| | | | - | | | TENDED TO | | | | 40- 5 | ~ 1 · | |
|-----|-----------------------------------|------------------------------|-----------------------|--|--------------------------|--|-------------------------|---------------------------------------|------------|------------------|---------------|---|
| | Form | 990-T | E | Exempt-O | rga | nization Bu | ısine | ss Incom | e;T | ax Return | ۱. ۱ | OMB No. 1545-0687 |
| | | | | ĺ | | nd proxy tax un | | | | 19 | DO | 201プ |
| | | | For cal | | ! | er beginning JÜL 1, | | | _ | 30, 2018 | _∙1 | ZU 11 |
| | Depart | tment of the Treesury | | | | irs.gov/Form990T for | | | | | ŀ | Open to Public Inspection for 50 (c)(3) Organizations Only |
| | Interna | I Revenue Service | | Do not enter SSN | | 501(c)(3) Organizations Only oyar identification number | | | | | | |
| | A L | Check box if address changed | | Name of organizat | (Empl | oyees' trust, see actions.) | | | | | | |
| | | | l | • | | | | | | | | |
| | | rempt under section | Print or | JOHNS HOPKIN | | | | | | | | 2-0595110 ated business activity codes |
| | <u> </u> | 501(c 103) | Туре | [| | n or suite no. If a P.O. I | DOX, See II | nstructions. | | | (See i | nstructions.) |
| | <u> </u> | 408(e) 220(e) | | | | D, NO. N4327B |) or toroic | n postal sada | | | 1 | |
| | <u> </u> |]408A | | BALTIMORE, M | | vince, country, and ZIF | or loreig | jn postal code | | | 62161 | 10 531120 |
| | C Box | ok value of all assets | | | | ber (See instructions.) | _ | 8238 | | | 7-10 . | 331120 |
| | ate | end of year | 000. | | | e ► x 501(c) c | | | rust | 401(a) | trust | Other trust |
| | H De | | | | | ivity. ADVERTISE | | | _ | <u></u> | | |
| | | | | | | affiliated group or a pa | | | | - | Υє | |
| | | Yes," enter the name a | | | | | | | - - | | | |
| | | e books are in care of | | | | | | · · · · · · · · · · · · · · · · · · · | elepho | ne number 🕨 44 | 43-99 | 7-8155 |
| | Pa | rta Unrelated | d Trac | de or Busines | s Inc | come | | · (A) Income | | (B) Expenses | | (C) Net |
| | | Gross receipts or sale | | 13,953 | | , | | | | | 7 | |
| | | Less returns and allow | | | ļ. | c Balance | ► 1c | 13,953,4 | 493. | | 潘 | |
| | 2 | Cost of goods sold (S | chedule | e A, line 7) | | ······································ | 2 | 14,373, | 997. | | 400 | にはなりに強要 |
| | 3 | Gross profit, Subtract | line 2 fo | rom line 1c | | | 3 | -420, | 504. | | - 44 | -420,504. |
| | 4a | | | | | | 4a | 4,378, | 819. | | | 4,378,819. |
| | b | Net gain (loss) (Form | 4797, F | Part II, line 17) (atta | ch Forn | n 4797) | . 4b | 1,383, | | | # | 1,383,332. |
| | C | | | | | | | | | | | |
| | 5 | Income (loss) from pa | artnersh | nips and S corporati | ons (at | tach statement) | | -17,746, | 073. | STAT 2 | 1450 | |
| | 6 | Rent income (Schedu | | | | | | 7,870, | 952. | 6,015 | ,620. | 1,855,332. |
| | 7 | | | | | | | | | | | |
| | 8 | | | | 1 | organizations (Sch. F) | | <u> </u> | | | | |
| | 9 | | | | | organization (Schedule | | | — ∤ | | | |
| | 10 | | | | , , | | | | | | 700 | 64 400 |
| | | Advertising income (S | | , .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ļ | | . 11 | · · · · · · · · · · · · · · · · · · · | 191. | | ,782. | 64,409. |
| | 12 | Other income (See ins | | | | | 12 | 6,671, | | 6,043 | | 6,671,427. |
| | | Total. Combine lines | | | | re (Şēe instructions | | 2,230, | | 0,043 | , 202. | -3,813,258. |
| | <u> </u> | | contrib | utions, deduction | is mus | t be directly connec | ted with | the unrelated but | sines: | income.) | | |
| | 14 | Compensation of off | icers di | irectors, and truster | s (Sch | edula Ki | | 7 | | <u> </u> | 14 | |
| | 15 | Salaries and wages | | | | RECEIVE | ב | † | | | | |
| 불 | 16 | Repairs and mainten | ance | ••••• | _ | | | | ••••• | ••••• | 16 | - |
| 7 | 17 | Bad debts | | •••• | 3 | MAV 1 9 201 | | | • | | 17 | |
| 8 | 18: | Interest (attach sche | dule) | | 121. | MAY 1 3 201 | S | SEE STAT | emen | Г 4 | 18 | 8,745. |
| | 19 | Taxes and licenses | | | | | | | | | 19 | -263,854. |
| S | 15 16 17 18, 19 20 | Charitable contributi | ons (Se | e instructions for li | itation | OG DE NA | DOENT 7 | SEE STAT | emen' | r 5 | 20 | 0, |
| ==- | 21 | Depreciation (attach | Form 4 | 562) | <u> </u> | | | 21 | | | | |
| C | 22 | Less depreciation cla | aimed o | n Schedule A and e | İsewhe | re on return | | 22a | | | 22b | |
| ц | <u>J</u> 23 | Depletion | | ••••• | ! | *************************************** | | | | | 23 | |
| Ž | , 24 | Contributions to defe | erred co | ompensation plans | | | | | | | 24 | |
| ₫ | 22 23 24 25 26 | Employee benefit pro | ograms | | | | | | | | 25 | |
| Ç | 26 | Excess exempt expe | nses (S | chedule I) | 1 | | | | | ·· ····· | 26 | |
| U. | 27 | Excess readership co | osts (Sc | chedule J) | } · | | | | | | 27 | . |
| | 28 | other deductions (at | tach sci | | [| | | SEE STAT | EMEN. | r 6 | 28 | 112,737. |
| | 29 | Total deductions, A | ac illes | i 14 through 28 | <u> </u> | a land deduction Outs | | | | | 29 | -142,372, |
| | 30 21 | Unrelated business 1 | edusiis Balandie i | income detore net o | peraun | g loss deduction. Subt | ract line 2 | ES Trom line 13 | | | 30 | -3,670,886, |
| | 31 32 | I lorelated business of | rancno! | in comme before second | igo aca | line 30) | 1 dec #- | SEE STAT | EMEN' | r 8 | 31 | 3 650 065 |
| • | 33 | Specific deduction # | raxavit i Generali | mounie belore spec lv \$1 000 km sec li | # 33 :: C G60 | luction. Subtract line 3 nstructions for exception | rue, I ILAW IIU | e ou | | | 32 | -3,670,886 |
| | 34 | Unrelated business | tayahis -tayahis | iy qir,ooo, but 866 ii Rincome Subtract | liue 33 Ile 33 II | from line 32. If line 33 | ie aresta. ie aresta | than line 22 onter | the e | aller of zero e- | 33 | 1,000. |
| | ٠. | | | | | | | | | | M | -3,670,886. |
| | | | | | | | | | | | 100 | _, _, _, _, _, _, _, _, _, _, _, _, _, _ |

