

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2008, or tax year beginning JUL 1, 2008, and ending JUN 30, 2009

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

2008

Department of the Treasury Internal Revenue Service

See instructions.

Name of exempt organization: JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.

Employer identification number: 52-1341890

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return, if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-).

Table with 5 rows (1a-5a) and 3 columns: Form type, Total revenue/tax/balance due, and Amount. Row 1a is checked with amount 521829505.

Part II Declaration of Officer

6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return...

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements...

Sign Here: [Signature] | 5.4.10 | VP FINANCE

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return.

ERO's Use Only section with fields for signature, firm name, date, ERO's SSN or PTIN, EIN, and phone no.

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only section with fields for signature, firm name, date, Preparer's SSN or PTIN, EIN, and phone no.

**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)

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

**A** For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific Instructions.	<b>C</b> Name of organization <b>JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.</b>		<b>D</b> Employer identification number <b>52-1341890</b>
		Doing Business As		<b>E</b> Telephone number <b>(443)997-5722</b>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1101 E. 33RD STREET, TERRACE LEVEL E001</b>		
		City or town, state or country, and ZIP + 4 <b>BALTIMORE, MD 21218</b>		<b>G</b> Gross receipts \$ <b>607,296,553.</b>
<b>F</b> Name and address of principal officer: <b>CARL FRANCIOLI</b> <b>4940 EASTERN AVENUE, BALTIMORE, MD 21224</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶		
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J</b> Website: ▶ <b>WWW.JHBMC.JHU.EDU</b>				
<b>K</b> Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				
<b>L</b> Year of formation: <b>1984</b>				<b>M</b> State of legal domicile: <b>MD</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>JOHNS HOPKINS BAYVIEW MEDICAL CENTER, A MEMBER OF JOHNS HOPKINS MEDICINE, PROVIDES COMPASSIONATE</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>14</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>10</b>
	<b>5</b>	Total number of employees (Part V, line 2a)	<b>5</b>	<b>4022</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>253</b>
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>	<b>788,668.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>-81,052.</b>	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	22,117,734.	21,949,140.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	460,847,653.	470,706,704.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,219,002.	996,127.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,571,231.	28,177,534.
	<b>12</b>		511,755,620.	521,829,505.
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,119,513.	667,475.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	205,106,950.	230,078,429.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	299,766,958.	287,503,238.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	508,993,421.	518,249,142.	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	2,762,199.	3,580,363.	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	329,963,552.	330,169,077.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	233,944,814.	259,526,280.
<b>22</b>		96,018,738.	70,642,797.	

**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.

<b>Sign Here</b>	Signature of officer	Date		
	<b>CARL FRANCIOLI, V.P. FINANCE</b>			
Type or print name and title				
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN ▶		Phone no. ▶

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

JOHNS HOPKINS BAYVIEW  
MEDICAL CENTER, INC.

**Part III** Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: **SEE SCHEDULE O FOR CONTINUATION**  
**JOHNS HOPKINS BAYVIEW MEDICAL CENTER PROVIDES NEEDED MEDICAL CARE TO**  
**INDIVIDUALS IN THE COMMUNITY REGARDLESS OF THE PATIENT'S ABILITY TO**  
**PAY. SERVICES INCLUDE ROUTINE INPATIENT ANCILLARY AND OUTPATIENT CARE**  
**IN SUUPPORT OF THE HOSPITAL'S EXEMPT MISSION OF PROVIDING HEALTHCARE.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes", describe these changes on Schedule O.

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

**SEE SCHEDULE O FOR CONTINUATION(S)**

4a (Code: ) (Expenses \$ **92200463.** including grants of \$ ) (Revenue \$ **86409732.**)  
**DEPARTMENT OF MEDICINE: THE DEPARTMENT OF MEDICINE IS COMMITTED TO THE**  
**PRACTICE OF PRIMARY AND SPECIALITY MEDICARE CARE, THE TEACHING OF**  
**MEDICAL STUDENTS, RESIDENTS, FELLOWS, ALLIED HEALTH PROFESSIONALS, AND**  
**PHYSICIANS, RESEARCH AND DEVELOPMENT IN BASIC SCIENCE, CLINICAL CARE,**  
**HEALTH SERVICES DELIVERY, AND MEDICAL EDUCATION, ADMINISTRATION OF**  
**MEDICAL ACTIVITIES AT JOHNS HOPKINS BAYVIEW MEDICAL CENTER.**

4b (Code: ) (Expenses \$ **48059618.** including grants of \$ ) (Revenue \$ **50170826.**)  
**CARE CENTER: THE JOHNS HOPKINS BAYVIEW CARE CENTER OFFERS A RANGE OF**  
**CONTINUING CARE SERVICES TO THE COMMUNITY. LOCATED IN THE JOHN R.**  
**BURTON PAVILION, ON THE CAMPUS OF THE JOHNS HOPKINS BAYVIEW MEDICAL**  
**CENTER, THE JOINT COMMISSION AND CARF (COMMISSION ON ACCREDITATION OF**  
**REHABILITATION FACILITIES) ACCREDITED FACILITY PROVIDES**  
**VENTILATOR/RESPIRATORY CARE, INPATIENT REHABILITATION, COMPLEX MEDICAL**  
**CARE, SPECIALIZED WOUND THERAPY AND PALLIATIVE CARE. OFFERING A BRIDGE**  
**BETWEEN HOSPITAL AND HOME FOR MANY PATIENTS, THE CARE CENTER'S FOCUS IS**  
**ON IMPROVING THE HEALTH AND WELL-BEING OF THESE PATIENTS BEFORE THEY**  
**RETURN TO THEIR OWN ENVIRONMENTS. FOR OTHERS, THE CARE CENTER IS HOME,**  
**PROVIDING TRADITIONAL LONG-TERM CARE IN A WARM AND COMFORTABLE SETTING.**  
**OUR EXPERIENCE IN ALL ASPECTS OF CARING FOR OLDER ADULTS COMES FROM**

4c (Code: ) (Expenses \$ **79732450.** including grants of \$ ) (Revenue \$ **81808054.**)  
**DEPARTMENT OF SURGERY: THE DEPARTMENT OF SURGERY OFFERS COMPREHENSIVE**  
**SURGICAL CARE, INCLUDING SPECIALTIES IN GASTROINTESTINAL AND ABDOMINAL**  
**WALL SURGERY, TRAUMA AND SURGICAL CRITICAL CARE, BARIATRIC SURGERY,**  
**BURN AND RECONSTRUCTIVE SURGERY, SURGICAL ONCOLOGY, THORACIC SURGERY**  
**AND VASCULAR SURGERY. THE DEPARTMENT OF SURGERY FEATURES THE LATEST IN**  
**SURGICAL TECHNOLOGY, INCLUDING VIDEOSCOPIIC AND MINIMALLY-INVASIVE**  
**APPROACHES TO THE TREATMENT OF SURGICAL DISORDERS AND 24/7 EMERGENCY**  
**COVERAGE OF OUR LEVEL II TRAUMA CENTER.**

4d Other program services. (Describe in Schedule O.)  
(Expenses \$ **240,950,909.** including grants of \$ **667,475.**) (Revenue \$ **252,318,092.**)

4e Total program service expenses **\$ 460,943,440.** (Must equal Part IX, Line 25, column (B).)

JOHNS HOPKINS BAYVIEW  
MEDICAL CENTER, INC.

