

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2009, or tax year beginning JUL 1, 2009, and ending JUN 30, 2010

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

2009

See instructions.

Department of the Treasury Internal Revenue Service

Name of exempt organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number

52-0591656

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, if any, from the return. 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-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here [X] b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 1742269943
2a Form 990-EZ check here [ ] b Total revenue, if any (Form 990-EZ, line 9) 2b
3a Form 1120-POL check here [ ] b Total tax (Form 1120-POL, line 22) 3b
4a Form 990-PF check here [ ] b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b
5a Form 8868 check here [ ] b Balance due (Form 8868, line 3c) 5b

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, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

[ ] If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

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 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here [Signature] 4-27-11 VP FINANCE & TREASURER
Signature of officer Date Title

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. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-file (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only [Signature] Date [ ] Check if also paid preparer [ ] Check if self-employed [ ] ERO's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code EIN
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 [Signature] Date [ ] Check if self-employed [ ] Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code EIN
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.

**A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific instructions.	<b>C Name of organization</b> <b>THE JOHNS HOPKINS HOSPITAL</b> Doing Business As 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>D Employer identification number</b> <b>52-0591656</b>  <b>E Telephone number</b> <b>(443)997-5724</b>  <b>G Gross receipts \$</b> <b>2670180766.</b> <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J Website:</b> ▶ <b>WWW.HOPKINSMEDICINE.ORG/HOPKINSHOSPITAL</b>	
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> <b>1867</b> <b>M State of legal domicile:</b> <b>MD</b>	

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE JOHNS HOPKINS HOSPITAL PROVIDES QUALITY MEDICAL HEALTH CARE REGARDLESS OF RACE, CREED, SEX,</b>			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
<b>Activities &amp; Governance</b>	<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>12</b>	
	<b>5</b> Total number of employees (Part V, line 2a) .....	<b>5</b>	<b>10726</b>	
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>6966</b>	
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	<b>3,404,828.</b>	
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b>	<b>-92,575.</b>	
	<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b> <b>123,670,383.</b>	<b>Current Year</b> <b>87,933,797.</b>
<b>9</b> Program service revenue (Part VIII, line 2g) .....		<b>1,579,062,771.</b>	<b>1,621,804,058.</b>	
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....		<b>12,859,456.</b>	<b>10,478,355.</b>	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....		<b>20,090,481.</b>	<b>22,053,733.</b>	
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....		<b>1,735,683,091.</b>	<b>1,742,269,943.</b>	
<b>Expenses</b>		<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	<b>2,631,740.</b>	<b>2,801,260.</b>
		<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) .....	<b>611,350,872.</b>	<b>648,059,418.</b>
		<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....		
		<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ .....		
		<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) .....	<b>940,909,741.</b>	<b>934,361,242.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....		<b>1,554,892,353.</b>	<b>1,585,221,920.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	<b>180,790,738.</b>	<b>157,048,023.</b>		
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b> <b>2,080,883,318.</b>	<b>End of Year</b> <b>2,375,941,191.</b>	
	<b>21</b> Total liabilities (Part X, line 26) .....	<b>1,244,299,795.</b>	<b>1,444,671,302.</b>	
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	<b>836,583,523.</b>	<b>931,269,889.</b>	

**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 <b>RONALD J WERTHMAN, VP FINANCE &amp; TREASURER</b> Type or print name and title	Date
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<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) EIN ▶ Phone no. ▶
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May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION THE JOHNS HOPKINS HOSPITAL PROVIDES QUALITY MEDICAL HEALTH CARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE, OR ABILITY TO PAY. IN KEEPING WITH THE HOSPITAL'S COMMITMENT TO SERVE ALL MEMBERS OF ITS COMMUNITY, FREE CARE AND/OR SUBSIDIZED CARE, CARE

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 [X] 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 [X] 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 \$ 84625683. including grants of \$ 0. ) (Revenue \$ 110,294,360. ) NEUROSURGERY

THE DEPARTMENT OF NEUROSURGERY AT THE JOHNS HOPKINS HOSPITAL CONTINUES ITS MISSION TO IMPROVE THE LIVES OF PATIENTS BY BUILDING UPON A TRADITION OF DEEP COLLABORATION. THE DEPARTMENT IS COMPRISED OF 21 FULL TIME CLINICAL NEUROSURGEONS THAT PROVIDE CARE TO OUR PATIENTS WITH THE HELP OF SPECIALIZED NURSES AND OTHER HEALTH CARE PROVIDERS IN THE OPERATING ROOMS, OUTPATIENT CLINICAL BUILDING, AND OUR INPATIENT CRITICAL CARE AND ACUTE CARE UNITS. THE JOHNS HOPKINS HOSPITAL HAS BEEN RANKED #1 IN THE 2010 U.S. NEWS & WORLD REPORT RANKINGS OF AMERICAN HOSPITALS AND THE NEUROLOGY AND NEUROSURGERY SPECIALTY AT JOHNS HOPKINS HOSPITAL IS CURRENTLY RANKED NUMBER ONE IN THE NATION.

4b (Code: ) (Expenses \$ 77667780. including grants of \$ 0. ) (Revenue \$ 87605575. ) CARDIAC SURGERY

FOR GENERATIONS, PEOPLE WITH SERIOUS HEART PROBLEMS HAVE TURNED TO JOHNS HOPKINS CARDIOLOGISTS AND CARDIAC SURGEONS FOR HELP. RECOGNIZED WORLDWIDE, HOPKINS CARDIOLOGISTS PROVIDE COMPREHENSIVE CARE OF THE HIGHEST QUALITY, ENSURING THAT PATIENTS RECEIVE THE MOST ADVANCED TREATMENTS KNOWN TO MEDICINE. OUR CARDIOLOGY PROGRAM FEATURES EXPERT PHYSICIANS WHO DIAGNOSE AND TREAT COMMON AND RARE CARDIAC DISEASES. SOME OF THESE INCLUDE CORONARY ARTERY DISEASE, CARDIAC ARRHYTHMIA, HEART FAILURE AND VALVULAR HEART DISEASE.

DURING FISCAL-YEAR 2010, 1,173 ADULT AND PEDIATRIC CARDIAC SURGERY

4c (Code: ) (Expenses \$ 199,009,074. including grants of \$ 0. ) (Revenue \$ 254,397,929. ) ONCOLOGY

SINCE ITS INCEPTION IN 1973, THE SIDNEY KIMMEL COMPREHENSIVE CANCER CENTER AT THE JOHNS HOPKINS HOSPITAL HAS BEEN DEDICATED TO BETTER UNDERSTANDING HUMAN CANCERS AND FINDING MORE EFFECTIVE TREATMENTS. ONE OF ONLY 40 CANCER CENTERS IN THE COUNTRY DESIGNATED BY THE NATIONAL CANCER INSTITUTE (NCI) AS A COMPREHENSIVE CANCER CENTER, THE JOHNS HOPKINS KIMMEL CANCER CENTER HAS ACTIVE PROGRAMS IN CLINICAL RESEARCH, LABORATORY RESEARCH, EDUCATION, COMMUNITY OUTREACH, AND PREVENTION AND CONTROL. THE KIMMEL CANCER CENTER IS THE ONLY COMPREHENSIVE CANCER CENTER IN THE STATE OF MARYLAND. IT ENCOMPASSES A WIDE SPECTRUM OF SPECIALTY PROGRAMS FOR BOTH ADULTS AND CHILDREN COPING WITH CANCER,

4d Other program services. (Describe in Schedule O.) (Expenses \$ 1,042,387,246. including grants of \$ 2,801,260. ) (Revenue \$ 1,166,092,438. )

4e Total program service expenses \$ 1,403,689,783.

**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> .....	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? .....	X	
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> .....		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> .....		X
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 similar funds or 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> .....		X
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> .....		X
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> .....		X
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> .....		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> .....	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i> .....	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i> .....		X
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> .....		X
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> .....		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....	X	



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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....	X	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		X
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		X
<b>25a 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> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> 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> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <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 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. ....	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	446		
<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	
1c			
<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	10726		
<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	
2b			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
3a			
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
3b			
<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
4a			
<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.		
4b			
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5a			
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5b			
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
5c			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6a			
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7a			
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7b			
<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
7c			
<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?		
7e			
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7f			
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
7h			
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b>	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
8			
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b>	Did the organization make any taxable distributions under section 4966?		X
9a			
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		X
9b			
<b>10 Section 501(c)(7) organizations.</b>	Enter:		
<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 Section 501(c)(12) organizations.</b>	Enter:		
<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 Section 4947(a)(1) non-exempt charitable trusts.</b>	Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body		
<b>1b</b>	Enter the number of voting members that are independent		
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets?		X
<b>6</b>	Does the organization have members or stockholders?		X
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	a The governing body?	X	
<b>8b</b>	b Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates?		X
<b>10b</b>	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?		
<b>11</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11A</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	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	
<b>13</b>	Does the organization have a written whistleblower policy?	X	
<b>14</b>	Does the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>15a</b>	a The organization's CEO, Executive Director, or top management official	X	
<b>15b</b>	b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
<b>16a</b>	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>16b</b>	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 E. 33RD STREET, TERRACE LEVEL, BALTIMORE, MD 21218**

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
C. MICHAEL ARMSTRONG CHAIRMAN	1.00	X					0.	0.	0.	
FRANCIS X. KNOTT VICE CHAIRMAN	1.00	X					0.	0.	0.	
LENOX D. BAKER, M.D. JR. TRUSTEE	1.00	X					0.	0.	0.	
DEIDRE A. BOSLEY TRUSTEE	1.00	X					0.	0.	0.	
GEORGE L. BUNTING, JR. TRUSTEE	1.00	X					0.	0.	0.	
JAMES T. DRESHER, JR. TRUSTEE	1.00	X					0.	0.	0.	
IRA T. FINE, M.D. TRUSTEE	1.00	X					0.	0.	0.	
TRACI S. LERNER TRUSTEE	1.00	X					0.	0.	0.	
EDWARD D. MILLER, M.D. VICE CHAIRMAN	1.00	X		X			0.	525,327.	240,139.	
MILTON H. MILLER, JR. TRUSTEE	1.00	X					0.	0.	0.	
RONALD R. PETERSON PRESIDENT	1.00	X		X			0.	1,671,109.	246,992.	
CHARLES H. SALISBURY JR. TRUSTEE	1.00	X					0.	0.	0.	
RONALD J. DANIELS, J.D., TRUSTEE	1.00	X					0.	0.	0.	
GEORGE J. DOVER, M.D. TRUSTEE	1.00	X					0.	0.	0.	
RICHARD O. DAVIS, PH.D V.P., INNOVATION & PT SA	1.00			X			0.	396,006.	73,540.	
KENNETH GRANT V.P., GENERAL SERVICES	1.00			X			0.	438,012.	34,073.	
DALAL J. HALDEMAN, PH.D V.P., MKTG & COMMUNICATI	1.00			X			0.	390,267.	73,137.	