723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions.

-3,670,886 Form **990-T** (2017

| Form 990-T | (2017) JOHNS HOPKINS UNIVERSITY | 52-059511 | LO | Page 2 |
|----------------|--|-----------------------|--------------|--|
| | Tax Computation | | | |
| | Organizations Taxable as Corporations. See instructions for tax computation. | | | |
| | Controlled group members (sections 1561 and 1563) check here ▶ ☐ See instructions and: | | | |
| | Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): | | 1 | |
| _ | (1) \$ (2) \$ (3) \$ | | | |
| h | Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ | | | |
| • | (2) Additional 3% tax (not more than \$100,000) | | 1 | |
| | Income tax on the amount on line 34 | • | 35c | 0. |
| 36 | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 fro | w. | - | |
| | Towards achadula or Cahadula D (Form 1041) | | 36 | |
| 37 | Proxy tex. See instructions Alternative minimum toy | | 37 | |
| 9/ | Alternative minimum tax | 47 | 38 | 53,847. |
| 90 | SAGETHARAS HINIDIANIA (TV | | 39 | |
| 39 | Tax on Non-Compliant Facility Income. See instructions Total Add lines 37, 38 and 39 to line 35c on 36, whichever applies | 44 | 40 | 53,847. |
| 40 1755-110 | V: Tax and Payments | ····· | 1 70 1 | 33,047. |
| | | | | · · · · · · · · · · · · · · · · · · · |
| | | | f 31 | |
| b | | | 131 | |
| C | General business credit. Attach Form 3800 Credit for prior year minimum tax (attach Form 8801 or 8827) | | { | |
| 6 | Credit for prior year minimum tax (attach Form 8801 or 8827) | | 1 | |
| | Total credits. Add lines 41a through 41d | | 418 | |
| 42 | Subtract line 41e from line 40 Other taxes, Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Oth | | 42 | 53,847. |
| | | 1.4 | | |
| 44 | Total tax. Add lines 42 and 43 Payments: A 2016 overpayment credited to 2017 D.A. 45a | | 44 | 53,847. |
| | | 2,177,170 | 1 1 | |
| b | 2017 estimated tax payments 45b | | 1 | |
| e | Tax deposited with Form 8868 | | 1 1 | |
| d | Tax deposited with Form 8868 Foreign organizations: Tax paid or withheld at source (see instructions) 45c 45c 45c | 1,884 | | |
| e | Backup withholding (see instructions)45e | |]] | |
| f | Credit for small employer health insurance premiums (Attach Form 8941) | |] ·] | |
| 9 | Other credits and payments: Form 2439506 | | 1 | |
| | X Form 4136 X26, 284. ☐ Other Total ➤ 45g | X 26, 284 | .]] | |
| 46 | Total payments. Add lines 45a through 45g, | 51 | 46 | 2,205,338. |
| 47 | Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲 | | 47 | |
| | Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed | | 48 | |
| 49 | Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid | ▶ € | 1/49 | 2,151,491. |
| £250- | Enter the amount of line 49 you want: Credited to 2018 estimated tax 2,151,491. | Retunded | 550 | 0. |
| | Statements Regarding Certain Activities and Other Information (see ins | | | |
| | At any time during the 2017 calendar year, did the organization have an interest in or a signature or other auth | | | Yes No |
| | over a financial account (bank, securities, or, other) in a foreign country? If YES, the organization may have to | - | | - A. |
| | FINCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign count | | | |
| | here > SEE STATEMENT 9 | ., | | ['x] |
| 52 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a | foreign trust? | | — - - - |
| | If YES, see instructions for other forms the organization may have to file. | iningi inak: | | ····· |
| | Enter the amount of tax-exempt interest received or accrued during the tax year | | | |
| | Linder parables of parkers, I declare that I have examined this return including parameters and eletements and | to the best of my kno | wiedon and b | |
| Sign | correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any know | wiedge. | • | |
| Here | Lane & Sani OY 02 7019 ADMINISTRATION | | • | cuss this return with |
| | Signature of officer Date Title | | structions)? | x Yes No |
| | Print/Type preparer's name Preparer's signature Date | | | V 169 |
| D-11 | Print/Type preparer's name Preparer's signature Date | | PTIN | |
| Paid | RAYMOND LY 4-3-2019 | self- employed | | NE <i>C</i> 4.3 |
| Prepa | | Final File S | | 05643 |
| Use O | 1676 INTERNATIONAL DRIVE | Firm's EIN | 13-5 | 565207 |
| | Firm's address MCLEAN, VA122102 | Dhaza aa | | |
| | I I I I I I I I I I I I I I I I I I I | Phone no. 7 | | |
| | | | F | orm 990-T (2017) |