Form 990 (2008)

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**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)? <i>If "Yes," complete Schedule A</i> .....	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors? .....	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		<input checked="" type="checkbox"/>
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> .....	<input checked="" type="checkbox"/>	
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> .....		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		<input checked="" type="checkbox"/>
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		<input checked="" type="checkbox"/>
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> .....	<input checked="" type="checkbox"/>	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....	<input checked="" type="checkbox"/>	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the U.S.? .....		<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i> .....		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Part II</i> .....		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Part III</i> .....		<input checked="" type="checkbox"/>
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		<input checked="" type="checkbox"/>
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....	<input checked="" type="checkbox"/>	
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<input checked="" type="checkbox"/>	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		<input checked="" type="checkbox"/>
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> .....	<input checked="" type="checkbox"/>	
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 questions 24b-24d and complete Schedule K. If "No," go to question 25</i> .....	<input checked="" type="checkbox"/>	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		<input checked="" type="checkbox"/>
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? .....		<input checked="" type="checkbox"/>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		<input checked="" type="checkbox"/>
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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> .....		<input checked="" type="checkbox"/>
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i> .....		<input checked="" type="checkbox"/>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....	<input checked="" type="checkbox"/>	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....		<input checked="" type="checkbox"/>

Form 990 (2008)

JOHNS HOPKINS BAYVIEW  
MEDICAL CENTER, INC.

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b>	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b>	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b>	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> .....		X
<b>33</b>	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> .....		X
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....	X	
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b>	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> .....		X

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 283		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 4022		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
<b>4a</b>	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)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter: N/A		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter: N/A		
<b>a</b>	Gross income from members or shareholders		
	11a		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		
	12b		

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

**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body		
1b Enter the number of voting members that are independent		
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?		X
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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies**

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
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?	X	
b Other officers or key employees of the organization?	X	
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?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **MD**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **THE CORPORATION - 443-997-5724**  
**1101 EAST 33RD STREET, TERRACE LEVEL, STE. E001, BALTIMORE, MD 21218**

JOHNS HOPKINS BAYVIEW  
MEDICAL CENTER, INC.

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-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			
JAMES T. DRESHER, JR. VICE CHAIR/TRUSTEE	1.00	X					0.	0.	0.	
JOHN R. BURTON, M.D. TRUSTEE	1.00	X					0.	0.	0.	
ROBERT D. H. HARVEY TRUSTEE	1.00	X					0.	0.	0.	
CAROLYN J. KRYSIAK TRUSTEE	1.00	X					0.	0.	0.	
DANA ANDERSEN, M.D. TRUSTEE	1.00	X					0.	0.	0.	
SHERIDAN J. SMITH TRUSTEE	1.00	X					0.	0.	0.	
RONALD J. WERTHMAN TREASURER/TRUSTEE	1.00	X		X			0.	695,197.	135,748.	
RONALD R. PETERSON TRUSTEE	1.00	X					0.	1,568,368.	358,329.	
JUDY A. REITZ, SC.D TRUSTEE	1.00	X					0.	641,352.	102,719.	
GREGORY F. SCHAFFER PRESIDENT/TRUSTEE	40.00	X		X			541,634.	0.	69,146.	
DAVID B. HELLMANN, M.D. TRUSTEE	1.00	X					0.	0.	0.	
GEORGE H. MANTAKOS TRUSTEE	1.00	X					0.	0.	0.	
FRANCIS X. KNOTT CHAIRMAN/TRUSTEE	1.00	X					0.	0.	0.	
PHILIP D. ZIEVE, M.D. TRUSTEE	1.00	X					0.	0.	0.	
MARIA V. KOSZALKA, ED.D. VP/PATIENT CARE SRV	40.00			X			248,520.	0.	40,022.	
CRAIG R. BRODIAN VP/HUMAN RESOURCES	40.00			X			238,560.	0.	46,491.	
RICHARD G. BENNETT, M.D. VP/MEDICAL AFFAIRS	40.00			X			0.	0.	0.	



JOHNS HOPKINS BAYVIEW  
MEDICAL CENTER, INC.

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**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ANITA M. LANGFORD VP/CONTINUING CARE	40.00			X				245,696.	0.	45,889.
G. DANIEL SHEALER, JR. SECRETARY	1.00			X				0.	360,266.	75,228.
CARL H. FRANCIOLI VP/ FINANCE	40.00			X				257,967.	0.	79,438.
CHARLES B. REULAND, SC.D VP/ CLINICAL OPERATIONS	40.00			X				277,116.	0.	66,513.
CHERYL KOCH VP/ CARE MANAGMENT SERVI	40.00			X				145,672.	0.	37,098.
MELISSA HELICKE DEAN OF CAMPUS	40.00				X			175,777.	0.	32,145.
ANDREW FRAKE IS DIRECTOR	40.00				X			160,366.	0.	16,746.
PRINCESS HOPKINS REGISTERED NURSE	40.00					X		170,621.	0.	19,734.
LOUWONDER KENNEDY REGISTERED NURSE	40.00					X		160,687.	0.	25,552.
BETH PETTERSON REGISTERED NURSE	40.00					X		156,849.	0.	25,041.
<b>1b Total</b>								<b>4,141,592.</b>	<b>3,265,183.</b>	<b>1,231,254.</b>

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ 215

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
CONSTELLATION NEW ENERGY 100 CONSTELLATION WAY, BALTIMORE, MD 21202	ENERGY	4,797,551.
AMN HEALTHCARE, INC., 2735 COLLECTION CENTER DRIVE, CHICAGO, IL 60693	HEALTHCARE STAFFING	4,008,124.
BROADWAY SERVICES, INC., 3709 E. MONUMENT STREET, BALTIMORE, MD 21205	MANAGMENT SERVICES	3,210,944.
SAMUEL A. KROLL, INC., 10300 S. DOLFIELD ROAD, OWINGS MILLS, MD 21117	GENERAL CONTRACTORS	1,999,503.
SMITH MANAGEMENT CORP, 4048 LAFAYETTE CENTER DRIVE, CHANTILLY, VA 20151	CONTRACT SERVICES	1,351,726.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶ 75

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form 990 (2008)

**JOHNS HOPKINS BAYVIEW  
MEDICAL CENTER, INC.**

Form 990 (2008)

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<b>Part VIII Statement of Revenue</b>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>				
	<b>b</b> Membership dues .....	<b>1b</b>				
	<b>c</b> Fundraising events .....	<b>1c</b>				
	<b>d</b> Related organizations .....	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b> 15,961,660.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 5,987,480.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	3,150,000.				
	<b>h Total.</b> Add lines 1a-1f .....	▶ 21,949,140.				
<b>Program Service Revenue</b>	<b>2 a</b> <u>NET PATIENT SRVC</u>	Business Code <b>621990</b>	470,706,704.	470,706,704.		
	<b>b</b> .....					
	<b>c</b> .....					
	<b>d</b> .....					
	<b>e</b> .....					
	<b>f</b> All other program service revenue .....					
	<b>g Total.</b> Add lines 2a-2f .....	▶ 470,706,704.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....	▶ 1761175.			1,761,175.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....	▶				
	<b>5</b> Royalties .....	▶				
	<b>6 a</b> Gross Rents .....	(i) Real	1,816,539.			
		(ii) Personal				
		<b>b</b> Less: rental expenses .....				
		<b>c</b> Rental income or (loss) .....	1,816,539.			
	<b>d</b> Net rental income or (loss) .....	▶ 1816539.		141,450.	1,675,089.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	84,702,000.			
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....	85,100,393.	366655.		
		<b>c</b> Gain or (loss) .....	-398,393.	-366,655.		
	<b>d</b> Net gain or (loss) .....	▶ -765,048.	-765,048.			
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>				
		<b>b</b> Less: direct expenses .....	<b>b</b>			
<b>c</b> Net income or (loss) from fundraising events .....		▶				
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities .....	▶				
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b> 647218.					
	<b>b</b> Less: cost of goods sold .....	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory .....	▶ 647,218.		647,218.		
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> <u>OTHER OPERATING REV</u>	<b>900099</b>	14,617,167.	14,617,167.			
<b>b</b> <u>ADMIN/MGMT FEES</u>	<b>900099</b>	5323456.		5,323,456.		
<b>c</b> <u>RETAIL PHARMACY</u>	<b>446110</b>	4812238.		4,812,238.		
<b>d</b> All other revenue .....	<b>900099</b>	960,916.	952,244.		8,672.	
<b>e Total.</b> Add lines 11a-11d .....	▶ 25,713,777.					
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e .....	▶ 521,829,505.	485,511,067.	788,668.	13,580,630.		

