No 1545-0123 16

Name

Employer identification number

JOHNS HOPKINS UNIVERSITY

52-0595110

Part I Short-Term Capital Ga	ins and Losses - Ass	ets Held One Year	r or Less		
See instructions for how to figure the amounts	(4)	(-)	(0)	-	(h) a a a a a a a
to enter on the lines below. This form may be easier to complete if you	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gai or loss from Form(s) 894 Part I, line 2, column (g	9,	(f) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
round off cents to whole dollars.	(,			· 	
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line					
blank and go to line 1b	 	- 	 		
1b Totals for all transactions reported on Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on	† — — — †		 		
Form(s) 8949 with Box B checked	217,666.				217,666.
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					
4 Short-term capital gain from installment sales	s from Form 6252, line 26 or 37	,		4	
5 Short-term capital gain or (loss) from like-kin				5	
6 Unused capital loss carryover (attach comput				-6	1
7 Net short-term capital gain or (loss). Combin	•	h		7	217,666.
Part II Long-Term Capital Ga			on One Vear	<u> </u>	1
See instructions for how to figure the amounts	Illa and Edases - Ada		The real		
to enter on the lines below.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(9) Adjustments to gai or loss from Form(s) 894 Part II, line 2, column (9,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
This form may be easier to complete if you round off cents to whole dollars	(((9)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					ł
Form(s) 8949 with Box E checked	4,085,705.				4,085,705.
10 Totals for all transactions reported on]		
Form(s) 8949 with Box F checked	<u> </u>		<u></u>		
11 Enter gain from Form 4797, line 7 or 9				11	
12 Long-term capital gain from installment sale	•	7		12	<u></u>
40 Laws Assas as adal assas as (laws) from bles less	nd exchanges from Form 8824			13	<u> </u>
13 Long-term capital gain or (loss) from like-kir	to oxonangoo ironii i omi ooz i				
14 Capital gain distributions	-			14	<u> </u>
14 Capital gain distributions15 Net long-term capital gain or (loss). Combin	ne lines 8a through 14 in colum	n h		14 15	4,085,705.
14 Capital gain distributions 15 Net long-term capital gain or (loss). Combin Part III Summary of Parts I an	ne lines 8a through 14 in colum				·
14 Capital gain distributions15 Net long-term capital gain or (loss). Combin	ne lines 8a through 14 in colum				217,666.
14 Capital gain distributions 15 Net long-term capital gain or (loss). Combin Part III Summary of Parts I an	ne lines 8a through 14 in columnad 11 ine 7) over net long-term capita	il loss (line 15)	e 7)	15	,
14 Capital gain distributions 15 Net long-term capital gain or (loss). Combin Part III Summary of Parts I an 16 Enter excess of net short-term capital gain (i	ne lines 8a through 14 in columned 11 Ine 7) over net long-term capitation capitation (line 15) over net	il loss (line 15) i short-term capital loss (lin		15 16	217,666.
14 Capital gain distributions 15 Net long-term capital gain or (loss). Combin Part III Summary of Parts I an 16 Enter excess of net short-term capital gain (i 17 Net capital gain. Enter excess of net long-term	ne lines 8a through 14 in columned 11 ine 7) over net long-term capital man capital gain (line 15) over net in 1120, page 1, line 8, or the pr	il loss (line 15) i short-term capital loss (lin		15 16	217,666.