723711 01-22-18



| | 52-0595110. | Page 3 |
|--------------------------|-------------|--------|
| act line 6 in Part I, | 6 | 0. |

7

14,373,997.

Ê

| Schedule A - Cost of Goods | Sold. ı | nter method of invent | ory v | aluation N/A |
|----------------------------------|---------|-----------------------|-------|--|
| 1 Inventory at beginning of year | 1 | 0. | 6 | Inventory at end of year |
| 2 Purchases | 2 | | 7 | Cost of goods sold. Subtract line 6 |
| 3 Cost of labor | | 9,214,705. | | from line 5. Enter here and in Part I, |
| 4a Additional section 263A costs | | 1 | | line 2 |
| (attach schedule) | 4a_ | | 8 | Do the rules of section 263A (with respect to |
| b Other costs (attach schedule) | 4b | 5,159,292. | | property produced or acquired for resale) apply to |
| 5 Total. Add lines 1 through 4b | 5 | 14,373,997. | | the organization? |
| Schedule C - Rent Income /F | rom F | Peal Property and | Pα | reonal Property Leased With Real |

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

| 1. Description of property | |
|-----------------------------------|---------------------|
| (1) MOUNT WASHINGTON NORTH CAMPUS | |
| (2) | |
| (3) | |
| (4) | |
| 2. R | received or accrued |

| | 2. Rent | | | | | |
|----------|---|--------|---|---|--|--|
| | (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | , | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach achedule) SEE STATEMENT 11 | | |
| (1) | | | 7,870,952. | 6,015,620 | | |
| (2) | | | | | | |
| (3) | | • | | | | |
| (4) | | | | | | |
| Total | | 0. | Total 7,870,952. | | | |
| (c) Tota | l income. Add totals of columns 2(a) and 2(l | b). En | ter | (b) Total deductions. Enter here and on page 1. | | |
| here and | d on page 1, Part I, line 6, column (A) | | 7,870,952. | Part I, line 6, column (B) 6,015,620 | | |

Schedule E - Unrelated Debt-Financed Income (see instructions)

| | | 2. Gross income from | 3. Deductions directly connected with or ellocable to debt-financed property | | | | |
|--|--|--|--|---|--|--|--|
| 1. Description of debt-fin | nanced property | or allocable to debt- financed property | (2) Straight line depreciation (attach schedule) | (b) Other deductions (attach schedule) | | | |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| Amount of everage acquisition debt on or allocable to debt-financed property (attach achedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach achedule) | 6. Column 4 divided by column 5 | 7. Gross income reportable (column 2 x column 6) | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) | | | |
| (1) | | % | | | | | |
| (2) | | % | | | | | |
| (3) | 1 | % | | | | | |
| (4) | | % | | | | | |
| | | ` | Enter here and on page 1, Part I, line 7, column (A). | Enter here and on page 1, Part I, line 7, column (8). | | | |
| Totals | | > | 0, | . 0 | | | |
| Total dividends-received deductions in | aludad in ankuma O | | | 0 | | | |