**JOHNS HOPKINS BAYVIEW  
MEDICAL CENTER, INC.**

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....	667,475.	667,475.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	3,347,867.		3,347,867.	
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 .....	171551343.	150413321.	21,138,022.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	12,150,554.	10,449,477.	1,701,077.	
9 Other employee benefits .....	29,793,135.	25,622,096.	4,171,039.	
10 Payroll taxes .....	13,235,530.	11,382,556.	1,852,974.	
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	1,525,000.	1,311,500.	213,500.	
c Accounting .....				
d Lobbying .....	72,939.		72,939.	
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other .....	30,860,880.	28,042,100.	2,818,780.	
12 Advertising and promotion .....	675,758.	581,152.	94,606.	
13 Office expenses .....	73,363,932.	70,153,882.	3,210,050.	
14 Information technology .....	3,876,828.	3,334,072.	542,756.	
15 Royalties .....				
16 Occupancy .....	11,378,034.	9,785,109.	1,592,925.	
17 Travel .....	729,503.	258.	729,245.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	571,659.	471,921.	99,738.	
20 Interest .....	3,953,768.	3,395,232.	558,536.	
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	24,213,213.	20,823,363.	3,389,850.	
23 Insurance .....	5,692,718.	5,601,390.	91,328.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) .....				
a <b>PURCHASED SERVICES - AF</b> .....	72,375,261.	62,242,725.	10,132,536.	
b <b>BAD DEBT</b> .....	26,042,537.	26,042,537.		
c <b>LAB SERVICES</b> .....	11,050,477.	11,050,477.		
d <b>DIETARY (CATERING)</b> .....	6,956,164.	6,764,124.	192,040.	
e <b>PROVIDER CARE - PACE CL</b> .....	3,388,812.	3,388,812.		
f All other expenses .....	10,775,755.	9,419,861.	1,355,894.	
25 <b>Total functional expenses.</b> Add lines 1 through 24f .....	518249142.	460943440.	57,305,702.	0.
26 <b>Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

**JOHNS HOPKINS BAYVIEW  
MEDICAL CENTER, INC.**

Form 990 (2008)

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**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1 Cash - non-interest-bearing .....		1		
	2 Savings and temporary cash investments .....	6,293,960.	2	20,223,496.	
	3 Pledges and grants receivable, net .....	10,085,100.	3	10,463,519.	
	4 Accounts receivable, net .....	50,822,582.	4	50,243,703.	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L .....			5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....			6	
	7 Notes and loans receivable, net .....	200,000.	7	200,000.	
	8 Inventories for sale or use .....	5,675,426.	8	6,242,034.	
	9 Prepaid expenses and deferred charges .....	2,422,842.	9	1,386,738.	
	10a Land, buildings, and equipment: cost basis ...	10a 386,381,200.			
	b Less: accumulated depreciation. Complete Part VI of Schedule D .....	10b 206,038,040.			
		186,381,965.	10c	180,343,160.	
	11 Investments - publicly traded securities .....	16,622,807.	11	17,125,959.	
	12 Investments - other securities. See Part IV, line 11 .....	9,328,892.	12	10,067,976.	
	13 Investments - program-related. See Part IV, line 11 .....		13		
	14 Intangible assets .....		14		
15 Other assets. See Part IV, line 11 .....	42,129,978.	15	33,872,492.		
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	329,963,552.	16	330,169,077.		
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	42,835,504.	17	36,866,694.	
	18 Grants payable .....		18		
	19 Deferred revenue .....		19		
	20 Tax-exempt bond liabilities .....	116,788,361.	20	112,280,194.	
	21 Escrow account liability. Complete Part IV of Schedule D .....		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22		
	23 Secured mortgages and notes payable to unrelated third parties .....	6,920.	23		
	24 Unsecured notes and loans payable .....		24		
	25 Other liabilities. Complete Part X of Schedule D .....	74,314,029.	25	110,379,392.	
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	233,944,814.	26	259,526,280.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27 Unrestricted net assets .....	85,933,738.	27	60,179,277.	
	28 Temporarily restricted net assets .....	6,540,484.	28	6,889,147.	
	29 Permanently restricted net assets .....	3,544,516.	29	3,574,373.	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	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 <b>Total net assets or fund balances</b> .....	96,018,738.	33	70,642,797.	
	34 <b>Total liabilities and net assets/fund balances</b> .....	329,963,552.	34	330,169,077.	

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .....	2a	X
b	Were the organization's financial statements audited by an independent accountant? .....	2b	X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....	2c	X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....	3a	X
b	If "Yes," did the organization undergo the required audit or audits? .....	3b	X

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization **JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.** Employer identification number **52-1341890**

**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: (Please check only **one** organization.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 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 the Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (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 organizations the organization supports.

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

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

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 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 <b>Total.</b> Add lines 1 - 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 <b>Public Support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4 .....						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions) .....					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) .....	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f .....	15	%
16a <b>33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
b <b>33 1/3% support test - 2007.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
17a <b>10% -facts-and-circumstances test - 2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
b <b>10% -facts-and-circumstances test - 2007.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 - 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h .....	<b>18</b>	%

**19a 33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

**2008**

Name of the organization

JOHNS HOPKINS BAYVIEW  
MEDICAL CENTER, INC.

Employer identification number

52-1341890

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

**General Rule**

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ \_\_\_\_\_

**Caution.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)



Name of organization <b>JOHNS HOPKINS BAYVIEW                  MEDICAL CENTER, INC.</b>	Employer identification number <b>52-1341890</b>
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**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	BALTIMORE CITY HEAD START 2700 NORTH CHARLES STREET BALTIMORE, MD 21218	\$ 68,980.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	MARYLAND STATE DEPARTMENT OF EDUCATION 200 WEST BALTIMORE STREET BALTIMORE, MD 21201	\$ 69,834.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	BALTIMORE CITY HEALTH DEPARTMENT 201 GUILFORD AVENUE BALTIMORE, MD 21202	\$ 88,104.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	BALTIMORE MEDICAL SYSTEMS, INC. 3501 SINCLAIR LANE BALTIMORE, MD 21213	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	BALTIMORE MENTAL HEALTH SYSTEMS 201 EAST BALTIMORE STREET BALTIMORE, MD 21202	\$ 2,351,869.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	BALTIMORE SUBSTANCE ABUSE SYSTEMS 1 NORTH CHARLES STREET BALTIMORE, MD 21201	\$ 1,757,812.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.</b>	Employer identification number <b>52-1341890</b>
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	AMERICAN LUNG ASSOC ATLANTIC COAST P.O. BOX 35010 RICHMOND, VA 23235	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	C.R. BARD INC. 730 CENTRAL AVENUE MURRAY HILL, NJ 07974	\$ 13,160.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	THE BANK OF AMERICA FOUNDATION 100 NORTH TRYON STREET CHARLOTTE, NC 28255	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	BRICKMAN GROUP 7227 GOLDEN RING ROAD ESSEX, MD 21221	\$ 7,038.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	COLE FOUNDATION 2106 LIPPIZAN COURT FALLSTON, MD 21047	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	DEPARTMENT OF HEALTH & MENTAL HYGIENE 201 E. BALTIMORE STREET BALTIMORE, MD 21202	\$ 103,906.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.	Employer identification number 52-1341890
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	JOHN R. BURTON, M.D. 4940 EASTERN AVENUE BALTIMORE, MD 21224	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	KIWANIS GIFT SHOPPE, INC. 4940 EASTERN AVENUE BALTIMORE, MD 21224	\$ 90,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	FALCON ATHLETIC BOOSTER CLUB P.O. BOX 1341 SEVERNA PARK, MD 21146	\$ 9,369.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	MS. BEVERLY J. HUBBUCH 2006 PEBBLE BEACH BLVD SUN CITY CTR, FL 33573	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	MISS DOROTHY M. SCOTT 201 BRIGHTWOOD CLUB DRIVE LUTHERVILLE, MD 21093	\$ 15,468.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	KOHL'S CORPORATION N56 W17000 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051	\$ 81,547.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization  
**JOHNS HOPKINS BAYVIEW  
 MEDICAL CENTER, INC.**