**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			
KAREN B. HALLER, PH.D. V.P., NURSING & P.C. SVC	40.00			X			374,959.	0.	65,764.	
HARRY KOFFENBERGER V.P., CORPORATE SECURIT	1.00			X			0.	429,928.	15,156.	
SALLY W. MACCONNELL V.P., FACILITIES	1.00			X			0.	936,716.	24,389.	
PAMELA D. PAULK V.P., HUMAN RESOURCES	1.00			X			0.	985,346.	23,485.	
JOANNE E. POLLAK V.P. & GENERAL COUNSEL	1.00			X			0.	2,393,031.	38,061.	
STEPHANIE L. REEL V.P., MANAGEMENT SYSTEMS	1.00			X			0.	0.	0.	
JUDY A. REITZ, SC.D EXECUTIVE V.P. & C.O.O	1.00			X			0.	2,353,032.	31,980.	
REDONDA G. MILLER, M.D. V.P. MEDICAL AFFAIRS	1.00			X			0.	0.	0.	
G. DANIEL SHEALER, JR. V.P. CORP. COMPLIANCE &	1.00			X			0.	730,151.	35,454.	
RONALD J. WERTHMAN V.P. FINANCE & TREASURER	1.00			X			0.	1,899,144.	34,010.	
<b>1b Total</b>							<b>5,820,247.</b>	<b>13790481.</b>	<b>1,953,186.</b>	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **661**

	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	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	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		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
CLARK BANKS A JOINT VENTURE, 7500 OLD GEORGETOWN ROAD, BETHESDA, MD 20814	CONTRACTORS	180283143.
WHITING TURNER CONTRACTING CO 300 E JOPPA RD, TOWSON, MD 21286-3048	CONTRACTORS	29,418,716.
MCIC VERMONT INC, 900 ASHWOOD PKWY, STE 400, ATLANTA, GA 30338	INSURANCE	26,269,174.
PERKINS AND WILL INC, 15057 COLLECTIONS CENTER DR, CHICAGO, IL 60693	CONTRACTORS	15,833,538.
BROADWAY TRANSPORT SERVICE INC 3709 EAST MONUMENT ST, BALTIMORE, MD 21205	TRANSPORT SERVICE	9,763,763.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **133**

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

Part VIII Statement of Revenue				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	52,843,378.				
	e	Government grants (contributions)	1e	5338851.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	29,751,568.				
	g	Noncash contributions included in lines 1a-1f: \$		22,000.				
	h	<b>Total.</b> Add lines 1a-1f		87,933,797.				
	Program Service Revenue	2 a	NET PATIENT SRV	Business Code 446110	1,169,506,194.	1,166,092,438.	3,413,756.	
b		ONCOLOGY REVENUE	446110	254,397,929.	254,397,929.			
c		NEUROSURGERY REVENUE	446110	110,294,360.	110,294,360.			
d		CARDIAC REVENUE	446110	87,605,575.	87,605,575.			
e								
f		All other program service revenue						
g		<b>Total.</b> Add lines 2a-2f		1,621,804,058.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		10,911,797.			10,911,797.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	411424.				
			(ii) Personal					
			b	Less: rental expenses				
			c	Rental income or (loss)	411424.			
	d	Net rental income or (loss)		411,424.		-8,928.	420,352.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	926,032,000.				
			(ii) Other					
			b	Less: cost or other basis and sales expenses	926,465,442.			
			c	Gain or (loss)	-433,442.			
	d	Net gain or (loss)		-433,442.			-433,442.	
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	310360.				
b			Less: direct expenses					
c			Net income or (loss) from fundraising events		310,360.		310,360.	
9 a	Gross income from gaming activities. See Part IV, line 19	a						
		b	Less: direct expenses					
		c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a	2,621,898.					
		b	Less: cost of goods sold	1,445,381.				
		c	Net income or (loss) from sales of inventory		1176517.		1,176,517.	
Miscellaneous Revenue			Business Code					
11 a	MISCELLANEOUS REV.		900099	17,168,372.			17,168,372.	
		b	CAFETERIA INCOME	900099	2508149.		2,508,149.	
		c	SEMINAR & INST FEE	900099	231,225.		231,225.	
		d	All other revenue	900099	247,686.		247,686.	
		e	<b>Total.</b> Add lines 11a-11d		20,155,432.			
12	<b>Total revenue.</b> See instructions.			1,742,269,943.	1,618,390,302.	3,404,828.	32,541,016.	



**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,801,260.	2,801,260.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,582,165.		4,582,165.	
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	496427427.	455517921.	40,909,506.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	25,612,998.	23,287,338.	2,325,660.	
9 Other employee benefits	80,732,206.	73,401,722.	7,330,484.	
10 Payroll taxes	40,704,622.	37,008,642.	3,695,980.	
11 Fees for services (non-employees):				
a Management				
b Legal	2,635,897.	2,396,558.	239,339.	
c Accounting	2,682,237.	2,438,690.	243,547.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	632,083.	574,690.	57,393.	
13 Office expenses	362379187.	356369291.	6,009,896.	
14 Information technology				
15 Royalties				
16 Occupancy	2,413,406.	2,210,685.	202,721.	
17 Travel	1,380,247.	1,769.	1,378,478.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	871,820.	792,658.	79,162.	
20 Interest	10,818,445.	9,836,130.	982,315.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	65,052,239.	59,145,496.	5,906,743.	
23 Insurance	26,030,264.	25,868,821.	161,443.	
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 PURCHASED SERVICES JHU	189675601.	173616792.	16,058,809.	
b PURCHASED SERVICES	152256316.	69,937,621.	82,318,695.	
c BAD DEBT	35,541,711.	35,541,711.	0.	
d ORGAN PROCUREMENT	19,496,607.	19,496,607.	0.	
e SWAP INTEREST	19,114,766.	17,203,289.	1,911,477.	
f All other expenses	43,380,416.	36,242,092.	7,138,324.	
25 Total functional expenses. Add lines 1 through 24f	1,585,221,920.	1,403,689,783.	181532137.	0.
26 Joint costs. 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 ...				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	223,192,902.	<b>1</b>	252,388,845.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	58,421,429.	<b>3</b>	23,830,549.
	<b>4</b> Accounts receivable, net .....	155,016,699.	<b>4</b>	125,820,414.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	49,370,424.	<b>7</b>	65,893,616.
	<b>8</b> Inventories for sale or use .....	37,158,396.	<b>8</b>	35,011,323.
	<b>9</b> Prepaid expenses and deferred charges .....	4,518,228.	<b>9</b>	5,141,528.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,703,947,824.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 530,107,486.	1,011,362,877.	<b>10c</b> 1,173,840,338.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	231,369,508.	<b>12</b>	468,338,124.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	310,472,855.	<b>15</b>	225,676,454.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	2,080,883,318.	<b>16</b>	2,375,941,191.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	197,316,052.	<b>17</b>	182,482,642.
	<b>18</b> Grants payable .....	2,464,082.	<b>18</b>	2,848,317.
	<b>19</b> Deferred revenue .....	258,888.	<b>19</b>	106,800.
	<b>20</b> Tax-exempt bond liabilities .....	683,369,372.	<b>20</b>	818,534,818.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....	360,891,401.	<b>25</b>	440,698,725.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	1,244,299,795.	<b>26</b>	1,444,671,302.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	379,877,409.	<b>27</b>	532,769,849.
	<b>28</b> Temporarily restricted net assets .....	456,706,114.	<b>28</b>	398,500,040.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b> .....	836,583,523.	<b>33</b>	931,269,889.
<b>34</b> <b>Total liabilities and net assets/fund balances</b> .....	2,080,883,318.	<b>34</b>	2,375,941,191.	

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? .....		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? .....	X	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis		
<b>3a</b>	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? .....	X	
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. ....	X	

Form 990 (2009)



**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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						

**12** Gross receipts from related activities, etc. (see instructions) ..... **12**

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

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

**14** Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) ..... **14** %

**15** Public support percentage from 2008 Schedule A, Part II, line 14 ..... **15** %

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

**b 33 1/3% support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶

**17a 10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶

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

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

**Part III Support Schedule for Organizations Described in 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 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 \$5,000 or 1% of the amount on line 13 for the year .....						
<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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 2009 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17 .....	<b>18</b>	%

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

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

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



**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, or 990-PF.

OMB No. 1545-0047

**2009**

Name of the organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number

52-0591656

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 an organization 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 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 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 (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions 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 990-EZ that received from any one contributor, during the year, 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.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does 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, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

THE JOHNS HOPKINS HOSPITAL

52-0591656

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 160,887.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 2,755,641.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 800,610.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 95,053.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 842,813.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 396,297.	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>THE JOHNS HOPKINS HOSPITAL</b>	Employer identification number  <b>52-0591656</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		\$ 277,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 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		\$ 360,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 105,792.	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>THE JOHNS HOPKINS HOSPITAL</b>	Employer identification number <b>52-0591656</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
13		\$ 6,079.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15		\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16		\$ 63,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18		\$ 7,000.	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>THE JOHNS HOPKINS HOSPITAL</b>	Employer identification number  <b>52-0591656</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
19		\$ 10,685.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20		\$ 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		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22		\$ 602,549.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24		\$ 15,000.	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

THE JOHNS HOPKINS HOSPITAL

Employer identification number

52-0591656

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27		\$ 234,170.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30		\$ 13,800.	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

Employer identification number

THE JOHNS HOPKINS HOSPITAL

52-0591656

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31		\$ 586,534.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33		\$ 48,125.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35		\$ 24,710.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36		\$ 15,467.	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

THE JOHNS HOPKINS HOSPITAL

Employer identification number

52-0591656

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37		\$ 247,307.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38		\$ 5,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40		\$ 5,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42		\$ 515,627.	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>THE JOHNS HOPKINS HOSPITAL</b>	Employer identification number  <b>52-0591656</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
43		\$ 6,296.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44		\$ 101,525.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47		\$ 203,304.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48		\$ 5,091.	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>THE JOHNS HOPKINS HOSPITAL</b>	Employer identification number <b>52-0591656</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
49		\$ 7,461.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51		\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52		\$ 10,028.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54		\$ 5,000.	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

Employer identification number

THE JOHNS HOPKINS HOSPITAL

52-0591656

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
55		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57		\$ 27,225.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
59		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
60		\$ 28,966.	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>THE JOHNS HOPKINS HOSPITAL</b>	Employer identification number  <b>52-0591656</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
61		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
62		\$ 80,502.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
63		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
64		\$ 12,818.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
65		\$ 17,785.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
66		\$ 17,000,000.	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>THE JOHNS HOPKINS HOSPITAL</b>	Employer identification number  <b>52-0591656</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
67		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
68		\$ 35,731.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
69		\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
70		\$ 45,720,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
71		\$ 7,123,378.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
72		\$ 75,000.	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

Employer identification number

THE JOHNS HOPKINS HOSPITAL

52-0591656

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
73		\$ 54,583.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
74		\$ 22,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

**THE JOHNS HOPKINS HOSPITAL**

**52-0591656**

**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
74	TWO PAINTINGS BY REYNOLDS BEAL -- "GLOUCESTER HARBOR" AND "SUEZ"	\$ 22,000.	10/06/09
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Name of organization  <b>THE JOHNS HOPKINS HOSPITAL</b>	Employer identification number  <b>52-0591656</b>
---	---

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**Schedule D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public Inspection

Name of the organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number

52-0591656

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

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

Preservation of open space

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

	Held at the End of the Tax 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 tax year ▶ \_\_\_\_\_

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

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

Yes       No

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

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

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

Yes       No

9 In Part 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

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

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

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

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

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

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

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

2 Provide the estimated percentage of the 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
3a(i) unrelated organizations		
3a(ii) related organizations		
3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		

(i) unrelated organizations \_\_\_\_\_

(ii) related organizations \_\_\_\_\_

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

4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,429,394.		5,429,394.
b Buildings		429483867.	189933063.	239550804.
c Leasehold improvements		3,215,285.	1,710,842.	1,504,443.
d Equipment		515658153.	319902132.	195756021.
e Other		750161125.	18,561,449.	731599676.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,173,840,338.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives .....		
Closely-held equity interests .....		
Other		
U.S. TREASURY NOTES & BONDS	77,711,063.	END-OF-YEAR MARKET VALUE
CORPORATE BONDS	156,455,813.	END-OF-YEAR MARKET VALUE
MORTGAGE BACKED SECURITIES	115,637,693.	END-OF-YEAR MARKET VALUE
EQUITY INVESTMENTS	19,961,975.	END-OF-YEAR MARKET VALUE
INDEX FUNDS	51,937,894.	END-OF-YEAR MARKET VALUE
ALTERNATIVE INVESTMENTS	46,633,686.	END-OF-YEAR MARKET VALUE
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	<b>468,338,124.</b>	

**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) must equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value
DUE FROM OTHERS	17,538,854.
DUE FROM AFFILIATES	3,655,858.
CASH CAPITAL PROJECTS	74,968,613.
SPECIAL INV. FUND	65,402,245.
MALPRACTICING FUNDING ARRANGEMNT	3,943,611.
FINANCING EXPENSES - BONDS	45,648,795.
DEPT LT - MARRIOTT NUTR SERV	350,000.
OTHER ASSETS	14,168,478.
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	<b>225,676,454.</b>

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
ADVANCES FROM THIRD PARTY	73,063,759.
DUE TO AFFILIATES	7,223,350.
OTHER LIABILITIES	140,611,035.
WORKERS COMP TAIL LIABILITY	7,420,743.
POST RETIREMENT BENEFITS	1,546,343.
EST. MALPRACTICE COSTS	38,622,495.
PENSION LIABILITY	172,211,000.
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	<b>440,698,725.</b>

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1742269943.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1585221920.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	157,048,023.
4	Net unrealized gains (losses) on investments	4	10,375,973.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-72,737,630.
9	Total adjustments (net). Add lines 4 through 8	9	-62,361,657.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	94,686,366.

