Form **8453-EO**

Department of the Treasury
Internal Revenue Service

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2012, or tax year beginning JUL 1, 2012, and ending JUN 30, 2013

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

OMB No. 1545-1879

2012

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

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

Check the box for the type of return being filed with 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 of the return being filed with 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	1965738443
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, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration of Officer

6 [ ] I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (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 2012 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) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here ▶ Signature of officer | Date 5/2/14 | ▶ SENIOR VP FINANCE & TREA 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				
ERO's 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 Use Only				
Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

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

Form **8453-EO** (2012)

223061 11-05-12

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No. 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning JUL 1, 2012 and ending JUN 30, 2013

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

C Name of organization: THE JOHNS HOPKINS HOSPITAL

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): 3910 KESWICK RD, SOUTH BLDG, 4TH FLOO — Room/suite: 4300A

City, town, or post office, state, and ZIP code: BALTIMORE, MD 21211

F Name and address of principal officer: RONALD J WERTHMAN
SAME AS C ABOVE

D Employer identification number: 52-0591656

E Telephone number: (443)997-5724

G Gross receipts $ 2,290,915,968.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.HOPKINSMEDICINE.ORG/HOPKINSHOSPITAL

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ **L** Year of formation: 1867 **M** State of legal domicile: MD

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: THE JOHNS HOPKINS HOSPITAL PROVIDES QUALITY MEDICAL HEALTH CARE REGARDLESS OF RACE, CREED, SEX,

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	11888
6	Total number of volunteers (estimate if necessary)	6	1783
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	4,510,177.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-573,305.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	25,270,931.	16,681,987.
	9	Program service revenue (Part VIII, line 2g)	1,742,974,494.	1,899,807,380.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18,217,324.	28,276,615.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22,700,968.	20,972,461.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,809,163,717.	1,965,738,443.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,702,634.	2,739,641.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	698,117,513.	753,902,882.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,023,719,237.	1,138,847,326.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,724,539,384.	1,895,489,849.
	19	Revenue less expenses. Subtract line 18 from line 12	84,624,333.	70,248,594.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	2,809,530,820.	2,889,884,183.
	21	Total liabilities (Part X, line 26)	1,838,066,131.	1,647,575,906.
	22	Net assets or fund balances. Subtract line 21 from line 20	971,464,689.	1,242,308,277.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

▶ RONALD J WERTHMAN, SENIOR VP FINANCE & TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ — Firm's EIN ▶

Firm's address ▶ — Phone no.

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

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

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 107,584,663. including grants of $) (Revenue $ 135,292,843.)
NEUROSURGERY

THE DEPARTMENT OF NEUROSURGERY AT THE JOHNS HOPKINS HOSPITAL (JHH) CONTINUES ITS MISSION TO IMPROVE THE LIVES OF PATIENTS BY BUILDING UPON A TRADITION OF DEEP COLLABORATION. THE DEPARTMENT IS COMPRISED OF OVER 20 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. DURING FISCAL YEAR 2012 THE JOHNS HOPKINS HOSPITAL OPENED ITS NEW CLINICAL FACILITIES - THE SHEIKH ZAYED TOWER AND THE CHARLOTTE R. BLOOMBERG CHILDRENS CENTER - WHICH OFFER ENHANCED LEVELS OF NEUROLOGICAL AND NEUROSURGICAL CARE. THE OPENING OF

4b (Code:) (Expenses $ 90,241,762. including grants of $) (Revenue $ 88,855,580.)
CARDIAC SURGERY

THE CARDIOLOGISTS, CARDIAC SURGEONS, INTERVENTIONAL RADIOLOGISTS, AND VASCULAR SURGEONS AT THE JOHNS HOPKINS HEART AND VASCULAR INSTITUTE WORK TOGETHER TO PROVIDE HIGH QUALITY, COMPREHENSIVE CARE AND THE MOST ADVANCED TREATMENTS KNOWN TO MEDICINE.
FOR GENERATIONS, PEOPLE WITH SERIOUS HEART PROBLEMS HAVE TURNED TO JOHNS HOPKINS CARDIOLOGISTS AND CARDIAC SURGEONS FOR HELP. RECOGNIZED WORLDWIDE, HOPKINS CARDIOLOGISTS PROVIDE COMPREHENSIVE CARE OF THE HIGHEST QUALITY, ENSURING THAT PATIENTS RECEIVE THE MOST ADVANCED TREATMENTS KNOWN TO MEDICINE. OUR CARDIOLOGY PROGRAM FEATURES EXPERT PHYSICIANS WHO DIAGNOSE AND TREAT COMMON AND RARE CARDIAC DISEASES.

4c (Code:) (Expenses $ 230,661,827. including grants of $) (Revenue $ 280,164,241.)
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. THE KIMMEL CENTER IS CELEBRATING OVER FORTY YEARS OF TURNING RESEARCH INTO RESULTS. FROM THE BEGINNING, KIMMEL CANCER CENTER LEADERS HAD A UNIQUE VISION OF WHAT OUR CANCER CENTER SHOULD BE. ITS HALLMARKS WERE INTERDISCIPLINARY COLLABORATION AND INNOVATION THAT TRANSCENDED THE ARTIFICIAL BOUNDARIES OF INDIVIDUAL DEPARTMENTS, LABORATORIES, AND CLINICS. OUR MISSION WAS TO RAPIDLY TRANSFER DISCOVERIES ABOUT CANCER FROM THE BENCH TO THE BEDSIDE. THAT FOCUS AND MISSION REMAINS

4d Other program services (Describe in Schedule O.)
(Expenses $ 1,204,464,339. including grants of $ 2,739,641.) (Revenue $ 1,409,707,746.)

4e **Total program service expenses ▶** 1,632,952,591.

SEE SCHEDULE O FOR CONTINUATION(S)

Part IV Checklist of Required Schedules

				Yes	No
1		Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2		Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3		Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4		**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5		Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6		Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		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? *If "Yes," complete Schedule D, Part II*	7		X
8		Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9		Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10		Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11		If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
	b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	X	
	c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
	d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	X	
	e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
	f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a		Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
	b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13		Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a		Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		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? *If "Yes," complete Schedule F, Parts II and IV*	15		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? *If "Yes," complete Schedule F, Parts III and IV*	16		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? *If "Yes," complete Schedule G, Part I*	17		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? *If "Yes," complete Schedule G, Part II*	18	X	
19		Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a		Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	X	
	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25*	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
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? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	667			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	11888			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		X
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		X
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

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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.*

Check if Schedule O contains a response to any question in this Part VI ..... [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶MD

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[ ] Own website [ ] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

THE CORPORATION - 443-997-5724

3910 KESWICK RD, SOUTH BLDG, 4TH FLOOR, STE. 4300A, BALTIMORE, MD 21211

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

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

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.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) FRANCIS X. KNOTT ACTING CHAIRMAN	1.00 2.00	X						0.	0.	0.
(2) LENOX D. BAKER JR.,M.D. TRUSTEE	1.00 1.00	X						0.	0.	0.
(3) BARBARA P. DOVER TRUSTEE	1.00 1.00	X						0.	0.	0.
(4) GEORGE L. BUNTING, JR. TRUSTEE	1.00 1.00	X						0.	0.	0.
(5) RONALD J. DANIELS, J.D., LL.M TRUSTEE	1.00 0.00	X						0.	0.	0.
(6) HAROLD E. FOX, M.D. TRUSTEE	1.00 4.00	X						0.	0.	0.
(7) JAMES T. DRESHER, JR. TRUSTEE	1.00 1.00	X						0.	0.	0.
(8) IRA T. FINE, M.D. TRUSTEE	1.00 1.00	X						0.	0.	0.
(9) CHRISTOPHER W. KERSEY, M.D. TRUSTEE	1.00 0.00	X						0.	0.	0.
(10) TRACI S. LERNER TRUSTEE	1.00 0.00	X						0.	0.	0.
(11) MILTON H. MILLER, JR. TRUSTEE	1.00 1.00	X						0.	0.	0.
(12) RONALD R. PETERSON PRESIDENT	32.00 28.00	X		X				0.	13,573,496.	1,812,123.
(13) CHARLES H. SALISBURY JR. TRUSTEE	1.00 0.00	X						0.	0.	0.
(14) PAUL B. ROTHMAN, M.D. VICE CHAIRMAN	1.00 4.00	X		X				0.	0.	0.
(15) C. MICHAEL ARMSTRONG TRUSTEE	1.00 1.00	X						0.	0.	0.
(16) KENNETH GRANT V.P., GENERAL SERVICES	42.00 18.00			X				0.	451,531.	151,879.
(17) DALAL J. HALDEMAN, PH.D V.P., MKTG & COMMUNICATION	55.00 5.00			X				0.	698,633.	69,129.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(18) KAREN B. HALLER, PH.D.	60.00									
V.P., NURSING & P.C. SVCS	0.00			X				1,367,837.	0.	185,030.
(19) SALLY W. MACCONNELL	53.00									
V.P., FACILITIES	7.00			X				0.	922,300.	278,247.
(20) PAMELA D. PAULK	39.00									
V.P., HUMAN RESOURCES	21.00			X				0.	649,501.	155,965.
(21) STEPHANIE L. REEL	1.00									
V.P., MGMT SYSTEMS & INFO	1.00			X				0.	0.	0.
(22) JUDY A. REITZ, SC.D	52.00									
EXECUTIVE V.P. & C.O.O	8.00			X				0.	1,272,934.	533,516.
(23) REDONDA G. MILLER, M.D.	1.00									
V.P. MEDICAL AFFAIRS	0.00			X				0.	0.	0.
(24) G. DANIEL SHEALER, JR.	32.00									
VP & GEN COUNSEL, VP CORP	28.00			X				0.	671,208.	249,543.
(25) RONALD J. WERTHMAN	30.00									
V.P. FINANCE & TREASURER	30.00			X				0.	915,085.	365,794.
(26) SAMUEL H. CLARK, JR.	6.00									
ASSISTANT SECRETARY	54.00			X				0.	685,359.	126,075.
1b Sub-total ▶								1,367,837.	19,840,047.	3,927,301.
c Total from continuation sheets to Part VII, Section A ▶								5,307,621.	3,408,856.	3,459,739.
d Total (add lines 1b and 1c) ▶								6,675,458.	23,248,903.	7,387,040.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 805

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CLARK CONSTRUCTION GROUP LLC, 7500 OLD GEORGETOWN ROAD, BETHESDA, MD 20814	BUILDING CONTRACTOR	22,029,034.
CLARK BANKS, 7500 OLD GEORGETOWN ROAD, BETHESDA, MD 20814	BUILDING CONTRACTOR	19,096,391.
BROADWAY TRANSPORT SERVICE INC 3709 EAST MONUMENT ST, BALTIMORE, MD 21205	TRANSPORT SERVICE	12,608,979.
AMN HEALTHCARE INC PO BOX 281939, ATLANTA, GA 30384	STAFFING	8,073,119.
QUEST DIAGNOSTICS 3 GIRALDA FARMS, MADISON, NJ 07940	LAB SERVICES	6,615,080.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 166

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(27) STUART ERDMAN ASSISTANT TREASURER	36.00 24.00			X				0.	555,546.	186,947.
(28) EDWARD B. CHAMBERS ADMINISTRATOR PEDIATRICS	60.00 0.00				X			380,161.	0.	123,513.
(29) ALLEN VALENTINE ADMINISTRATOR PATHOLOGY	60.00 0.00				X			202,594.	0.	95,643.
(30) JOHN HUNDT ADMINISTRATOR SURGERY	60.00 0.00				X			261,111.	0.	84,575.
(31) STEVEN MANDELL SR DIRECTOR INFO SVCS	60.00 0.00				X			285,005.	0.	179,067.
(32) JAMES SCHEULEN JHM DIRECTOR	60.00 0.00				X			233,500.	0.	128,644.
(33) SHELLEY BARANOWSKI SPECIAL ASST TO THE PRESID	60.00 0.00				X			226,852.	0.	69,582.
(34) JANE HILL DIR, PATIENT REL & PAT FAM	60.00 0.00				X			211,061.	0.	99,518.
(35) TERRY LANGBAUM ADMIN. COMPREHENSIVE CANCE	60.00 0.00				X			247,898.	0.	138,986.
(36) CHRISTINA LUNDQUIST ADMINISTRATOR	60.00 0.00				X			263,998.	0.	87,603.
(37) DIANN SNYDER DIRECTOR OF NURSING	60.00 0.00				X			172,390.	0.	168,793.
(38) DANIEL ASHBY SR DIRECTOR PHARMACY	60.00 0.00				X			209,559.	0.	91,435.
(39) RICHARD THOMAS ADMINISTRATOR	60.00 0.00				X			220,969.	0.	84,063.
(40) KAREN DAVIS DIRECTOR OF NURSING	60.00 0.00				X			185,461.	0.	54,841.
(41) MARTIN BLEDSOE ADMINISTRATOR	60.00 0.00				X			209,647.	0.	125,990.
(42) DEBORAH BAKER DIRECTOR OF NURSING	60.00 0.00				X			170,893.	0.	59,336.
(43) SHARON KRUMM DIRECTOR OF NURSING	60.00 0.00				X			186,593.	0.	214,597.
(44) CHARLES BARBARA ADMINISTRATOR	60.00 0.00				X			212,515.	0.	45,025.
(45) JAHANSHA BEHZAD ADMINISTRATOR	60.00 0.00				X			181,528.	0.	63,211.
(46) WALKER WYLIE EXECUTIVE MANAGEMENT	20.00 40.00					X		360,255.	0.	117,957.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(47) KAREN HAUCK NURSING COORDINATOR	40.00 0.00					X		201,083.	0.	100,897.
(48) ALAN COLTRI CHIEF SYSTEMS ARCHITECT	40.00 0.00					X		228,690.	0.	153,140.
(49) KELLY CAVALLIO ADMINISTRATOR AMBULATORY SVCS	40.00 0.00					X		245,799.	0.	22,602.
(50) LOUISE THOMPSON ADMINISTRATOR MEDICAL RECORDS	40.00 0.00					X		210,059.	0.	83,811.
(51) EDWARD D. MILLER, M.D. FORMER TRUSTEE/OFFICER	1.00 2.00						X	0.	731,637.	102,810.
(52) RICHARD O. DAVIS, PH.D FORMER OFFICER	1.00 59.00						X	0.	676,852.	190,015.
(53) JOANNE E. POLLAK FORMER OFFICER	28.00 32.00						X	0.	1,021,286.	364,483.
(54) RENEE DEMSKI FORMER KEY EMPLOYEE	40.00 0.00						X	0.	240,928.	106,997.
(55) HOWARD GWON FORMER KEY EMPLOYEE	40.00 0.00						X	0.	182,607.	115,658.
Total to Part VII, Section A, line 1c								5,307,621.	3,408,856.	3,459,739.

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	3,657,906.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	13,024,081.				
	g Noncash contributions included in lines 1a-1f: $						
	h **Total.** Add lines 1a-1f ▶			16,681,987.			
Program Service Revenue			Business Code				
	2 a NET PATIENT SRV		446110	1,395,494,716.	1,390,984,539.	4,510,177.	
	b ONCOLOGY REVENUE		446110	280,164,241.	280,164,241.		
	c NEUROSURGERY REVENUE		446110	135,292,843.	135,292,843.		
	d CARDIAC REVENUE		446110	88,855,580.	88,855,580.		
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f ▶			1,899,807,380.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			16,036,205.			16,036,205.
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
		(i) Real	(ii) Personal				
	6 a Gross rents	453,000.					
	b Less: rental expenses	0.					
	c Rental income or (loss)	453,000.					
	d Net rental income or (loss) ▶			453,000.			453,000.
	7 a Gross amount from sales of assets other than inventory	(i) Securities 335,748,000.	(ii) Other				
	b Less: cost or other basis and sales expenses	323,209,472.	298,118.				
	c Gain or (loss)	12,538,528.	-298,118.				
	d Net gain or (loss) ▶			12,240,410.			12,240,410.
	8 a Gross income from fundraising events (not including $ ____ of contributions reported on line 1c). See Part IV, line 18	a	337,680.				
	b Less: direct expenses	b	0.				
	c Net income or (loss) from fundraising events ▶			337,680.			337,680.
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities ▶						
	10 a Gross sales of inventory, less returns and allowances	a	3,128,509.				
	b Less: cost of goods sold	b	1,669,935.				
	c Net income or (loss) from sales of inventory ▶			1,458,574.			1,458,574.
	Miscellaneous Revenue		Business Code				
	11 a MISCELLANEOUS REV.		900099	15,550,367.	15,550,367.		
	b CAFETERIA INCOME		900099	2,422,541.	2,422,541.		
	c SEMINAR & INST FEE		900099	416,434.	416,434.		
	d All other revenue		900099	333,865.	333,865.		
	e **Total.** Add lines 11a-11d ▶			18,723,207.			
	12 **Total revenue.** See instructions. ▶			1,965,738,443.	1,914,020,410.	4,510,177.	30,525,869.

Part IX Statement of Functional Expenses

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

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

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	2,739,641.	2,739,641.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	5,438,047.		5,438,047.	
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	549,263,476.	493,539,016.	55,724,460.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	69,230,000.	61,600,854.	7,629,146.	
9	Other employee benefits	85,163,298.	74,347,868.	10,815,430.	
10	Payroll taxes	44,808,061.	39,870,213.	4,937,848.	
11	Fees for services (non-employees):				
a	Management				
b	Legal	2,181,195.	1,940,827.	240,368.	
c	Accounting	2,821,523.	2,510,591.	310,932.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	832,592.	740,840.	91,752.	
13	Office expenses	423,851,040.	409,789,509.	14,061,531.	
14	Information technology				
15	Royalties				
16	Occupancy	2,374,819.	2,113,114.	261,705.	
17	Travel	3,301,009.	2,937,320.	363,689.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,151,089.	1,024,239.	126,850.	
20	Interest	24,467,336.	21,771,036.	2,696,300.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	129,104,796.	121,874,860.	7,229,936.	
23	Insurance	17,020,704.	16,809,977.	210,727.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	PURCHASED SERVICES JHU	222,873,043.	199,804,205.	23,068,838.	
b	PURCHASED SERVICES	205,986,581.	100,256,896.	105,729,685.	
c	SWAP INTEREST	19,155,298.	17,239,768.	1,915,530.	
d	ORGAN PROCUREMENT	18,797,366.	18,797,366.		
e	All other expenses	64,928,935.	43,244,451.	21,684,484.	
25	**Total functional expenses.** Add lines 1 through 24e	1,895,489,849.	1,632,952,591.	262,537,258.	0.
26	**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	41,074,092.	1	88,752,232.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	15,079,334.	3	10,146,487.
	4	Accounts receivable, net	210,412,771.	4	294,327,187.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net	264,213,286.	7	190,316,926.
	8	Inventories for sale or use	45,272,225.	8	51,204,710.
	9	Prepaid expenses and deferred charges	8,144,440.	9	9,124,239.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 2,103,400,665.			
	b	Less: accumulated depreciation — 10b: 631,132,133.	1,520,815,651.	10c	1,472,268,532.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	468,538,370.	12	559,450,303.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	235,980,651.	15	214,293,567.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	2,809,530,820.	16	2,889,884,183.
Liabilities	17	Accounts payable and accrued expenses	214,097,701.	17	195,587,068.
	18	Grants payable	1,236,781.	18	1,600,550.
	19	Deferred revenue		19	100.
	20	Tax-exempt bond liabilities	910,505,112.	20	849,054,566.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	712,226,537.	25	601,333,622.
	26	**Total liabilities.** Add lines 17 through 25	1,838,066,131.	26	1,647,575,906.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	952,205,950.	27	1,226,492,816.
	28	Temporarily restricted net assets	19,258,739.	28	15,815,461.
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	971,464,689.	33	1,242,308,277.
	34	Total liabilities and net assets/fund balances	2,809,530,820.	34	2,889,884,183.