Employer identification number

52-1341890

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	RAVENS NEST #6 6506-10 BELAIR ROAD BALTIMORE, MD 21206	\$ 5,078.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	MRS. CHRISTINA Z SIGLER 7925 EL MONTE STREET PRAIRIE VILLAGE, KS 66208	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	MR. JAMES CRYSTAL P.O. BOX 973 BROOKLANDVILLE, MD 21022	\$ 3,150,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	MS. LINDA C. AGAR-HENDRIX 2723 LOCH HAVEN DRIVE IJAMSVILLE, MD 21754	\$ 5,886.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	MS. RUTH T. RAVENEL 2220 40TH STREET, NW WASHINGTON, DC 20007	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	NATIONAL INSTITUTE OF HEALTH 10 S. HOWARD STREET BALTIMORE, MD 21201	\$ 11,521,155.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>JOHNS HOPKINS BAYVIEW                  MEDICAL CENTER, INC.</b>	Employer identification number <b>52-1341890</b>
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**Part II Noncash Property** (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
21	REAL PROPERTY LOCATED AT 5400 E. LOMBARD STREE, BALTIMORE, MD 21224 <hr/> <hr/>	\$ 3,150,000.	11/17/08
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

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

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

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

Name of organization **JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.** Employer identification number **52-1341890**

**Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.**

See the instructions for Schedule C for details.

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

**Part I-B To be completed by all organizations exempt under section 501(c)(3).**

See the instructions for Schedule C for details.

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

**Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).**

See the instructions for Schedule C for details.

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's 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-

JOHNS HOPKINS BAYVIEW

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

- A Check  if the filing organization belongs to an affiliated group.  
 B Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	72,939.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	72,939.													
c	Total lobbying expenditures (add lines 1a and 1b)	515,672,010.													
d	Other exempt purpose expenditures	515,744,949.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	1,000,000.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <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> </tbody> </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. Enter -0- if line g is more than line a	0.													
i	Subtract line 1f from line 1c. Enter -0- if line f is more than line c	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a	Lobbying non-taxable amount	1,000,000.	1,000,000.	1,000,000.	3,000,000.
b	Lobbying ceiling amount (150% of line 2a, column(e))				4,500,000.
c	Total lobbying expenditures	81,809.	81,386.	72,939.	236,134.
d	Grassroots non-taxable amount	250,000.	250,000.	250,000.	750,000.
e	Grassroots ceiling amount (150% of line 2d, column (e))				1,125,000.
f	Grassroots lobbying expenditures				

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			
<b>i</b> Other activities? If "Yes," describe in Part IV			
<b>j</b> Total lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** See the instructions for Schedule C for details.

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

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

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	<b>5</b>	

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

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**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization **JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.**

Employer identification number  
**52-1341890**

**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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

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

Preservation of land for public use (e.g., recreation or pleasure)       Preservation of an historically important land area

Protection of natural habitat       Preservation of certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06 .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?  Yes  No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

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

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

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

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

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment \_\_\_\_\_ %
  - b Permanent endowment \_\_\_\_\_ %
  - c Term endowment \_\_\_\_\_ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) unrelated organizations   | 3a(i)  |    |
| (ii) related organizations  | 3a(ii) |    |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		3,150,000.		3,150,000.
b Buildings		211919929.	105554106.	106365823.
c Leasehold improvements		425,139.	319,102.	106,037.
d Equipment		135103172.	84,554,297.	50,548,875.
e Other		35,782,960.	15,610,535.	20,172,425.
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				180343160.

**JOHNS HOPKINS BAYVIEW  
MEDICAL CENTER, INC.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products .....		
Closely-held equity interests .....		
Other .....		
<b>Total.</b> (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
<b>Total.</b> (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
INERCOMPANY RECEIVABLES	6,061,006.
OTHER RECEIVABLES	7,765,953.
DUE FROM OTHERS	8,605,755.
FINANCE COST - 2004 CP BOND	106,312.
MALPRACTICE FUNDING	1,039,926.
ASSETS-LIM-BY BOARD OF TRUSTEE	9,815,994.
FINANCE COST - 2003 BOND	477,546.
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 15.) ▶	<b>33,872,492.</b>

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

(a) Description of liability	(b) Amount
Federal income taxes	
ADVANCES FROM THIRD PARTIES	14,964,162.
INTERCOMPANY PAYABLES	4,533,492.
MALPRACTICE LIABILITY	7,523,000.
WORKERS' COMP TAIL COVERAGE	2,644,188.
LONG-TERM PENSION LIABILITY	72,999,178.
F/A RETIREMENT OBLIGATION	292,348.
LOSS ON MARKET VALUE SW	7,365,903.
NOTES PAYABLE	57,121.
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25.) ▶	<b>110,379,392.</b>

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

**JOHNS HOPKINS BAYVIEW  
MEDICAL CENTER, INC.**

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	521,829,505.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	518,249,142.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	3,580,363.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-28,956,304.
9	Total adjustments (net). Add lines 4-8	9	-28,956,304.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-25,375,941.

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

1	Total revenue, gains, and other support per audited financial statements	1	519447723.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	519447723.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	2,381,782.
c	Add lines 4a and 4b	4c	2,381,782.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	521829505.

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

1	Total expenses and losses per audited financial statements	1	516114774.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	369,825.
e	Add lines 2a through 2d	2e	369,825.
3	Subtract line 2e from line 1	3	515744949.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	2,504,193.
c	Add lines 4a and 4b	4c	2,504,193.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	518249142.

**Part XIV Supplemental Information**

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

**PART XI, LINE 8 - OTHER ADJUSTMENTS:**

**CHANGE IN MARKET VALUE OF SWAP AGREEMENT: -5134040.**

**ADDITIONAL MINIMUM PENSION LIABILITY: -23524035.**

**NET CHANGES IN RESTRICTED ASSETS: 351663.**

**NET CHANGES IN PERMANENTLY RESTRICTED ASSETS: 30457.**

**UNREALIZED GAINS/LOSSES ON INVESTMENTS: -52253.**

**UNREALIZED GAINS/LOSSES ON ALTERNATIVE INVESTEMENTS: -619495.**

**Part XIV** Supplemental Information (continued)

ROUNDING: -8601.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON FIXED ASSET: -369825.

CONTRIBUTION OF LAND: 3150000.

REALIZED LOSS ON INVESTMENTS: -398393.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON FIXED ASSET: 369825.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

INTEREST EXPENSE ON SWAP: 2504193.

**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

► To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.  
► Attach to Form 990.

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization **JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.** Employer identification number **52-1341890**

**Part I Charity Care and Certain Other Community Benefits at Cost** (Optional for 2008)

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

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

**7 Charity Care and Certain Other Community Benefits at Cost**

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Charity Care and Means-Tested Government Programs</b>						
<b>a</b> Charity care at cost (from Worksheets 1 and 2)						
<b>b</b> Unreimbursed Medicaid (from Worksheet 3, column a)						
<b>c</b> Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
<b>d</b> Total Charity Care and Means-Tested Government Programs						
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)						
<b>f</b> Health professions education (from Worksheet 5)						
<b>g</b> Subsidized health services (from Worksheet 6)						
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions to community groups (from Worksheet 8)						
<b>j</b> Total Other Benefits						
<b>k</b> Total (line 7d and 7j)						



**Part VI** Supplemental Information (Optional for 2008)

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART VI, LINE 6: FOR THE LAST 30 YEARS, MARYLAND HOSPITALS HAVE MET  
THEIR COMMUNITY BENEFIT OBLIGATIONS IN A UNIQUE MANNER THAT BUILDS THE  
COSTS OF UNCOMPENSATED CARE CHARITY CARE AND PATIENT BAD  
DEBT AND GRADUATE MEDICAL EDUCATION INTO THE RATES THAT HOSPITALS ARE  
REIMBURSED BY ALL PAYORS. THE SYSTEM IS BASED IN FEDERAL AND STATE LAW AND  
BENEFITS ALL MARYLAND RESIDENTS, INCLUDING THOSE IN NEED OF FINANCIAL  
ASSISTANCE TO PAY THEIR HOSPITAL BILLS.