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

1	Total revenue, gains, and other support per audited financial statements	1	1,764,639,973.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	10,375,973.
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	10,375,973.
3	Subtract line 2e from line 1	3	1,754,264,000.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	-11994057.
c	Add lines 4a and 4b	4c	-11994057.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,742,269,943.

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

1	Total expenses and losses per audited financial statements	1	1,578,099,000.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,578,099,000.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	7,122,920.
c	Add lines 4a and 4b	4c	7,122,920.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,585,221,920.

**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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

AUDIT/BOOK ADJUSTMENT: -482.

MINIMUM PENSION LIABILITY: -40247544.

CHANGE IN MKT VAL. OF SWAP AGREEMENT: -32290299.

NET ASSETS RELEASED: -199305.

PART XII, LINE 4B - OTHER ADJUSTMENTS:



**Part XIV** Supplemental Information (continued)

ASSET SALE: 48896.

RECLASS OF COGS: -1445381.

AUDIT/BOOK ADJUSTMENT: 97.

BAD DEBT EXPENSE ADJUSTMENT: -10597669.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

RECLASS OF COGS: -1445381.

ASSET SALE: 48896.

AUDIT/BOOK ADJUSTMENT: 2308.

INTEREST ON SWAP: 19114766.

BAD DEBT EXPENSE ADJUSTMENT: -10597669.



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		BEST DRESS SALE	GOLF CLASSIC	2		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	155,870.	87,500.	66,990.	310,360.
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	155,870.	87,500.	66,990.	310,360.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Combine line 3, column (d), and line 10					310,360.

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

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

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? _____	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers? _____	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____	12	

**13** Indicate the percentage of gaming activity operated in:

<b>13a</b>		%
<b>13b</b>		%

- a The organization's facility .....
- b An outside facility .....

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? .....

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

c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

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

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

	Yes	No
13a		
13b		
14		
15a		
16		
17a		
17b		

**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

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

OMB No. 1545-0047

**2009**

Open to Public Inspection

Name of the organization **THE JOHNS HOPKINS HOSPITAL** Employer identification number **52-0591656**

**Part I Charity Care and Certain Other Community Benefits at Cost**

	Yes	No
<b>1 a</b> Does the organization have a charity care policy? If "No," skip to question 6a	X	
<b>1 b</b> If "Yes," is it a written policy?	X	
<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 free 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 checked="" type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
<b>b</b> Does the organization use FPG to determine eligibility for providing discounted 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 checked="" type="checkbox"/> Other <u>270</u> %	X	
<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"?	X	
<b>5 a</b> Does the organization budget amounts for free or discounted care provided under its charity care policy?	X	
<b>b</b> If "Yes," did the organization's charity care expenses exceed the budgeted amount?	X	
<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?		X
<b>6 a</b> Does the organization prepare an annual community benefit report?	X	
<b>b</b> If "Yes," does the organization make it available to the public?	X	

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)			28,046,156.	0.	28,046,156.	1.81%
<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 Total</b> Charity Care and Means-Tested Government Programs			28,046,156.		28,046,156.	1.81%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			23,528,136.	725,999.	22,802,137.	1.47%
<b>f</b> Health professions education (from Worksheet 5)			70,131,370.	0.	70,131,370.	4.53%
<b>g</b> Subsidized health services (from Worksheet 6)						
<b>h</b> Research (from Worksheet 7)			75,000.	0.	75,000.	.00%
<b>i</b> Cash and in-kind contributions to community groups (from Worksheet 8)			1,132,358.	0.	1,132,358.	.07%
<b>j Total.</b> Other Benefits			94,866,864.	725,999.	94,140,865.	6.07%
<b>k Total.</b> Add lines 7d and 7j			122,913,020.	725,999.	122,187,021.	7.88%

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing		1,004,414.	0.	1,004,414.	.06%
2	Economic development		630,629.	0.	630,629.	.04%
3	Community support		324,993.	0.	324,993.	.02%
4	Environmental improvements		91,274.	0.	91,274.	.01%
5	Leadership development and training for community members		80,353.	0.	80,353.	.01%
6	Coalition building		108,887.	0.	108,887.	.01%
7	Community health improvement advocacy		399,613.	0.	399,613.	.03%
8	Workforce development		556,175.	0.	556,175.	.04%
9	Other		2,563,972.	0.	2,563,972.	.17%
10	<b>Total</b>		5,760,310.		5,760,310.	.39%

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

	1	2	3	Yes	No
1	Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? .....				X
2		27,643,303.			
3					
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.				

**Section B. Medicare**

5	Enter total revenue received from Medicare (including DSH and IME) .....	5	385721637.		
6	Enter Medicare allowable costs of care relating to payments on line 5 .....	6	366173811.		
7	Subtract line 6 from line 5. This is the surplus or (shortfall) .....	7	19,547,826.		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other				

**Section C. Collection Practices**

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

**Part IV Management Companies and Joint Ventures**

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
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**Part VI Supplemental Information**

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

PART I, LINE 7G: THE JOHNS HOPKINS HOSPITAL DOES NOT HAVE ANY SUBSIDIZED HEALTH SERVICES.

PART I, LINE 7F: THE AMOUNT OF BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$35,541,711.

PART III, LINE 4: BAD DEBT EXPENSE AT COST IS DETERMINED USING THE SAME COST-TO-CHARGE RATIO THAT IS USED TO CALCULATE CHARITY CARE AND UNREIMBURSED MEDICAID.

DISCOUNTS AND ALLOWANCES ARE ACCOUNTED FOR SEPARATELY FROM BAD DEBT EXPENSE.

MARYLAND HOSPITALS ARE RATE REGULATED UNDER THE HSCRC, WHICH INCLUDES BAD DEBT AS PART OF THE REIMBURSEMENT FORMULA FOR EACH HOSPITAL. DUE TO THE RATE REGULATION, THE JOHNS HOPKINS HOSPITAL (JHH) CANNOT DETERMINE THE



**Part VI** Supplemental Information

AMOUNT THAT COULD BE REASONABLY ATTRIBUTABLE TO PATIENTS WHO LIKELY WOULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S CHARITY CARE POLICY. THE ORGANIZATION'S FINANCIAL STATEMENTS DO NOT INCLUDE A FOOTNOTE ON BAD DEBT EXPENSE. THE FINANCIAL STATEMENTS SHOW THE PROVISION FOR BAD DEBTS AS A SEPARATE LINE ITEM IN THE STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS UNDER OPERATING EXPENSES.

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

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

PART VI, LINE 2: JHH USES A VARIETY OF METHODS TO IDENTIFY THE COMMUNITY NEEDS. JHH CONDUCTED A FORMAL NEEDS ASSESSMENT OF EAST BALTIMORE IN 1997. IN 2000, THE JOHNS HOPKINS URBAN HEALTH INSTITUTE (UHI) WAS CREATED TO ADDRESS THE HEALTH CARE NEEDS OF THE COMMUNITY. THE UHI WAS CREATED WITH SIGNIFICANT INPUT FROM THE COMMUNITY, WITH COLLABORATIVE GROUPS MEETING OVER SEVERAL MONTHS TO IDENTIFY GOALS AND NEEDS. THE MISSION OF UHI IS TO MARSHAL THE RESOURCES OF THE JOHNS HOPKINS INSTITUTIONS AS WELL AS OTHER, EXTERNAL RESOURCES TO IMPROVE THE HEALTH AND WELL-BEING OF THE RESIDENTS OF EAST BALTIMORE AND BALTIMORE CITY, AND TO PROMOTE EVIDENCE-BASED INTERVENTIONS TO SOLVE URBAN HEALTH PROBLEMS NATIONWIDE.

IN FY2005, A COMMUNITY NEEDS ASSESSMENT WAS CONDUCTED THAT INCLUDES THE

**Part VI Supplemental Information**

COMMUNITY AROUND JHH, AND PROVIDED ADDITIONAL INFORMATION FOR BOTH JHH AND THE JOHNS HOPKINS BAYVIEW MEDICAL CENTER TO IDENTIFY COMMUNITY NEEDS AND DEVELOP TARGETED INITIATIVES. OTHER MAJOR COMMUNITY BENEFIT INITIATIVES INCLUDE THE EAST BALTIMORE DEVELOPMENT INC. (EBDI) AND THE HISTORIC EAST BALTIMORE COMMUNITY ACTION COALITION (HEBCAC). BOTH INITIATIVES HAVE INCLUDED SIGNIFICANT INVOLVEMENT OF COMMUNITY MEMBERS, NONPROFIT ORGANIZATIONS, GOVERNMENT REPRESENTATIVES AND THE BUSINESS COMMUNITY. MOST RECENTLY, THE UHI HAS CREATED THE COLLABORATIVE COMMUNITY HEALTH INITIATIVE. IT IS DESIGNED TO ENGAGE INDIVIDUALS, COMMUNITY GROUPS AND CITY GOVERNMENT FROM EAST BALTIMORE AND JOHNS HOPKINS IN AN INTENSE PROCESS OF PLANNING AND CRITICAL THINKING ABOUT HOW BEST TO DEVELOP AND IMPLEMENT A COMMUNITY HEALTH ASSESSMENT. THE HEALTH ASSESSMENT WILL BE CONDUCTED WITHIN FIVE EAST BALTIMORE ZIP CODES: 21202, 21205, 21213, 21224, AND 21231. THE UHI HAS COMMITTED RESOURCES TO SUPPORT THE ENTIRE PLANNING PROCESS.

PART VI, LINE 3: JHH INFORMS ITS PATIENTS ABOUT THE CHARITY CARE POLICY THROUGH A NUMBER OF TACTICS, INCLUDING: SIGNS IN ENGLISH AND SPANISH ARE POSTED IN PATIENT WAITING AND REGISTRATION AREAS THAT SUMMARIZE THE CHARITY CARE POLICY, A COPY OF THE CHARITY CARE POLICY OR A SUMMARY THEREOF WITH FINANCIAL ASSISTANCE CONTACT INFORMATION IS PROVIDED TO EVERY PATIENT UPON ADMISSION, A SUMMARY OF CHARITY CARE POLICY WITH CONTACT INFORMATION FOR FINANCIAL COUNSELORS IS PROVIDED TO EVERY PATIENT WITHOUT INSURANCE WHO PRESENTS TO THE EMERGENCY DEPARTMENT, AND ALL PATIENTS INDICATING A NEED FOR CHARITY CARE ARE REFERRED TO A FINANCIAL COUNSELOR WHO REVIEWS WITH THEM THE AVAILABILITY OF VARIOUS GOVERNMENT BENEFIT AND PROGRAMS, AND ASSISTS THEM WITH APPLICATION TO SUCH PROGRAMS. IF THE PATIENT DOES NOT HAVE INSURANCE, JHH FINANCIAL COUNSELORS WILL

**Part VI Supplemental Information**

SCHEDULE AN INTERVIEW WITH THE PATIENT TO DETERMINE PAYMENT ARRANGEMENTS AND/OR ASSIST THE PATIENT IN COMPLETING A MEDICAL ASSISTANCE APPLICATION.

PART VI, LINE 4: JHH GEOGRAPHIC SERVICE AREA IS URBAN.

JHH PRIMARY SERVICE AREA INCLUDES: BALTIMORE CITY, ANNE ARUNDEL, BALTIMORE COUNTY, HARFORD COUNTY, AND HOWARD COUNTY. THE GENERAL DATA FOR THIS PRIMARY SERVICE AREA ARE AS FOLLOWS: TOTAL POPULATION WAS 2,621,261 OF WHICH 48% WERE MALES AND 52% WERE FEMALES, AVERAGE HOUSEHOLD INCOME WAS \$85,345, UNEMPLOYMENT WAS AT 5.5%, 16.9% OF RESIDENTS ARE UNINSURED, 26.8% OF RESIDENTS ARE COVERED BY MEDICAID/MEDICARE, 40% OF HOUSEHOLDS EARN \$50,000 OR LESS, 10% OF HOUSEHOLDS HAD INCOME OF \$15,000 OR LESS.