Form 990-T (2017)

| Schedule F - Interest, / | | | ·····• | | Controlled O | | | | | | |
|-------------------------------------|--------------------|---------------------------------------|--|--|--|--|---|-----------------------------------|-------------|-----------------------------------|---|
| 1. Name of controlled organization | | 2. Em Identifi num | Employer 3. Net un (loss) (see | | Net unrelated income as) (see instructions) 4. Tot payr | | tal of specified finents made find the coordinate find the co | | | controlling connected with inco | |
| (1) | | | | | | | | - | | | |
| 2) | | | | | | | | | | | |
| 3) | | | | | | | | | | | |
| 4) | | ' | | | | | | | | | |
| onexempt Controlled Organi | zations | | | | | | | | | | |
| 7. Taxable Income | 8. Netu (r | unrelated incor see Instruction | ne (loss) s) | 9. Total o | of specified pay made | ments | 10. Part of colu in the controll gross | mn 8 tha Ing organ s income | nization's | | uctions directly connects income in column 10 |
| 1) | | _ | | | | | | | | | |
| 2) | | | | | | | | | | | - |
| 3) | | | | | | | | | | | |
| (4) | - | ··· | | | | | | | • | | |
| | | | | - | | | Add colum Enter here and line 8, (| | 1, Part I, | Enter he | l columns 6 and 11. re and on page 1, Part I, ine 8, column (B). |
| otals | | | <u>. </u> | | | ▶ | | | 0. | <u> </u> | |
| Schedule G - Investme (see instr | nt Inco | me of a | Section | 501(c)(7 | 7), (9), or | (17) Or | ganization | 1 | | | |
| 1. Desc | ription of inco | ome | | | 2. Amount of | income | | | | asides schedule) | 5. Total deductions and set-esides (col. 3 plus col. 4) |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | _ | | | | | | <u> </u> |
| (4) | | | | | | | | | <u> </u> | ###/. T. | |
| otals | | | | | Enter here and Part I, line 9, co | on page 1, plumn (A). | | | Ten T | | Enter here and on page Part I, line 9, column (B) |
| Schedule I - Exploited | Exemp | | | | Than A | vertis | ing Income | e | | <u> </u> | |
| | Г <u>.</u> | | 9.5 | | 4. Net incor | ne (loss) | | | J | | 7 5 |
| Description of exploited activity | unrelated incon | Gross d business , ne from business , | directly (with pro of un | penses connected oduction related s income | from unrelated business (ca minus colum gain, comput through | olumn 2 in 3). If a se cols. 5 | 5. Gross inco from activity is not unrela business inco | that ted | attribut | penses table to mn 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (2)(3) | | | | | | | | | | | T |
| (4) | | | | | | | | | | | |
| otals > | page ' | re and on 1, Part I, , col. (A) | page 1 | re and on I, Part I, , col. (B). | | * | | | | | Enter here and on page 1, Part II, line 26. |
| Schedule J - Advertisi | na Inco | | instruction | ٠. | | NAME OF | J. S. Santa P. Barrell | | A TAKE | FIRE BASE | <u> </u> |
| Part I Income From | | | | | solidated | Basis | | | | | |
| 1. Name of periodical | | 2. Gross advertising income | | 3. Direct ertising costs | or (loss) (c col. 3). If a g | tising gain ol. 2 minus aln, comput hrough 7. | | | 6. Read | lership ts | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
| (1) PRESS | - | 54,9 | 57. | 25,503 | 92 | 244 | 10,513 | ,297. | 8.33 | 9,607. | · 4000 000 |
| (2) ATHLETIC PROGRAMS | | 37,2 | | 2,279 | —1×145000°.∀ | | · ——— | ,454. | | 7,294. | |
| (3) | | · · | | • | | | <u> </u> | | | | |
| (4) | | | | | | **** | | | | | |
| | | <u> </u> | | | T | <u></u> | | | | Ť | 100 |
| Totals (carry to Part II, line (5)) | ▶ | 92,1 | 91. | 27,782 | ı. l | 64,409 | 10,515 | .751. | 8,34 | 6,901. | (|

Form **990-T** (2017)

723731 01-22-18



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

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs. | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|-----------------------------|--|--|---|-----------------------|---------------------|---|
| (1) | | _ | | | | |
| (2) | | - | | _ | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I | 92,191. | 27,782. | 200 | | 4 | 0. |
| | Enter here and on page 1, Pert I, line 11, col. (A). | Enter here and on page 1, Part I, line 11, col. (B). | | | | Enter here and on page 1, Part II, line 27. |
| Totals, Part II (lines 1-5) | 92,191. | 27,782. | | | "是我们的 | 0. |