MARYLAND IS THE ONLY STATE IN WHICH ALL PAYORS GOVERNMENTALLY INSURED,  
COMMERCIALY INSURED, OR SELF PAY ARE CHARGED THE SAME PRICE FOR SERVICES  
AT ANY GIVEN HOSPITAL.

UNDER THIS SYSTEM, MARYLAND HOSPITALS ARE REGULATED BY A STATE AGENCY@THE  
HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) THAT IS REQUIRED TO:

1. PUBLICLY DISCLOSE INFORMATION ON THE COST AND FINANCIAL POSITION OF  
HOSPITALS;
2. REVIEW AND APPROVE HOSPITAL RATES;
3. COLLECT INFORMATION DETAILING TRANSACTIONS BETWEEN HOSPITALS AND FIRMS  
WITH WHICH THEIR TRUSTEES HAVE A FINANCIAL INTEREST; AND,
4. MAINTAIN THE SOLVENCY OF EFFICIENT AND EFFECTIVE HOSPITALS.



**Part VI** Supplemental Information (Optional for 2008)

SINCE 2000, THE RATE SETTING COMMISSION HAS HAD ITS OWN FRAMEWORK FOR REPORTING HOSPITALS COMMUNITY BENEFITS AND ISSUING A REPORT ANNUALLY REGARDING HOSPITALS COMMUNITY BENEFIT TOTALS. THAT REPORT IS AVAILABLE ON [HTTP://WWW.HSCRC.STATE.MD.US/COMMUNITY\\_BENEFITS/DOCUMENTS/ CBR\\_FY2007\\_FINAL\\_REPORT.PDF](http://www.hscrc.state.md.us/community_benefits/documents/ CBR_FY2007_FINAL_REPORT.PDF).

BECAUSE OF THIS UNIQUE STRUCTURE MARYLAND HOSPITALS COMMUNITY BENEFITS NUMBERS WILL NOT COMPARE WITH THE REST OF THE NATIONS HOSPITALS. HOWEVER, MARYLAND HOSPITALS MEET OR EXCEED THE COMMUNITY BENEFIT STANDARD ESTABLISHED BY THE IRS IN 1969.

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

2008

**Open to Public  
Inspection**

Name of the organization **JOHNS HOPKINS BAYVIEW  
MEDICAL CENTER, INC.**  
Employer identification number  
**52-1341890**

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BALTIMORE MEDICAL SYSTEM 3501 SINCLAIR LANE BALTIMORE, MD 21213	52-1358241	501(C)(3)	250,000.	0.			HEALTHCARE SERVICES
CREATIVE ALLIANCE, INC. 3135 EASTERN AVENUE BALTIMORE, MD 21224	52-1919998	501(C)(3)	14,500.	0.			COMMUNITY OUTREACH
DUNDALK RENAISSANCE CORPORATION 11 CENTER PLACE 1ST FLOOR DUNDALK, MD 21222	52-2396483	501(C)(3)	60,750.	0.			COMMUNITY OUTREACH
GREETTOWN COMMUNITY DEVELOPMENT CORPORATION - 4609 EASTERN AVENUE - BALTIMORE, MD 21224	52-2087627	501(C)(3)	172,643.	0.			COMMUNITY OUTREACH
HARBEL COMMUNITY ORGANIZATION 5807 HARFORD ROAD BALTIMORE, MD 21214	52-0905968	501(C)(3)	5,500.	0.			COMMUNITY OUTREACH
HEALTHCARE FOR THE HOMELESS, INC. 421 FALLSWAY BALTIMORE, MD 21202	52-1576404	501(C)(3)	6,667.	0.			HEALTHCARE SERVICES

**2** Enter total number of section 501(c)(3) and government organizations **7.**

**3** Enter total number of other organizations **0.**

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

Schedule I (Form 990) 2008

**JOHNS HOPKINS BAYVIEW  
MEDICAL CENTER, INC.**

52-1341890

Page 2

Schedule I (Form 990) 2008

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

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

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

**SCHEDULE I, PART I, LINE 2: THE BOARD OF TRUSTEES HAS DELEGATED THE FACILITATION AND ACCOUNTING FOR ALL GRANT PROGRAMS ADMINISTERED BY JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC. TO THE OFFICERS, DIRECTORS, AND KEY EMPLOYEES OF THE ORGANIZATION.**

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
 Attach to Form 990 to list additional information for  
 Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047  
2008

Open to Public  
Inspection

Name of the organization

**JOHNS HOPKINS BAYVIEW  
MEDICAL CENTER, INC.**

Employer identification number  
**52-1341890**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(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
SOUTHEAST COMMUNITY DEVELOPMENT CORPORATION - 3700 EASTERN AVENUE - BALTIMORE, MD 21224	52-1034460	501(C)(3)	1,26,250.	0.			COMMUNITY OUTREACH

2 Enter total number of Section 501(c)(3) and government organizations  
 3 Enter total number of other organizations

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

Name of the organization **JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.** Employer identification number **52-1341890**

**Part I Questions Regarding Compensation**

**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.

- |   |  |
|---|--|
| <input type="checkbox"/> First-class or charter travel                        | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                                | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account                       | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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 organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- 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 must complete lines 5-8.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes," to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- 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 .....

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

	Yes	No
<b>1b</b>		X
<b>2</b>	X	
<b>4a</b>	X	
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X

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

Schedule J (Form 990) 2008

JOHNS HOPKINS BAYVIEW  
MEDICAL CENTER, INC.

52-1341890

Schedule J (Form 990) 2008

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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				
(i) RONALD J. WERTHMAN	0.	0.	0.	0.	0.	0.	0.
(ii) RONALD J. WERTHMAN	452,194.	136,135.	106,868.	104,379.	31,369.	830,945.	0.
(i) RONALD R. PETERSON	0.	0.	0.	0.	0.	0.	0.
(ii) RONALD R. PETERSON	985,122.	466,007.	117,239.	293,471.	64,858.	1,926,697.	0.
(i) JUDY A. REITZ, SC.D	0.	0.	0.	0.	0.	0.	0.
(ii) JUDY A. REITZ, SC.D	411,425.	170,170.	59,757.	76,104.	26,615.	744,071.	0.
(i) GREGORY F. SCHAFFER	0.	0.	0.	0.	0.	0.	0.
(ii) GREGORY F. SCHAFFER	379,485.	102,399.	59,750.	43,068.	26,078.	610,780.	0.
(i) MARIA V. KOSZALKA, ED.D.	0.	0.	0.	0.	0.	0.	0.
(ii) MARIA V. KOSZALKA, ED.D.	168,389.	40,454.	39,677.	20,751.	19,271.	288,542.	0.
(i) CRAIG R. BRODIAN	0.	0.	0.	0.	0.	0.	0.
(ii) CRAIG R. BRODIAN	139,587.	36,953.	62,020.	20,708.	25,783.	285,051.	0.
(i) ANITA M. LANGFORD	0.	0.	0.	0.	0.	0.	0.
(ii) ANITA M. LANGFORD	154,681.	41,152.	49,863.	27,200.	18,689.	291,585.	0.
(i) G. DANIEL SHEALER, JR.	0.	0.	0.	0.	0.	0.	0.
(ii) G. DANIEL SHEALER, JR.	253,063.	77,651.	29,552.	48,944.	26,284.	435,494.	0.
(i) CARL H. FRANCIOLI	0.	0.	0.	0.	0.	0.	0.
(ii) CARL H. FRANCIOLI	211,567.	27,143.	19,257.	48,682.	30,756.	337,405.	0.
(i) CHARLES B. REULAND, SC.D	0.	0.	0.	0.	0.	0.	0.
(ii) CHARLES B. REULAND, SC.D	188,702.	46,530.	41,884.	40,134.	26,379.	343,629.	0.
(i) CHERYL KOCH	0.	0.	0.	0.	0.	0.	0.
(ii) CHERYL KOCH	118,321.	14,100.	13,251.	7,864.	29,234.	182,770.	0.
(i) MELISSA HELICKE	0.	0.	0.	0.	0.	0.	0.
(ii) MELISSA HELICKE	119,192.	40,600.	15,985.	8,601.	23,544.	207,922.	0.
(i) ANDREW FRAKE	0.	0.	0.	0.	0.	0.	0.
(ii) ANDREW FRAKE	124,008.	14,800.	21,558.	7,670.	9,076.	177,112.	0.
(i) PRINCESS HOPKINS	0.	0.	0.	0.	0.	0.	0.
(ii) PRINCESS HOPKINS	170,174.	0.	447.	8,126.	11,608.	190,355.	0.
(i) LOUWONDER KENNEDY	0.	0.	0.	0.	0.	0.	0.
(ii) LOUWONDER KENNEDY	150,785.	0.	9,902.	7,821.	17,731.	186,239.	0.
(i) BETH PETERSON	0.	0.	0.	0.	0.	0.	0.
(ii) BETH PETERSON	148,281.	0.	8,568.	7,281.	17,760.	181,890.	0.
(i) BETH PETERSON	0.	0.	0.	0.	0.	0.	0.
(ii) BETH PETERSON	0.	0.	0.	0.	0.	0.	0.