THE PRIMARY POPULATION SERVED AT THE HOSPITAL COMES FROM BALTIMORE CITY AND BALTIMORE COUNTY. 24.9% OF THE BALTIMORE CITY POPULATION HAS INCOME BELOW THE FEDERAL POVERTY GUIDELINE. 12.5% OF THE BALTIMORE COUNTY POPULATION HAS INCOME BELOW THE FEDERAL POVERTY GUIDELINE.

NUMBER OF OTHER HOSPITALS SERVING THE COMMUNITY OR COMMUNITIES: 30  
FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREAS OR POPULATIONS ARE PRESENT IN THE COMMUNITY.

PART VI, LINE 5: JHH COMMUNITY BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITY IT SERVES THROUGH A NUMBER OF INITIATIVES THEY HAVE DEVELOPED. FOR EXAMPLE, JHH IS COMMITTED TO DEVELOPING THE FUTURE WORKFORCE BY EXPOSING YOUTH TO CAREERS IN HEALTH CARE AND PROVIDING THEM WITH DEVELOPMENT OPPORTUNITIES. THROUGH PROJECT R.E.A.C.H/COMMUNITY EDUCATION PROGRAMS, JHH PROVIDES YOUTH ATTENDING SCHOOL IN OR AROUND THE CITY OF BALTIMORE THE OPPORTUNITY TO BENEFIT FROM MENTORING, INTERNSHIPS, SCHOLARSHIPS, JOB SHADOWING, LECTURES, AND TOURS OF THE JOHNS HOPKINS FACILITIES.

**Part VI Supplemental Information**

JHH IS ALSO PART OF THE EAST BALTIMORE DEVELOPMENT INITIATIVE, WHICH IS A LONG TERM COMMUNITY REDEVELOPMENT INITIATIVE TO RENEW NEIGHBORHOODS NORTH OF THE JHH CAMPUS. THE INITIAL GOALS WERE TO DEVELOP A VIBRANT COMMUNITY WITH NEW AND REBUILT HOUSING, EMPLOYMENT OPPORTUNITIES, A NEW COMMUNITY SCHOOL, AND TO ATTRACT COMMERCIAL AND RETAIL BUSINESS INTO THE AREA. THE PROJECT IS ALSO PROVIDING A COMPREHENSIVE RANGE OF SERVICES FOR EAST BALTIMORE RESIDENTS, FROM JOB TRAINING AND FINANCIAL COUNSELING TO HEALTH CARE AND YOUTH EMPLOYMENT ASSISTANCE.

JHH IS ALSO PART OF THE HISTORIC EAST BALTIMORE COMMUNITY ACTION COALITION (HEBCAC), WHICH IS A NONPROFIT COMMUNITY-BASED ORGANIZATION DEVELOPED TO ADDRESS THE NEEDS OF THE EAST BALTIMORE COMMUNITY BY A COALITION THAT INCLUDED REPRESENTATIVES FROM JHH, JOHNS HOPKINS UNIVERSITY, LOCAL COMMUNITY, BUSINESS, NONPROFIT ORGANIZATIONS AND GOVERNMENTAL AGENCIES. HEBCAC HAS BEEN INSTRUMENTAL IN SPEARHEADING A VARIETY OF COMMUNITY IMPROVEMENT PROJECTS INCLUDING THOSE THAT HAVE ENHANCED HOUSING OPPORTUNITIES, EMPLOYMENT, YOUTH DEVELOPMENT AND THE QUALITY OF THE ENVIRONMENT. NEIGHBORHOODS ARE BEING BUILT UP BY CATALYZING AND LEADING REAL ESTATE REDEVELOPMENT AND ORGANIZING OTHER PROJECTS THAT MAKE DRAMATIC PHYSICAL IMPROVEMENTS TO THE NEIGHBORHOODS. HEBCAC HAS ALSO COMPLETED REHABILITATION OF FIFTY HOUSES FOR COMMUNITY RESIDENTS IN THE EAST BALTIMORE COMMUNITIES.

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

**Part VI Supplemental Information**

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.

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. ADDITIONAL DETAIL ILLUSTRATING THIS CAN BE FOUND WITHIN THIS SCHEDULE H REPORT.

**Part VI** Supplemental Information

LINE 7B - MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE-SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL-PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY DIRECTED OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE. COMMUNITY BENEFIT EXPENSES ARE EQUAL TO MEDICAID REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT IS ZERO. THE EXCEPTION TO THIS IS THE IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT. IN RECENT YEARS, THE STATE OF MARYLAND HAS CLOSED FISCAL GAPS IN THE STATE MEDICAID BUDGET BY ASSESSING HOSPITALS THROUGH THE RATE-SETTING SYSTEM.

LINE 7F COLUMN (D) MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE-SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL-PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO HEALTH PROFESSIONS EDUCATION.

PART VI, LINE 7: THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION (JHHS) IS INCORPORATED IN THE STATE OF MARYLAND TO, AMONG OTHER THINGS, FORMULATE POLICY AMONG AND PROVIDE CENTRALIZED MANAGEMENT FOR JHHS AND AFFILIATES.

**Part VI** Supplemental Information

JHHS IS ORGANIZED AND OPERATED FOR THE PURPOSE OF PROMOTING HEALTH BY FUNCTIONING AS A PARENT HOLDING COMPANY OF AFFILIATES WHOSE COMBINED MISSION IS TO PROVIDE PATIENT CARE IN THE TREATMENT AND PREVENTION OF HUMAN ILLNESS WHICH COMPARES FAVORABLY WITH THAT RENDERED BY ANY OTHER INSTITUTION IN THIS COUNTRY OR ABROAD.

JHHS IS THE SOLE MEMBER OF THE JOHNS HOPKINS HOSPITAL (JHH), AN ACADEMIC MEDICAL CENTER, JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC. (JHBMC), A COMMUNITY BASED TEACHING HOSPITAL AND LONG-TERM CARE FACILITY, HOWARD COUNTY GENERAL HOSPITAL, INC. (HCGH), A COMMUNITY BASED HOSPITAL, AND SUBURBAN HOSPITAL, INC. (SHI), A COMMUNITY BASED HOSPITAL.

PART VI, LINE 8, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

MD

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**THE JOHNS HOPKINS HOSPITAL**

Employer identification number  
**52-0591656**

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

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. 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
JOHNS HOPKINS COMMUNITY PHYSICIANS, INC - 1101 EAST 33RD STREET - BALTIMORE, MD 21218	52-1467441	501(C)(3)	2,688,000.	0.			SERVICES TO UNINSURED PATIENTS
THE CHILDREN'S HOUSE AT JOHNS HOPKINS HOSPITAL, INC - 1915 MCELDERRY STREET - BALTIMORE, MD 21205	52-1619682	501(C)(3)	65,000.	0.			TO SUPPORT HEALTH CARE PUBLIC CHARITY
HEALTH CARE FOR THE HOMELESS 111 PARK AVE BALTIMORE, MD 21201	52-1576404	501(C)(3)	20,000.	0.			TO SUPPORT HEALTH CARE PUBLIC CHARITY
AMERICAN HEART ASSOCIATION 4217 PARK PLACE COURT GLEN ALLEN, VA 23060	13-5613797	501(C)(3)	5,000.	0.			TO SUPPORT HEALTH CARE PUBLIC CHARITY
THE LIVING LEGACY FOUNDATION OF MARYLAND - 1730 TWIN SPRINGS RD - BALTIMORE, MD 21227	52-1736533	501(C)(3)	11,000.	0.			TO SUPPORT HEALTH CARE PUBLIC CHARITY

- 2 Enter total number of section 501(c)(3) and government organizations ..... **5.**
- 3 Enter total number of other organizations ..... **5.**

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990. **Schedule I (Form 990) 2009**



**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and 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 HOSPITAL TO THE OFFICERS, DIRECTORS, AND KEY EMPLOYEES OF THE ORGANIZATION.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public Inspection

Name of the organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number

52-0591656

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> 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.</p> <p> <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)                 </p>		
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....</p>		X
<p><b>2</b> 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? .....</p>	X	
<p><b>3</b> 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.</p> <p> <input checked="" type="checkbox"/> Compensation committee      <input checked="" 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                 </p>		
<p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? .....</p>		X
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p>	X	
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		X
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p>		
<p><b>5</b> 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:</p> <p><b>a</b> The organization? .....</p>		X
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>		X
<p><b>6</b> 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:</p> <p><b>a</b> The organization? .....</p>		X
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>		X
<p><b>7</b> 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 .....</p>	X	
<p><b>8</b> 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 .....</p>		X
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>		

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

Schedule J (Form 990) 2009

**Part I 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) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
EDWARD D. MILLER, M.D.	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(ii) 366,674.	(iii) 139,336.	(i) 19,317.	239,074.	1,065.	765,466.	0.
RONALD R. PETERSON	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(ii) 1023809.	(iii) 503,289.	(i) 144,011.	225,582.	21,410.	1,918,101.	23,022.
RICHARD O. DAVIS, PH.D	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(ii) 232,297.	(iii) 79,512.	(i) 84,197.	48,193.	25,347.	469,546.	24,395.
KENNETH GRANT	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(ii) 235,629.	(iii) 86,830.	(i) 115,553.	11,025.	23,048.	472,085.	62,798.
DALAL J. HALDEMAN, PH.D	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(ii) 233,290.	(iii) 79,439.	(i) 77,538.	52,137.	21,000.	463,404.	0.
KAREN B. HALLER, PH.D.	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(ii) 251,845.	(iii) 66,199.	(i) 56,915.	45,028.	20,736.	440,723.	0.
HARRY KOFFENBERGER	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(ii) 131,144.	(iii) 50,411.	(i) 248,373.	10,056.	5,100.	445,084.	137,376.
SALLY W. MACCONNELL	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(ii) 301,919.	(iii) 116,508.	(i) 518,289.	11,025.	13,364.	961,105.	181,594.
PAMELA D. PAULK	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(ii) 310,642.	(iii) 111,830.	(i) 562,874.	11,025.	12,460.	1,008,831.	355,725.
JOANNE E. POLLAK	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(ii) 441,779.	(iii) 174,002.	(i) 1777250.	11,025.	27,036.	2,431,092.	827,828.
JUDY A. REITZ, SC.D	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(ii) 427,720.	(iii) 200,438.	(i) 1724874.	11,025.	20,955.	2,385,012.	532,381.
G. DANIEL SHEALER, JR.	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(ii) 263,225.	(iii) 92,305.	(i) 374,621.	11,025.	24,429.	765,605.	299,996.
RONALD J. WERTHMAN	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(ii) 472,248.	(iii) 163,537.	(i) 1263359.	11,025.	22,985.	1,933,154.	730,678.
SAMUEL H. CLARK, JR.	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(ii) 184,694.	(iii) 55,141.	(i) 45,350.	81,411.	14,497.	381,093.	0.
STUART ERDMAN	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(ii) 229,729.	(iii) 66,429.	(i) 61,069.	101,807.	19,211.	478,245.	8,431.
EDWARD B. CHAMBERS	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(ii) 203,774.	(iii) 25,542.	(i) 46,181.	16,385.	25,426.	317,308.	0.
	(ii) 0.	(iii) 0.	(i) 0.	0.	0.	0.	0.