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12-10-12

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,965,738,443.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,895,489,849.
3	Revenue less expenses. Subtract line 2 from line 1	3	70,248,594.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	971,464,689.
5	Net unrealized gains (losses) on investments	5	17,737,766.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	182,857,228.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,242,308,277.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other ______ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: [ ] Separate basis [ ] Consolidated basis [X] Both consolidated and separate basis			
c	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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? 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	3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization
THE JOHNS HOPKINS HOSPITAL

Employer identification number
52-0591656

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated

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

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

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

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the supported organization(s).

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) ..... 14 %

15 Public support percentage from 2011 Schedule A, Part II, line 14 ..... 15 %

16a **33 1/3% support test - 2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☐

b **33 1/3% support test - 2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☐

17a **10% -facts-and-circumstances test - 2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

b **10% -facts-and-circumstances test - 2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

OMB No. 1545-0047

2012

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

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 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

[X] 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, total 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 total 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 Part I, 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).

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

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 127,792.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2		$ 2,706,601.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3		$ 417,562.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
4		$ 318,588.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
5		$ 87,363.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
6		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (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). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		$ 350,605.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
8		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
9		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
10		$ 83,170.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
11		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
12		$ 5,334.	Person [X] Payroll [ ] Noncash [ ] (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). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
14		$ 8,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
15		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
16		$ 6,667.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
17		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
18		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (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). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		$ 35,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
20		$ 19,430.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
21		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
22		$ 11,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
23		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
24		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (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). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
26		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
27		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
28		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
29		$ 150,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
30		$ 42,100.	Person [X] Payroll [ ] Noncash [ ] (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). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		$ 137,740.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
32		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
33		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
34		$ 10,100.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
35		$ 92,916.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
36		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (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). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
38		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
39		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
40		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
41		$ 12,272.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
42		$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (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). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
44		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
45		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
46		$ 18,886.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
47		$ 25,940.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
48		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (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). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		$ 132,834.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
50		$ 19,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
51		$ 110,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
52		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
53		$ 121,737.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
54		$ 5,000,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization: THE JOHNS HOPKINS HOSPITAL

Employer identification number: 52-0591656

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

Name of organization: THE JOHNS HOPKINS HOSPITAL

Employer identification number: 52-0591656

Part III *Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total 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.) ▶ $

Use duplicate copies of Part III if additional space is needed.

(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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047
2012
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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (e.g., recreation or education)
- ☐ Preservation of an historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

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

			Held at the End of the 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, and not on a historic structure listed in the National Register	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 XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

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

(ii) Assets included in Form 990, Part X ▶ $ ______

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

b Assets included in Form 990, Part X ▶ $ ______

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds.

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

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

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

a Board designated or quasi-endowment ▶ ______ %

b Permanent endowment ▶ ______ %

c Temporarily restricted endowment ▶ ______ %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment.

See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		9,269,421.		9,269,421.
b Buildings		721,130,114.	263,024,333.	458,105,781.
c Leasehold improvements		2,086,521.	1,545,472.	541,049.
d Equipment		661,781,372.	322,833,952.	338,947,420.
e Other		709,133,237.	43,728,376.	665,404,861.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,472,268,532.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) U.S. TREASURY NOTES &		
(B) BONDS	65,454,664.	END-OF-YEAR MARKET VALUE
(C) CORPORATE BONDS	73,461,890.	END-OF-YEAR MARKET VALUE
(D) MORTGAGE BACKED		
(E) SECURITIES	19,006,766.	END-OF-YEAR MARKET VALUE
(F) EQUITY INVESTMENTS	157,569,814.	END-OF-YEAR MARKET VALUE
(G) ALTERNATIVE INVESTMENTS	125,114,345.	END-OF-YEAR MARKET VALUE
(H) EQUITY AND EQUITY FUNDS	65,424,702.	END-OF-YEAR MARKET VALUE
(I) FIXED INCOME FUNDS	48,304,186.	END-OF-YEAR MARKET VALUE
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	559,450,303.	

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (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
(1) DUE FROM OTHERS	9,474,722.
(2) DUE FROM AFFILIATES	22,439,620.
(3) CASH CAPITAL PROJECTS	983,783.
(4) SPECIAL INV. FUND	63,783,205.
(5) FINANCING EXPENSES - BONDS	43,498,812.
(6) DEPT LT - MARRIOTT NUTR SERV	350,000.
(7) OTHER ASSETS	73,763,425.
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	214,293,567.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ADVANCES FROM THIRD PARTY	84,997,880.
(3) DUE TO AFFILIATES	13,862,159.
(4) OTHER LIABILITIES	201,464,193.
(5) WORKERS COMP TAIL LIABILITY	9,339,776.
(6) POST RETIREMENT BENEFITS	1,546,343.
(7) EST. MALPRACTICE COSTS	88,723,255.
(8) PENSION LIABILITY	201,400,016.
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	601,333,622.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X]

SEE PART XIV FOR CONTINUATIONS

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	1,985,145,294.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	17,737,766.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	17,737,766.
3	Subtract line **2e** from line **1**			3	1,967,407,528.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-1,669,085.		
c	Add lines **4a** and **4b**			4c	-1,669,085.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	1,965,738,443.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	1,878,003,000.
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 XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0.
3	Subtract line **2e** from line **1**			3	1,878,003,000.
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 XIII.)	4b	17,486,849.		
c	Add lines **4a** and **4b**			4c	17,486,849.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	1,895,489,849.

Part XIII Supplemental Information

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

PART X, LINE 2: FASB GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES CLARIFIES THE ACCOUNTING FOR UNCERTAINTY OF INCOME TAX POSITIONS. THIS GUIDANCE DEFINES THE THRESHOLD FOR RECOGNIZING TAX RETURN POSITIONS IN THE FINANCIAL STATEMENTS AS MORE LIKELY THAN NOT THAT THE POSITION IS SUSTAINABLE, BASED ON ITS TECHNICAL MERITS. THIS GUIDANCE ALSO PROVIDES GUIDANCE ON THE MEASUREMENT, CLASSIFICATION AND DISCLOSURE OF TAX RETURN POSITIONS IN THE FINANCIAL STATEMENTS. THERE WAS NO IMPACT ON THE JOHNS HOPKINS HOSPITAL FINANCIAL STATEMENTS DURING THE YEARS ENDED JUNE 30, 2013

Part XIII Supplemental Information *(continued)*

AND 2012 RESULTING FROM THIS GUIDANCE.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RECLASS OF COGS	-1,669,935.
AUDIT/BOOK ADJUSTMENT	850.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-1,669,085.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RECLASS OF COGS	-1,669,935.
AUDIT/BOOK ADJUSTMENT	1,486.
INTEREST ON SWAP	19,155,298.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	17,486,849.

Part XIII Supplemental Information *(continued)*

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
COMMERCIAL PAPER	5,113,936.	FMV

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047
2012
Open To Public Inspection

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

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 BEST DRESS SALE (event type)	(b) Event #2 GOLF CLASSIC (event type)	(c) Other events 2 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	200,000.	92,000.	45,680.	337,680.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	200,000.	92,000.	45,680.	337,680.
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 ▶				337,680.

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	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ 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 ▶				

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

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

b If "No," explain: ____

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

b If "Yes," explain: ____

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility **13a** %

b An outside facility **13b** %

14 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? ☐ Yes ☐ No

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

c If "Yes," enter name and address 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? ☐ Yes ☐ No

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 ▶ $

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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

2012

Open to Public Inspection

Name of the organization THE JOHNS HOPKINS HOSPITAL

Employer identification number 52-0591656

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	X	
b	If "Yes," was it a written policy?	1b	X	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. [X] Applied uniformly to all hospital facilities [ ] Applied uniformly to most hospital facilities [ ] Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: [ ] 100% [ ] 150% [X] 200% [ ] Other ____ %	3a	X	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: [ ] 200% [ ] 250% [ ] 300% [ ] 350% [ ] 400% [X] Other 500 %	3b	X	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	X	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	X	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		X
6a	Did the organization prepare a community benefit report during the tax year?	6a	X	
b	If "Yes," did the organization make it available to the public?	6b	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			35,272,197.	0.	35,272,197.	1.86%
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			35,272,197.		35,272,197.	1.86%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			32,627,154.	1,747,728.	30,879,426.	1.63%
f Health professions education (from Worksheet 5)			113,595,274.	0.	113,595,274.	5.99%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			75,000.	0.	75,000.	.00%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			3,615,874.	5,048.	3,610,826.	.19%
j **Total.** Other Benefits			149,913,302.	1,752,776.	148,160,526.	7.81%
k **Total.** Add lines 7d and 7j			185,185,499.	1,752,776.	183,432,723.	9.67%

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing			33,217.	0.	33,217.	.00%
2	Economic development			121,198.	0.	121,198.	.01%
3	Community support			589,338.	0.	589,338.	.03%
4	Environmental improvements			128,951.	0.	128,951.	.01%
5	Leadership development and training for community members			8,674.	0.	8,674.	.00%
6	Coalition building			181,632.	0.	181,632.	.01%
7	Community health improvement advocacy			428,492.	0.	428,492.	.02%
8	Workforce development			68,320.	15,000.	53,320.	.00%
9	Other			1,323,175.	6,575.	1,316,600.	.07%
10	**Total**			2,882,997.	21,575.	2,861,422.	.15%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1		X
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	59,692,538.		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	0.		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	488,133,104.
6	Enter Medicare allowable costs of care relating to payments on line 5	6	440,832,096.
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	47,301,008.

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:

☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

Section C. Collection Practices

			Yes	No
9a	Did the organization have a written debt collection policy during the tax year?	9a	X	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(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 %

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest)

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

Name, address, and primary website address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 THE JOHNS HOPKINS HOSPITAL 1800 ORLEANS STREET BALTIMORE, MD 21287 HTTP://WWW.HOPKINSMEDICINE.ORG/THE JOH	X									

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or facility reporting group THE JOHNS HOPKINS HOSPITAL

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	**1**	X	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a [X] A definition of the community served by the hospital facility			
b [X] Demographics of the community			
c [X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d [X] How data was obtained			
e [X] The health needs of the community			
f [X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g [X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h [X] The process for consulting with persons representing the community's interests			
i [X] Information gaps that limit the hospital facility's ability to assess the community's health needs			
j [ ] Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a CHNA: 20 12			
3 In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**	X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**		X
5 Did the hospital facility make its CHNA report widely available to the public?	**5**	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a [X] Hospital facility's website			
b [X] Available upon request from the hospital facility			
c [ ] Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date):			
a [X] Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b [X] Execution of the implementation strategy			
c [X] Participation in the development of a community-wide plan			
d [X] Participation in the execution of a community-wide plan			
e [X] Inclusion of a community benefit section in operational plans			
f [X] Adoption of a budget for provision of services that address the needs identified in the CHNA			
g [X] Prioritization of health needs in its community			
h [X] Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i [ ] Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**	X	
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**8a**		X
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)* THE JOHNS HOPKINS HOSPITAL

Financial Assistance Policy		**Yes**	**No**
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	X	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	10	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: 200 %			
If "No," explain in Part VI the criteria the hospital facility used.			
11 Used FPG to determine eligibility for providing *discounted* care?	11	X	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: 500 %			
If "No," explain in Part VI the criteria the hospital facility used.			
12 Explained the basis for calculating amounts charged to patients?	12	X	
If "Yes," indicate the factors used in determining such amounts (check all that apply):			
a [X] Income level			
b [X] Asset level			
c [X] Medical indigency			
d [ ] Insurance status			
e [ ] Uninsured discount			
f [ ] Medicaid/Medicare			
g [X] State regulation			
h [ ] Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?	13	X	
14 Included measures to publicize the policy within the community served by the hospital facility?	14	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a [X] The policy was posted on the hospital facility's website			
b [X] The policy was attached to billing invoices			
c [X] The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d [X] The policy was posted in the hospital facility's admissions offices			
e [X] The policy was provided, in writing, to patients on admission to the hospital facility			
f [X] The policy was available on request			
g [ ] Other (describe in Part VI)			
Billing and Collections			
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15	X	
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine patient's eligibility under the facility's FAP:			
a [ ] Reporting to credit agency			
b [ ] Lawsuits			
c [ ] Liens on residences			
d [ ] Body attachments			
e [ ] Other similar actions (describe in Part VI)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	17		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a [ ] Reporting to credit agency			
b [ ] Lawsuits			
c [ ] Liens on residences			
d [ ] Body attachments			
e [ ] Other similar actions (describe in Part VI)			

Part V Facility Information *(continued)* THE JOHNS HOPKINS HOSPITAL

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):

- a [X] Notified individuals of the financial assistance policy on admission
- b [X] Notified individuals of the financial assistance policy prior to discharge
- c [X] Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- d [X] Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e [ ] Other (describe in Part VI)

Policy Relating to Emergency Medical Care

		Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	19	X	

If "No," indicate why:

- a [ ] The hospital facility did not provide care for any emergency medical conditions
- b [ ] The hospital facility's policy was not in writing
- c [ ] The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d [ ] Other (describe in Part VI)

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a [ ] The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b [ ] The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c [ ] The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d [X] Other (describe in Part VI)

		Yes	No
21 During the tax year, did the hospital facility charge any of its FAP-eligible individuals, to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI.	21		X
22 During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Part VI.	22		X

Part V Facility Information *(continued)*

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

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 0

Name and address	Type of Facility (describe)

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

PART I, LINE 7: A COST-TO-CHARGE RATIO (FROM WORKSHEET 2) IS USED TO CALCULATE THE AMOUNTS ON LINE 7A & 7B (FINANCIAL ASSISTANCE AT COST 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 II: IN FY 2013, THE JOHNS HOPKINS HOSPITAL COMMUNITY BENEFIT PROGRAM INCLUDED NUMEROUS INITIATIVES THAT SUPPORT THE HOSPITALS EFFORTS TO MEET THE NEEDS OF THE COMMUNITY. THESE INITIATIVES ARE DECENTRALIZED AND USE A VARIETY OF METHODS TO IDENTIFY COMMUNITY NEEDS. OVER 300 PROGRAMS AND INITIATIVES WERE CARRIED OUT OR SUPPORTED BY ADMINISTRATIVE, CLINICAL, AND OPERATIONAL DEPARTMENTS AT THE JOHNS HOPKINS HOSPITAL. COMMUNITY HEALTH PROGRAMS AND INITIATIVES UNDERTAKEN DURING FY2013 INCLUDE: HEALTH LEADS, THE ACCESS PARTNERSHIP, YOU GOTTA HAVE HEART COLLABORATION, MARTIN LUTHER KING, JR. EARLY HEAD START, BROADWAY CENTER

Part VI Supplemental Information

FOR ADDICTION SUBSTANCE ABUSE PROGRAM, HOUSING SUPPORT FOR MALE SUBSTANCE ABUSE PATIENTS, HOMELESS OUTREACH SERVICES TEAM, OPERATION PULSE, JH SUMMER JOBS PROGRAM, AND EAST BALTIMORE DEVELOPMENT INC.

PART III, LINE 4: PART III, LINE 2 - BAD DEBT EXPENSE ENTERED COMES FROM THE HOSPITALS BOOKS AND RECORDS.

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

PART III, LINE 3 - 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, JOHNS HOPKINS HOSPITAL, INC (JHH) CANNOT DETERMINE THE AMOUNT THAT REASONABLE COULD BE ATTRIBUTABLE TO PATIENTS WHO LIKELY WOULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE HOSPITALS CHARITY CARE POLICY.

PART III, LINE 4 - JHH AUDITED FINANCIAL STATEMENTS PAGES 11 AND 12.

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.

THE JOHNS HOPKINS HOSPITAL:

PART V, SECTION B, LINE 3: TO GATHER INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY JHH THE FOLLOWING WAS DONE:

Part VI Supplemental Information

A)SELF-ADMINISTERED SURVEYS WERE OFFERED TO PATIENTS WHO VISITED THE EAST BALTIMORE MEDICAL CENTER (EBMC) ADULT AND PEDIATRIC CLINICS. SIXTY-SEVEN RESIDENTS OF THE 'COMMUNITY BENEFITS SERVICE AREA' (CBSA) COMPLETED THE SURVEY.

B)TELEPHONE SURVEY OF 150 RANDOMLY SELECTED EAST BALTIMORE RESIDENTS WAS CONDUCTED. THE PARTICIPANTS REPRESENTED THE SEVEN ZIP CODES WHICH DEFINES JHH'S CBSA.

C)IN PERSON AND PHONE INTERVIEWS WITH FORTY-EIGHT COMMUNITY LEADERS, HEALTH EXPERTS AND ELECTED OFFICIALS. THE INDIVIDUALS INTERVIEWED WERE SELECTED BECAUSE THEY HAD SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH AND/OR REPRESENTED THE BROAD INTERESTS OF THE COMMUNITY SERVED BY JHH, INCLUDING THE INTERESTS OF MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS WITH CHRONIC DISEASE NEEDS.