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

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

Form 990-T (2017)

Form 4136

Credit for Federal Tax Paid on Fuels

OMB No. 1545-0162

2016

Attachment Sequence No. 23

Department of the Treasury Internal Revenue Service (9)

JOHNS HOPKINS UNIVERSITY

▶ Information about Form 4136 and its separate instructions is at www.irs.gov/form4136.

| Malum Havanile Service (99) | 1 | | |
|---|---|------|-------|
| | | | |
| lama (aa ahausa aa sassa sassaa tay ratuun) | | | Tayou |

Taxpayer Identification number

52-0595110

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

1 Nontaxable Use of Gasoline Note: CRN is credit reference number.

| | | (a) Type of use | (b) Rate | (c) Gallons | (d) Amount of credit | (e) CRN |
|---|---|-----------------|----------------|-------------|----------------------|---------|
| a | Off-highway business use | 43 | \$.183 | | | |
| b | Use on a farm for farming purposes | | .183 | } | 1 1 | 362 |
| C | Other nontaxable use (see Caution above line 1) | | 183 | | \$ | |
| d | Exported | | <u>.</u> 184 | | | 411 |

2 Nontaxable Use of Aviation Gasoline

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

3 Nontaxable Use of Undyed Diesel Fuel

| | Claimant certifies that the diesel fuel did not contain visible evidence of dye. Exception. If any of the diesel fuel included in this claim did contain visible evidence of dye, attach an explanation and check here | | | | | | | |
|----|---|-----------------|----------|-------------|-------|-------------|-------|---------|
| | | (a) Type of use | (b) Rate | (c) Gallons | (d) A | Amount of c | redit | (e) CRN |
| ·a | Nontaxable use | STATEMENT 1 | \$.243 | 108164.65 | | | Ĭ | |
| b | Use on a farm for farming purposes | | .243 | <u> </u> | \$ | 26284 | 01 | 360 |
| C | Use in trains | 14 | .243 | | | | | 353 |
| d | Use in certain intercity and local buses (see Caution above line 1) | | .17 | | | | | 350 |
| 8 | Exported | 2.00 A. | .244 | | | | _ | 413 |

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

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 12625R

Form 4136 (2016)

| 5 | Kerosene | Used in | Aviation | (see Caution above line 1 | ١ |
|---|-----------|-----------------|----------|---------------------------|---|
| • | 170100110 | 4000 III | | foce enement aposts mis : | , |

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

| 6 Sales by Registered Ultimate Vendors of Undyed Diese | l Fuel |
|--|--------|
|--|--------|

Registration No. ▶

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

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

Registration No. ▶

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

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

| | The part is any of the respect to the control of th | | | | | |
|---|--|----------|-------------|----------------------|---------|--|
| | , | (b) Rate | (c) Gallons | (d) Amount of credit | (e) CRN | |
| a | Use by a state or local government | \$.243 | | | [| |
| Ь | Sales from a blocked pump | .243 | | \$ | 346 | |
| C | Use in certain intercity and local buses | .17 | | | 347 | |

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

Registration No. ▶

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

| | | (a) Type of use | (b) Rate | (c) Gallons | (d) Amount of credit | (e) CRN |
|---|---|---------------------------------------|----------|-------------|----------------------|---------|
| a | Use in commercial aviation (other than foreign trade) taxed at \$.219 | | \$.175 | | \$ | 355 |
| b | Use in commercial aviation (other than foreign trade) taxed at \$.244 | | .200 | | | 417 |
| C | Nonexempt use in noncommercial aviation | | .025 | | | 418 |
| d | Other nontaxable uses taxed at \$.244 | | .243 | | | 346 |
| e | Other nontaxable uses taxed at \$.219 | | .218 | | | 369 |
| f | LUST tax on aviation fuels used in foreign trade | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | .001 | | | 433 |

Form **4136** (2016)

| 9 | Reserved | | Registration No. ▶ | |
|---|----------|---------------------------------------|------------------------------------|---------------------------------------|
| | | l l | | · · · · · · · · · · · · · · · · · · · |
| | | · · · · · · · · · · · · · · · · · · · | (b) Rate (c) Gallons of (d) Amount | of credit (e) CRN |
| а | Reserved | | | |
| b | Reserved | | | |

10 Biodiesel or Renewable Diesel Mixture Credit

Registration No. ▶

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

| | | (b) Rate | (c) Gallons of biodiesel or renewable diesel | (d) Amount of credit | (e) CRN |
|---|--|----------|---|----------------------|---------|
| а | Biodiesel (other than agri-biodiesel) mixtures | \$1.00 | | \$ | 388 |
| b | Agri-biodiesel mixtures | \$1.00 | | | 390 |
| C | Renewable diesel mixtures | \$1.00 | | | 307 |