**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.

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

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

PART I, LINE 4B: MAKE WHOLE PLAN & SERP I PLAN:

THE MAKE WHOLE AND SERP I PLANS ARE FROZEN, NON-TAX QUALIFIED DEFINED BENEFIT PLANS. PARTICIPATION IN THE PLANS IS LIMITED TO THE EXISTING PLAN PARTICIPANTS. THE BENEFITS UNDER THE PLANS ARE BASED UPON THE PARTICIPANT'S LENGTH OF SERVICE AND COMPENSATION. THE MAKE WHOLE PLAN WAS DESIGNED TO REPLACE THE BENEFITS THE PARTICIPANTS LOST DUE TO THE COMPENSATION LIMITS IMPOSED BY LAW UPON OUR QUALIFIED DEFINED BENEFIT PLAN. IN THE MANNER REQUIRED BY APPLICABLE IRS RULES, THE DESIGN OF EACH OF THESE ARRANGEMENTS WAS APPROVED AS REASONABLE, IN ADVANCE, BY AN INDEPENDENT COMPENSATION COMMITTEE, WHICH BASED ITS DECISION ON DATA PROVIDED BY AN

**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.

INDEPENDENT COMPENSATION CONSULTANT. PARTICIPANTS' INTERESTS UNDER THESE ARRANGEMENTS ARE NOT GUARANTEED OR SECURED AT ANY WAY AND AT ALL TIMES ARE SUBJECT TO CLAIMS OF EMPLOYER'S BANKRUPTCY/INSOLVENCY CREDITORS. FURTHERMORE, IF A PARTICIPANT VOLUNTARILY TERMINATES EMPLOYMENT OR IS TERMINATED BY THE EMPLOYER FOR CAUSE PRIOR TO THE APPLICABLE VESTING DATE UNDER THE MAKE WHOLE PLAN, THE PARTICIPANT'S ENTIRE MAKE WHOLE PLAN BENEFIT IS FORFEITED. IF A PARTICIPANT TERMINATES EMPLOYMENT FOR ANY REASON PRIOR TO THE APPLICABLE VESTING DATE UNDER THE SERP I, THE PARTICIPANT'S ENTIRE SERP I BENEFIT IS FORFEITED. IN ADDITION, UNDER CURRENT LAW, INTERESTS UNDER THESE ARRANGEMENTS ARE REPORTABLE AS TAXABLE COMPENSATION WHEN THEY BECOME VESTED, EVEN IF THOSE AMOUNTS ARE NOT YET PAYABLE TO THE PARTICIPANT (AND EVEN IF THOSE AMOUNTS ARE NEVER PAID TO THE PARTICIPANT). NO ROLLOVER OR OTHER TAX-DEFERRAL OPTIONS ARE AVAILABLE TO PARTICIPANTS. NOTE THAT ANY MAKE WHOLE PLAN OR SERP I VESTED AMOUNT OR PAYMENT BEING REPORTED AS COMPENSATION WAS ALSO REPORTED IN PREVIOUS YEAR(S) WHEN THAT INTEREST ACCRUED UNDER THE PLAN.

SERP II PLAN & SRP PLAN:

THE SERP II AND SRP PLANS ARE ACTIVE; NON-TAX QUALIFIED DEFINED

**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.

CONTRIBUTION TARGET BENEFIT PLANS. THE PLANS ARE DESIGNED TO ACHIEVE A REASONABLE TARGETED RETIREMENT BENEFIT LEVEL FOR EACH PARTICIPANT (IN COMBINATION WITH THE OTHER RETIREMENT PROGRAMS OF THE EMPLOYER) BASED UPON CERTAIN CRITERIA, SUCH AS EACH PARTICIPANT'S LENGTH OF SERVICE AND COMPENSATION. IN THE MANNER REQUIRED BY APPLICABLE IRS RULES, THE DESIGN OF EACH OF THESE ARRANGEMENTS WAS APPROVED AS REASONABLE, IN ADVANCE, BY AN INDEPENDENT COMPENSATION COMMITTEE, WHICH BASED ITS DECISION ON DATA PROVIDED BY AN INDEPENDENT COMPENSATION CONSULTANT. PARTICIPANTS' INTERESTS UNDER THESE ARRANGEMENTS ARE NOT GUARANTEED OR SECURED AT ANY WAY AND AT ALL TIMES ARE SUBJECT TO CLAIMS OF EMPLOYER'S BANKRUPTCY/INSOLVENCY CREDITORS. IF A PARTICIPANT VOLUNTARILY TERMINATES EMPLOYMENT OR IS TERMINATED BY THE EMPLOYER FOR CAUSE PRIOR TO THE APPLICABLE VESTING DATE UNDER EACH ARRANGEMENT, THE PARTICIPANT'S ACCOUNT IS FORFEITED. IN ADDITION, UNDER CURRENT LAW, INTERESTS UNDER THESE ARRANGEMENTS ARE REPORTABLE AS TAXABLE COMPENSATION WHEN THEY BECOME VESTED, EVEN IF THOSE AMOUNTS ARE NOT YET PAYABLE TO THE PARTICIPANT (AND EVEN IF THOSE AMOUNTS ARE NEVER PAID TO THE PARTICIPANT). NO ROLLOVER OR OTHER TAX-DEFERRAL OPTIONS ARE AVAILABLE TO PARTICIPANTS. NOTE THAT ANY SERP II OR SRP PLAN VESTED AMOUNT OR PAYMENT BEING REPORTED AS COMPENSATION WAS ALSO REPORTED

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.

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):

DANIEL ASHBY \$1,335; CHARLES BARBARA \$5,656; JAHANSHA BEHZAD \$4,116; EDWARD

B. CHAMBERS \$5,360; RICHARD O. DAVIS \$37,168; STUART ERDMAN \$90,782; HOWARD

GWON \$5,091; DALAL HALDEMAN \$41,112; KAREN B. HALLER \$34,003; CHRISTINA

LUNDQUIST \$8,168; EDWARD D. MILLER \$228,049; RONALD R. PETERSON \$214,557;

ROBERT SCHEU \$25,236; JAMES SCHEULEN \$3,765; WALKER WYLIE \$35,540;

ELIZABETH AMBINDER \$0.00; MARTIN BLEDSOE \$0.00; KAREN DAVIS \$0.00; CECELIA

DIGIACOMO \$0.00; RENEE DEMSKI \$0.00; JAMES HEDEMAN \$0.00; JANE HILL \$0.00;

HARRY KOFFENBERGER \$0.00; SHARON KRUMM \$0.00; TERRY LANGBAUM \$0.00; SALLY

W. MACCONNELL \$0.00; STEVEN MANDELL \$0.00; PAMELA D. PAULK \$0.00; JOANNE E.

POLLAK \$0.00; JUDY A. REITZ \$0.00; G. DANIEL SHEALER \$0.00; RONALD J.

WERTHMAN \$0.00 AND RICHARD THOMAS \$0.00.

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

PARTICIPATED IN A NON QUALIFIED RETIREMENT PLAN AND RECEIVED PAYMENT FROM

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 PLAN, IT IS REPORTED ON SCHEDULE J, PART II, COLUMN (B)(III) AS WELL AS SCHEDULE J, PART II, COLUMN (F) IF THEY WERE REQUIRED TO BE DISCLOSED ON

PRIOR YEARS FORMS 990:

MARTIN BLEDSOE \$7,304; RICHARD O. DAVIS \$24,395; STUART ERDMAN \$8,431;

JAMES HEDEMAN \$5,917; KENNETH GRANT \$62,798; JOHN HUNDT \$20,244; HARRY

KOFFENBERGER \$196,252; PAMELA D. PAULK \$500,544; RONALD R. PETERSON

\$23,022; SALLY W. MCCONNELL \$500,030; JOANNE E. POLLAK \$1,690,170; JUDY A.

REITZ \$1,658, 368; G. DANIEL SHEALER, JR. \$337,154; DIANN SYNDER \$4,200;

RENEE DEMSKI \$ 5,971; JANE HILL \$14,634 AND RONALD J. WERTHMAN \$1,172,501.

PART I, LINE 7: BONUSES: THE BONUSES ARE ISSUED ON A WEIGHTED FORMULA BASED ON THE ATTAINMENT OF QUANTIFIABLE ORGANIZATION OBJECTIVES SET BY THE TRUSTEE COMPENSATION COMMITTEE EACH YEAR. THEY ARE REVIEWED BY MANAGEMENT THAT USES DISCRETION TO DETERMINE PAYMENT.

DEPENDENT TUITION REIMBURSEMENT: THE DEPENDENT TUITION REIMBURSEMENT PROGRAM REIMBURSES EMPLOYEES FOR 50% LESS TAXES OF EACH DEPENDENT CHILD'S FULL TIME UNDERGRADUATE TUITION AND MANDATORY ACADEMIC FEES, UP TO A MAXIMUM OF 50% OF THE JOHNS HOPKINS UNIVERSITY'S FRESHMAN UNDERGRADUATE



**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.

TUITION FOR EACH ELIGIBLE DEPENDENT. EMPLOYEES WHO HAVE A MINIMUM OF TWO YEARS OF CONTINUOUS SERVICE ARE ELIGIBLE. THE DEPENDENT MUST BE ENROLLED FULL TIME AT AN APPROVED, ACCREDITED COLLEGE OR UNIVERSITY AND IN GOOD ACADEMIC STANDING. PAYMENT IS LIMITED TO FOUR YEARS OF FULL TIME, UNDERGRADUATE STUDY PER DEPENDENT CHILD.

TUITION REIMBURSEMENT: TUITION REIMBURSEMENT IS AVAILABLE TO EMPLOYEES THAT WORK 20 HOURS OR MORE A WEEK FOR UP TO A MAXIMUM BENEFIT OF \$10,000 PER ACADEMIC YEAR. TO RECEIVE REIMBURSEMENT, ELIGIBLE EMPLOYEES MUST PURSUE A COURSE OF STUDY AT AN ACCREDITED UNIVERSITY OR COLLEGE THAT LEADS TO A LICENSURE, DEGREE, OR MEETS THE NECESSITY RELATED TO CURRENT POSITION OR ANOTHER POSITION WITHIN THE ORGANIZATION.

SCHEDULE J, PART II, COLUMN F

THE AMOUNT REPORTED IN COLUMN F REPRESENTS THE AMOUNT OF A PAYMENT REPORTED IN COLUMN B THAT WAS ALREADY REPORTED ON PRIOR 990S AS DEFERRED COMPENSATION. THE AMOUNT REPORTED COULD BE DIFFERENT THAN THE TOTAL AMOUNT PREVIOUSLY REPORTED ON PRIOR YEAR 990S BECAUSE PARTICIPANTS HAVE ACCRUED BENEFITS UNDER OUR DEFERRED COMPENSATION PLAN FOR MANY YEARS AND

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.

SOME PLANS ORIGINATED IN THE 1980S. THEREFORE IT IS DIFFICULT TO IDENTIFY THE ENTIRE PREVIOUSLY REPORTED AMOUNT FOR THIS EXTENDED PERIOD OF TIME. PRIOR YEAR RETURNS AND WORK PAPERS WERE USED TO DETERMINE OUR BEST ESTIMATE OF THE PREVIOUSLY REPORTED AMOUNTS AND PLACED IN COLUMN F. THE AMOUNT IN COLUMN F MAY ALSO BE DIFFERENT THAN THE AMOUNT REPORTED IN COLUMN B (III) DUE TO GAINS/LOSSES THAT HAVE ACCRUED OVER THE YEARS, AND SOME INDIVIDUALS WERE NOT REQUIRED TO BE REPORTED IN ALL PRIOR YEARS. SINCE THIS IS A NEW REQUIREMENT OF THE IRS, GOING FORWARD WE HAVE ADOPTED A SPREADSHEET THAT WILL TRACK THE DEFERRED COMPENSATION REPORTED ON THE 990 BY EACH YEAR TO REMAIN IN COMPLIANCE WITH SCHEDULE J, PART II, COLUMN F.

**Continuation Sheet for Schedule J (Form 990)**

▶ Attach to Form 990 to list additional information for Schedule J (Form 990), Part II.  
▶ See instructions for Schedule J (Form 990).