D)EIGHT FOCUS GROUPS WERE HELD OVER A 10-DAY PERIOD FROM JUNE 5 TO 15, 2012. SEVEN OF THE GROUPS WERE FACILITATED IN ENGLISH BY A CONSULTANT FROM CARNAHAN GROUP, AND ONE FOCUS GROUP WAS FACILITATED IN SPANISH BY A JOHNS HOPKINS GRADUATE STUDENT CONTRACTED BY CARNAHAN GROUP. THERE WERE 42 PARTICIPANTS IN THE EIGHT FOCUS GROUPS.

THE JOHNS HOPKINS HOSPITAL:

PART V, SECTION B, LINE 20D: MARYLAND IS THE ONLY STATE IN WHICH ALL PAYORS (GOVERNMENTALLY-INSURED, COMMERCIALLY INSURED, OR SELF-PAY) ARE CHARGED THE SAME PRICE FOR SERVICES AT ANY GIVEN HOSPITAL.

UNDER THIS SYSTEM, MARYLAND HOSPITALS ARE REGULATED BY A STATE AGENCY: THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC).

Part VI Supplemental Information

PART VI, LINE 2: THE DEVELOPMENT OF THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND THE IMPLEMENTATION STRATEGY WAS LED BY THE JOHNS HOPKINS HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT TASK FORCE AND INVOLVED THE CONTRIBUTIONS OF OVER 350 INDIVIDUALS THROUGH DIRECT INTERVIEWS, SURVEYS AND FOCUS GROUPS. KEY STAKEHOLDER GROUPS INCLUDED BUT WERE NOT LIMITED TO, COMMUNITY RESIDENTS, MEMBERS OF FAITH BASED ORGANIZATIONS, HEALTH CARE PROVIDERS, NEIGHBORHOOD ASSOCIATION LEADERS, ELECTED OFFICIALS, HEALTH PROFESSIONALS, JOHNS HOPKINS MEDICINE LEADERSHIP AND OTHER EXPERTS BOTH INTERNAL AND EXTERNAL TO JOHNS HOPKINS.

JOHNS HOPKINS HOSPITAL (JHH) ALSO GATHERED SECONDARY DATA, HOSPITAL INPATIENT AND OUTPATIENT DATA, AND SURVEY DATA. THE BALTIMORE CITY 2011 NEIGHBORHOOD HEALTH PROFILES WERE THE MAIN SOURCE OF DEMOGRAPHIC AND HEATH INDICATOR DATA.

FOR THE PURPOSE OF IDENTIFYING HEALTH NEEDS FOR JHH, A HEALTH PRIORITY IS DEFINED AS A MEDICAL CONDITION OR FACTOR THAT IS CENTRAL TO THE STATE OF HEALTH OF THE RESIDENTS IN THE CBSA. WITH THIS IN MIND, A MODIFIED MATRIX BASED ON FOWLER AND DANNENBERG'S REVISED DECISION MATRIX WAS DEVELOPED TO GLEAN PRIORITIES FROM THE PRIMARY AND SECONDARY DATA COLLECTED. THIS MATRIX IS A TOOL USED IN HEALTH PROGRAM PLANNING INTERVENTION STRATEGIES, AND USES A RANKING SYSTEM OF "HIGH," "MEDIUM" AND "LOW" TO DISTINGUISH THE STRONGEST OPTIONS BASED ON EFFECTIVENESS, EFFICIENCY AND SUSTAINABILITY, AMONG OTHERS. AS SOME OF THESE CATEGORIES DID NOT DIRECTLY APPLY TO THIS PORTION OF THE CHNA, WE TAILORED THE MATRIX TO SERVE OUR NEEDS, LISTING HEALTH PRIORITIES AND RANKING THEM WITHIN THE CONTEXT OF DATA COLLECTED.

A LIST OF HEALTH CONCERNS WAS COMPILED BASED ON THE HEALTH PROFILE, SURVEYS, INTERVIEWS, FOCUS GROUPS AND DISCHARGE DATA; OTHER SOURCES WERE TAKEN INTO ACCOUNT WHEN APPLICABLE, FOR EXAMPLE, THE MARYLAND STATE HEALTH IMPROVEMENT PROCESS (SHIP) MEASURES, BALTIMORE CITY'S HEALTHY BALTIMORE

Part VI Supplemental Information

2015, AND A POWERPOINT PRESENTATION GIVEN BY THE CHAIR OF THE DEPARTMENT OF MEDICINE, DR. MYRON WEISFELDT.

FOR EACH DATA SOURCE, EVERY HEALTH CONCERN WAS ASSIGNED A RANK OF "HIGH," "MEDIUM" OR "LOW" TAKING INTO CONSIDERATION THE FREQUENCY OF MENTION, PERCEIVED IMPORTANCE WITHIN THE COMMUNITY AND SUBSTANTIAL DIFFERENCES IN SECONDARY DATA BETWEEN THE CBSA, BALTIMORE CITY AND MARYLAND.

PART VI, LINE 3: JHH WILL PUBLISH THE AVAILABILITY OF FINANCIAL ASSISTANCE ON A YEARLY BASIS IN LOCAL NEWSPAPERS AND WILL POST NOTICES OF AVAILABILITY AT PATIENT REGISTRATION SITES, ADMISSIONS/BUSINESS OFFICE, THE BILLING OFFICE AND AT THE EMERGENCY DEPARTMENT WITHIN JHH. NOTICE OF AVAILABILITY WILL ALSO BE SENT TO PATIENTS ON PATIENT BILLS. A PATIENT BILLING AND FINANCIAL ASSISTANCE INFORMATION SHEET WILL BE PROVIDED TO INPATIENTS BEFORE DISCHARGE AND WILL BE AVAILABLE TO ALL PATIENTS UPON REQUEST.

JHH (FINANCIAL COUNSELORS/PATIENT FINANCIAL SERVICES REPRESENTATIVES, SOCIAL SERVICES DEPARTMENT PERSONNEL AND/OR MEDICAL ASSISTANCE/MEDICAID ELIGIBILITY TECHNICIAN) WILL PROVIDE PATIENTS WITH ASSISTANCE IN DETERMINING ELIGIBILITY FOR AND MAKING APPLICATION TO A VARIETY OF SPECIAL ENTITLEMENT PROGRAMS THAT PROVIDE FINANCIAL ASSISTANCE BOTH TOWARD PAYMENT OF MEDICAL BILLS AND GENERAL EXPENSES. THE FINANCE DEPARTMENT, IN CONJUNCTION WITH THE SOCIAL SERVICES DEPARTMENT, WILL INTERVIEW PATIENTS TO DETERMINE POTENTIAL ELIGIBILITY FOR MARYLAND MEDICAL ASSISTANCE AS WELL AS OTHER SPECIAL PROGRAMS.

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

THE HOSPITAL CONSIDERS ITS COMMUNITY BENEFIT SERVICE AREA (CBSA) AS SPECIFIC POPULATIONS OR COMMUNITIES OF NEED TO WHICH THE HOSPITAL

Part VI Supplemental Information

ALLOCATES RESOURCES THROUGH ITS COMMUNITY BENEFIT PLAN. THE CBSA IS DEFINED BY THE GEOGRAPHIC AREA CONTAINED WITHIN THE FOLLOWING SEVEN ZIP CODES: 21213, 21205, 21224, 21218, 21202, 21231 AND 21206.

THE GENERAL DATA FOR THIS COMMUNITY BENEFIT SERVICE AREA ARE AS FOLLOWS: TOTAL POPULATION WAS 233,587 OF WHICH 48.3% WERE MALES AND 51.7% WERE FEMALES, AVERAGE HOUSEHOLD INCOME WAS $50,512, 37.1% OF RESIDENTS ARE UNINSURED, 31.2% OF RESIDENTS ARE COVERED BY MEDICAID/MEDICARE, 22.4% OF PEOPLE HAD INCOME BELOW THE FEDERAL POVERTY GUIDELINES.

NUMBER OF OTHER HOSPITALS SERVING THE COMMUNITY OR COMMUNITIES: 25

FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREAS OR POPULATIONS ARE PRESENT IN THE COMMUNITY .

PART VI, LINE 5: FOR THE LAST 30 YEARS, MARYLAND HOSPITALS HAVE MET THEIR COMMUNITY BENEFIT OBLIGATIONS IN A UNIQUE MANNER THAT BUILDS THE COSTS OF UNCOMPENSATED CARE - CHARITY CARE AND PATIENT BAD DEBT AND GRADUATE MEDICAL EDUCATION INTO THE RATES THAT HOSPITALS ARE REIMBURSED BY ALL PAYORS. THE SYSTEM IS BASED IN FEDERAL AND STATE LAW AND BENEFITS ALL MARYLAND RESIDENTS, INCLUDING THOSE IN NEED OF FINANCIAL ASSISTANCE TO PAY THEIR HOSPITAL BILLS.

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

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

1. PUBLICLY DISCLOSE INFORMATION ON THE COST AND FINANCIAL POSITION OF

Part VI Supplemental Information

HOSPITALS;

2. REVIEW AND APPROVE HOSPITAL RATES;

3. COLLECT INFORMATION DETAILING TRANSACTIONS BETWEEN HOSPITALS AND FIRMS WITH WHICH THEIR TRUSTEES HAVE A FINANCIAL INTEREST; AND,

4. MAINTAIN THE SOLVENCY OF EFFICIENT AND EFFECTIVE HOSPITALS.

SINCE 2000, THE RATE SETTING COMMISSION HAS HAD ITS OWN FRAMEWORK FOR REPORTING HOSPITALS COMMUNITY BENEFITS AND ISSUING A REPORT ANNUALLY REGARDING HOSPITALS COMMUNITY BENEFIT TOTALS. THAT REPORT IS AVAILABLE ON HTTP://WWW.HSCRC.STATE.MD.US/COMMUNITY_BENEFITS/DOCUMENTS/ CBR_FY2007_FINAL_REPORT.PDF.

BECAUSE OF THIS UNIQUE STRUCTURE MARYLAND HOSPITALS COMMUNITY BENEFITS NUMBERS WILL NOT COMPARE WITH THE REST OF THE NATIONS HOSPITALS. HOWEVER, MARYLAND HOSPITALS MEET OR EXCEED THE COMMUNITY BENEFIT STANDARD ESTABLISHED BY THE IRS IN 1969. ADDITIONAL DETAIL ILLUSTRATING THIS CAN BE FOUND WITHIN THIS SCHEDULE H REPORT.

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

Part VI Supplemental Information

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 6: THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION (JHHS) IS INCORPORATED IN THE STATE OF MARYLAND TO, AMONG OTHER THINGS, FORMULATE POLICY AMONG AND PROVIDE CENTRALIZED MANAGEMENT FOR JHHS AND AFFILIATES. JHHS IS ORGANIZED AND OPERATED FOR THE PURPOSE OF PROMOTING HEALTH BY FUNCTIONING AS A PARENT HOLDING COMPANY OF AFFILIATES WHOSE COMBINED MISSION IS TO PROVIDE PATIENT CARE IN THE TREATMENT AND PREVENTION OF HUMAN ILLNESS WHICH COMPARES FAVORABLY WITH THAT RENDERED BY ANY OTHER INSTITUTION IN THIS COUNTRY OR ABROAD.

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, SUBURBAN HOSPITAL, INC. (SHI), A COMMUNITY BASED HOSPITAL, SIBLEY MEMORIAL HOSPITAL

Part VI Supplemental Information

(SMH), A D.C. COMMUNITY BASED HOSPITAL, AND ALL CHILDRENS HOSPITAL, INC (ACH), A FL ACADEMIC CHILDRENS HOSPITAL.

PART VI, LINE 7, 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" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization: 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? ..... [X] Yes [ ] No

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

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

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 - 3910 KESWICK RD, S BLDG, STE 4300A - BALTIMORE, MD 21211	52-1467441	501(C)(3)	2,687,781.	0.			SERVICES TO UNINSURED PATIENTS
MARYLAND PATIENT SAFETY CENTER 6820 DEERPATH RD ELKRIDGE, MD 21228	26-2188491	501(C)(3)	9,500.	0.			TO SUPPORT HEALTH CARE PUBLIC CHARITY
NATIONAL KIDNEY FOUNDATION OF MD 1107 KENILWORTH DRIVE, STE 202 BALTIMORE, MD 21204	52-6069952	501(C)(3)	13,500.	0.			TO SUPPORT HEALTH CARE PUBLIC CHARITY
JHH BELIEVE IN TOMORROW CHILDREN'S FOUNDATION - 6601 FREDERICK RD - BALTIMORE, MD 21228	52-1332737	501(C)(3)	20,000.	0.			TO SUPPORT HEALTH CARE PUBLIC CHARITY

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ 4.

3 Enter total number of other organizations listed in the line 1 table ..... ▶ 0.

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

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

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

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
2012
Open to Public Inspection

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

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☒ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e.g., maid, chauffeur, chef)			
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	1b		X
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☒ Compensation committee ☒ Independent compensation consultant ☒ Form 990 of other organizations ☒ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RONALD R. PETERSON	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT	(ii)	1,203,070.	455,714.	11,914,712.	1,788,537.	23,586.	15,385,619.	3,148,877.
(2) KENNETH GRANT	(i)	0.	0.	0.	0.	0.	0.	0.
V.P., GENERAL SERVICES	(ii)	302,103.	69,099.	80,329.	125,783.	26,096.	603,410.	0.
(3) DALAL J. HALDEMAN, PH.D	(i)	0.	0.	0.	0.	0.	0.	0.
V.P., MKTG & COMMUNICATION	(ii)	295,781.	82,006.	320,846.	50,219.	18,910.	767,762.	208,202.
(4) KAREN B. HALLER, PH.D.	(i)	314,627.	59,547.	993,663.	162,522.	22,508.	1,552,867.	158,681.
V.P., NURSING & P.C. SVCS	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SALLY W. MACCONNELL	(i)	0.	0.	0.	0.	0.	0.	0.
V.P., FACILITIES	(ii)	353,068.	311,469.	257,763.	264,580.	13,667.	1,200,547.	0.
(6) PAMELA D. PAULK	(i)	0.	0.	0.	0.	0.	0.	0.
V.P., HUMAN RESOURCES	(ii)	420,038.	109,122.	120,341.	144,132.	11,833.	805,466.	0.
(7) JUDY A. REITZ, SC.D	(i)	0.	0.	0.	0.	0.	0.	0.
EXECUTIVE V.P. & C.O.O	(ii)	556,707.	167,770.	548,457.	506,130.	27,386.	1,806,450.	0.
(8) G. DANIEL SHEALER, JR.	(i)	0.	0.	0.	0.	0.	0.	0.
VP & GEN COUNSEL, VP CORP	(ii)	462,309.	103,235.	105,664.	236,194.	13,349.	920,751.	0.
(9) RONALD J. WERTHMAN	(i)	0.	0.	0.	0.	0.	0.	0.
V.P. FINANCE & TREASURER	(ii)	601,469.	159,577.	154,039.	341,164.	24,630.	1,280,879.	0.
(10) SAMUEL H. CLARK, JR.	(i)	0.	0.	0.	0.	0.	0.	0.
ASSISTANT SECRETARY	(ii)	234,182.	59,330.	391,847.	113,349.	12,726.	811,434.	294,546.
(11) STUART ERDMAN	(i)	0.	0.	0.	0.	0.	0.	0.
ASSISTANT TREASURER	(ii)	294,639.	60,897.	200,010.	164,832.	22,115.	742,493.	0.
(12) EDWARD B. CHAMBERS	(i)	227,408.	19,863.	132,890.	97,057.	26,456.	503,674.	14,740.
ADMINISTRATOR PEDIATRICS	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) ALLEN VALENTINE	(i)	151,022.	17,705.	33,867.	79,033.	16,610.	298,237.	0.
ADMINISTRATOR PATHOLOGY	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) JOHN HUNDT	(i)	209,146.	21,738.	30,227.	74,172.	10,403.	345,686.	0.
ADMINISTRATOR SURGERY	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) STEVEN MANDELL	(i)	239,496.	32,302.	13,207.	152,289.	26,778.	464,072.	0.
SR DIRECTOR INFO SVCS	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) JAMES SCHEULEN	(i)	192,767.	30,515.	10,218.	106,557.	22,087.	362,144.	0.
JHM DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) SHELLEY BARANOWSKI	(i)	97,032.	9,904.	119,916.	52,983.	16,599.	296,434.	0.
SPECIAL ASST TO THE PRESID	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) JANE HILL	(i)	182,247.	16,107.	12,707.	78,379.	21,139.	310,579.	0.
DIR, PATIENT REL & PAT FAM	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) TERRY LANGBAUM	(i)	217,696.	28,580.	1,622.	117,577.	21,409.	386,884.	0.
ADMIN. COMPREHENSIVE CANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) CHRISTINA LUNDQUIST	(i)	201,384.	8,203.	54,411.	79,378.	8,225.	351,601.	0.
ADMINISTRATOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) DIANN SNYDER	(i)	153,388.	14,949.	4,053.	144,829.	23,964.	341,183.	0.
DIRECTOR OF NURSING	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) DANIEL ASHBY	(i)	177,949.	25,814.	5,796.	66,660.	24,775.	300,994.	0.
SR DIRECTOR PHARMACY	(ii)	0.	0.	0.	0.	0.	0.	0.
(23) RICHARD THOMAS	(i)	176,617.	26,806.	17,546.	61,654.	22,409.	305,032.	0.
ADMINISTRATOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(24) KAREN DAVIS	(i)	163,288.	19,919.	2,254.	33,727.	21,114.	240,302.	0.
DIRECTOR OF NURSING	(ii)	0.	0.	0.	0.	0.	0.	0.
(25) MARTIN BLEDSOE	(i)	154,375.	23,269.	32,003.	104,687.	21,303.	335,637.	0.
ADMINISTRATOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(26) DEBORAH BAKER	(i)	154,370.	16,209.	314.	35,112.	24,224.	230,229.	0.
DIRECTOR OF NURSING	(ii)	0.	0.	0.	0.	0.	0.	0.
(27) SHARON KRUMM	(i)	164,674.	21,073.	846.	204,986.	9,611.	401,190.	0.
DIRECTOR OF NURSING	(ii)	0.	0.	0.	0.	0.	0.	0.
(28) CHARLES BARBARA	(i)	177,302.	20,668.	14,545.	28,583.	16,442.	257,540.	0.
ADMINISTRATOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(29) JAHANSHA BEHZAD	(i)	154,553.	17,743.	9,232.	40,318.	22,893.	244,739.	0.
ADMINISTRATOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(30) WALKER WYLIE	(i)	218,455.	58,363.	83,437.	93,909.	24,048.	478,212.	0.
EXECUTIVE MANAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(31) KAREN HAUCK	(i)	198,277.	2,000.	806.	83,684.	17,213.	301,980.	0.
NURSING COORDINATOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(32) ALAN COLTRI	(i)	167,326.	23,125.	38,239.	124,993.	28,147.	381,830.	0.
CHIEF SYSTEMS ARCHITECT	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(33) KELLY CAVALLIO	(i)	161,506.	18,435.	65,858.	14,140.	8,462.	268,401.	0.
ADMINISTRATOR AMBULATORY SVCS	(ii)	0.	0.	0.	0.	0.	0.	0.
(34) LOUISE THOMPSON	(i)	157,350.	20,307.	32,402.	72,305.	11,506.	293,870.	0.
ADMINISTRATOR MEDICAL RECORDS	(ii)	0.	0.	0.	0.	0.	0.	0.
(35) EDWARD D. MILLER, M.D.	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER TRUSTEE/OFFICER	(ii)	228,561.	191,012.	312,064.	102,205.	605.	834,447.	0.
(36) RICHARD O. DAVIS, PH.D	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER OFFICER	(ii)	380,636.	124,326.	171,890.	177,521.	12,494.	866,867.	0.
(37) JOANNE E. POLLAK	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER OFFICER	(ii)	592,842.	205,244.	223,200.	333,888.	30,595.	1,385,769.	0.
(38) RENEE DEMSKI	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER KEY EMPLOYEE	(ii)	202,621.	28,721.	9,586.	84,528.	22,469.	347,925.	0.
(39) HOWARD GWON	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER KEY EMPLOYEE	(ii)	159,091.	22,566.	950.	93,704.	21,954.	298,265.	0.
	(i)							
	(ii)							
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	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A: CERTAIN KEY EMPLOYEES OF THE JOHNS HOPKINS HOSPITAL WERE PROVIDED A GROSS UP ON THEIR BONUS AMOUNTS. 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 KEY EMPLOYEES GROSS UP PAYMENTS ON BONUSES.