11 Nontaxable Use of Alternative Fuel

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

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

12 Alternative Fuel Credit

Registration No. ▶

| | | inegiou aboni ito, y | | | | | | | |
|----------|--|----------------------|---|----------------------|---------|--|--|--|--|
| | | (b) Rate | (c) Gallons, or gasoline or diesel gallon equivalents | (d) Amount of credit | (e) CRN | | | | |
| а | Liquefied petroleum gas (LPG) (see instructions) | \$.50 | [| \$ | 426 | | | | |
| þ | "P Series" fuels | .50 | | | 427 | | | | |
| C | Compressed natural gas (CNG) (see instructions) | .50 | <u> </u> | | 428 | | | | |
| d | Liquefied hydrogen | .50 | | | 429 | | | | |
| • | Fischer-Tropsch process liquid fuel from coal (including peat) | .50 | | | 430 | | | | |
| f | Liquid fuel derived from biomass | .50 | | | 431 | | | | |
| g | Liquefied natural gas (LNG) (see instructions) | .50 | | | 432 | | | | |
| h | Liquefied gas derived from biomass | .50 | | | 436 | | | | |
| <u>i</u> | Compressed gas derived from biomass | .50 | | | 437 | | | | |

| 13 | Registered Credit Card Issuers | Reg | | | |
|----------------|--|----------|-------------|--------------------|------------|
| | | (b) Rate | (c) Gailons | (d) Amount of cred | it (e) CRN |
| a [·] | Diesel fuel sold for the exclusive use of a state or local government | \$.243 | | \$ | 360 |
| Ь | Kerosene sold for the exclusive use of a state or local government | .243 | | | 346 |
| C | Kerosene for use in aviation sold for the exclusive use of a state or local government taxed at \$.219 | .218 | | | 369 |

14 Nontaxable Use of a Diesel-Water Fuel Emulsion

| | Caution: There is a reduced credit rate for use in certain intercity and local buses (type of use 5) (see instructions). | | | | | | | | |
|--|--|---------|---------|----------------------|---------|-----|--|--|--|
| (a) Type of use (b) Rate (c) Gallons (d) A | | | | (d) Amount of credit | (e) CRN | | | | |
| a | Nontaxable use | | \$.197 | | \$ | 309 | | | |
| b | Exported | \$2.00g | .198 | | | 306 | | | |

15 Diesel-Water Fuel Emulsion Blending

Registration No. ▶

| | (b) Rate | (c) Gallons | (d) Amount of cred | it (e) CRN |
|----------------|----------|-------------|--------------------|------------|
| Blender credit | \$.046 | | \$ | 310 |

16 Exported Dyed Fuels and Exported Gasoline Blendstocks

| | | (b) Rate | (c) Gallons | (d) Amount of cre | dit (e) CRN |
|---|---|----------|-------------|-------------------|-------------|
| a | Exported dyed diesel fuel and exported gasoline blendstocks taxed at \$.001 | \$.001 | | \$ | 415 |
| b | Exported dyed kerosene | .001 | | | 416 |

| 17 | Total income tax credit claimed. Add lines 1 through 16, column (d). Enter here and on Form 1040, line 72; Form 1120, Schedule J, line 19b; Form 1120S, line 23c; Form 1041, line 24g; or | | |
|----|---|----|----------------|
| | the proper line of other returns. | 17 | \$ 26284 01 |

Form 4136 (2016)

Form 4626 Department of the Treasury Internal Revenue Service

Alternative Minimum Tax - Corporations

Attach to the corporation's tax return.

▶ Go to www.irs.gov/Form4626 for instructions and the latest information.