**2009**

Open to Public  
Inspection

Name of the organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number

52-0591656

**Part II** Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ROBERT SCHEU	205,266.	30,907.	18,165.	36,261.	20,029.	310,628.	0.
JOHN HUNDT	200,116.	17,669.	33,878.	10,429.	8,392.	270,484.	12,145.
STEVEN MANDELL	161,387.	29,509.	41,042.	10,620.	23,381.	265,939.	0.
JAMES SCHEULEN	163,051.	19,930.	23,442.	13,267.	20,934.	240,624.	0.
JANE HILL	139,483.	20,221.	69,225.	9,185.	19,816.	257,930.	8,004.
RENEE DEMSKI	185,621.	27,404.	21,986.	10,247.	22,916.	268,174.	1,677.
CECELIA DIGIACOMO	189,338.	24,203.	1,663.	9,733.	8,049.	232,986.	0.
TERRY LANGBAUM	158,163.	24,048.	33,552.	9,873.	18,943.	244,579.	0.
CHRISTINA LUNDQUIST	190,843.	22,154.	15,463.	18,461.	7,324.	254,245.	0.
DIANN SNYDER	113,397.	19,433.	43,558.	7,996.	19,254.	203,638.	0.
DANIEL ASHBY	150,688.	24,089.	25,516.	10,726.	23,668.	234,687.	0.
RICHARD THOMAS	152,649.	15,898.	22,220.	8,808.	19,316.	218,891.	0.
KAREN DAVIS	123,539.	18,632.	45,309.	8,066.	19,241.	214,787.	0.
MARTIN BLEDSOE	144,325.	17,339.	29,565.	8,483.	18,799.	218,511.	0.
JAMES HEDEMAN	129,458.	20,406.	35,111.	8,206.	16,766.	209,947.	0.
HOWARD GWON	141,152.	22,318.	17,743.	13,426.	5,114.	199,753.	0.
SHARON KRUMM	126,026.	20,112.	33,354.	8,128.	8,866.	196,486.	0.
	0.	0.	0.	0.	0.	0.	0.

Name of the organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number  
52-0591656

**Part II** Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation				(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(iv) Other reportable compensation				
CHARLES BARBARA	157,204.	18,266.	19,905.	13,871.	14,624.	223,870.	0.	
JAHANSHA BEHZAD	149,405.	22,455.	4,909.	12,263.	19,223.	208,255.	0.	
WALKER WYLLIE	198,446.	58,554.	12,427.	46,565.	21,208.	337,200.	0.	
SHELLEY BARANOWSKI	178,328.	13,951.	2,233.	9,133.	26,428.	230,073.	0.	
LOUIS CROCETTI, III	181,399.	10,000.	19,445.	8,821.	19,037.	238,702.	0.	
KAREN HAUCK	191,561.	3,000.	8,914.	9,275.	15,992.	228,742.	0.	
ALAN COLTRI	149,265.	22,485.	25,026.	8,736.	23,506.	229,018.	0.	
ELIZABETH AMBINDER	102,852.	12,902.	47,293.	6,037.	20,827.	189,911.	0.	
	0.	0.	0.	0.	0.	0.	0.	

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
▶ See the Instructions for Form 990.

OMB No. 1545-0047

**2009**

Open to Public Inspection

Name of the Organization

THE JOHNS HOPKINS HOSPITAL

Employer Identification number  
52-0591656

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(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			
SAMUEL H. CLARK, JR. ASSISTANT SECRETARY	1.00			X			0.	285,185.	95,908.	
STUART ERDMAN ASSISTANT TREASURER	1.00			X			0.	357,227.	121,018.	
EDWARD B. CHAMBERS ADMINISTRATOR PEDIATRICS	40.00				X		275,497.	0.	41,811.	
ROBERT SCHEU DIRECTOR, PERIOPERATIVE	40.00				X		254,338.	0.	56,290.	
JOHN HUNDT ADMINISTRATOR SURGERY	40.00				X		251,663.	0.	18,821.	
STEVEN MANDELL SR DIRECTOR INFO SVCS	40.00				X		231,938.	0.	34,001.	
JAMES SCHEULEN ADMINISTRATOR	40.00				X		206,423.	0.	34,201.	
JANE HILL ADMINISTRATOR NEURO	40.00				X		228,929.	0.	29,001.	
RENEE DEMSKI SR DIRECTOR OF QUALITY	40.00				X		235,011.	0.	33,163.	
CECELIA DIGIACOMO SR DIRECTOR INFO SVCS	40.00				X		215,204.	0.	17,782.	
TERRY LANGBAUM ADMIN. COMPREHENSIVE CAN	40.00				X		215,763.	0.	28,816.	
CHRISTINA LUNDQUIST ADMINISTRATOR ACCM	40.00				X		228,460.	0.	25,785.	
DIANN SNYDER DIRECTOR OF NURSING	40.00				X		176,388.	0.	27,250.	
DANIEL ASHBY SR DIRECTOR PHARMACY	40.00				X		200,293.	0.	34,394.	
RICHARD THOMAS ADMINISTRATOR	40.00				X		190,767.	0.	28,124.	
KAREN DAVIS DIRECTOR OF NURSING	40.00				X		187,480.	0.	27,307.	
MARTIN BLEDSOE ADMINISTRATOR	40.00				X		191,229.	0.	27,282.	
JAMES HEDEMAN SR. DIRECTOR INFO SVCS	40.00				X		184,975.	0.	24,972.	
HOWARD GWON ADMINISTRATOR	40.00				X		181,213.	0.	18,540.	
SHARON KRUMM DIRECTOR OF NURSING	40.00				X		179,492.	0.	16,994.	

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

Schedule J-2 (Form 990) 2009

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**  
▶ **See the Instructions for Form 990.**

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the Organization

THE JOHNS HOPKINS HOSPITAL

Employer Identification number  
52-0591656

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(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			
CHARLES BARBARA ADMINISTRATOR	40.00				X		195,375.	0.	28,495.	
JAHANSHA BEHZAD ADMINISTRATOR	40.00				X		176,769.	0.	31,486.	
WALKER WYLIE EXECUTIVE MANAGEMENT	40.00					X	269,427.	0.	67,773.	
SHELLEY BARANOWSKI DIRECTOR OF NURSING	40.00					X	194,512.	0.	35,561.	
LOUIS CROCETTI, III CLINICAL PHARMACIST	40.00					X	210,844.	0.	27,858.	
KAREN HAUCK NURSING COORDINATOR	40.00					X	203,475.	0.	25,267.	
ALAN COLTRI CHIEF SYSTEMS ARCHITECT	40.00					X	196,776.	0.	32,242.	
ELIZABETH AMBINDER ADMINISTRATOR	40.00						163,047.	0.	26,864.	

**SCHEDULE K (Form 990)**  
 Department of the Treasury  
 Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**  
 Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).  
 Attach to Form 990. See separate instructions.

Name of the organization: **THE JOHNS HOPKINS HOSPITAL**  
 Employer identification number: **52-0591656**

**Part I Bond Issues**  
 SEE SCHEDULE O FOR COLUMN (F) CONTINUATIONS

(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
MARYLAND HEALTH AND A HIGHER EDUCATIONAL FACIL	52-0936091574212BB1	03/06/03	70,814,997.	REFUND 6/24/99, 7/1/01, 6/17/97 BON			X		X
MARYLAND HEALTH AND B HIGHER EDUCATIONAL FACIL	52-093609157421U5AA	02/09/04	75,165,000.	REFUND PRIOR ISSUES 6/22/93.			X		X
MARYLAND HEALTH AND C HIGHER EDUCATIONAL FACIL	52-093609157421XAA6	03/01/04	60,000,000.	REFUND PRIOR ISSUES 6/29/98, REVOLVING			X		X
MARYLAND HEALTH AND D HIGHER EDUCATIONAL FACIL	52-093609157422AC96	11/13/07	40,000,000.	FINANCE OR REFERENCE THE ACQUI			X		X
MARYLAND HEALTH AND E HIGHER EDUCATIONAL FACIL	52-093609157422B7M9	04/02/08	84,550,000.	REFUND PRIOR ISSUE 10/25/07.			X		X

**Part II Proceeds**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Total proceeds of issue	X		X		X		X		X	
2 Gross proceeds in reserve funds										
3 Proceeds in refunding or defeasance escrows										
4 Other unspent proceeds										
5 Issuance costs from proceeds										
6 Working capital expenditures from proceeds										
7 Capital expenditures from proceeds										
8 Year of substantial completion										
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**

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

**Supplemental Information on Tax-Exempt Bonds**  
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).  
▶ Attach to Form 990. See separate instructions.

Name of the organization: **THE JOHNS HOPKINS HOSPITAL**  
SEE SCHEDULE O FOR COLUMN (F) CONTINUATIONS  
Employer identification number: **52-0591656**

Part I Bond Issues	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
							Yes	No	Yes	No
	MARYLAND HEALTH AND HIGHER EDUCATIONAL FACIL	52-0936091574217X83	06/26/08	150,002,476	CONSTRUCTION AND EQUIPMENT FOR CARDI			X		X
	MARYLAND HEALTH AND HIGHER EDUCATIONAL FACIL	52-093609157422B7M9	04/02/08	84,100,000	REFUND PRIOR ISSUE 10/25/07.			X		X
	MARYLAND HEALTH AND HIGHER EDUCATIONAL FACIL	52-09360915742176Z3	06/16/10	150,000,216	CONSTRUCTION AND EQUIPPING OF TWO ME			X		X
D										
E										

Part II Proceeds	1 Total proceeds of issue	A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	2 Gross proceeds in reserve funds		X		X						
	3 Proceeds in refunding or defeasance escrows										
	4 Other unspent proceeds										
	5 Issuance costs from proceeds										
	6 Working capital expenditures from proceeds										
	7 Capital expenditures from proceeds										
	8 Year of substantial completion										
	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?	X			X						
	12 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			X						

Part III Private Business Use	1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	2 Are there any lease arrangements with respect to the financed property which may result in private business use?		X		X				X		



**Part II Private Business Use (Continued)**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts with respect to the financed property which may result in private business use?	X		X						X	
<b>b</b> Are there any research agreements with respect to the financed property which may result in private business use?	X		X						X	
<b>c</b> Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X						X	
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%				.49 %		.15 %
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%				.04 %		.09 %
<b>6</b> Total of lines 4 and 5		%		%				.53 %		.24 %
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X						X	

**Part IV Arbitrage**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X		X						X	
<b>2</b> Is the bond issue a variable rate issue?			X						X	
<b>3a</b> Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X				X		X
<b>b</b> Name of provider	N/A		N/A		N/A		N/A		MERRILL LYNCH	
<b>c</b> Term of hedge									30.8000000	
<b>4a</b> Were gross proceeds invested in a GIC?		X		X				X		X
<b>b</b> Name of provider										
<b>c</b> Term of GIC										
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
<b>5</b> Were any gross proceeds invested beyond an available temporary period?	X			X				X		X
<b>6</b> Did the bond issue qualify for an exception to rebate?		X		X				X		X

**Part III Private Business Use (Continued)**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts with respect to the financed property which may result in private business use?		X	X			X				
<b>b</b> Are there any research agreements with respect to the financed property which may result in private business use?		X	X			X				
<b>c</b> Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X			X				
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		.00 %		.14 %		.00 %				%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		.00 %		.09 %		.00 %				%
<b>6</b> Total of lines 4 and 5		.00 %		.23 %		.00 %				%
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X			X				

**Part IV Arbitrage**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X				
<b>2</b> Is the bond issue a variable rate issue?		X		X		X				
<b>3a</b> Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X		X				
<b>b</b> Name of provider	N/A			GOLDMAN SACHS		N/A				
<b>c</b> Term of hedge				30.8000000						
<b>4a</b> Were gross proceeds invested in a GIC?		X		X		X				
<b>b</b> Name of provider										
<b>c</b> Term of GIC										
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
<b>5</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X				
<b>6</b> Did the bond issue qualify for an exception to rebate?	X			X		X				

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2009**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**

Name of the organization **THE JOHNS HOPKINS HOSPITAL** Employer identification number **52-0591656**

**Part I Types of Property**

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

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment ..... **29** **1**

	Yes	No
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? .....		X
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? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
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.		

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

Schedule M (Form 990) 2009

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

SCHEDULE M, PART I, COLUMN (B): THE JOHNS HOPKINS HOSPITAL RECEIVED  
TWO PAINTINGS BY REYNOLDS BEAL.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number  
52-0591656

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

NATIONAL ORIGIN, HANDICAP, AGE, OR ABILITY TO PAY. IN KEEPING WITH THE  
HOSPITAL'S COMMITMENT TO SERVE ALL MEMBERS OF ITS COMMUNITY, FREE CARE  
AND/OR SUBSIDIZED CARE, CARE PROVIDED TO PERSONS COVERED BY  
GOVERNMENTAL PROGRAMS AT BELOW COST, AND HEALTH ACTIVITIES AND PROGRAMS  
TO SUPPORT THE COMMUNITY MEMBERS WILL BE CONSIDERED WHERE THE NEED  
AND/OR AN INDIVIDUAL'S INABILITY TO PAY COEXISTS.