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

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

Part III Supplemental Information

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

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

SERP II PLAN & SRP PLAN:

THE SERP II AND SRP PLANS ARE ACTIVE; NON-TAX QUALIFIED DEFINED CONTRIBUTION TARGET BENEFIT PLANS. THE PLANS ARE DESIGNED TO ACHIEVE A

Part III Supplemental Information

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

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

Part III Supplemental Information

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

THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A PARTICIPATED IN A NONQUALIFIED RETIREMENT PLAN AND RECEIVED ACCRUED DEFERRED COMPENSATION THAT IS REPORTED ON SCHEDULE J, PART II, COLUMN(C): STUART ERDMAN $51,813.49; KAREN B. HALLER, PH.D $49,949.06; RONALD R. PETERSON $1,636,472.00; RICHARD O. DAVIS, PH.D $121,726.58; KENNETH GRANT $33,588.27; SALLY W. MACCONNELL $156,552.48; PAMELA D. PAULK $79,951.19; JOANNE E. POLLAK $240,163.24; JUDY A. REITZ, SC.D $380,279.74; G. DANIEL SHEALER, JR. $171,756.76; RONALD J. WERTHMAN $257,055.56 AND CHARLES BARBARA $5,216.00.

THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A PARTICIPATED IN A NON QUALIFIED RETIREMENT PLAN AND RECEIVED PAYMENT FROM 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 $6,974.00; RICHARD O. DAVIS, PH.D $91,226.55; STUART ERDMAN $179,290.75; KENNETH GRANT $57,341.44; JOHN HUNDT $19,996.00; PAMELA D. PAULK $99,626.46; SALLY W. MCCONNELL $209,835.64; JOANNE E. POLLAK

Part III Supplemental Information

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

$184,686.32; JUDY A. REITZ, SC.D $482,916.23; G. DANIEL SHEALER, JR. $86,244.40; RENEE DEMSKI $424.00; JANE HILL $4,760.00; RONALD J. WERTHMAN $123,826.85; EDWARD D. MILLER, M.D. $245,947.77; WALKER WYLIE $31,736.00; JAMES SCHEULEN $8,416.00; CHRISTINA LUNDQUIST $11,872.00; RICHARD THOMAS $16,381.56; JAHANSHA BEHZAD $8,024.00; KAREN HALLER $970,356.29; DALAL HALDEMAN $ 300,066.57; SAMUEL CLARK $361,984.72; EDWARD CHAMBERS $39,242.96; KELLY CAVALLIO $65,353.81; DANIEL ASHBY $4,698.00; LOUISE THOMPSON $31,491.12 AND JOHN BERGBOWER $4,000.00.

LISTED ON FORM 990, SCHEDULE J, PART II, B(III) IS RONALD PETERSON $11,914,712.00. MR. PETERSON HAS 40 YEARS OF SERVICE AND HAS ACCRUED BUT NOT YET RECEIVED HIS NONQUALIFIED RETIREMENT PLAN IN THE AMOUNT OF $11,746,615.00. THIS DEFERRED COMPENSATION IS REPORTED ON FORM 990, PART VII, SECTION A AND INCLUDED ON SCHEDULE J, PART II, COLUMN E AND REPORTED IN BOX 5, W-2, FOR THE PURPOSES OF PREPAYING THE MEDICARE TAX.

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

Part III Supplemental Information

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

THAT USES DISCRETION TO DETERMINE PAYMENT.

DEPENDENT TUITION REIMBURSEMENT: THE DEPENDENT TUITION REIMBURSEMENT PROGRAM REIMBURSES EMPLOYEES FOR 50% LESS TAXES OF EACH DEPENDENT CHILD'S FULL TIME UNDERGRADUATE TUITION AND MANDATORY ACADEMNIC FEES, UP TO A MAXIMUM OF 50% OF THE JOHNS HOPKINS UNIVERSITY'S FRESHMAN UNDERGRADUATE TUITION FOR EACH ELIGIBLE DEPENDENT. EMPLOYEES WHO HAVE A MINIMUM OF TWO YEARS OF CONTINUOUS SERVICE ARE ELIGIBLE. THE DEPENDENT MUST BE ENROLLED FULL TIME AT AN APPROVED, ACCREDITED COLLEGE OR UNIVERSITY AND IN GOOD ACADEMIC STANDING. PAYMENT IS LIMITED TO FOUR YEARS OF FULL TIME, UNDERGRADUATE STUDY PER DEPENDENT CHILD.

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

232113
12-10-12

Part III Supplemental Information

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

SCHEDULE J, PART II, COLUMN F

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

232113
12-10-12

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

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization: THE JOHNS HOPKINS HOSPITAL

Employer identification number: 52-0591656

Part I Bond Issues

SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pooled financing Yes	(i) Pooled financing No
A	MARYLAND HEALTH AND HIGHER EDUCATIONAL FACIL	52-0936091	574217X83	06/26/08	150,002,476.	CONSTRUCTION AND EQUIPMENT FOR CAR		X		X		X
B	MARYLAND HEALTH AND HIGHER EDUCATIONAL FACIL	52-0936091	574217 6Z3	06/16/10	150,000,216.	CONSTRUCTION AND EQUIPPING OF TWO		X		X		X
C	MARYLAND HEALTH AND HIGHER EDUCATIONAL FACIL	52-0936091	574218CZ4	11/10/11	82,184,815.	REFUND PRIOR ISSUES (08/29/01)		X		X		X
D	MARYLAND HEALTH AND HIGHER EDUCATIONAL FACIL	52-0936091	574218DJ9	11/10/11	48,245,000.	REFUND PRIOR ISSUES (06/26/08)		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	96,495,000.				2,260,000.			
2	Amount of bonds legally defeased								
3	Total proceeds of issue	150,002,476.		150,000,216.		82,184,815.		48,245,000.	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	150,002,476.		150,000,216.					
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2012		2012					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X	X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

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

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization: THE JOHNS HOPKINS HOSPITAL

Employer identification number: 52-0591656

Part I Bond Issues SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pooled financing Yes	(i) Pooled financing No
A	MARYLAND HEALTH AND HIGHER EDUCATIONAL FACIL	52-0936091	NONE	02/15/12	53,510,000.	REFUND PRIOR ISSUES (02/09/04)		X		X		X
B	MARYLAND HEALTH AND HIGHER EDUCATIONAL FACIL	52-0936091	574218GQ0	05/03/12	111,453,965.	CONSTRUCTION AND EQUIPPING OF TWO		X		X		X
C	MARYLAND HEALTH AND HIGHER EDUCATIONAL FACIL	52-0936091	574218KK8	08/09/12	84,610,000.	REFUND PRIOR ISSUES (04/02/08)		X		X		X
D	MARYLAND HEALTH AND HIGHER EDUCATIONAL FACIL	52-0936091	574218KL6	08/09/12	85,060,000.	REFUND PRIOR ISSUES (04/02/08)		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	1,320,000.	700,000.	260,000.	325,000.
2	Amount of bonds legally defeased				
3	Total proceeds of issue	53,510,000.	111,453,965.	84,610,000.	85,060,000.
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds		883,808.	499,839.	502,498.
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds		110,570,157.		
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion				

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14	Were the bonds issued as part of a current refunding issue?	X			X	X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

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

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047
2012
Open to Public Inspection

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

Part I Bond Issues SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pooled financing Yes	(i) Pooled financing No
A	MARYLAND HEALTH AND HIGHER EDUCATIONAL FACIL	52-0936091	NONE	11/28/12	35,000,000.	REFUND PRIOR ISSUES (03/01/04)		X		X		X
B	MARYLAND HEALTH AND HIGHER EDUCATIONAL FACIL	52-0936091	NONE	11/28/12	65,000,000.	REFUND PRIOR ISSUES (08/26/08,		X		X		X
C												
D												

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	35,000,000.	65,000,000.		
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion				

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14	Were the bonds issued as part of a current refunding issue?	X		X					
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

	A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		.17 %		.17 %		%		.06 %
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		.17 %		.17 %		%		.05 %
6 Total of lines 4 and 5		.34 %		.34 %		%		.11 %
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X		X		X

Part IV Arbitrage

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

Part III Private Business Use *(Continued)*

	A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	%		.92 %		.39 %		.39 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	%		.12 %		.09 %		.09 %	
6 Total of lines 4 and 5	%		1.04 %		.48 %		.48 %	
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X		X		X

Part IV Arbitrage

	A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
1 Has the issuer filed Form 8038-T?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		X
b Exception to rebate?	X		X		X		X	
c No rebate due?		X		X		X		X
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X			X	X		X	
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X	X		X	
b Name of provider					MERRILL LYNCH AND G		MERRILL LYNCH AND GO	
c Term of hedge					30.8000000		30.8000000	
d Was the hedge superintegrated?						X		X
e Was the hedge terminated?						X		X

Part III Private Business Use *(Continued)*

	A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c Are there any research agreements that may result in private business use of bond-financed property?	X		X					
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X					
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		%		.08 %		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		%		.07 %		%		%
6 Total of lines 4 and 5		%		.15 %		%		%
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X				

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

SEE PART VI SUPPLEMENTAL INFORMATION SHEET

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

SEE PART VI SUPPLEMENTAL INFORMATION SHEET

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

SCHEDULE K, PART I, BOND ISSUES:
(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
(F) DESCRIPTION OF PURPOSE:
CONSTRUCTION AND EQUIPPING OF TWO MEDICAL TOWERS.

(A) ISSUER NAME:
MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY

(A) ISSUER NAME:
MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY

(A) ISSUER NAME:
MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY
(F) DESCRIPTION OF PURPOSE:
REFUND PRIOR ISSUES (02/09/04), 02/09/04 REFINANCED 6/22/93

(A) ISSUER NAME:
MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY

SEE PART VI SUPPLEMENTAL INFORMATION SHEET

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K.

(F) DESCRIPTION OF PURPOSE:

CONSTRUCTION AND EQUIPPING OF TWO MEDICAL TOWERS.

(A) ISSUER NAME:

MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY

(A) ISSUER NAME:

MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY

(A) ISSUER NAME:

MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY

(A) ISSUER NAME:

MARYLAND HEALTH AND HIGHER EDUCATIONAL FACILITIES AUTHORITY

(F) DESCRIPTION OF PURPOSE:

REFUND PRIOR ISSUES (08/26/08, 11/13/07, 10/05/11)

SCHEDULE K, PART III, LINES 7-9

NONQUALIFIED BONDS

THE ORGANIZATION ANSWERED 'NO' BECAUSE IT HAS NO NONQUALIFIED BONDS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization: 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

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MISSION TO THE ENTIRE COMMUNITY.

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

THESE FACILITIES ENABLES JHH TO PROVIDE PATIENT-FOCUSED NEUROLOGICAL SERVICES INCLUDING STATE-OF-THE-ART ADULT AND PEDIATRIC OPERATING ROOMS THAT INCLUDE INTRA-OPERATIVE MRI MACHINES THAT PROVIDE REAL-TIME IMAGES OF THE BRAIN DURING SURGERY. IN ADDITION, AN ALL-NEW 24-BED NEUROLOGICAL CRITICAL CARE UNIT (NCCU) PROVIDES COMPLETE INTENSIVE CARE MANAGEMENT TO MORE THAN 1,700 ADMISSIONS PER YEAR WITH PATIENTS ADMITTED FROM NEUROSURGERY, NEUROLOGY, ORTHOPEDIC/SPINE AND OTOLARYNGOLOGY.

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, CEREBROVASULAR 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 MAKING USE OF ENHANCED EPILEPSY MONITORING EQUIPMENT THAT IS SPECIFICALLY DESIGNED FOR THE EVALUATION OF ADULT AND PEDIATRIC SEIZURE DISORDERS. 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

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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 2013, WE PROVIDED OVER 30,000 OUTPATIENT CONSULTATIONS AND PERFORMED MORE THAN 4,000 BRAIN, TUMOR, VASCULAR AND PERIPHERAL NERVE OPERATIONS IN THE JOHNS HOPKINS OUTPATIENT CENTER.

JOHNS HOPKINS HAS EMERGED AS ONE OF THE MOST COMPREHENSIVE NEUROLOGICAL CENTERS OF ITS KIND AS RECOGNIZED BY OUR NUMBER ONE RANKING IN THE NATION IN NEUROLOGY AND NEUROSURGERY BY U.S. NEWS AND WORLD REPORT.

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

SOME OF THESE INCLUDE CORONARY ARTERY DISEASE, CARDIAC ARRHYTHMIA, HEART FAILURE AND VALVULAR HEART DISEASE.

DURING FISCAL-YEAR 2013, MORE THAN 1,200 ADULT AND PEDIATRIC CARDIAC SURGERY PROCEDURES WERE PERFORMED AT THE JOHNS HOPKINS HOSPITAL. OUR LARGE VOLUME, CONSISTING OF MANY COMPLEX AND COMPLICATED PROCEDURES IN ALL AREAS, INCLUDING PEDIATRIC AND AORTIC CARDIAC PROCEDURES, ASSURES PATIENTS THAT THEY ARE RECEIVING THE BEST CARE POSSIBLE FROM SOME OF THE MOST EXPERIENCED AND EXPERTLY SKILLED SURGEONS IN THE WORLD. THE SURGEONS OF THE JOHNS HOPKINS HEART AND VASCULAR INSTITUTE SPECIALIZE IN CORONARY ARTERY BYPASS SURGERY, VALVE REPLACEMENT, COGENTIAL CARDIAC SURGERY AND MINIMALLY-INVASIVE CARDIAC SURGERY.

IN ADDITION TO OFFERING GROUND-BREAKING TECHNOLOGY, OUR SURGICAL PROGRAM PROVIDES PATIENTS WITH THE ADVANTAGE OF AN ON-SITE MULTI-DISCIPLINARY TEAM OF CARDIOLOGISTS, ELECTROPHYSIOLOGISTS, INTERVENTIONAL RADIOLOGISTS, VASCULAR SURGEONS, ADVANCED PRACTICE

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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.

IN APRIL 2012, ALL DEPARTMENTS UNDER THE JOHNS HOPKINS HEART AND VASCULAR INSTITUTE MOVED INTO THEIR NEW LOCATION IN THE SHEIKH ZAYED TOWER. THIS INCLUDES CARDIOLOGY, CARDIAC SURGERY, VASCULAR SURGERY, AND IMAGING SERVICES. OUR FIRST FULL YEAR OF OPERATIONS IN OUR NEW FACILITIES HAVE ALLOWED OUR PHYSICIANS AND STAFF TO CONTINUE PROVIDING CUTTING-EDGE CARE, WHILE GIVING PATIENTS AND THEIR FAMILIES A MORE WELCOMING EXPERIENCE.

IN THE PAST YEAR THE JOHNS HOPKINS HOSPITAL RANKED #1 IN THE U.S. NEWS & WORLD REPORT RANKINGS OF AMERICAN HOSPITALS. OUR CARDIOVASCULAR PROGRAM, RATED #4 IN THE COUNTRY ACCORDING TO U.S. NEWS, CONTINUES TO STRIVE TO PROVIDE THE BEST PATIENT CARE AND MOST INNOVATIVE TREATMENT OPTIONS FOR OUR PATIENTS AND THEIR FAMILIES.

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

UNCHANGED TODAY. WITH THE CONVERGENCE OF TECHNOLOGY, BRILLIANT SCIENTIFIC MINDS, AND THE COMMITMENT OF THOSE WHO HAVE FUNDED THESE DISCOVERIES, WE HAVE COME TO A TIME WHEN WE CAN BEGIN TO ALTER THE COURSE OF CANCER IN WAYS WE COULD ONLY IMAGINE FOUR DECADES AGO. 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

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CONTROL. THE KIMMEL CANCER CENTER IS THE ONLY COMPREHENSIVE CANCER CENTER IN THE STATE OF MARYLAND. IT ENCOMPASSES A WIDE SPECTRUM OF SPECIALTY PROGRAMS FOR BOTH ADULTS AND CHILDREN COPING WITH CANCER, INCLUDING BONE MARROW TRANSPLANTATION AND NEW DRUG DEVELOPMENT. THE STRENGTH OF OUR RESEARCH AND TREATMENT PROGRAMS WAS RECOGNIZED EARLY ON BY THE NATIONAL CANCER INSTITUTE, BECOMING ONE OF THE FIRST TO EARN COMPREHENSIVE CANCER CENTER STATUS AND RECOGNITION AS A CENTER OF EXCELLENCE.