JWA

Schedule D (Form 1120) 2016

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

THE STATE OF THE S			
Schedule D (Form 1120) 2016 JOHNS HOPKINS UNIVERSITY Part IV Alternative Tax for Corporations with Qualified Ti	mber Gain. Complete Part I	V only if the corporation has	
Part IV Alternative Tax for Corporations with Qualified timber gain under section 1201(b) Skip this part if you are filing	Form 1120-RIC See instructions	·	
qualified timber gain under section 120 I(0) Skip tills part ill you all	19		į
(as defined in section 1201(0)(2))			
19 Enter qualified timber gain (as defined in section 30, or the applicable line20 Enter taxable income from Form 1120, page 1, line 30, or the applicable line	20		
			1
of your tax return 21 Enter the smallest of: (a) the amount on line 19; (b) the amount on line 20; or	21		!
(c) the amount on Part III, line 17	L		
(c) the small smal		22	
22 Multiply line 21 by 23.8% (0.238)	1 1		Ì
	23		
23 Subtract line 17 from line 20. If zero or less, enter -0-			
24. Enter the tay on line 23, figured using the Tax Rate Schedule (of applicable tax 1945)	appropriate ioi	24	
the return with which Schedule D (Form 1120) is being filed	1 1		
HIE LEIDIN HAM HAME	25		
25 Add lines 21 and 23	23		!
20 Aug (11102 2) and 20	nc l	1	t t
26 Subtract line 25 from line 20. If zero or less, enter -0-	26		
26 Subtract line 23 ironi into Essay		27	
27 Multiply line 26 by 35% (0.35)			
27 Multiply line 20 by 35% (3.55)		28	
AUL 00 04 and 97			
28 Add lines 22, 24, and 27 29 Enter the tax on line 20, figured using the Tax Rate Schedule (or applicable tax rate) appropriate for the	29	
return with which Schedule D (Form 1120) is being filed			
return with which Schedule D (Form 1120) is being filed 30 Enter the smaller of line 28 or line 29. Also enter this amount on Form 1120, Sched	lule J, line 2, or the	30	
30 Enter the Smaller of the 20 of this 20 of this 20 of the 20 of			e D (Form 1120) 2016
applicable line of your tax return			-

Department of the Treasure Internal Revenue Service

Sales and Other Dispositions of Capital Assets

Information about Form 8949 and its separate instructions is at www.irs.gov/form8949. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No 1545-0074

Attachment Sequence No 12A

Name(s) shown on return

Social security number or

taxpayer identification no. JOHNS HOPKINS UNIVERSITY Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check Short-Term. Transactions involving capital assets you held 1 year or less are short-term. For long-term transactions, see page 2 Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions) You must check Box A, B, or C below. Check only one box, if more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (d) (h) (e) loss If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date acquired Date sold or in column (g), enter a code in column (f). See instructions (sales price) basis See the Subtract column (e) (Example 100 sh XYZ Co.) (Mo, day, yr) disposed of from column (d) & Note below and (Mo, day, yr) (g) Amount of combine the result see Column (e) ın Code(s) the instructions with column (g) adjustment 217,666. FROM PASS-THROUGH ENTITIES VARIOUS VARIOUS 217,666 Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

623011 12-07-16 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

above is checked), or line 3 (if Box C above is checked)

Form 8949 (2016)

217,666

Schedule D, line 8b (If Box D above is checked), line 9 (If Box E 4,085,705 above is checked), or line 10 (if Box F above is checked) Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an

adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

623012 12-07-16

4,085,705.

Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts) Enter each total here and include on your

ALTERNATIVE MINIMUM TAX

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service **Capital Gains and Losses**

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L,
 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
 ▶ Information about Schedule D (Form 1120) and its separate instructions is at www.irs.gov/form1120.

OMB No 1545-0123

Name

Employer identification number

52-0595110

JOHNS HOPKINS UNIVERSITY

Part I Short-Term Capital Ga	ins and Losses - As	sets Held One Year	or Less		
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gar or loss from Form(s) 894	 1 9.	(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars	(sales price)	(or other basis)	Part I, line 2, column (g) ` 	combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked	217,666.				217,666.
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked	<u></u>	 			
4 Short-term capital gain from installment sales				4	
5 Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach compute	ation)		1	6	()
7 Net short-term capital gain or (loss). Combine	e lines 1a through 6 in columi	n h		7	217,666.
Part II Long-Term Capital Gai	ns and Losses - Ass	sets Held More Tha	n One Year		
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e)	(0) Adjustments to ga	n	(h) Gain or (loss) Subtract
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 894 Part II, line 2, column (s)	9, 3)	column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on			\		
Form(s) 8949 with Box D checked		<u> </u>			
9 Totals for all transactions reported on		i			
Form(s) 8949 with Box E checked	4,085,705.				4,085,705.
10 Totals for all transactions reported on		<u>,</u>			}
Form(s) 8949 with Box F checked	l	<u> </u>			
11 Enter gain from Form 4797, line 7 or 9				11	
12 Long-term capital gain from installment sales				12	
13 Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824			13	
14 Capital gain distributions				14	<u></u>
15 Net long-term capital gain or (loss). Combine	e lines 8a through 14 in colun	nn h		15	4,085,705.
Part III Summary of Parts I an					
16 Enter excess of net short-term capital gain (li	ne 7) over net long-term capit	al loss (line 15)		16	217,666.
17 Net capital gain. Enter excess of net long-term	n capital gain (line 15) over ne	et short-term capital loss (line	2 7)	17	4,085,705.
18 Add lines 16 and 17. Enter here and on Form		roper line on other returns If	Ī	}	1
the corporation has qualified timber gain, also	o complete Part IV			18	4,303,371.
Note: If losses exceed gains, see Capital loss	ses in the instructions.				