THE JOHNS HOPKINS HOSPITAL PROVIDES CARE TO PERSONS COVERED BY  
GOVERNMENTAL PROGRAMS AT BELOW COST. RECOGNIZING ITS MISSION TO THE  
COMMUNITY, SERVICES ARE PROVIDED TO BOTH MEDICARE AND MEDICAID  
PATIENTS. TO THE EXTENT REIMBURSEMENT IS BELOW COST, THE JOHNS HOPKINS  
HOSPITAL RECOGNIZES THESE AMOUNTS AS CHARITY CARE IN MEETING ITS  
MISSION TO THE ENTIRE COMMUNITY.

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

PROVIDED TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST, AND  
HEALTH ACTIVITIES AND PROGRAMS TO SUPPORT THE COMMUNITY MEMBERS WILL BE  
CONSIDERED WHERE THE NEED AND/OR AN INDIVIDUAL'S INABILITY TO PAY  
COEXISTS.

THE JOHNS HOPKINS HOSPITAL PROVIDES CARE TO PERSONS COVERED BY  
GOVERNMENTAL PROGRAMS AT BELOW COST. RECOGNIZING ITS MISSION TO THE  
COMMUNITY, SERVICES ARE PROVIDED TO BOTH MEDICARE AND MEDICAID  
PATIENTS. TO THE EXTENT REIMBURSEMENT IS BELOW COST, THE JOHNS HOPKINS  
HOSPITAL RECOGNIZES THESE AMOUNTS AS CHARITY CARE IN MEETING ITS

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number

52-0591656

MISSION TO THE ENTIRE COMMUNITY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

OUR PHYSICIANS ARE ABLE TO BRING NEW AND EXCEPTIONAL TREATMENTS TO OUR  
ADULT AND PEDIATRIC PATIENTS FASTER BECAUSE OF OUR TIGHT NETWORK OF  
EXPERTS WHO SPECIALIZE IN CONDITIONS SUCH AS BRAIN TUMOR,  
CEREBROVASCULAR DISEASE, SPINAL DEFORMITY, TUMORS AND REPAIR AND TRAUMA.  
WE OPERATE SEVERAL NEUROLOGICAL CENTERS OF CARE AT JOHNS HOPKINS  
HOSPITAL INCLUDING THE EPILEPSY CENTER AT JOHNS HOPKINS WHICH EVALUATES  
AND CARES FOR PATIENTS WITH SEIZURE DISORDERS FROM INFANTS THROUGH THE  
ELDERLY. A UNIQUE ASPECT OF OUR EPILEPSY CENTER IS THAT WE PROVIDE A  
CONTINUUM OF CARE FOR OUR PATIENTS ACROSS THE AGE SPECTRUM. OUR  
COMPREHENSIVE BRAIN TUMOR CENTER IS ONE OF THE LARGEST BRAIN TUMOR  
TREATMENT AND RESEARCH CENTERS IN THE WORLD. WE TREAT AN EXTREMELY  
LARGE NUMBER OF PATIENTS AFFECTED BY ALL TYPES OF BRAIN TUMORS. WE  
TAILOR THE BEST AND MOST ADVANCED THERAPIES THAT EACH UNIQUE TUMOR  
DEMANDS. OUR TEAM CONSISTS OF SKILLED SURGEONS AND NEUROLOGISTS THAT  
CAN PROVIDE THE MOST EFFECTIVE AND SAFEST TREATMENT EVEN ON THE MOST  
CHALLENGING TYPES OF TUMORS. PATIENTS COME TO JOHNS HOPKINS FOR  
NEUROLOGICAL CARE FROM THE LOCAL BALTIMORE COMMUNITY AND THE  
MID-ATLANTIC REGION AS WELL AS FROM AROUND THE NATION AND THE WORLD TO  
RECEIVE THE MOST CUTTING-EDGE CARE, AND FIND THAT WE ARE A PLACE OF  
HOPE AND CARE.

IN FISCAL-YEAR 2010, WE PROVIDED OVER 30,000 OUTPATIENT CONSULTATIONS

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

Department of the Treasury  
Internal Revenue Service

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THE JOHNS HOPKINS HOSPITAL

Employer identification number  
52-0591656

AND PERFORMED MORE THAN 4,000 BRAIN, TUMOR, VASCULAR AND PERIPHERAL  
NERVE OPERATIONS IN THE JOHNS HOPKINS OUTPATIENT CENTER. IN OUR  
HOSPITAL, WE ALSO PROVIDED CARE TO 2,400 ADULT AND 537 PEDIATRIC  
PATIENTS WITH NEUROSURGICAL DISEASES.

IN THE AREA OF BRAIN TUMORS OUR RESEARCH PROGRAMS HAVE AN UNPARALLELED  
HISTORY OF INTRODUCING NEW FORMS OF TREATMENT FOR THE PATIENTS AFFECTED  
BY MALIGNANT BRAIN TUMORS. FOR EXAMPLE, THE ONLY TWO NEW EFFECTIVE  
SURGICAL TREATMENTS FOR MALIGNANT BRAIN TUMORS APPROVED BY FDA (GLIADEL  
AND GLIASITE) WERE DISCOVERED AND DEVELOPED AT JOHNS HOPKINS. OUR  
NATIONAL LEADING ROLE IN THE DESIGN AND THE COMPLETION OF MULTI-CENTER  
CLINICAL TRIALS ALLOWS US TO APPLY THE MOST PROMISING DISCOVERIES FROM  
THE LABORATORY TO PATIENT CARE IN AN EFFECTIVE AND EXPEDITIOUS FASHION.  
PRESENTLY, OUR MOST EXCITING AREAS OF RESEARCH INCLUDE IMMUNOTHERAPY OF  
BRAIN TUMORS, ADULT STEM CELLS AND LOCAL DELIVERY OF A VARIETY OF NEW  
DRUG TREATMENT OPTIONS FOR BRAIN TUMORS.

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

PROCEDURES WERE PERFORMED AT THE JOHNS HOPKINS HOSPITAL. OUR LARGE  
VOLUME, CONSISTING OF MANY COMPLEX AND COMPLICATED PROCEDURES IN ALL  
AREAS, INCLUDING PEDIATRIC AND AORTIC CARDIAC PROCEDURES, ASSURES  
PATIENTS THAT THEY ARE RECEIVING THE BEST CARE POSSIBLE FROM SOME OF  
THE MOST EXPERIENCED AND EXPERTLY SKILLED SURGEONS IN THE WORLD. THE  
SURGEONS OF THE JOHNS HOPKINS HEART AND VASCULAR INSTITUTE SPECIALIZE  
IN CORONARY ARTERY BYPASS SURGERY, VALVE REPLACEMENT, COGENITAL CARDIAC  
SURGERY AND MINIMALLY-INVASIVE CARDIAC SURGERY.

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

Department of the Treasury  
Internal Revenue Service

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OMB No. 1545-0047

**2009**

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THE JOHNS HOPKINS HOSPITAL

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52-0591656

IN ADDITION TO OFFERING GROUND-BREAKING TECHNOLOGY, OUR SURGICAL PROGRAM PROVIDES PATIENTS WITH THE ADVANTAGE OF AN ON-SITE MULTI-DISCIPLINARY TEAM OF CARDIOLOGISTS, ELECTROPHYSIOLOGISTS, INTERVENTIONAL RADIOLOGISTS, VASCULAR SURGEONS, ADVANCED PRACTICE NURSES, NURSE PRACTITIONERS, DIETITIANS, PHYSICAL THERAPISTS, AND SOCIAL WORKERS. THIS TEAM OFTEN EXPANDS TO INCLUDE IMMEDIATE CARE FROM ON-SITE PHYSICIANS FROM EVERY MEDICAL SPECIALTY REQUIRED. OUR MULTI-DISCIPLINARY APPROACH AND EXPERTISE HAS GAINED US THE REPUTATION OF BEING THE BEST-PREPARED SURGICAL PRACTICE TO HANDLE PROCEDURES THAT MAY BE COMPLEX AND/OR COMPLICATED BY UNDERLYING ILLNESS OR AGE.

THE JOHNS HOPKINS HOSPITAL HAS BEEN RANKED #1 IN THE 2010 U. S. NEWS & WORLD REPORT RANKINGS OF AMERICAN HOSPITALS. OUR CARDIOVASCULAR PROGRAM HAS BEEN RANKED #3 IN THE COUNTRY AND WILL CONTINUE TO STRIVE TO PROVIDE THE BEST PATIENT CARE AND MOST INNOVATIVE TREATMENT OPTIONS TO OUR PATIENTS AND THEIR FAMILIES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:  
INCLUDING BONE MARROW TRANSPLANTATION AND NEW DRUG DEVELOPMENT.

DURING FISCAL-YEAR 2010, 3,157 INPATIENTS WERE TREATED AT THE SIDNEY KIMMEL COMPREHENSIVE CANCER CENTER AND THERE WERE 79,113 OUTPATIENT VISITS MADE TO THE JOHNS HOPKINS HOSPITAL BY ONCOLOGY PATIENTS. PATIENTS WHO VISIT THE KIMMEL CANCER CENTER HAVE ACCESS TO SOME OF THE MOST INNOVATIVE AND ADVANCED THERAPIES IN THE WORLD. BECAUSE KIMMEL



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

Department of the Treasury  
Internal Revenue Service

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OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number  
52-0591656

CANCER CENTER RESEARCH SCIENTISTS AND CLINICIANS WORK CLOSELY TOGETHER,  
NEW DRUGS AND TREATMENTS DEVELOPED IN THE LABORATORY ARE QUICKLY  
TRANSFERRED TO THE CLINICAL SETTING, OFFERING PATIENTS CONSTANTLY  
IMPROVED THERAPEUTIC OPTIONS.

THE KIMMEL CANCER CENTERS BONE MARROW TRANSPLANT PROGRAM (BMT), HAS  
BEEN AN INTERNATIONALLY RENOWNED PROGRAM IN THE AREA OF BLOOD AND  
MARROW TRANSPLANTATION FOR MORE THAN 30 YEARS. IN THAT TIME, BMT HAS  
BECOME AN ACCEPTED, CURATIVE THERAPY FOR A BROAD RANGE OF DISEASES,  
INCLUDING MALIGNANT DISEASES THAT INVOLVE THE BONE MARROW SUCH AS  
LEUKEMIAS AND LYMPHOMAS, NONMALIGNANT DISEASES THAT INVOLVE THE BONE  
MARROW SUCH AS APLASTIC ANEMIA AND A VARIETY OF INHERITED DISEASES. TO  
DATE, MORE THAN 3,000 BONE MARROW TRANSPLANTS HAVE BEEN PERFORMED AT  
JOHNS HOPKINS, A NATIONAL CANCER INSTITUTE-DESIGNATED COMPREHENSIVE  
CANCER CENTER THAT IS FULLY ACCREDITED BY THE NATIONAL MARROW DONOR  
PROGRAM AS AN UNRELATED DONOR TRANSPLANT CENTER.

PATIENTS AND FAMILIES, WHO COPE WITH CANCER, FACE MANY CHALLENGES. WE  
BELIEVE THAT THE MORE OUR PATIENTS KNOW ABOUT THEIR CANCER AND ITS  
TREATMENT, THE MORE EQUIPPED THEY ARE TO ACTIVELY PARTICIPATE IN THEIR  
CARE. SO, WE HAVE CREATED MANY SERVICES AND PROGRAMS TO HELP OUR  
PATIENTS DURING THIS TIME. THE HARRY J. DUFFEY FAMILY PATIENT AND  
FAMILY SERVICES PROGRAM AT THE SIDNEY KIMMEL COMPREHENSIVE CANCER  
CENTER AT JOHNS HOPKINS PROVIDES PROFESSIONAL COUNSELING TO OUR  
PATIENTS, FAMILIES AND CARE-GIVERS WITH PSYCHOLOGICAL, EMOTIONAL, AND  
SPIRITUAL NEEDS. THE CANCER COUNSELING CENTER PROVIDES COUNSELING

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

Department of the Treasury  
Internal Revenue Service

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**2009**

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Inspection

Name of the organization

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Employer identification number  
52-0591656

SERVICES THAT ASSIST CANCER PATIENTS AND FAMILY MEMBERS STRUGGLING WITH  
THE STRESS OF A CANCER DIAGNOSIS AND TREATMENTS. EXPERIENCED STAFF  
PROVIDES EMOTIONAL SUPPORT WHILE HELPING PATIENTS AND FAMILY MEMBERS  
PROBLEM SOLVE ISSUES OF CONCERN, WHETHER THE ISSUE IS A NEW DIAGNOSIS,  
RELAPSE OR END OF LIFE CARE.