DURING FISCAL-YEAR 2013, MORE THAN 2,300 INPATIENTS WERE TREATED AT THE SIDNEY KIMMEL COMPREHENSIVE CANCER CENTER AND THERE WERE APPROXIMATELY 87,000 OUTPATIENT VISITS MADE TO THE JOHNS HOPKINS HOSPITAL BY ONCOLOGY PATIENTS. PATIENTS WHO VISIT THE KIMMEL CANCER CENTER HAVE ACCESS TO SOME OF THE MOST INNOVATIVE AND ADVANCED THERAPIES IN THE WORLD. BECAUSE KIMMEL CANCER CENTER RESEARCH SCIENTISTS AND CLINICIANS WORK CLOSELY TOGETHER, NEW DRUGS AND TREATMENTS DEVELOPED IN THE LABORATORY ARE QUICKLY TRANSFERRED TO THE CLINICAL SETTING, OFFERING PATIENTS CONSTANTLY IMPROVED THERAPEUTIC OPTIONS.

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

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THE WORK BY CENTER INVESTIGATORS IN CANCER GENETICS AND EPIGENETICS IS RECOGNIZED AS THE CLASSIC MODEL FOR DECIPHERING THE MECHANISMS OF CANCER INITIATION AND PROGRESSION. THE PIONEERING RESEARCH THAT DEFINED CANCER AS A GENETIC DISEASE WAS DONE AT OUR CENTER. THESE DISCOVERIES LED TO THE FIRST GENETIC TESTS FOR A HEREDITARY CANCER AND A SCREENING STOOL TEST FOR COLON CANCER. OUR INVESTIGATORS WERE THE FIRST TO MAP A CANCER GENOME, DECIPHERING THE GENETIC BLUEPRINTS FOR COLON, BREAST, PANCREATIC, AND BRAIN CANCERS. OF THE 75 CANCERS FOR WHICH ALL GENES HAVE BEEN SEQUENCED, 68 HAVE BEEN DONE AT THE KIMMEL CANCER CENTER. THESE DISCOVERIES HAVE PAVED THE WAY FOR PERSONALIZED THERAPIES WITH OUR INVESTIGATORS UNDERTAKING THE FIRST USE OF PERSONALIZED GENOME SCANNING TO REVEAL THE GENE MUTATION THAT CAUSED A PERSONS INHERITED FROM OF PANCREATIC CANCER.

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 COPY OF THE FORM 990 IS SENT BY EMAIL TO THE ORGANZIATION'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.

Name of the organization: THE JOHNS HOPKINS HOSPITAL

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ALL OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO COMPLY ON AN ANNUAL BASIS.

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

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

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

AUDIT/BOOK ADJUSTMENT	151.
MINIMUM PENSION LIABILITY	120,994,000.
CHANGE IN MKT VAL. OF SWAP AGREEMENT	71,773,575.
NET ASSETS RELEASED	-1,691,249.
LOSS FROM ADVANCE REFUNDING OF DEBT	-1,009,648.
NON-OPERATING SERVICES	-7,209,601.
TOTAL TO FORM 990, PART XI, LINE 9	182,857,228.

SCHEDULE K PART II, LINE 8

YEAR OF SUBSTANTIAL COMPLETION

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

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

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization: THE JOHNS HOPKINS HOSPITAL

Employer identification number 52-0591656

Part I **Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
JOHNS HOPKINS HEALTH SYSTEM CORPORATION - 52-1465301, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	SUPPORTING ORGANIZATION	MARYLAND	501(C)(3)	LINE 11C, III-FI	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
HOWARD COUNTY GENERAL HOSPITAL, INC - 52-2093120, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	HOSPITAL	MARYLAND	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
HOWARD COUNTY LIQUIDATION CORPORATION - 52-0892284, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	INACTIVE TAX-EXEMPT ORGANIZATION	MARYLAND	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC - 52-1341890, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	HOSPITAL	MARYLAND	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule R (Form 990) 2012**

SEE PART VII FOR CONTINUATIONS

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	(g) Section 512(b)(13) controlled organization? Yes	No
JOHNS HOPKINS COMMUNITY PHYSICIANS, INC - 52-1467441, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	HEALTHCARE SERVICES	MARYLAND	501(C)(3)	LINE 11C, III-FI	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
JOHNS HOPKINS HOSPITAL ENDOWMENT FUND, INC - 23-7252596, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	MANAGEMENT OF ENDOWMENT	MARYLAND	501(C)(3)	LINE 11C, III-FI	JOHNS HOPKINS HOSPITAL ENDOWMENT FUND,		X
JOHNS HOPKINS MEDICAL SERVICES CORPORATION - 52-1232569, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	HEALTHCARE SERVICES	MARYLAND	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
JOHNS HOPKINS PARKING CORPORATION - 31-1475716, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	SUPPORTING ORGANIZATION	MARYLAND	501(C)(3)	LINE 11A, I	JOHNS HOPKINS PARKING CORPORATION		X
SUBURBAN HOSPITAL HEALTHCARE SYSTEM, INC. - 52-2052354, 8600 OLD GEORGETOWN ROAD, BETHESDA, MD 20814	HEALTHCARE SERVICES	MARYLAND	501(C)(3)	LINE 11C, III-FI	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
SUBURBAN HOSPITAL, INC. - 52-0610545 8600 OLD GEORGETOWN ROAD BETHESDA, MD 20814	HOSPITAL	MARYLAND	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
LUCY WEBB HAYES NATIONAL TRAINING SCHOOL FOR DEACONESSES - 53-0196602, 5255 LOUGHBORO RD, NW, WASHINGTON, DC 20016	HOSPITAL	DISTRICT OF COLUMBIA	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X
POTOMAC HOME SUPPORT INC - 52-1750383 6001 MONTROSE ROAD NO 1020 ROCKVILLE, MD 20852	HOME HEALTH CARE	MARYLAND	501(C)(3)	LINE 9	N/A		X
SIBLEY SUBURBAN HOME HEALTH AGENCY - 52-1450142, 6001 MONTROSE ROAD NO 307, ROCKVILLE, MD 20852	HOME HEALTH CARE	MARYLAND	501(C)(3)	LINE 9	N/A		X
PEDIATRIC PHYSICIAN SERVICES, INC - 59-3425191, 501 SIXTH AVENUE SOUTH, ST. PETERSBURG, FL 33701	PEDIATRIC MEDICAL SERVICES	FLORIDA	501(C)(3)	LINE 9	ALL CHILDREN'S HEALTH SYSTEM, INC		X
ALL CHILDREN'S HOSPITAL FOUNDATION, INC - 59-2481738, 501 SIXTH AVENUE SOUTH, ST. PETERSBURG, FL 33701	FOUNDATION	FLORIDA	501(C)(3)	LINE 7	ALL CHILDREN'S HEALTH SYSTEM, INC		X
ALL CHILDREN'S HOSPITAL, INC - 59-0683252 501 SIXTH AVENUE SOUTH ST. PETERSBURG, FL 33701	HOSPITAL	FLORIDA	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X

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	(g) Section 512(b)(13) controlled organization? Yes	No
ALL CHILDREN'S RESEARCH INSTITUTE, INC - 59-2481742, 501 SIXTH AVENUE SOUTH, ST. PETERSBURG, FL 33701	RESEARCH	FLORIDA	501(C)(3)	LINE 4	ALL CHILDREN'S HEALTH SYSTEM, INC		X
SURGIKID OF FLORIDA, INC - 59-3441883 501 SIXTH AVENUE SOUTH ST. PETERSBURG, FL 33701	MEDICAL SERVICES	FLORIDA	501(C)(3)	LINE 9	ALL CHILDREN'S HEALTH SYSTEM, INC		X
KIDS HOME CARE, INC. - 59-3476049 501 SIXTH AVENUE SOUTH ST. PETERSBURG, FL 33701	HOME HEALTH CARE	FLORIDA	501(C)(3)	LINE 9	ALL CHILDREN'S HEALTH SYSTEM, INC		X
WEST COAST NEONATOLOGY, INC - 59-3398308 501 SIXTH AVENUE SOUTH ST. PETERSBURG, FL 33701	NEONATAL CARE	FLORIDA	501(C)(3)	LINE 9	ALL CHILDREN'S HEALTH SYSTEM, INC		X
ALL CHILDREN'S HEALTH SYSTEM, INC - 59-2481740, 501 SIXTH AVENUE SOUTH, ST. PETERSBURG, FL 33701	MANAGEMENT SERVICES	FLORIDA	501(C)(3)	LINE 11C, III-FI	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
JHMI UTILITIES, LLC - 20-2814243, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	UTILITY FACILITIES	MD	N/A	RELATED	3,122,659.	123,469,584.		X	1,298.		X	50.00%
OPHTHALMOLOGY ASSOCIATES, LLC - 52-1890957, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	OPHTHALMOLOGY SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SUBURBAN WELLNESS CENTER, LLC - 56-2296930, 20500 GOLDENROD LANE, GERMANTOWN, MD 20874	REAL ESTATE	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
GCM SUBURBAN IMAGING, LLC - 52-2326237, 1201 SEVEN LOCKS ROAD, STE. 200, ROCKVILLE, MD 20854	OUTPATIENT RADIOLOGY	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
HCP VENTURE ONE CORPORATION - 52-1558858 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300 BALTIMORE, MD 21211	MEDICAL SERVICES	MD	N/A	C CORP	N/A	N/A	N/A		X
HOWARD COUNTY HEALTH SERVICES, INC. - 52-1434783, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	HEALTHCARE MANAGEMENT	MD	N/A	C CORP	N/A	N/A	N/A		X
HSI MEDICAL SERVICES CORPORATION - 52-1847705, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	HEALTHCARE-SLEEP DIAGNOSTICS	MD	N/A	C CORP	N/A	N/A	N/A		X
JOHNS HOPKINS MEDICAL MANAGEMENT CORPORATION - 52-1250028, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	NURSING SERVICES	MD	N/A	C CORP	N/A	N/A	N/A		X
JOHNS HOPKINS EMPLOYER HEALTH PROGRAMS INC. - 52-1947678, 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300A, BALTIMORE, MD 21211	BENEFIT PLANS	MD	N/A	C CORP	N/A	N/A	N/A		X

SEE PART VII FOR CONTINUATIONS

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
ROCKVILLE IMAGING, LLC - 14-1944128, 1201 SEVEN LOCKS ROAD, STE. 200, ROCKVILLE, MD 20854	OUTPATIENT RADIOLOGY	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CHEVY CHASE IMAGING, LLC - 14-1944126, 1201 SEVEN LOCKS ROAD, STE. 200, ROCKVILLE, MD 20854	RADIOLOGY SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

Part IV 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	(i) Section 512(b)(13) controlled entity? Yes	No
TCAS, INC. - 52-1979344 3910 KESWICK RD, SOUTH BLDG, 4TH FL, STE 4300 BALTIMORE, MD 21211	NURSING SERVICES	MD	N/A	C CORP	N/A	N/A	N/A		X
SUBURBAN HEALTH ENTERPRISES, INC. - 52-2052352, 8600 OLD GEORGETOWN ROAD, BETHESDA, MD 20814	MEDICAL OFFICE LEASING AND RELEASING	MD	N/A	C CORP	N/A	N/A	N/A		X
VARIOUS CHARITABLE REMAINDER TRUSTS 3910 KESWICK RD, STE. 4300A BALTIMORE, MD 21211	CHARITABLE REMAINDER TRUSTS	MD	N/A	TRUST		140,670.	100.00%		X

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

			Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b		X
c	Gift, grant, or capital contribution from related organization(s)	1c	X	
d	Loans or loan guarantees to or for related organization(s)	1d	X	
e	Loans or loan guarantees by related organization(s)	1e	X	
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o	Sharing of paid employees with related organization(s)	1o	X	
p	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		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	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor-tionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

232164
12-10-12

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

JOHNS HOPKINS HOSPITAL ENDOWMENT FUND, INC

DIRECT CONTROLLING ENTITY: JOHNS HOPKINS HOSPITAL ENDOWMENT FUND, INC

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME OF RELATED ORGANIZATION:

SUBURBAN WELLNESS CENTER, LLC

DIRECT CONTROLLING ENTITY: SUBURBAN HEALTH ENTERPRISES, INC

NAME OF RELATED ORGANIZATION:

GCM SUBURBAN IMAGING, LLC

DIRECT CONTROLLING ENTITY: SUBURBAN HEALTH ENTERPRISES, INC

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

TCAS, INC.

DIRECT CONTROLLING ENTITY: JOHNS HOPKINS MEDICAL MANAGEMENT CORPORATION

NAME OF RELATED ORGANIZATION:

SUBURBAN HEALTH ENTERPRISES, INC.

DIRECT CONTROLLING ENTITY: SUBURBAN HOSPITAL HEALTHCARE SYSTEM. INC.

2012 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	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	HY	16	9,269,421.				9,269,421.			0.	
2	LAND IMPROVEMENTS	VARIOUS		.000	HY	16	16920874.				16920874.	4,141,864.		1,345,704.	5,487,568.
3	LEASEHOLD IMPROVEMENTS	VARIOUS		.000	HY	16	2,086,521.				2,086,521.	1,386,797.		158,675.	1,545,472.
4	BUILDINGS	VARIOUS		.000	HY	16	721130114.				721130114.	213190408.		49833924.	263024332.
5	FIXED EQUIPMENT	VARIOUS		.000	HY	16	255448217.				255448217.	97385612.		14655752.	112041364.
6	MAJOR MOVEABLE EQUIPMENT	VARIOUS		.000	HY	16	386676570.				386676570.	159141723.		48846551.	207988274.
7	TELEPHONE	VARIOUS		.000	HY	16	19656585.				19656585.	361,741.		2,442,573.	2,804,314.
8	SOFTWARE	VARIOUS		.000	HY	16	65717993.				65717993.	26419192.		11821616.	38240808.
10	CONSTRUCTION IN PROGRESS	VARIOUS		.000	HY	16	626494370.				626494370.			0.	
	* TOTAL 990 PAGE 10 DEPR						2103400665				2103400665	502027337.		129104795.	631132132.

(D) - Asset disposed

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

The Johns Hopkins Hospital

Financial Statements
June 30, 2013 and 2012

The Johns Hopkins Hospital
Index
June 30, 2013 and 2012

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Independent Auditor's Report

To the Board of Trustees of
The Johns Hopkins Hospital

We have audited the accompanying financial statements of The Johns Hopkins Hospital ("JHH"), which comprise the balance sheets as of June 30, 2013 and 2012, and the related statements of operations and changes in net assets and cash flows for the years then ended.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the Company's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of JHH at June 30, 2013 and 2012, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

PricewaterhouseCoopers LLP

September 27, 2013

PricewaterhouseCoopers LLP, 100 East Pratt Street, Suite 1900, Baltimore, MD 21202-1096
T: (410) 783 7600, F: (410) 783 7680, www.pwc.com/us

The Johns Hopkins Hospital
Balance Sheets
June 30, 2013 and 2012

(in thousands)	2013	2012
Assets		
Current assets		
Cash and cash equivalents	$ 88,752	$ 41,074
Short-term investments	22,353	8,950
Assets whose use is limited for current liabilities	13,485	12,152
Patient accounts receivable, net of estimated uncollectibles of $46,014 and $29,636 at June 30, 2013 and 2012, respectively	294,327	210,413
Due from others	9,475	29,362
Due from affiliates - current portion	22,440	31,015
Inventories of supplies	51,205	45,272
Prepaid expenses and other current assets	26,862	28,815
Total current assets	528,899	407,053
Assets whose use is limited, net of current		
By donors or grantors for		
Future campus development	984	644
Pledges receivable	10,146	15,079
By Board of Trustees	63,783	63,382
Other	4,915	7,705
Total assets whose use is limited, net of current	79,828	86,810
Investments	537,097	459,589
Property, plant and equipment	2,103,401	2,072,864
Less: Allowance for depreciation and amortization	(631,132)	(552,048)
Total property, plant and equipment, net	1,472,269	1,520,816
Due from affiliates, net of current portion	190,317	264,213
Estimated malpractice recoveries, net of current portion	31,126	26,095
Other assets	11,420	5,272
Total assets	$ 2,850,956	$ 2,769,848

The accompanying notes are an integral part of these financial statements.

The Johns Hopkins Hospital
Balance Sheets
June 30, 2013 and 2012

(in thousands)	2013	2012
Liabilities and Net Assets		
Current liabilities		
Current portion of long-term debt	$ 25,865	$ 162,625
Accounts payable and accrued liabilities	178,681	197,090
Accrued vacation	18,505	18,240
Due to affiliates, current portion	13,862	19,725
Advances from third-party payors	84,998	80,257
Current portion of estimated malpractice costs	18,614	21,846
Total current liabilities	340,525	499,783
Long-term debt, net of current portion	784,261	708,198
Estimated malpractice costs, net of current portion	70,109	64,121
Long-term notes payable affiliate, net of current portion	48,250	-
Net pension liability	201,400	290,783
Other long-term liabilities	164,100	235,495
Total liabilities	1,608,645	1,798,380
Net assets		
Unrestricted	1,226,496	952,208
Temporarily restricted	15,815	19,260
Total net assets	1,242,311	971,468
Total liabilities and net assets	$ 2,850,956	$ 2,769,848

The accompanying notes are an integral part of these financial statements.

The Johns Hopkins Hospital
Statements of Operations and Changes in Net Assets
Years Ended June 30, 2013 and 2012

(in thousands)	2013	2012
Operating revenues		
Net patient service revenue before bad debts expense	$ 1,841,096	$ 1,634,266
Provision for bad debts	59,693	34,930
Net patient service revenue	1,781,403	1,599,336
Other revenue	156,963	143,362
Investment income	9,185	14,042
Net assets released from restrictions used for operations	671	229
Total operating revenues	1,948,222	1,756,969
Operating expenses		
Salaries, wages and benefits	753,909	698,118
Purchased services	572,375	505,647
Supplies and other	397,428	374,736
Interest	24,569	8,349
Depreciation and amortization	129,722	84,892
Total operating expenses	1,878,003	1,671,742
Income from operations	70,219	85,227
Nonoperating revenues and expenses		
Interest expense on swap agreements	(19,155)	(19,115)
Change in market value of swap agreements	71,774	(107,608)
Realized and unrealized gains (losses) on investments	30,276	(5,469)
Loss on advance refunding of debt	(1,010)	(363)
Nonoperating services	(7,210)	(8,073)
Excess (deficiency) of revenues over expenses	144,894	(55,401)
Change in funded status of defined benefit plans	120,994	(188,442)
Net assets released from restrictions used for purchases of property and equipment	8,400	447,657
Increase in unrestricted net assets	274,288	203,814
Changes in temporarily restricted net assets		
Gifts, grants and bequests	6,647	16,235
Net assets released from restrictions used for purchase of property, plant and equipment	(8,400)	(447,657)
Net assets released from restrictions used for operations	(671)	(229)
Other	(1,021)	(10,617)
Decrease in temporarily restricted net assets	(3,445)	(442,268)
Increase (decrease) in net assets	270,843	(238,454)
Net assets		
Beginning of year	971,468	1,209,922
End of year	$ 1,242,311	$ 971,468

The accompanying notes are an integral part of these financial statements.