JWA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2016

ALTERNATIVE MINIMUM TAX

Sales and Other Dispositions of Capital Assets

Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.

OMB No 1545-0074

Name(s) shown on return

Department of the Treasury

Internal Revenue Service

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Social security number or taxpayer identification no.

JOHNS HOPKINS UNIVERSITY	52-0595110
Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from you	
statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was repo	orted to the IRS by your
broker and may even tell you which box to check	

Part I Short-Term. Transactions involving capital assets you held 1 year or less are short-term. For long-term transactions, see page 2 Note: You may aggregate all short-term transactions reported on Form(s) 1099 B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box if you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (d) (h) (e) loss. If you enter an amount Proceeds Gain or (loss). Subtract column (e) Cost or other Description of property Date acquired Date sold or in column (g), enter a code in column (f). See instructions (sales price) (Example 100 sh XYZ Co) basis See the (Mo, day, yr) disposed of Note below and from column (d) & (Mo, day, yr) (g) Amount of adjustment combine the result see Column (e) ın with column (g) Code(s) the instructions FROM PASS-THROUGH ENTITIES VARIOUS VARIOUS 217,666 217,666. Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

623011 12-07-16 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2016)

ALTERNATIVE MINIMUM TAX

Form 8949 (2016) Attachment Sequence No 12A Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on other side Social security number or taxpayer identification no. JOHNS HOPKINS UNIVERSITY Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check Part II | Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1 Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions) You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (a) (b) (c) (d) (e) (h) loss. If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date acquired Date sold or in column (g), enter a code in column (f). See instructions. (sales price) basis. See the Subtract column (e) (Example 100 sh XYZ Co) (Mo, day, yr) disposed of from column (d) & Note below and (Mo, day, yr) (g) Amount of combine the result see *Column (e)* ın Code(s) the instructions with column (g) adjustment FROM PASS-THROUGH ENTITIES VARIOUS VARIOUS 4,085,705 4,085,705. Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) 4,085,705 4.085,705.

Form **8949** (2016)

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an

adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form **8827**

Department of the Treasury Internal Revenue Service

Credit for Prior Year Minimum Tax - Corporations

Attach to the corporation's tax return.

▶ Information about Form 8827 and its instructions is at www.irs.gov/form8827

OMB No. 1545-0123

2016

Name	Employer i	dentification number
JOHNS HOPKINS UNIVERSITY	52-0	595110
1 Alternative minimum tax (AMT) for 2015. Enter the amount from line 14 of the 2015 Form 4626	1	
2 Minimum tax credit carryforward from 2015. Enter the amount from line 9 of the 2015 Form 8827	2	2,291,177.
3 Enter any 2015 unallowed qualified electric vehicle credit (see instructions)	3	
4 Add lines 1, 2, and 3	4	2,291,177.
5 Enter the corporation's 2016 regular income tax liability minus allowable tax credits (see instructions)	5	0.
6 Is the corporation a "small corporation" exempt from the AMT for 2016 (see instructions)? ◆ Yes. Enter 25% of the excess of line 5 over \$25,000. If line 5 is \$25,000 or less, enter -0-		
 No. Complete Form 4626 for 2016 and enter the tentative minimum tax from line 12 	6	0.
7a Subtract line 6 from line 5. If zero or less, enter -0-	7a	0.
bFor a corporation electing to accelerate the minimum tax credit, enter the bonus depreciation amount attributable to the minimum tax credit (see instructions)	7b	
c Add lines 7a and 7b	7c	
8aEnter the smaller of line 4 or line 7c. If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions	8a	
b Current year minimum tax credit. Enter the smaller of line 4 or line 7a here and on Form 1120, Schedule J, Part I, line 5d (or the applicable line of your return). If the corporation had a post-1986 ownership change or has pre-acquisition		
excess credits, see instructions. If you made an entry on line 7b, go to line 8c. Otherwise, skip line 8c	8b	0.
c Subtract line 8b from line 8a. This is the refundable amount for a corporation electing to accelerate		
the minimum tax credit. Include this amount on Form 1120, Schedule J, Part II, line 19c (or the applicable line of		
your return)	8c	
9 Minimum tax credit carryforward to 2017 Subtract line 8a from line 4 Keep a record of this] [
amount to carry forward and use in future years	9	2,291,177.