**Part III** Supplemental Information

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

PART I, LINE 1A: OFFICERS AND CERTAIN KEY EMPLOYEES OF JOHNS BAYVIEW MEDICAL CENTER, INC. WERE PROVIDED A GROSS UP ON THEIR DEPENDENT TUITION AMOUNTS. THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS APPROVED ALL GROSS UPS. PROPER BUSINESS DOCUMENTATION WAS PROVIDED AND THE GROSS UP WAS TREATED AS TAXABLE COMPENSATION TO THE EMPLOYEE.

PART I, LINE 1B: AN INTERNAL POLICY IS USED TO AWARD OFFICERS AND KEY EMPLOYEES GROSS UP PAYMENTS ON DEPENDENT TUITION.

PART I, LINE 4A: L. KENNETH GRABILL RECEIVED A SEVERANCE PAYMENT FROM JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC. IN THE AMOUNT OF \$276,904.00

PART I, LINE 4B:

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.

**Part III** Supplemental Information

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

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.



JOHNS HOPKINS BAYVIEW  
MEDICAL CENTER, INC.

Schedule J (Form 990) 2008

52-1341890

Page 3

**Part II** Supplemental Information

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

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

JOHNS HOPKINS BAYVIEW  
MEDICAL CENTER, INC.

Part III Supplemental Information

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

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):

CRAIG BRODIAN \$10,288; CARL FRANCIOLI \$37,872; MARIA KOSZALKA \$9,941; ANITA

LANGFORD \$17,220; CHARLES REULAND \$29,324; GREG SCHAFFER \$104,934; CHERYL

KOCH \$629; RONALD PETERSON \$208,055; JUDY REITZ \$65,294; DAN SHEALER

\$38,134; AND RONALD WERTHMAN \$93,569

THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A

PARTICIPATED IN A NON QUALIFIED RETIREMENT PLAN AND RECEIVED PAYMENT FROM

THE PLAN, IT IS REPORTED ON SCHEDULE J, PART II, COLUMN (B)(III) AS WELL AS

SCHEDULE J, PART II, COLUMN (F) IF THEY WERE REQUIRED TO BE DISCLOSED ON

PRIOR YEAR'S FORMS 990:

L. KENNETH GRABILL \$668,175.36

PART I, LINE 7: BONUSES: THE BONUSES ARE ISSUED ON A WEIGHTED FORMULA BASED

ON THE ATTAINMENT OF QUANTIFIABLE ORGANIZATION OBJECTIVES SET BY THE

**Part III** Supplemental Information

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

TRUSTEE COMPENSATION COMMITTEE EACH YEAR. THEY ARE REVIEWED BY MANAGEMENT THAT USES DISCRETION TO DETERMINE PAYMENT.

DEPENDENT TUITION REIMBURSEMENT: THE DEPENDENT TUITION REIMBURSEMENT PROGRAM REIMBURSES EMPLOYEES FOR 50% LESS TAXES OF EACH DEPENDENT CHILD'S FULL TIME UNDERGRADUATION TUITION AND MANDATORY ACADEMIC 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.





**SCHEDULE K**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

OMB No. 1545-0047

2008  
**Open to Public Inspection**

Name of the organization: **JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.**  
Employer identification number: **52-1341890**

**Part I Bond Issues (Required for 2008)**

	(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	
							Yes	No	Yes	No
A	MARYLAND HEALTH AND HIGHER EDUCATIONAL FACIL	52-09360915	74217T88	04/23/08	12,215,000	ROUTINE CAPITAL		X		X
B	MARYLAND HEALTH AND HIGHER EDUCATIONAL FACIL	52-09360915	7421U5AA	02/09/04	75,165,000	REFUND PRIOR ISSUE		X		X
C	MARYLAND HEALTH AND HIGHER EDUCATIONAL FACIL	52-09360915	7421V3AA	02/09/04	101,990,000	REFUND PRIOR ISSUE		X		X
D										
E										

**Part II Proceeds (Optional for 2008)**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1										
2										
3										
4										
5										
6										
7										
8										

- 9 Were the bonds issued as part of a current refunding issue?  
 10 Were the bonds issued as part of an advance refunding issue?  
 11 Has the final allocation of proceeds been made?  
 12 Does the organization maintain adequate books and records to support the final allocation of proceeds?

**Part III Private Business Use (Optional for 2008)**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1										
2										

12-19-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions with Interested Persons**

▶ Attach to Form 990 or Form 990-EZ.  
▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, lines 38a or 40b.

OMB No. 1545-0047

**2008**

Open To Public  
Inspection

Name of the organization **JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.** Employer identification number **52-1341890**

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$ \_\_\_\_\_  
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
DANA ANDERSEN, M.		X	200,000.	200,000.		X	X		X	
<b>Total</b> .....				▶ \$	<b>200,000.</b>					

**Part III Grants or Assistance Benefiting Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

**Part IV Business Transactions Involving Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

**SCHEDULE M  
(Form 990)**

**NonCash Contributions**

OMB No. 1545-0047

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

Name of the organization **JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.** Employer identification number **52-1341890**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....				
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution (historic structures) .....				
14 Qualified conservation contribution (other) .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....	X	1	3,150,000	EXPERT APPRAISER OPINI
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment ..... **29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2008



**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

JOHNS HOPKINS BAYVIEW  
MEDICAL CENTER, INC.

Employer identification number  
52-1341890

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HEALTH CARE THAT IS FOCUSED ON THE UNIQUENESS AND DIGNITY OF EACH PERSON WE SERVE. WE OFFER THIS CARE IN AN ENVIRONMENT THAT PROMOTES, EMBRACES AND HONORS THE DIVERSITY OF OUR GLOBAL COMMUNITY. WITH A RICH AND LONG TRADITION OF MEDICAL CARE, EDUCATION AND RESEARCH, WE ARE DEDICATED TO PROVIDING AND ADVANCING MEDICINE THAT IS RESPECTFUL AND NURTURING OF THE LIVES OF THOSE WE TOUCH.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FURTHER INCLUDED ARE SERVICES FOR WHICH LESS THAN THE FULL AMOUNT CHARGED IS COLLECTED. MANY SUCH ADJUSTMENTS ARISE FROM NEGOTIATED PAYMENT RATES WITH INSURANCE COMPANIES AND PARTICIPATION IN THE MEDIARE AND MEDICAID PROGRAMS. JOHNS HOPKINS BAYVIEW MEDICAL CENTER PROVIDES CHILD AND ADULT DAY CARE FOR EMPLOYEES AND OTHER IN THE COMMUNITY. SUCH SERVICE PERMITS PARENTS AND OTHER CAREGIVERS AN OPPORTUNITY TO PURSEU GAINFUL EMPLOMENT OR RESPIRE FROM THE RESPONISILBILITIES ASSOCIATED WITH THE PROVISION OF CARE. MANY INDIVIDUALS REQUIRE MORE THAN SIMPLE SUPERVISION.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS

YEARS OF SPECIALIZED MEDICAL EDUCATION AND RESEARCH. OUR PHYSICIANS ARE NATIONAL LEADERS IN MANY AREAS, INCLUDING GERIATRIC MEDICINE. IN ADDITION TO THE EXPERT CARE PROVIDED BY OUR OWN STAFF, ACCESS TO THE SPECIALIZED STAFF, SERVICES AND FACILITIES OF THE ADJACENT JOHNS HOPKINS BAYVIEW MEDICAL CENTER ENSURES CONTINUITY OF CARE FOR PATIENTS AND CONVENIENCE FOR FAMILIES. THE CARE CENTER'S INTERDISCIPLINARY TEAM

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization

JOHNS HOPKINS BAYVIEW  
MEDICAL CENTER, INC.