The Johns Hopkins Hospital
Statements of Cash Flows
Years Ended June 30, 2013 and 2012

(in thousands)	2013	2012
Operating activities		
Change in net assets	$ 270,843	$ (238,454)
Adjustments to reconcile change in net assets to net cash and cash equivalents (used in) provided by operating activities		
Depreciation, amortization, and accretion	130,490	87,215
Provisions for bad debts	59,693	34,930
Net realized and unrealized (gains) losses on investments	(30,276)	5,469
Change in market value on swap agreements	(71,774)	107,608
Change in funded status of defined benefit plans	(120,994)	188,442
Restricted contributions and investment income received	(11,580)	(26,770)
Refunding of debt	1,010	21,170
Changes in assets and liabilities		
Patient receivable and due from others	(123,720)	(85,830)
Inventories of supplies, prepaid expenses and other current assets	(1,047)	(11,652)
Due from (to) affiliates	55,557	(75,853)
Pledges receivable	4,933	10,535
Other assets	(15,447)	(5,058)
Accounts payable, accrued liabilities and accrued vacation	1,861	15,128
Advances from third-party payors	4,741	13,354
Accrued pension benefit costs	31,611	(29,051)
Other long-term liabilities	379	721
Estimated malpractice costs	4,855	(1,976)
Net cash and cash equivalents provided by operating activities	191,136	9,928
Investing activities		
Purchases of property, plant, and equipment	(100,566)	(284,697)
Purchases of investment securities	(398,056)	(338,006)
Sales of investment securities	335,748	544,319
Payments received on affiliate notes receivable	67,071	-
Advances made on affiliates notes receivable	(46,020)	-
Net cash and cash equivalents used in investing activities	(141,823)	(78,384)
Financing activities		
Proceeds from restricted contributions and investment income received	11,580	26,770
Proceeds from long-term borrowing	269,670	284,587
Repayment of long-term debt	(331,135)	(355,215)
Proceeds from affiliates notes payable	48,250	-
Net cash and cash equivalents provided by (used in) financing activities	(1,635)	(43,858)
Increase (decrease) in cash and cash equivalents	47,678	(112,314)
Cash and cash equivalents		
Beginning of year	41,074	153,388
End of year	$ 88,752	$ 41,074
Supplemental disclosure of noncash transactions		
Construction costs incurred but not paid	$ 13,988	$ 33,996

The accompanying notes are an integral part of these financial statements.

1. Organization and Summary of Significant Accounting Policies

Organization
The Johns Hopkins Health System ("JHHS") is the sole member of The Johns Hopkins Hospital ("JHH"). JHHS is a not-for-profit organization incorporated in the State of Maryland to formulate policy among and provide centralized management for JHHS and its Affiliates. In addition, JHHS provides certain shared services including purchasing, legal, coordination of marketing, and other functions for which JHH is charged separately (Note 13).

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

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

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

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

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

Through arrangements with banks, excess operating cash may be invested daily. This investment is a cash equivalent in the accompanying Balance Sheets. JHH earns interest on these funds at a rate that is based upon the bank's Federal Funds rate. The interest is recorded in the accompanying Statement of Operations and Changes in Net Assets as investment income.

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

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

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

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

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

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

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

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

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

Property, Plant and Equipment

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

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

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

Impairment of Long-Lived Assets

Long-lived assets are reviewed for impairment when events and circumstances indicate that the carrying amount of an asset may not be recoverable. JHH's policy is to record an impairment loss when it is determined that the carrying amount of the asset exceeds the sum of the expected undiscounted future cash flows resulting from use of the asset and its eventual disposition. Impairment losses are measured as the amount by which the carrying amount of the asset exceeds its fair value. Long-lived assets to be disposed of are reported at the lower of the carrying amount or fair value less cost to sell. There were no impairment charges for the years ended June 30, 2013 and 2012.

Financing Expenses

Financing expenses incurred in connection with the issuance by the Maryland Health and Higher Educational Facilities Authority ("MHHEFA") of long-term debt have been capitalized and are included in other assets in the Balance Sheet. Unamortized financing expenses were $4.6 million and $4.9 million at June 30, 2013 and 2012, respectively. These expenses are being amortized over the term of the related bond issues using the effective interest method. Amortization expense for the years ended June 30, 2013 and 2012 was $0.6 million and $0.5 million, respectively.

Accrued Vacation

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

Advances From Third-party Payors

JHH receives advances from some of its third-party payors so that those payors can receive the stated prompt pay discount allowed in the State of Maryland. Advances are recorded as a liability in the Combined Balance Sheets.

Estimated Malpractice Costs

The provision for estimated medical malpractice claims includes estimates of the ultimate gross costs for both reported claims and claims incurred but not reported. Additionally, an insurance recovery has been recorded representing the amount expected to be recovered from the self insured captive insurance company.

Swap Agreements

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

Asset Retirement Obligations

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

Temporarily Restricted Net Assets

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

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

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

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

Nonoperating Services
JHH has entered into an agreement to support capital improvements to the Johns Hopkins University School of Medicine's ("JHUSOM") infrastructure at the Johns Hopkins Hospital's East Baltimore campus through annual contributions. These contributions are recognized each year as nonoperating services in JHH's Statements of Operations and Changes in Net Assets.

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

FASB's guidance on accounting for uncertainty in income taxes clarifies the accounting for uncertainty of income tax positions. This guidance defines the threshold for recognizing tax return positions in the financial statements as "more likely than not" that the position is sustainable, based on its technical merits. This guidance also provides guidance on the measurement, classification and disclosure of tax return positions in the financial statements. There was no impact on JHH's financial statements during the years ended June 30, 2013 and 2012 resulting from this guidance.

Reclassifications

Certain amounts from the prior year have been reclassified in order to conform to current year presentation.

New Accounting Standards

Effective July 1, 2012 JHH adopted the provisions of ASU 2011-04, "Fair Value Measurement: Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRS," including an amendment to ASC 820, "Fair Value Measurements." ASU 2011-04 changes the wording used to describe many of the requirements in U.S. GAAP for measuring fair value and for disclosing information about fair value measurements. This update includes amendments that clarify the FASB's intent about the application of existing fair value or for disclosing information about fair value measurements. The adoption of ASU 2011-04 had no effect on JHH's Balance Sheets and Statements of Operations and Changes in Net Assets.

Effective July 1, 2012, JHH adopted the provisions of ASU 2011-07 "Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities", which applies to health care entities that recognize a significant amount of patient service revenue at the time services are rendered even though the entities do not assess a patient's ability to pay. This ASU requires health care entities to present the provision for bad debts related to patient service revenue as a deduction from patient service revenue on the face of the Statement of Operations and Changes in Net Assets. The adoption of this ASU was made retrospectively, therefore, the provision for bad debts for the prior period was reclassified to conform to the new presentation.

2. Net Patient Service Revenue

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

JHH has a policy of providing care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Such patients are identified based on information obtained from the patient and subsequent analysis. Because JHH does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue. Effective July 1, 2011, JHH adopted the provisions of ASU 2010-23, "Measuring Charity Care for Disclosure", which states that direct and indirect cost be used as the measurement basis for charity care disclosure purposes and that the method used to determine such costs also be disclosed. The adoption of this ASU had no impact on JHH's financial condition, results of operations or cash flows. Direct and indirect costs for these services amounted to $27.8 million and $29.2 million for the years ended June 30, 2013 and 2012, respectively. The costs of providing charity care services are based on a calculation which applies a ratio of costs to charges to the gross uncompensated charges associated with providing care to charity patients. The ratio of cost to charges is calculated based on JHH's total expenses (less bad debt expense) divided by gross patient service revenue.

Patient accounts receivable are reported net of estimated allowances for uncollectable accounts and contractual adjustments in the accompanying financial statements. The provision for bad debts is based upon a combination of the payor source, the aging of receivables and management's assessment of historical and expected net collections, trends in health insurance coverage, and other collection indicators. For uninsured patients that do not qualify for charity care, the Hospital recognizes revenue on the basis of its standard rates for services provided. On the basis of historical experience, a significant portion of the Hospitals uninsured patients will be unable or unwilling to pay for services provided. Thus, a significant provision for bad debts is recorded related to uninsured patients in the period services are provided. Management continuously assesses the adequacy of the allowance for uncollectable accounts based upon historical write-off experience and payment trends by payor classification.

Patient service revenue, net of contractual allowances (but before the provision for bad debts), recognized in the year ending June 30, 2013 from these major payor sources is as follows:

	Third-Party Payors	Self-Pay	Total All Payors
Patient service revenue (net of contractual allowances)	$1,779,870	$61,226	$1,841,096

Patient service revenue, net of contractual allowances (but before the provision for bad debts), recognized in the year ending June 30, 2012 from these major payor sources is as follows:

	Third-Party Payors	Self-Pay	Total All Payors
Patient service revenue (net of contractual allowances)	$1,597,592	$36,674	$1,634,266

The following table depicts the mix of gross accounts receivable from patients and third-party payors as of June 30, 2013 and 2012:

	2013	**2012**
Medicare program	22 %	19 %
Blue Cross and Blue Shield of Maryland	13 %	17 %
Health Maintenance Organizations	18 %	17 %
Commercial	15 %	15 %
Medicaid program	9 %	10 %
Medicaid Managed Care Organizations	9 %	9 %
Other self-pay and third party-payors	14 %	13 %

3. Pledges Receivable

As of June 30, 2013 and 2012, the total value of pledges receivable was $10.4 million and $15.7 million, before discounts. These amounts have been discounted at rates ranging from 0.65% to 6.0% and consist of the following:

	2013			
(in thousands)	1 Year	2–5 Years	5 Years or Greater	Totals
Future campus development	$ 5,291	$ 4,833	$ 22	$ 10,146

	2012			
(in thousands)	1 Year	2–5 Years	5 Years or Greater	Totals
Future campus development	$ 7,897	$ 7,138	$ 44	$ 15,079

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

4. Fair Value Measurements

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

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

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

Level 1 Observable inputs such as quoted market prices for identical assets or liabilities in active markets;

Level 2 Observable inputs for similar assets or liabilities in an active market, or other than quoted prices in an active market that are observable either directly or indirectly; and

Level 3 Unobservable inputs in which there is little or no market data that require the reporting entity to develop its own assumptions. There were no financial instruments requiring Level 3 classification at June 30, 2013 or June 30, 2012.

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

The following table presents the financial instruments carried at fair value as of June 30, 2013 grouped by hierarchy level:

(in thousands)	Level 1	Level 2	Total Fair Value
Assets			
Cash equivalents (1)	$ 108,956	$ -	$ 108,956
Commercial paper (1)	5,956		5,956
U.S. treasury notes (2)		90,792	90,792
Corporate bonds (2)		101,842	101,842
Asset backed securities (2)		26,191	26,191
Equities and equity funds (3)	47,130	110,678	157,808
Fixed Income Funds (4)	46,983	1,605	48,588
	$ 209,025	$ 331,108	$ 540,133
Liabilities			
Interest rate swap agreements (5)	$ -	$ 134,930	$ 134,930

The following table presents the financial instruments carried at fair value as of June 30, 2012 grouped by hierarchy level:

(in thousands)	Level 1	Level 2	Total Fair Value
Assets			
Cash equivalents (1)	$ 43,727	$ -	$ 43,727
U.S. treasury notes (2)	-	56,392	56,392
Corporate bonds (2)	-	88,946	88,946
Asset backed securities (2)	-	39,604	39,604
Equities and equity funds (3)	-	136,881	136,881
Fixed Income Funds (4)	-	44,967	44,967
	$ 43,727	$ 366,790	$ 410,517
Liabilities			
Interest rate swap agreements (5)	$ -	$ 206,703	$ 206,703

(1) Cash and cash equivalents, commercial paper, money market funds, and overnight investments include investments with original maturities of three months or less. Commercial paper that have original maturities greater than three months are considered short-term investments. Cash and cash equivalents, commercial paper, money market funds, and overnight investments are rendered level 1 due to their frequent pricing and ease of converting to cash.

(2) For investments in U.S. Treasuries (notes, bonds, and bills), corporate bonds, and asset backed securities, fair value is based on the average of the last reported bid and ask price; therefore these investments are rendered Level 2. These investments fluctuate in value based upon changes in interest rates.

(3) Equities include individual equities and investments in mutual funds, commingled trusts and hedge funds. The individual equities and mutual funds are valued based on the closing price on the primary market and are rendered level 1. The commingled trusts and hedge funds are valued regularly within each month utilizing NAV per unit and are rendered Level 2.

(4) Fixed income funds are investments in mutual funds and commingled trusts investing in fixed income instruments. The underlying fixed investments are principally U.S. Treasuries, corporate bonds, commercial paper, and mortgage backed securities. The mutual funds are valued based on the closing price on the primary market and are rendered level 1. The commingled trusts are valued regularly within each month utilizing NAV per unit and are rendered Level 2.

(5) The interest rate swap agreements are valued using a pricing service at net present value. These evaluated prices render these instruments Level 2. The volatility in the fair value of the swap agreements change as long-term interest rates change. (Note 8)

During 2013 and 2012, there were no transfers between Levels 1 and 2.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair value. Furthermore, while JHH believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value as of the reporting date.

The estimated total fair value of long-term debt, rendered level 2 based on quoted market prices for the same or similar issues, was $833.1 million and $901.2 million as of June 30, 2013 and 2012, respectively.

JHH holds alternative investments which are accounted for on the equity method of accounting which approximates fair value, that are not traded on national exchanges or over-the counter markets. JHH is provided a net asset value per share for these alternative investments that has been calculated in accordance investment company rules, which among other requirements, indicates that the underlying investments be measured at fair value. There are no unfunded commitments related to JHH's alternative investments.

The following table displays information by major alternative investment category as of June 30, 2013:

(in thousands) Description		Market Value	Liquidity	Notice Period	Receipt of Proceeds
Global asset allocation	$	75,237	Monthly	5 days	(1)
Fund of funds		45,365	Monthly, quarterly or terminated	25 - 70 days	(2)
Hedge funds		4,512	Quarterly	60 days	(3)

(1) Within 15 to 30 days, 95% within 5 days of redemption date, 5% in 30 days after withdrawal.

(2) Within 30 days of redemption date or 90% in 30 to 60 days of redemption date, 10% after annual audit.

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

The following table displays information by major alternative investment category as of June 30, 2012:

(in thousands) Description		Market Value	Liquidity	Notice Period	Receipt of Proceeds
Global asset allocation	$	71,847	Monthly	5 days	(1)
Fund of funds		40,367	Monthly, quarterly or terminated	25 - 70 days	(2)
Hedge funds		3,552	Quarterly	60 days	(3)

(1) Within 15 - 30 days, or 95% within 1 business day of the redemption date; 5% after the 12th business day of the month.

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

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

Financial instruments are reflected in the Combined Balance Sheets as of June 30, 2013 and 2012 as follows:

(in thousands)	2013	2012
Cash equivalents measured at fair value	$ 108,956	$ 43,727
Cash and cash equivalents included in AWUIL	(20,204)	(2,653)
Total cash and cash equivalents	$ 88,752	$ 41,074
Short and long-term investments measured at fair value	$ 368,911	$ 300,180
Investments accounted for under equity/cost method	190,539	168,359
Total short and long-term investments	$ 559,450	$ 468,539
Assets whose use is limited measured at fair value	$ 62,265	$ 66,609
Pledges receivable	10,146	15,079
Beneficial interest remainder trust	698	584
Cash in AWUIL reported in cash and equivalents in leveling table	20,204	16,690
Total assets whose use is limited	$ 93,313	$ 98,962

5. Investments and Assets Whose Use is Limited

Investments (short and long-term) are pooled together with other JHHS affiliates and consisted of the following as of June 30:

(in thousands)	2013 Carrying Amount	2012 Carrying Amount
Commercial paper	$ 5,113	$ -
U.S. treasury notes	65,455	35,801
Corporate bonds	73,462	57,183
Asset backed securities	19,007	25,349
Equities and equity funds	157,570	136,881
Fixed Income funds	48,304	44,967
Alternative investments	125,114	115,766
Other equity/cost investments	65,425	52,592
	$ 559,450	$ 468,539

Assets whose use is limited as of June 30 consisted of the following:

(in thousands)	2013 Carrying Amount	2012 Carrying Amount
Cash and cash equivalents	$ 20,204	$ 16,691
Commercial paper	843	-
U.S. treasury notes	25,337	20,590
Asset backed securities	7,184	14,256
Corporate bonds	28,380	31,762
Equities and equity funds	237	-
Fixed income funds	284	-
Beneficial interest remainder trust	698	584
Pledges receivable	10,146	15,079
	$ 93,313	$ 98,962

Included in assets whose use is limited as of June 30, 2013 and 2012 are $62.9 million and $62.5 million, respectively, of investments pooled together with other JHHS affiliates.

Realized and unrealized gains/(losses) on investments for the years ended June 30, included in nonoperating revenues and expenses section of the Statement of Operations consisted of the following:

(in thousands)	2013	2012
Realized gains on investments	$ 12,538	$ 2,282
Unrealized (losses) gains on investments	17,738	(7,751)
	$ 30,276	$ (5,469)

Investments recorded under the cost or equity method as of June 30 consisted of the following:

Entity	Cost/Equity	Percentage	2013	2012
JHMI Utilities, LLC	Equity	50.0 %	$ 8,660	$ 5,666
MCIC Bermuda	Cost	10.0	55,220	45,381
MCIC Vermont	Cost	16.0	1,000	1,000
Other	Cost		545	545
			$ 65,425	$ 52,592

6. Property, Plant and Equipment

Property, plant and equipment and accumulated depreciation and amortization consisted of the following as of June 30:

	2013		2012	
(in thousands)	Cost	Accumulated Depreciation	Cost	Accumulated Depreciation
Land and land improvements	$ 35,264	$ 5,488	$ 29,277	$ 4,206
Buildings and improvements	907,781	264,569	974,926	247,454
Fixed and moveable equipment	1,040,225	322,834	992,797	273,969
Construction in-progress	54,413	-	21,667	-
Capitalized software	65,718	38,241	54,197	26,419
	$ 2,103,401	$ 631,132	$ 2,072,864	$ 552,048

Accruals for purchases of property, plant and equipment at June 30, 2013 and 2012 amounted to $13.9 million and $33.9 million, respectively, and are included in accounts payable and accrued liabilities in the Balance Sheet. Depreciation expense for the years ended June 30, 2013 and 2012 amounted to $129.1 million and $84.4 million, respectively. Amortization expense for the years ended June 30, 2013 and 2012 amounted to $617 thousand and $484 thousand, respectively.