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

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

FORM 990, PART VI, SECTION B, LINE 11: A SECURED WEBSITE PROVIDES ACCESS  
TO THE COPY OF THE FORM 990 TO THE ORGANIZATION'S GOVERNING BODY BEFORE IT  
IS FILED.

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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number  
52-0591656

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

SCHEDULE K PART II, LINE 8

YEAR OF SUBSTANTIAL COMPLETION

DUE TO REFUNDING, YEAR OF SUBSTANTIAL COMPLETION IS NOT APPLICABLE.

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME:

MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY

(B) DESCRIPTION OF PURPOSE: REFUND 6/24/99, 7/1/01, 6/17/97 BONDS.

(A) ISSUER NAME:

MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY

(B) DESCRIPTION OF PURPOSE: REFUND PRIOR ISSUES 6/22/93.

(A) ISSUER NAME:

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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OMB No. 1545-0047

**2009**

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Inspection

Name of the organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number  
52-0591656

MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY

(F) DESCRIPTION OF PURPOSE:

REFUND PRIOR ISSUES 6/29/98, REVOLVING COMMERCIAL PAPER PROGRAM.

(A) ISSUER NAME:

MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY

(F) DESCRIPTION OF PURPOSE:

FINANCE OR REFINANCE THE ACQUISITION, CONSTRUCTION, RENOVATION AND EQUIPMEN

(A) ISSUER NAME:

MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY

(B) DESCRIPTION OF PURPOSE: REFUND PRIOR ISSUE 10/25/07.

(A) ISSUER NAME:

MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY

(F) DESCRIPTION OF PURPOSE:

CONSTRUCTION AND EQUIPMENT FOR CARDIOVASCULAR, CRITICAL CARE AND CHILDRENS.

(A) ISSUER NAME:

MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY

(B) DESCRIPTION OF PURPOSE: REFUND PRIOR ISSUE 10/25/07.

(A) ISSUER NAME:

MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY

(F) DESCRIPTION OF PURPOSE:

CONSTRUCTION AND EQUIPPING OF TWO MEDICAL TOWERS.

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number  
52-0591656

FORM 5471, SCHEDULE O, PART II, SECTION B

SCHEDULE O, PART II, SECTION B-U.S. PERSONS WHO ARE OFFICERS OR  
DIRECTORS OF THE FOREIGN CORP.

NAME & ADDRESS	SOCIAL SECURITY	OFFICER	DIRECTOR
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1. MICHAEL C. GOONAN	*		X
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\*

2. STEVEN M. COHEN	*		X
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3. PHYLLIS R.F. LANTOS	*	X	X
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\*

4. JAMES M. STATEN	*	X	X
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5. CHRISTOPHER D. SMITH	*	X	
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\*

6. ABRAHAM P. CHEIJ, JR.	*	X	
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**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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OMB No. 1545-0047

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Name of the organization

THE JOHNS HOPKINS HOSPITAL

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52-0591656

7. RONALD J. WERTHMAN

\*

X

X

\*

8. CHARLES G. COLLIS, ESQ.

\*

X

X

\*

9. FREDERICK G. SAVAGE, ESQ.

\*

X

X

\*

10. PETER R. CHESTERTON

\*

X

\*

11. MARK LARMORE

\*

X

\*

12. RICHARD U. LEVINE, MD

\*

X

\*

13. CHRISTOPHER GARROD

\*

X

\*

14. DAVID J. LEFFELL

\*

X

\*

\* - DETAIL AVAILABLE UPON REQUEST

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

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

THE JOHNS HOPKINS HOSPITAL

Employer identification number

52-0591656

FORM 5471 - REGS SEC. 1.6046-1(B)(11)

STATEMENT REQUIRED PURSUANT TO REGULATIONS SECTION 1.6046-1(B)(11)

PURSUANT TO REGULATIONS SECTION 1.6046-1(B)(11), THE MEDICAL CENTRE  
INSURANCE COMPANY, LTD. HAD THE FOLLOWING AMOUNTS OF INDEBTEDNESS:

A. TO ANY UNITED STATES PERSON OWNING 5 PERCENT

OR MORE IN VALUE OF THE COMPANY'S STOCK.

NONE

B. TO ANY OTHER FOREIGN CORPORATION OWNING

5 PERCENT OR MORE IN VALUE OF THE

OUTSTANDING STOCK OF THE FOREIGN CORPORATION. NONE

STATEMENT REQUIRED PURSUANT TO REGULATION SECTION 1.6046-1(B)(12)

PURSUANT TO REGULATION SECTION 1.6046-1(B)(12), THE FOLLOWING IS A  
COMPLETE LIST OF ALL SUBSCRIBERS TO THE STOCK OF THE MEDICAL CENTRE  
INSURANCE COMPANY, LTD. AS OF DECEMBER 31, 2009: NONE





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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?
							Yes	No		
JHMI UTILITIES, LLC - 20-2814243, 1101 E. 33RD STREET, BALTIMORE, MD 21218	UTILITY FACILITIES	MD	N/A	RELATED	1,199,313.	61,248,023.		X	3,207.	X
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
SUBURBAN WELLNESS CENTER, LLC - 56-2296930, 20500 GOLDENROD LANE, GERMANTOWN, MD 20874	REAL ESTATE	MD	SUBURBAN HEALTH ENTERPRISES, INC		0.	0.		X	N/A	X
GCM SUBURBAN IMAGING, LLC - 52-2326237, 1201 SEVEN LOCKS ROAD, STE. 200, ROCKVILLE, MD 20854	OUTPATIENT RADIOLOGY	MD	SUBURBAN HEALTH ENTERPRISES, INC		0.	0.		X	N/A	X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
HCP VENTURE ONE - 52-1558858 1101 E 33RD STREET STE. E001 BALTIMORE, MD 21218	MEDICAL SERVICES	MD	HOWARD COUNTY GENERAL HOSPITAL INC.	C CORP	0.	0.	.00%
HOWARD COUNTY HEALTH SERVICES, INC. - 52-1434783 1101 E 33RD STREET STE. E001 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 STE. E001 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 STE. E001, 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 STE. E001, BALTIMORE, MD 21218	BENEFIT PLANS	MD	JOHNS HOPKINS HEALTH SYSTEM CORPORATION	C CORP	0.	0.	.00%

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

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

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

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (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 (a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			



**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 COMMUNITY PHYSICIANS, INC - 52-1467441, 1101 E. 33RD STREET, BALTIMORE, MD 21218	HEALTHCARE SERVICES	MARYLAND	501(C)(3)	11, III FI	JOHNS HOPKINS HEALTH SYSTEM CORPORATION
JOHNS HOPKINS HOSPITAL ENDOWMENT FUND, INC - 23-7252596, 1101 E. 33RD STREET, BALTIMORE, MD 21218	SUPPORTING ORGANIZATION	MARYLAND	501(C)(3)	11, III FI	JOHNS HOPKINS HOSPITAL ENDOWMENT FUND, INC
JOHNS HOPKINS MEDICAL SERVICES CORPORATION - 52-1232569, 1101 E. 33RD STREET, BALTIMORE, MD 21218	HEALTHCARE SERVICES	MARYLAND	501(C)(3)	3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION
JOHNS HOPKINS PARKING CORPORATION - 31-1475716, 1101 E. 33RD STREET, BALTIMORE, MD 21218	SUPPORTING ORGANIZATION	MARYLAND	501(C)(3)	11, I	JOHNS HOPKINS PARKING CORPORATION
SUBURBAN HOSPITAL HEALTHCARE SYSTEM, INC. - 52-2052354, 8600 OLD GEORGETOWN ROAD, BETHESDA, MD 20814	SUPPORTING ORGANIZATION	MARYLAND	501(C)(3)	11, III FI	JOHNS HOPKINS HEALTH SYSTEM CORPORATION
SUBURBAN HOSPITAL, INC. - 52-0610545 8600 OLD GEORGETOWN ROAD BETHESDA, MD 20814	HOSPITAL	MARYLAND	501(C)(3)	3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION

**Part V** Continuation of 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
TCAS, INC. - 52-1979344			JOHNS HOPKINS MEDICAL				
5759 CEDAR LANE							
COLUMBIA, MD 21044	NURSING SERVICES	MD	MANAGEMENT	C CORP	0.	0.	.00%
SUBURBAN CONTRACTING CORP, INC. - 52-2188022			SUBURBAN HOSPITAL				
3600 OLD GEORGETOWN ROAD			HEALTHCARE	C CORP	0.	0.	.00%
BETHESDA, MD 20814	MEDICARE CONTRACTING	MD	SUBURBAN HOSPITAL				
SUBURBAN HEALTH ENTERPRISES, INC. - 52-2052352			HEALTHCARE	C CORP	0.	0.	.00%
3600 OLD GEORGETOWN ROAD	MEDICAL OFFICE	MD	SUBURBAN HEALTH				
BETHESDA, MD 20814	LEASING AND RELEASING	MD	ENTERPRISES	C CORP	0.	0.	.00%
SUBURBAN SPECIALTY CARE PHYSICIANS, PC - 52-2116011							
3600 OLD GEORGETOWN ROAD	MULTI SPECIALTY MEDICAL PRACTICE	MD					
BETHESDA, MD 20814							

2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n 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	VARIOUS		.000		HY16	5,429,394.				5,429,394.			0.	
2	LAND IMPROVEMENTS	VARIOUS		.000		HY16	7,958,042.				7,958,042.	124,302.	384,456.	3,520,758	
3	LEASEHOLD IMPROVEMENTS	VARIOUS		.000		HY16	3,215,285.				3,215,285.	1,266,514.	444,328.	1,710,842.	
4	BUILDINGS	VARIOUS		.000		HY16	429,838.67.				429,838.67.	707,810.95.	191,720.28.	1,899,306.3	
5	FIXED EQUIPMENT	VARIOUS		.000		HY16	219835042.				219835042.	1,096,144.1.	10722726.	1,203,341.67.	
6	MAJOR MOVEABLE EQUIPMENT	VARIOUS		.000		HY16	291893888.				291893888.	1,669,371.8	29566234.	1,965,299.52	
7	TELEPHONE	VARIOUS		.000		HY16	3,940,223.				3,940,223.	2,936,283.	101,730.	3,038,013.	
8	SOFTWARE	VARIOUS		.000		HY16	43296603.				43296603.	103,819.54.	4,648,737.	1,584,069.1	
10	CONSTRUCTION IN PROGRESS	VARIOUS		.000		HY16	698906480.				698906480.			0.	
	* TOTAL 990 PAGE 10 DEPR						1703947824				1703947824	1,650,522.47	650,522.39	530,074.86	

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

**Depreciation and Amortization** 990  
 (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return: **THE JOHNS HOPKINS HOSPITAL**  
 Business or activity to which this form relates: **FORM 990 PAGE 10**  
 Identifying number: **52-0591656**

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

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

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	65,052,239.

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

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

**Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	65,052,239.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

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

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with columns (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with columns for percentage and other details

27 Property used 50% or less in a qualified business use: Table with columns for percentage and other details

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

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

Table for Section B with columns (a) through (f) Vehicle and rows 30-36 regarding miles driven and personal use availability

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

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

Table for Section C with rows 37-41 regarding policy statements and requirements for vehicle use

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table for Part VI with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year

42 Amortization of costs that begins during your 2009 tax year:

43 Amortization of costs that began before your 2009 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44