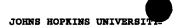
OMB No. 1545-0123

| | | JOHNS HOPKINS UNIVERSITY | | | | 52-0595110 |
|----|---|---|---|----------------|------------|------------------|
| | | Note: See the instructions to find out if the corporation is a small corporation exempt | | | | |
| | | from the alternative minimum tax (AMT) under section 55(e). | | | | |
| | | | | | المساد | |
| 1 | | Taxable income or (loss) before net operating loss deduction | | | 1 | -3,670,886. |
| 2 | | Adjustments and preferences: | | | | |
| | | Depreciation of post-1986 property | | | 2a | 272,742. |
| | b | Amortization of certified pollution control facilities | | | 2b | |
| | | Amortization of mining exploration and development costs | | | 2c | |
| | d | Amortization of circulation expenditures (personal holding companies only) | | | 2d | |
| | e | Adjusted gain or loss | | | 20 | -129,607. |
| | | Long-term contracts | | | 2 f | |
| | a | Merchant marine capital construction funds | | | 2 g | |
| | | Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) | | | | |
| | | Tax shelter farm activities (personal service corporations only) | | | 2i | |
| | | Passive activities (closely held corporations and personal service corporations only) | | | 2j | |
| | • | Loss limitations | | | 2k | |
| | | Depletion | | | 21 | 68,766. |
| | | Tax-exempt interest income from specified private activity bonds | | | 2m | |
| | n | Intangible drilling costs | | | 2n | 8,829,104. |
| | 0 | Other adjustments and preferences | SEE | STATEMENT 14 * | 20 | -29,296. |
| 3 | | Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20 | | | 3 | 5,340,823. |
| 4 | | Adjusted current earnings (ACE) adjustment: | | | | · · · · · · |
| | | ACE from line 10 of the ACE worksheet in the instructions | 4a | 5,340,823 | | |
| | | Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a | | | 1 | |
| | | negative amount. See instructions | 4b | 0 | | |
| | C | Multiply line 4b by 75% (0.75). Enter the result as a positive amount | 4c | | 1 | |
| | | Enter the excess, if any, of the corporation's total increases in AMTI from prior | | | 1:** | |
| | - | year ACE adjustments over its total reductions in AMTI from prior year ACE | | | | |
| | | adjustments. See instructions. Note: You must enter an amount on line 4d | | | | |
| | | (even if line 4b is positive) | 4d | | 7 | |
| | e | ACE adjustment. | | · | - | |
| | - | If line 4b is zero or more, enter the amount from line 4c | ` | | | |
| | | • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount | • | | 4e | 0. |
| 5 | | Combine lines 3 and 4e. If zero or less, stop here, the corporation does not owe any AMT | ٠. ر | | 5 | 5,340,823. |
| 6 | | Alternative tax net operating loss deduction. See instructions | | | 6 | 4,806,741. |
| 7 | | Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a | | | | · · · · · |
| | | interest in a REMIC, see instructions | | | 7 | 534,082. |
| 8 | | Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on li | ine 8c) | : | 7.63 | |
| | 1 | Subtract \$150,000 from line 7. If completing this line for a member of a controlled | • | | | |
| | | group, see instructions. If zero or less, enter -0- | 8a | 1 | | |
| | ь | Multiply line 8a by 25% (0.25) | 8b | | | |
| | C | Exemption. Subtract line 8b from \$40,000. If completing this line for a member of a control | ed | | 提到 | |
| | Ī | group, see instructions. If zero or less, enter -0- | | | 8c | 0. |
| 9 | | Subtract line 8c from line 7. If zero or less, enter -0- | | | 9 | 534,082. |
| 10 | | Multiply line 9 by 20% (0.20) | | | 10 | 106,816. |
| 11 | | Alternative minimum tax foreign tax credit (AMTFTC). See instructions | 11 | | | |
| 12 | | Tentative minimum tax. Subtract line 11 from line 10 STMT 16 | 12 | 53,847. | | |
| 13 | | Regular tax liability before applying all credits except the foreign tax credit | | | 13 | |
| 14 | | Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0 Enter here | | | <u> </u> | |
| • | | Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return | | | 14 | 53,847. |
| BA | | En Progrande Reduction Act Notice appropriate instructions | • | | 1 17 | Form 4898 (2017) |

* SEE ALSO

SEE STATEMENT 12 SEE STATEMENT 13

717001 01-12-18



Adjusted Current Earnings (ACE) Worksheet

► See ACE Worksheet Instructions.

| | | | | 5 340 003 |
|---|---|-------------------------|----------------------|------------|
| 1 Pre-adjustment AMTI. Enter the amount from lin | e 3 of Form 4626 | | | 5,340,823. |
| 2 ACE depreciation adjustment: | | 1 - 1 | | |
| | | 2a | | |
| b ACE depreciation: | | | | |
| (1) Post-1993 property | | & \ | | |
| (2) Post-1989, pre-1994 property | | | 11 | |
| (3) Pre-1990 MACRS property | 2b(3) | | 发现 | |
| (4) Pre-1990 original ACRS property | 2b(4) | | | |
| (5) Property described in sections | | <u> </u> | | |
| 168(f)(1) through (4) | 2b(5) | | 10.36 | |
| (6) Other property | | | | |
| (7) Total ACE depreciation. Add lines 2b(1) to | nrough 2b(6) | 2b(7) | | |
| c ACE depreciation adjustment. Subtract line 2b(7 |) from line 2a | | 2c | |
| 3 Inclusion in ACE of items included in earnings a | nd profits (E&P): | | | |
| Tax-exempt interest income | | 3a | | |
| b Death benefits from life insurance contracts | | 3b | | |
| c All other distributions from life insurance contra | cts (including surrenders) | 3c | | |
| d Inside buildup of undistributed income in life ins | urance contracts | 3d | 505 | |
| e Other items (see Regulations sections 1.56(g)-1 | (c)(6)(iii) through (ix) | | 201 | |
| for a partial list) | - 47 | | | |
| f Total increase to ACE from inclusion in ACE of it | ems included in E&P. Add lines 3a | through 3e | 31 | |
| 4 Disallowance of items not deductible from E&P: | | | 8 (a | |
| Certain dividends received | | | | |
| b Dividends paid on certain preferred stock of public utiliti | s that are deductible under section 247 | (as | | |
| affected by P.L. 113-295, Div. A, section 221(a)(41)(A), D | ec. 19, 2014, 128 Stat. 4043) | 4b | 55 (E) | |
| c Dividends paid to an ESOP that are deductible u | | | 4 56 | |
| d Nonpatronage dividends that are paid and dedu | • | | 7.4 | |
| 1382(c) | | 4d | | |
| e Other items (see Regulations sections 1.56(g)-1 | (d)(3)(i) and (ii) for a | | | |
| partial list) | | 4e | | |
| f Total increase to ACE because of disallowance of | f items not deductible from E&P. A | add lines 4a through 4e | 41 | |
| 5 Other adjustments based on rules for figuring E | | | 7,2 | |
| 1 4 4 4 1 400 | | 5a ľ | | |
| h Oiseulation are and the second | | F4. | 200 | |
| a Organizational aveca diturna | | F | 20 See | • |
| 3 L IFO ! | | ········ | | |
| e instaliment sales | | | | |
| f Total other E&P adjustments. Combine lines 5a | | | | |
| 6 Disallowance of loss on exchange of debt pools | 51 | - | | |
| 7 Acquisition expenses of life insurance companie | | | | |
| | | | | |
| 9 Basis adjustments in determining gain or loss fr | | | | |
| 10 Adjusted current earnings. Combine lines 1, 20 | | | ·········· •• •• | |
| | | | 10 | 5,340,823. |
| Form 4626 | ····· | ······ | | 3,340,023. |