JHH and The Johns Hopkins University ("JHU") share various facilities, equipment and services. The costs related to these facilities, equipment and services are generally paid for in their entirety by one institution. Under the provisions of a Joint Administrative Agreement and a lease agreement between JHH and JHU, these costs are allocated to both institutions on the basis of usage. JHU leases approximately 22% and 20% of the net square footage within JHH's buildings at June 30, 2013 and 2012, respectively. During the years ended June 30, 2013 and 2012, JHH retired long-lived, fully depreciated assets determined to have no future value. The original cost and corresponding accumulated depreciation of these long-lived assets was $50.4 million and $46.7 million in 2013 and 2012, respectively. No proceeds from retirement were received.

7. Debt

Debt as of June 30 is summarized as follows:

	2013		2012	
(in thousands)	Current Portion	Long-Term Portion	Current Portion	Long-Term Portion
MHHEFA bonds and notes				
1990 Series--Revenue Bonds	$ 9,370	$ 43,941	$ 9,370	$ 49,589
2004 - Commercial Paper Series C	-	-	60,000	-
2007 - Commercial Paper Series D	-	-	40,000	-
2008 - Commercial Paper Series E	-	-	325	83,775
2008 - Commercial Paper Series F	-	-	400	84,150
2008 Series Revenue Bonds – including premium of $1,054 and $2,108 as of June 30, 2013 and 2012, respectively	-	49,299	48,250	50,353
2010 Series Revenue Bonds - including net original issue premium of $1,615 and $1,679 at June 30, 2013 and 2012, respectively.	-	149,810	-	149,874
2011 Series A Revenue Bonds - including premium of $6,327 and $7,083 as of June 30, 2013 and 2012, respectively	2,600	76,082	2,260	79,438
2011 Series B Revenue Bonds	-	48,245	-	48,245
2012 Series A Note	1,345	50,845	1,320	52,190
2012 Series B Revenue Bonds - including premium of $12,644 and $13,724 as of June 30, 2013 and 2012.	2,770	106,734	700	110,584
2012 Series C Revenue Bonds	375	83,975	-	-
2012 Series D Revenue Bonds	405	84,330	-	-
2012 Series E Floating Rate Note	9,000	91,000	-	-
	$ 25,865	$ 784,261	$ 162,625	$ 708,198

Obligated Group
The Johns Hopkins Health System's Obligated Group ("JHHS Obligated Group") consists of JHH, Johns Hopkins Bayview Medical Center, Inc., ("JHBMC"), Suburban Hospital Healthcare System, Inc. ("SHHS"), Suburban Hospital, Inc. ("SHI"), Howard County General Hospital ("HCGH") and the Johns Hopkins Health System Corporation ("JHHSC"). JHBMC was admitted into the JHHS Obligated Group in 2004 as part of a plan of debt refinancing. SHHS and SHI were admitted into the JHHS Obligated Group in 2010 as part of the JHH 2010 Series Revenue Bonds issuance and HCGH was admitted into the JHHS Obligated Group in 2012 as part of the JHH 2012 Series B Revenue Bond issuance. JHHSC was admitted in May 2013 as part of a JHHSC debt issuance. All debt of these entities are parity debt, and as such are collateralized equally and ratably by a claim on and a security interest in all of JHH's, JHBMC's, SHI's, SHHS', HCGH's and JHHSCs' receipts as defined in the Master Loan Agreement with MHHEFA. JHHS Obligated Group members are required to achieve a defined minimum debt service coverage ratio each year, maintain adequate insurance coverage and comply with certain restrictions on their ability to incur

additional debt. As of June 30, 2013 JHHS Obligated Group members were in compliance with these requirements. As of June 30, 2013 and 2012 JHHS Obligated Group members parity debt was $1.2 billion and $1.1 billion, respectively.

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

The bonds outstanding consist of Capital Appreciation Bonds. Interest on the Capital Appreciation Bonds accrues from the date of delivery, is compounded semi-annually on each July 1, and January 1, and is to be paid at maturity or redemption. Serial Capital Appreciation Bonds of $26.2 million and $33.7 million as of June 30, 2013 and 2012, respectively, bearing interest at rates ranging from 7.30% to 7.35% per annum, are due each July 1 in the amount of $9.4 million from 2010 to 2015. Term Capital Appreciation Bonds of $27.1 million and $25.2 million as of June 30, 2013 and 2012, respectively, are due July 1, 2019 and bear interest, compounded semi-annually at a rate of 7.4%. Annual sinking fund installments for the Term Capital Appreciation Bonds in the amount of $9.4 million are due on July 1, 2016 through 2019.

2004 Commercial Paper Revenue Notes – Series C
The Series C Notes paid interest as the notes matured at a variable rate based on the commercial paper sold by a designated re-marketing agent for terms ranging from 1 to 270 days. The rates for the years ended June 30, 2013 and 2012 were approximately 0.32% and 0.37%, respectively. In November 2012 this commercial paper was refinanced through the issuance of the 2012 Series E Revenue Bonds described below.

2007 Commercial Paper Revenue Notes – Series D
The Series D Notes paid interest as the notes matured at a variable rate based on the commercial paper sold by a designated re-marketing agent for terms ranging from 1 to 270 days. The rates for the years ended June 30, 2013 and 2012 were approximately 0.32% and 0.33%, respectively. In November 2012 this commercial paper was refinanced through the issuance of the 2012 Series E Revenue Bonds described below.

2008 Commercial Paper Revenue Notes - Series E and Series F
The Series E and F Notes paid interest as they matured at a variable rate based on the commercial paper sold by a designated remarketing agent for terms ranging from 1 to 270 days. The rates for the years ended June 30, 2013 and 2012 were approximately 0.23% and 0.21% for the Series E notes and 0.23% and 0.21% for the Series F notes, respectively. In August 2012 this commercial paper was refinanced through the issuance of the 2012 Series C and Series D Revenue Bonds described below.

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

At the end of the initial term rate periods on November 15, 2011, May 15, 2013 and May 15, 2015 $48.2 million of the bonds are subject to mandatory purchase by JHH. Accordingly, $48.2 million of debt has been reclassified to current in the June 30, 2012 balance sheet. The first two tranches of term bonds has been purchased by JHH. The first tranche in November 2011 through the issuance of the 2011 Series B Revenue Bonds and the second tranche in May 2013 through the issuance of a note payable to JHHS (see Note 13). JHH has the option at the end of each term period to change the length of the term periods or extend the fixed rate period to the final maturity of the bonds. The bonds were sold at a premium of $5.3 million which is being accounted for using the bond outstanding method.

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

2011 Series A Revenue Bonds
In November 2011, JHH issued $74.6 million of Revenue Bonds to refinance the existing JHH 2001 Series Revenue Bonds. The 2011 Series A Bonds are serial bonds with maturities from 2013 through 2026 and pay a fixed rate of interest ranging from 2.00% to 5.00%. The repayment terms require semi-annual interest payments on May 15th and November 15th. Principal payments range from $100 thousand to $13.5 million, and are due upon maturity, beginning May 15, 2013. The bonds were sold at a premium of $7.6 million.

2011 Series B Revenue Bonds
In November 2011, JHH issued $48.2 million of Revenue Bonds to refinance a portion of its existing 2008 Series Revenue Bonds (see above). The 2011 Series B Revenue Bonds are variable rate bonds that were issued with a five year term, and a mandatory purchase date of November 15, 2016. The 2011 Bonds pay interest monthly based on 67% of LIBOR plus 1.15%. The LIBOR rate is reset on the first business day of each month. The interest rates for the years ended June 30, 2013 and 2012 were approximately 1.28% and 1.32%, respectively.

2012 Series A Note
In February 2012, JHH issued a $53.5 million Floating Rate Note in a private placement to refinance its Series 2004 A Commercial Paper that had a balance of $53.5 million. The 2012 Series A Note has a term of five years, carries a variable rate of interest at 67% of the one-month LIBOR rate plus a spread of .44% that resets and is payable monthly. The interest rates for the years ended June 30, 2013 and 2012 were approximately 0.57% and 0.60%, respectively.

2012 Series B Revenue Bonds
In May 2012, JHH issued $97.6 million of Revenue Bonds to further finance the construction of its two new clinical buildings. The Bonds are serial bonds and mature annually from 2013 through 2033 in installments that range from $700 thousand in 2012 to $7.1 million in 2033, and pay interest semi-annually at rates ranging from 2.00% to 5.00%. The 2012 Series B Revenue Bonds were sold at a premium of $13.9 million.

2012 Series C and Series D Revenue Bonds
In August 2012, JHH issued $84.6 million and $85.1 million of Revenue Bonds, Series 2012 C and Series 2012 D, respectively. These bonds were issued to refund JHH Series 2008 E and Series 2008 F Commercial Paper, and are due in 2038. The 2012 C Bonds are subject to mandatory

sinking fund installments ranging from $260 thousand to $8.7 million. The 2012 D Bonds are subject to mandatory sinking fund installments ranging from $325 thousand to $8.7 million. The 2012 C Bonds and 2012 D Bonds are variable rate bonds, and carry a mandatory purchased date of November 15, 2017. The 2012 C Bonds and 2012 D Bonds pay interest monthly based on 67% of LIBOR plus a spread of 0.83% that rests and is payable monthly. The interest rate for the year ended June 30, 2013 was approximately 0.96%.

2012 Series E Floating Rate Note
In November 2012, JHH issued a $100.0 million Floating Rate Note through a private placement to refinance its Series 2004 C and Series 2007 D Commercial Paper, which had a combined principal amount outstanding of $100.0 million. The 2012 E Note has a term of five years, carries a variable rate of interest at 67% of the one-month LIBOR rate plus a spread of 0.55% that resets and is payable monthly. The interest rate for the year ended June 30, 2013 was approximately 0.68%.

Total maturities of debt and sinking fund requirements during the next five fiscal years and thereafter are as follows as of June 30, 2013:

(in thousands)

2014	$ 25,865
2015	76,345
2016	23,218
2017	67,199
2018	17,774
Thereafter	578,085
	$ 788,486

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

(in thousands)	2013	2012
Net interest costs		
Capitalized	$ 294	$ 15,095
Charged to operations	43,665	27,464
	$ 43,959	$ 42,559
Interest costs paid	$ 43,403	$ 38,891

8. Derivative Financial Instruments

JHH's primary objective for holding derivative financial instruments is to manage interest rate risk. Derivative financial instruments are recorded at fair value and are included in other long-term liabilities. The total notional amount of interest rate swap agreements was $520.1 million and $522.2 million as of June 30, 2013 and 2012, respectively.

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

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

Each swap agreement has certain collateral thresholds whereby, on a daily basis, if the market value of the swap agreement declines such that its devaluation exceeds the threshold, cash must be deposited with the swap counterparty for the difference between the threshold amount and the market value. At June 30, 2013 and 2012, the amount of required collateral was $72.8 million and $140.5 million, respectively. JHH has funded the collateral payments to an affiliated company which makes the deposits to the counterparty. JHH has included the collateral funding in the balance of due from affiliates, net of current portion in the balance sheet.

Fair value of derivative instruments as of June 30:

	Derivatives Reported as Liabilities			
	2013		2012	
(in thousands)	**Balance Sheet Caption**	**Fair Value**	**Balance Sheet Caption**	**Fair Value**
Interest rate swaps not designated as hedging instruments	Other long-term liabilities	$ (134,929)	Other long-term liabilities	$(206,703)

Derivatives not designated as hedging instruments as of June 30:

	Amount of Loss Recognized in Change in Unrestricted Net Assets	
(in thousands)	**2013**	**2012**
Classification of Derivative Loss in Statement of Operations		
Interest rate swaps		
Change in market value of swap agreements	$ 71,774	$ (107,608)

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

In 2004 JHH entered into a fixed payor interest swap agreement with J.P. Morgan. The notional amount on this swap agreement is $52.2 million and $53.5 million as of June 30, 2013 and 2012, respectively. JHH pays J.P. Morgan a fixed annual rate of 3.329% on the outstanding loan value of the 2004 Series A Notes in return for the receipt of a floating rate of interest equal to 67% of the one Month LIBOR rate. Monthly payments began on February 1, 2004. This swap agreement has a maturity date of July 1, 2023. The floating rates as of June 30, 2013 and 2012 were 0.13% and 0.16%, respectively.

In April 2006, JHH entered into two forward start fixed payor swap agreements with Goldman Sachs Capital Markets, L.P. ("GSCM"). The notional amount on these swap agreements is $150 million each. Payments under the first of these swap agreements began June 1, 2007 and payments under the second agreement began June 1, 2008. These agreements carry a term of 32 years. JHH pays GSCM a fixed annual rate of 3.911% on the notional value of the swap agreement in return for the receipt of a floating rate of interest equal to 67% of the one-month LIBOR rate. Under the second swap agreement JHH pays GSCM a fixed annual rate of 3.922% on the $150.0 million notional value in return for the receipt of a floating rate of interest equal to 67% of the one month LIBOR rate. The floating rates as of June 30, 2013 and 2012 were 0.13% and 0.16%, respectively.

In July 2007, JHH entered into two additional fixed payor interest rate swap agreements. One was with GSCM in a notional amount of $84.1 million and another was with Merrill Lynch Capital Services ("MLCS") in a notional amount of $84.6 million. JHH will pay GSCM a fixed annual rate of 3.819% and will pay MLCS a fixed annual rate of 3.8091% on the outstanding loan values in return for the receipt of a floating rate of interest equal to 67% of the one-month LIBOR rate. Monthly payments began on November 15, 2007 for both swap agreements. Both swap agreements have a maturity date of May 15, 2038. The floating rates as of June 30, 2013 and 2012 were 0.13% and 0.16%, respectively.

9. Temporarily Restricted Net Assets

Temporarily restricted net assets were available for the following purposes as of June 30:

(in thousands)	2013	2012
Purchase of property, plant and equipment	$ 13,713	$ 17,723
Patient care	1,246	992
Education and counseling	856	545
	$ 15,815	$ 19,260

10. Pension Plans

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

Employees not represented by a collective bargaining agreement are covered by a contributory pension plan which provides for retirement income based on years of service, the level of contributions and the employees' compensation. Effective July 1, 1992, the option for an employee to contribute to the pension plan was discontinued. The funding policy for both plans is to make sufficient contributions to meet the Internal Revenue Service minimum funding requirements. The assets of both plans as of June 30, 2013 and 2012 consisted of cash and cash equivalents, listed stocks, corporate bonds, government securities and alternative investments. All assets are managed by external investment managers, consistent with the plan's investment policy.

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

(in thousands)	2013	2012
Change in benefit obligation		
Benefit obligation as of beginning of year	$ 890,020	$ 669,494
Service cost	36,423	24,564
Interest cost	40,926	39,741
Actuarial (gain) loss	(91,663)	174,617
Benefits paid	(20,261)	(18,396)
Benefit obligation as of June 30	$ 855,445	$ 890,020
Change in plan assets		
Fair value of plan assets as of beginning of year	$ 599,237	$ 538,102
Actual return on plan assets	37,450	4,355
Employer contribution	37,619	75,176
Benefits paid	(20,261)	(18,396)
Fair value of plan assets as of June 30	$ 654,045	$ 599,237
Funded Status as of June 30		
Fair value of plan assets	$ 654,045	$ 599,237
Projected benefit obligation	(855,445)	(890,020)
Funded status	$ (201,400)	$ (290,783)

Amounts recognized in the Balance Sheets consist of:

(in thousands)	2013	2012
Net pension liability	$ (201,400)	$ (290,783)
Net amount recognized	$ (201,400)	$ (290,783)

Amounts not yet recognized in net periodic benefit cost and included in unrestricted net assets consist of:

(in thousands)	2013	2012
Actuarial net (gain) loss	323,427	443,318
Prior service cost	953	2,053
	$ 324,380	$ 445,371
Accumulated benefit obligation	$ 789,108	$ 777,542

Net Periodic Cost

Components of net periodic pension cost:

(in thousands)	2013	2012
Service cost	$ 36,423	$ 24,564
Interest cost	40,927	39,741
Expected return on plan assets	(47,850)	(44,967)
Amortization of prior service cost	1,100	1,255
Recognized net actuarial loss	38,630	25,532
Net periodic pension benefit cost	$ 69,230	$ 46,125

Other changes in plan assets and benefit obligations Recognized in unrestricted net assets:

(in thousands)	2013	2012
Net (gain) loss	$ (81,264)	$ 215,229
Amortization of net gain	(38,630)	(25,532)
Amortization of prior service cost	(1,100)	(1,255)
Total recognized in unrestricted net assets	(120,994)	188,442
Total recognized in net periodic benefit cost and unrestricted net assets	$ (51,764)	$ 234,567

The actuarial net loss and prior service cost for the defined benefit plans that will be amortized from unrestricted net assets into net periodic benefit costs in 2014 are $27.4 million and $597 thousand, respectively.

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

	2013	2012
Discount rate	4.66 %	6.03 %
Expected return on plan assets	8.00 %	8.25 %
Rate of compensation increase	2.00% - 3.00%	2.50% - 3.00%

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

	2013	2012
Discount rate	5.12 %	4.66 %
Expected return on plan assets	8.00 %	8.00 %
Rate of compensation increase	1.75% - 2.50%	2.00% - 3.00%

The rate of compensation increase was 1.75% for fiscal 2014 and fiscal 2015, 2.00% for fiscal years 2016 through fiscal year 2019 and 2.50% thereafter. The expected rate of return on plan assets assumption was developed based on historical returns for the major asset classes. This review also considered both current market conditions and projected future conditions.