Employer identification number

52-1341890

INCLUDES PHYSICIANS, NURSING STAFF, RESPIRATORY THERAPISTS, DIETITIANS,  
RECREATIONAL THERAPISTS, SOCIAL WORKERS, CASE MANAGERS, CARE  
COORDINATORS AND REHABILITATION THERAPISTS. INDIVIDUALIZED TEAMS  
DEVELOP AND CARRY OUT CARE PLANS DESIGNED SPECIFICALLY TO ADDRESS EACH  
PATIENT'S PSYCHOLOGICAL, SOCIAL, PHYSICAL AND SPIRITUAL NEEDS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

AMONG THE OTHER PROGRAM SERVICES PROVIDED AT JOHNS HOPKINS BAYVIEW  
MEDICAL CENTER ANOTHER CRITICAL SERVICE PROVIDED IS THE BURN CENTER.  
MARYLAND'S REGIONAL BURN CENTER PROVIDES AN INTERNATIONALLY RECOGNIZED  
COMPREHENSIVE PROGRAM OF CARE FOR PATIENTS WITH BURNS AND WOUNDS. OUR  
GOAL FOCUSES ON RETURNING PATIENTS TO THEIR HIGHEST LEVEL OF FUNCTION  
BY ATTENDING TO THE PHYSICAL, PSYCHOLOGICAL, SOCIAL AND VOCATIONAL  
ASPECTS OF THEIR LIVES. OUR SPECIALTY SERVICES INCORPORATE ACUTE ADULT  
AND PEDIATRIC BURN TREATMENT, PLASTIC AND RECONSTRUCTIVE BURN SURGERY,  
REPAIR OF COMPLEX SURGICAL WOUNDS. THE COMPLEX NATURE OF BURNS AND  
THEIR UNIQUE PHYSICAL AND PSYCHOLOGICAL ASPECTS REQUIRE THE EXPERTISE  
OF A MULTIDISCIPLINARY TEAM OF PROVIDERS. OUR HEALTH CARE TEAM  
CONSISTS OF SPECIALIST SURGEONS, INTENSIVISTS, NURSES, PHYSICAL AND  
OCCUPATIONAL THERAPISTS, NUTRITIONISTS, PHARMACISTS, PSYCHOLOGISTS,  
SOCIAL WORKERS AND CASE COORDINATORS, AS WELL AS OTHER SUPPORT  
SERVICES. WE ARE RECOGNIZED AS A STATE-OF-THE-ART FACILITY, PROVIDING  
INDIVIDUALIZED COORDINATED CARE FOR BURN PATIENTS.

EXPENSES \$ 240950909. INCLUDING GRANTS OF \$ 667475. REVENUE \$ 252318092

**OTHER PROGRAMS OF JHBMC**

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

Schedule O (Form 990) 2008

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

JOHNS HOPKINS BAYVIEW  
MEDICAL CENTER, INC.

Employer identification number

52-1341890

FORM 990, PART VI, SECTION A, LINE 7A: JOHNS HOPKINS HEALTH SYSTEM CORPORATION, A IRC 501C (3) TAX EXEMPT PARENT ORGANIZATION OF JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC. ELECTS THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION A, LINE 7B: THE GOVERNING BODY OF JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC. IS EMPOWERED BY ITS BY-LAWS TO MAKE CERTAIN DECISIONS; ALL OTHER DECISIONS ARE SUBJECT TO APPROVAL OF THE PARENT ORGANIZATION JOHNS HOPKINS HEALTH SYSTEM CORPORATION.

FORM 990, PART VI, SECTION A, LINE 10: A SECURED WEBSITE PROVIDES ACCESS TO THE COPY OF THE FORM 990 TO THE ORGANIZATION'S GOVERNING BODY BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS A PART OF THE ANNUAL FINANCIAL AUDIT CONFIRMATION PROCESS PROVIDED ONLINE. ALL OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO COMPLY ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15: EVERY THREE YEARS AN INDEPENDENT STUDY IS CONDUCTED GATHERING INDUSTRY COMPENSATION AVERAGES FROM SELECT PEER INSTITUTIONS. EVERY YEAR THE JOHNS HOPKINS BOARD OF TRUSTEES COMPENSATION COMMITTEE REVIEWS COMPENSATION AMOUNTS FOR OFFICERS AND ALL EMPLOYEES AT THE DIRECTOR AND HIGHER LEVELS.

FORM 990, PART VI, SECTION C, LINE 19: INTERNAL POLICIES, INCLUDING

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

JOHNS HOPKINS BAYVIEW  
MEDICAL CENTER, INC.

Employer identification number

52-1341890

CONFLICT OF INTEREST POLICY, ARE PROVIDED TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE. FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST, THE GOVERNING DOCUMENTS HAVE BEEN MADE AVAILABLE IN OUR PUBLIC FILING WITH THE STATE OF MARYLAND AND THE INTERNAL REVENUE SERVICE.

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: DANA ANDERSEN, M.D.

(A) PURPOSE OF LOAN: RELOCATION

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.  
▶ See separate instructions.

OMB No. 1545-0047  
2008

**Open to Public Inspection**

**Name of the organization**

**JOHNS HOPKINS BAYVIEW  
MEDICAL CENTER, INC.**

**Employer identification number**  
**52-1341890**

**Part I** Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

**Part II** Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
JOHNS HOPKINS HEALTH SYSTEM CORPORATION - 52-1465301, 1101 E. 33RD STREET, TERRACE LVL E001, BALTIMORE, MD 21218	SUPPORTING ORGANIZATION	MARYLAND	501(C)(3)	11 TYPE 3 FI	JOHNS HOPKINS HEALTH SYSTEM CORPORATION
HOWARD COUNTY GENERAL HOSPITAL - 52-2093120 5755 CEDAR LANE COLUMBIA, MD 21044	HOSPITAL	MARYLAND	501(C)(3)	3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION
HOWARD COUNTY LIQUIDATION CORPORATION - 52-0892284, 5755 CEDAR LANE, COLUMBIA, MD 21044	INACTIVE TAX EXEMPT ORGANIZATION	MARYLAND	501(C)(3)	3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION
JOHNS HOPKINS COMMUNITY PHYSICIANS - 52-1467441, 1101 E. 33RD STREET, TERRACE LVL E001, BALTIMORE, MD 21218	HOSPITAL	MARYLAND	501(C)(3)	3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION

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

Schedule R (Form 990) 2008

Part III Identification of Related Organizations Taxable as a Partnership										
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Dispropor- tionate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?
							Yes	No		
OPHTHALMOLOGY ASSOCIATES, LLC - 52-1890957, 1101 E. 33RD STREET, BALTIMORE, MD 21218	OPHTHALMOLOGY SERVICES	MD	JOHNS HOPKINS HEALTH SYSTEM, CORPORATION		0.	0.		X	N/A	X