Plan Assets

JHH's pension plan weighted average asset allocations as of June 30, 2013 and 2012 by asset class are as follows:

(in thousands)	2013	2012
Asset Class		
Cash equivalents	2.0 %	4.9 %
Equities and equity funds	32.4	30.2
Fixed income funds	29.2	26.3
Alternative investments	36.4	38.6
	100.0 %	100.0 %

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

Fair Value of Plan Assets

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

Level 1 Observable inputs such as quoted market prices for identical assets or liabilities in active markets;

Level 2 Observable inputs for similar assets or liabilities in an active market, or other than quoted prices in an active market that are observable either directly or indirectly; and

Level 3 Unobservable inputs in which there is little or no market data that require the reporting entity to develop its own assumptions. There were no financial instruments requiring Level 3 classification at June 30, 2013 and 2012.

The following table presents the plan assets carried at fair value as of June 30, 2013 and 2012 grouped by hierarchy level:

As of June 30, 2013:

(in thousands)	Level 1	Level 2	Total Fair Value
Assets			
Cash equivalents (1)	$ 12,905	$ -	$ 12,905
Equities and equity funds (2)	14,433	197,706	212,139
Fixed income funds (3)	171,730	19,181	190,911
Alternative investments (4)	-	238,090	238,090
	$ 199,068	$ 454,977	$ 654,045

As of June 30, 2012:

(in thousands)	Level 1	Level 2	Total Fair Value
Assets			
Cash equivalents (1)	$ 29,477	$ -	$ 29,477
Equities and equity funds (2)	14,295	166,886	181,181
Fixed income funds (3)	139,116	18,447	157,563
Alternative investments (4)	-	231,016	231,016
	$ 182,888	$ 416,349	$ 599,237

(1) Cash equivalents include investments with original maturities of three months or less and overnight investments. Cash equivalents are carried at amortized cost which approximates fair value which renders them Level 1.

(2) Equities include individual equities. Equity funds include investments in mutual funds, commingled trusts and hedge funds. The individual equities and mutual funds are valued based on the closing price on the primary market and are rendered Level 1. The commingled trusts and hedge funds are valued regularly within each month utilizing NAV per unit and are rendered Level 2.

(3) Fixed income funds are investments in mutual funds and commingled trusts investing in fixed income instruments. The underlying fixed investments are principally U.S. Treasuries, corporate bonds, commercial paper, and mortgage backed securities. The mutual funds are valued based on the closing price on the primary market and are rendered Level 1. The commingled trusts are valued regularly within each month utilizing NAV per unit and are rendered Level 2.

(4) Alternative investments include investments that are not traded on national exchanges or over-the-counter markets. These investments are valued at using a net asset value per share that has been calculated in accordance with investment company rules, which among other things, indicates that the underlying investments be measured at fair value. This valuation technique renders these investments Level 2.

The following table displays information by major alternative investment category as of June 30, 2013:

(in thousands) **Description**	**Fair Market Value**	**Liquidity**	**Notice Period**	**Receipt of Proceeds**
Global asset allocation	$ 119,083	Monthly	5 to 30 days	(1)
Fund of funds	1,935	Quarterly	45 days	(2)
Hedge funds	94,649	Mthly, qtrly or bi-annually	30 to 90 days	(3)
Credit funds	22,029	Annually	60 to 90 days	(4)
Distressed credit	394	December 31, 2013		(5)
	$ 238,090			

(1) Within 15 days, or 95% on redemption date, 5% within 3 days

(2) 90% within 30 days, 10% after annual audit

(3) 90% - 95% within 3 to 30 days, 5% to 10% after annual audit or redemption date

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

(5) Locked up until December 31, 2013

The following table displays information by major alternative investment category as of June 30, 2012:

(in thousands) **Description**	**Fair Value**	**Liquidity**	**Notice Period**	**Receipt of Proceeds**
Global asset allocation	$ 106,058	Monthly	5 to 30 days	(1)
Fund of funds	47,982	Quarterly	45 days	(2)
Hedge funds	51,075	Mthly, qtrly or bi-annually	30 to 90 days	(3)
Credit funds	18,712	Annually	60 to 90 days	(4)
Distressed credit	7,189	December 31, 2013		(5)
	$ 231,016			

(1) At least 95% within 15 days, remaining within 30 days of redemption date

(2) At least 90% within 60 days, remaining received after the audit or as SPV shares

(3) 90% - 95% within 30 days, 5% - 10% after annual audit

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

(5) Locked up until December 31, 2013

Contributions and Estimated Future Benefit Payments (Unaudited)
JHH expects to contribute $5.3 million to its pension plan in the fiscal year ending June 30, 2014.

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid in each of the following fiscal years as of June 30, 2013:

(in thousands)

2014	$	26,381
2015		29,552
2016		32,900
2017		36,081
2018		39,738
2019–2021		251,257

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

JHH's charges are subject to review and approval by the Commission. JHH management has filed the required forms with the Commission and believes JHH is in compliance with Commission requirements. The total rate of reimbursement for services to patients under the Medicare and Medicaid programs is based on an agreement between the Center for Medicare and Medicaid Services and the Commission. Management believes that this program will remain in effect at least through June 30, 2014. Effective April 1, 1999, the Commission developed a methodology to control inpatient hospital charges and JHH elected to be paid under the new methodology. The methodology established a charge per admission cap for each hospital. The hospital specific charge per admission is adjusted annually to reflect cost inflation, and is also adjusted for changes in the hospital's case mix index. Certain highly tertiary inpatient cases such as solid organ transplants, bone marrow transplants and certain oncology cases are treated as exclusions from the charge per case methodology. Effective July 1, 2011, the Commission modified this methodology in an effort to reduce readmissions at Maryland hospitals. Under a Charge per Episode ("CPE") methodology, hospitals are allowed to retain any rate authority lost due to reductions in readmissions. Conversely, hospitals are not granted any additional rate authority for any increases to readmissions.

In addition to the HSCRC annual rate update, JHH's management successfully negotiated a prospective rate setting agreement effective July 1, 2004 to provide annual rate increases through fiscal year 2010 for capital costs related to the planned east Baltimore campus redevelopment project. JHH received a certificate of need ("CON") from the Maryland Health Care Commission for this project which is a condition required by the HSCRC.

In fiscal 2011, the HSCRC implemented a new methodology to establish a charge per visit ("CPV") for certain types of outpatient services. The hospital specific charge per visit is adjusted annually to reflect cost inflation and is also adjusted for changes in case mix. This methodology is primarily focused on ambulatory surgery procedures, medical clinic visits and emergency room visits. The methodology also includes other types of outpatient services including infusion procedures, therapies, mental health and major radiology procedures. Certain types of visits such as radiation therapy, psychiatric day hospital and certain types of recurring visits will be treated as exclusions under this methodology. In March 2012, the HSCRC voted to suspend the CPV methodology for fiscal 2012. The HSCRC has not yet provided a timeline for the establishment of a replacement methodology.

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

12. Professional and General Liability Insurance

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

JHH and JHU each have a 10% ownership interest in the RRG and the captive insurance company. This ownership interest is included in investments on the Balance Sheets. The medical institutions obtain primary and excess liability insurance coverage from commercial insurers and the RRG. The primary coverage is written by the RRG, and a portion of the risk is reinsured with the captive insurance company. Commercial excess insurance and reinsurance is purchased under a claims-made policy by the participating institutions for claims in excess of primary coverage retained by the RRG and the captive. Primary retentions are $6.0 million per incident. Primary coverage is insured under a retrospectively rated claims-made policy; premiums are accrued based upon an estimate of the ultimate cost of the experience to date of each participating member institution. The basis for loss accruals for unreported claims under the primary policy is an actuarial estimate of asserted and unasserted claims including reported and unreported incidents and includes costs associated with settling claims. Projected losses were discounted at .57% and 0.73% for June 30, 2013 and 2012, respectively.

Professional and general liability insurance expense incurred by JHH was $17.1 million and $16.0 million for the years ended June 30, 2013 and 2012, respectively, and are included in purchased services expense in JHH's Statements of Changes in Net Assets. Professional and general liability insurance reserves recorded in JHH's balance sheets at June 30, 2013 and 2012 were $88.7 million and $86.0 million, respectively.

Effective July 1, 2011, JHH adopted the provisions of ASU 2010-24, "Presentation of Insurance Claims and Related Insurance Recoveries", which clarifies that health care entities should not net insurance recoveries against the related claims liabilities.

In connection with JHH's adoption of ASU 2010-24, JHH recorded an increase in its assets and liabilities in the accompanying consolidated Balance Sheets as of June 30, 2013 and 2012 as follows:

(in thousands)	2013	2012
Caption on balance sheet		
Prepaid expense and other current assets	$ 17,738	$ 20,670
Other assets, non-current	31,126	26,095
Total assets	$ 48,864	$ 46,765
Current portion of estimated malpractice costs	$ 17,738	$ 20,670
Estimated malpractice costs, net of current portion	31,126	26,095
Total liabilities	$ 48,864	$ 46,765

The assets and liabilities represent JHH's estimated self-insured captive insurance recoveries for claims reserves and certain claims in excess of self-insured retention levels. The insurance recoveries and liabilities have been allocated between short-term and long-term assets and liabilities based upon the expected timing of the claims payments. The adoption had no impact on JHH's results of operations or cash flows.

13. Transactions with Related Parties

During the years ended June 30, 2013 and 2012, JHH engaged in transactions with JHHS and its affiliates, all related parties: Johns Hopkins Bayview Medical Center, Inc. ("JHBMC"), Johns Hopkins Medical Services Corporation ("JHMSC"), Johns Hopkins Community Physicians ("JHCP"), Johns Hopkins Medical Management Corp. ("JHMMC"), Johns Hopkins Employer Health Programs, Inc. ("EHP"), Johns Hopkins HealthCare, LLC ("JHHC"), Johns Hopkins Home Care Group, Inc ("JHHCG"), Central Maryland Heart Center, Dome Corporation, Howard County General Hospital ("HCGH"), Priority Partners Managed Care Organization, Inc. ("Priority Partners"), JHMI Utilities, LLC, and Suburban Hospital Healthcare System ("SHHS"). The following is a summary of related party transactions and balances:

(in thousands)	2013	2012
Revenue (expense) transactions		
Purchasing, legal, advertising and other services provided by JHHS	$ (92,726)	$ (82,277)
Cost recoveries for laboratory and various services provided to JHBMC	15,193	14,460
Cost recoveries for laboratory services provided to HCGH	7,192	7,382
Cost recoveries for laboratory and various support services provided to JHCP	85	253
Contribution to JHCP for services provided by JHCP to uninsured patients	(2,687)	(2,687)
Temporary staffing services provided by JHMMC	(15,076)	(14,153)
Premiums paid to EHP for administration of health care claims	(5,370)	(5,428)
Net patient services revenue from providing services to subscribers of JHHC	55,397	53,044
Fees paid to JHHCG for management of pharmacies and patient discharge planning	(14,160)	(16,658)
Net patient service revenue from providing services to subscribers of Priority Partners	113,409	105,656
Utility and telecommunication services provided by JHMI Utilities, LLC	(34,906)	(26,754)

		2013		2012
Due (to) from related party balances as of June 30				
Due from JHHS for services provided and funding for strategic initiatives and swap collateral	$	65,491	$	126,036
Due from JHBMC for laboratory and various support services		307		1,077
Due from JHMSC for notes receivable		-		307
Due from/(to) JHCP for support services		47		(255)
Due (to)/from JHHCG for fringe benefits and patient receivables from operation of discharge pharmacies		(601)		535
Due from JHHC for services to patients and financing costs		9,012		12,801
Due from JHMI Utilities LLC for utility and network service and capital costs		14,457		25,668
Due from HCGH for affiliate note receivable and support services		112,377		111,161
Due from SHHS for support services		79		99
Due to JHI for support services		(1,397)		(1,494)
Other		(877)		(432)
	$	198,895	$	275,503

Included in the amounts due from affiliates in the accompanying June 30, 2012 Balance Sheet was $0.3 million on a note receivable from JHMSC. The amount was paid during 2013.

Broadway Services, Inc. ("BSI"), a related organization, is a wholly owned subsidiary of the Dome Corporation. The Dome Corporation is owned equally by JHHS and JHU. BSI provides JHH with various services including security, housekeeping, escort and transportation. During 2013 and 2012, JHH incurred costs of approximately $13.7 million and $12.1 million, respectively, for these services.

In March 2012, JHH and HCGH entered into a short-term Promissory Note ("Affiliate Note") under which JHH loaned $110.6 million to HCGH. The Affiliate Note carried an interest rate of 2.75% and principal and accrued interest was due on May 31, 2012, or upon an earlier long-term extension of the Affiliate Note. In May 2012, the Affiliate Note was extended, and has a final due date of July 1, 2033. The Affiliate Note carries an interest rate that resets annually and varies from 4.11% to 4.82%, and is payable semi-annually. Principal payments are due on July 1 of each year and range from $700 thousand in 2013 to $7.2 million in 2034.

During the period December 2011 through February 2012, JHH made loans to Johns Hopkins Imaging, LLC, a wholly owned subsidiary of JHHC, in the aggregate amount of $12.5 million. The loan carries an interest rate of 6.0% and is being amortized over a five year period with principal payments ranging from $396 thousand in August 2012 to $231 thousand in December 2016. $3.4 million of this loan has been repaid at June 30, 2013.

In May 2013 JHH entered into a Promissory Note under which JHH borrowed $48.3 million from JHHS. The Note carries an interest rate of 0.86% through June 30, 2014 and a rate of 3.0% thereafter. JHH incurred interest cost of $59 thousand in 2013. The Note matures in 2046 and requires principal payments beginning in 2042 that range in amount from $3.9 million to $13.8 million.

14. Contracts, Commitments and Contingencies

There are several lawsuits pending in which JHH has been named as a defendant. In the opinion of JHHs' management, after consultation with legal counsel, the potential liability, in the event of adverse settlement, will not have a material impact on JHHs' financial position.

In one such case, a physician formerly employed by JHHS and leased to JHCP to provide obstetrical and gynecological services, illegally and without the knowledge of JHHS or its affiliates, photographed his patients and possibly others with what JHHS understands to be his personal photographic and video equipment and stored those images electronically. This occurred for an as yet unknown period of time. The employee was terminated and the matter continues to be under investigation by police and the Federal Bureau of Investigation, with the full cooperation of JHHS.

Relating to this case, several lawsuits have been filed naming as defendants JHHS and several of its affiliates, including JHH, asserting claims for damages and injunctive relief. JHHS and its affiliates maintain both primary and excess medical malpractice insurance coverage for 2013 on a claims made basis through a captive insurer, MCIC, with commercial excess reinsurance policies providing additional protection. The exact amount of insurance coverage available to Johns Hopkins, though, cannot be determined until all claims from all claimants are known for the 2013 policy year. As of June 30, 2013, no liability amount is currently recorded for this matter as the outcome of the case is not yet known and any potential loss is not estimable.

JHH has agreements with JHU, under which JHU provides medical administration and educational services, patient care medical services, and certain other administrative and technical support services through the physicians and interns employed by JHUSOM. Compensation for providing medical administration, educational services and other support services is paid to JHU by JHH; compensation for patient care medical care services is derived from billings to patients (or third-party payors) by JHU. The aggregate amount of purchased services incurred by JHH under these agreements was $203.7 million and $194.7 million for the years ended June 30, 2013 and 2012, respectively.

JHH had noncancellable commitments under construction contracts of $60.0 million and $73.0 million at June 30, 2013 and 2012, respectively, relating primarily to its campus redevelopment project which includes the construction of a new Cardiovascular and Critical Care Adult Tower and a Children's Hospital.

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

The following is a schedule by year of future minimum lease payments under all operating leases as of June 30, 2013, that have initial or remaining lease terms in excess of one year.

(in thousands)

2014	$ 4,178
2015	3,768
2016	3,190
2017	2,463
2018	2,044

Rental expense for all operating leases for the years ended June 30, 2013 and 2012 amounted to $12.7 million and $12.4 million, respectively.

In 2005, JHH and JHU created a Limited Liability Company (JHMI Utilities, LLC) to provide utility and telecommunication services for their East Baltimore Campus. Each member owns 50% of the LLC and shares equally in the governance of the LLC. The cost of acquiring and upgrading the existing utility facilities, the construction of a new power plant and an upgrade of the telecommunication system have been financed through the issuance of tax exempt bonds by MHHEFA and the proceeds of the Pooled Loan program sponsored by MHHEFA. JHH and JHU have guaranteed the total debt issued by MHHEFA. At June 30, 2013 the amount of debt guarantees by JHH was $41.6 million. JHH records its investment in JHMI Utility LLC under the equity method of accounting.

During the year ended June 30, 2006, JHH recorded asset retirement obligations associated with the abatement of asbestos in several buildings that were constructed prior to 1980. The fair value of the estimated asset retirement obligations as of June 30, 2013 and 2012 was $18.3 million and $18.2 million, respectively.

The change in the asset retirement obligation for the year ended June 30, 2013 consisted of the following:

(in thousands)

Retirement obligation at beginning of year	$ 18,228
Liabilities settled	(508)
Accretion expense	564
Retirement obligation at end of year	$ 18,284

JHH has pledged investments having an aggregate market value of $25.3 million and $24.5 million as of June 30, 2013 and June 30, 2012, respectively, for JHHS compliance with regulations of the Workers Compensation Commission and the Department of Economic and Employment Development's Unemployment Insurance Fund. These investments are included in assets whose use is limited by board of trustees in the Balance Sheet.

15. Functional Expenses

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

(in thousands)	2013	2012
Health care services	$ 1,618,066	$ 1,475,868
General and administrative services	259,937	230,804
Total expenses	$ 1,878,003	$ 1,706,672

16. The Johns Hopkins Hospital Endowment Fund, Incorporated

The Endowment Corporation was organized for the purpose of holding and managing the endowment and certain other funds transferred from and for the benefit of JHHS and affiliates. The affairs of the Endowment Corporation are managed by a Board of Trustees, comprised of Trustees who are self perpetuating. Neither JHHS nor any affiliate holds legal title to any Endowment Corporation funds. The Endowment Corporation's distributions from net assets to JHH were $6.3 million and $8.2 million in the years ended June 30, 2013 and 2012, respectively, and were recorded as other revenue. The Board of Trustees may, at its own discretion, award funds from the Endowment Corporation to organizations other than JHHS or its affiliates if the Board of Trustees determines that doing so is for support, benefit, or in furtherance of the mission of JHHS. Accordingly, these amounts are not presented in the financial statement of JHH until they are subsequently distributed to JHH from the Endowment Corporation. The Endowment Corporation's net assets were $603.5 million and $547.2 million as of June 30, 2013 and 2012, respectively.

17. Subsequent Events

Subsequent events have been evaluated by management through September 27, 2013, which is the date the financial statements were issued.