Part IV Identification of Related Organizations Taxable as a Corporation or Trust									
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership		
HOWARD COUNTY HEALTH SERVICES, INC. - 52-1434783 1101 E. 33RD STREET BALTIMORE, MD 21218	HEALTHCARE MANAGEMENT	MD	JOHNS HOPKINS HEALTH SYSTEM CORPORATION	C CORP	0.	0.	.00%		
HSI MEDICAL SERVICES CORPORATION - 52-1847705 1101 E. 33RD STREET BALTIMORE, MD 21218	HEALTHCARE - SLEEP DIAGNOSTICS	MD	JOHNS HOPKINS HEALTH SYSTEM CORPORATION	C CORP	0.	0.	.00%		
JOHNS HOPKINS MEDICAL MANAGEMENT CORPORATION - 52-1250028, 1101 E. 33RD STREET, BALTIMORE, MD 21218	NURSING SERVICES	MD	JOHNS HOPKINS HEALTH SYSTEM CORPORATION	C CORP	0.	0.	.00%		
JOHNS HOPKINS EMPLOYER HEALTH PROGRAMS, INC. - 52-1947678, 1101 E. 33RD STREET, BALTIMORE, MD 21218	BENEFIT PLANS	MD	JOHNS HOPKINS HEALTH SYSTEM CORPORATION	C CORP	0.	0.	.00%		
TCAS, INC. - 52-1979344 5755 CEDAR LANE COLUMBIA, MD 21044	NURSING SERVICES	MD	JOHNS HOPKINS MEDICAL MANAGEMENT	C CORP	0.	0.	.00%		

**JOHNS HOPKINS BAYVIEW  
MEDICAL CENTER, INC.**

**Part V Transactions With Related Organizations**

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

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

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to other organization(s)		X
<b>c</b> Gift, grant, or capital contribution from other organization(s)		X
<b>d</b> Loans or loan guarantees to or for other organization(s)		X
<b>e</b> Loans or loan guarantees by other organization(s)		X
<b>f</b> Sale of assets to other organization(s)		X
<b>g</b> Purchase of assets from other organization(s)		X
<b>h</b> Exchange of assets		X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s)		X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s)		X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets		X
<b>n</b> Sharing of paid employees		X
<b>o</b> Reimbursement paid to other organization for expenses		X
<b>p</b> Reimbursement paid by other organization for expenses		X
<b>q</b> Other transfer of cash or property to other organization(s)		X
<b>r</b> Other transfer of cash or property from other organization(s)		X

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

(A) Name of other organization(s)	(B) Transaction type (ast)	(C) Amount involved
(1) JOHNS HOPKINS HEALTH SYSTEM	L	18,887,000.
(2) JOHNS HOPKINS HEALTH SYSTEM	K	15,329,000.
(3) JOHNS HOPKINS HEALTH SYSTEM	O	269,000.
(4) JOHNS HOPKINS HOSPITAL	L	11,274,000.
(5) JOHNS HOPKINS COMMUNITY PHYSICIANS	L	1,454,000.
(6) JOHNS HOPKINS EMPLOYER HEALTH PROGRAMS, INC.	L	1,998,000.





**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
JOHNS HOPKINS HOSPITAL ENDOWMENT CORPORATION - 23-7252596, 1101 E. 33RD STREET, TERRACE LVL E001, BALTIMORE, MD 21218	SUPPORTING ORGANIZATION	MARYLAND	501(C)(3)	11 TYPE 3 FI	JOHNS HOPKINS HOSPITAL ENDOWMENT CORPORATION
JOHNS HOPKINS MEDICAL SERVICES CORPORATION - 52-1232569, 1101 E. 33RD STREET, TERRACE LVL E001, BALTIMORE, MD 21218	HOSPITAL	MARYLAND	501(C)(3)	3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION
THE JOHNS HOPKINS HOSPITAL - 52-0591656 1101 E. 33RD STREET, TERRACE LVL E001 BALTIMORE, MD 21218	HOSPITAL	MARYLAND	501(C)(3)	3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION
SUBURBAN HOSPITAL HEALTHCARE SYSTEM, INC. - 52-2052354, 8600 OLD GEORGETOWN ROAD, BETHESDA, MD 20814	SUPPORTING ORGANIZATION	MARYLAND	501(C)(3)	11 TYPE 3 FI	JOHNS HOPKINS HEALTH SYSTEM CORPORATION
SUBURBAN HOSPITAL, INC. - 52-0610545 8600 OLD GEORGETOWN ROAD BETHESDA, MD 20814	HOSPITAL	MARYLAND	501(C)(3)	3	SUBURBAN HOSPITAL HEALTHCARE SYSTEM, INC.



JOHNS HOPKINS BAYVIEW  
MEDICAL CENTER, INC.

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(8)	(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7)	JOHNS HOPKINS MEDICAL MANAGEMENT CORPORATION	L	520,000.
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

2008 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	C o v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	LAND IMPROVEMENTS	VARIOUS		.000		HY16	383,752.				383,752.	272,576.		0.	272,576.
2	BUILDINGS	VARIOUS		.000		HY16	1,975,192.29.				1,975,192.29.	954,590.41.		0.	954,590.41.
3	LEASEHOLD IMPROVEMENTS	VARIOUS		.000		HY16	425,139.				425,139.	293,424.		0.	293,424.
4	FIXED EQUIPMENT	VARIOUS		.000		HY16	1,346,427.3.				1,346,427.3.	881,202.		0.	881,202.
5	MAJOR MOVABLE EQUIPMENT	VARIOUS		.000		HY16	1,065,161.17.				1,065,161.17.	693,289.68.		0.	693,289.68.
6	TELEPHONE	VARIOUS		.000		HY16	1,248,861.				1,248,861.	558,091.		0.	558,091.
7	SOFTWARE	VARIOUS		.000		HY16	1,847,470.3.				1,847,470.3.	1,162,706.0.		0.	1,162,706.0.
8	CONSTRUCTION IN PROGRESS	VARIOUS		.000		HY16	301,336.05.				301,336.05.	363,352.		0.	363,352.
	* TOTAL 990 PAGE 10 DEPR						3,681,656.79.				3,681,656.79.	1,817,837.14.		0.	1,817,837.14.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**
  - If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print	Name of Exempt Organization <b>JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.</b>	Employer identification number <b>52-1341890</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1101 E. 33RD STREET, TERRACE LEVEL, NO. E001</b>	For IRS use only
File by the extended due date for filing the return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BALTIMORE, MD 21218</b>	

**Check type of return to be filed** (File a separate application for each return):

Form 990   
 Form 990-EZ   
 Form 990-T (sec. 401(a) or 408(a) trust)   
 Form 1041-A   
 Form 5227   
 Form 8870  
 Form 990-BL   
 Form 990-PF   
 Form 990-T (trust other than above)   
 Form 4720   
 Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**THE CORPORATION - 1101 EAST 33RD STREET, TERRACE LEVEL, STE. E001 - BALTIMORE, MD 21218**

• The books are in the care of **STE. E001 - BALTIMORE, MD 21218**

Telephone No. **443-997-5724** FAX No. \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2010**.

5 For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**.

6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension  
**THE DATA TO FILE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.**

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c	<b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ <b>N/A</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Nonadica Durbal** Title **Senior Tax Accountant** Date **1/25/10**

# Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

<b>Type or print</b>	Name of Exempt Organization <b>JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC.</b>	Employer identification number <b>52-1341890</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1101 E. 33RD STREET, TERRACE LEVEL, NO. E001</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BALTIMORE, MD 21218</b>	

**Check type of return to be filed** (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

**THE CORPORATION - 1101 EAST 33RD STREET, TERRACE LEVEL, STE. E001 - BALTIMORE, MD 21218**

• The books are in the care of ▶ **STE. E001 - BALTIMORE, MD 21218**  
 Telephone No. ▶ **443-997-5722** FAX No. ▶ \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**.

**2** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	
<b>c</b> <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	N/A

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions. Form 8868 (Rev. 4-2009)