1

FOOTNOTES

STATEMENT

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SECTION 1.263(A)-3(N) - BOOK CONFORMITY ELECTION

JOHNS HOPKINS UNIVERSITY IS MAKING THE ELECTION UNDER TREASURY REGULATION SECTION 1.263(A)-3(N) TO CAPITALIZE THOSE REPAIR AND MAINTENANCE COSTS THAT IT TREATS AS CAPITAL IMPROVEMENTS ON ITS BOOKS AND RECORDS FOR THE TAX YEAR ENDED JUNE 30, 2018.

TAXPAYER NAME: JOHNS HOPKINS UNIVERSITY ADDRESS:3910 KESWICK ROAD, SUITE N4327B, BALTIMORE, MD 21211 TAXPAYER ID: 52-0595110

SECTION 1.263(A)-1(F) - DE MINIMIS EXPENSE ELECTION

JOHNS HOPKINS UNIVERSITY HERBY MAKES THE DE MINIMIS SAFE HARBOR ELECTION UNDER SECTION 1.263A-1(F) OF THE TREASURY REGULATIONS, EFFECTIVE ONLY FOR THE TAX YEAR ENDING JUNE 30, 2018. JOHNS HOPKINS UNIVERSITY HAS AN APPLICABLE FINANCIAL STATEMENT FOR THE YEAR OF THE ELECTION. THIS ELECTION PERMITS THE TAXPAYER TO DEDUCT FOR TAX PURPOSES ANY ITEM DEDUCTED UNDER ITS BOOK POLICY THAT DOES NOT EXCEED \$5,000 PER INVOICE (OR PER ITEM, AS SUBSTANTIATED BY THE INVOICE) OR ITEMS HAVING AN ECONOMIC USEFUL LIKE OF TWELVE MONTHS OR LESS AS DESCRIBED IN SECTION 1.263(A)-1(F)(1)(I).

TAXPAYER NAME: JOHNS HOPKINS UNIVERSITY ADDRESS:3910 KESWICK ROAD, SUITE N4327B, BALTIMORE, MD 21211 TAXPAYER ID: 52-0595110

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

STATEMENT

| 7.T | LM | LEN | Τ. | 4 |
|-----|----|-----|----|---|
| | | | | |
| | | | | |

| DESCRIPTION | AMOUNT |
|----------------|-------------|
| PARTNERSHIP 1 | -104,082. |
| PARTNERSHIP 2 | -332,420. |
| PARTNERSHIP 3 | -7,267. |
| PARTNERSHIP 4 | -116,244. |
| PARTNERSHIP 5 | 183,584. |
| PARTNERSHIP 6 | 8,033. |
| PARTNERSHIP 7 | 11,034. |
| PARTNERSHIP 8 | 16,740. |
| PARTNERSHIP 9 | -330. |
| PARTNERSHIP 10 | 47,702. |
| PARTNERSHIP 11 | 826,561. |
| PARTNERSHIP 12 | 22,610. |
| PARTNERSHIP 13 | -135,178. |
| PARTNERSHIP 14 | 76. |
| PARTNERSHIP 15 | 1,823. |
| PARTNERSHIP 16 | -2,326. |
| PARTNERSHIP 17 | -8,141. |
| PARTNERSHIP 18 | -4,081. |
| PARTNERSHIP 19 | 670,213. |
| PARTNERSHIP 20 | -2,878. |
| PARTNERSHIP 21 | 1,000,824. |
| PARTNERSHIP 22 | 13,154. |
| PARTNERSHIP 23 | -65,567. |
| PARTNERSHIP 24 | -214,826. |
| PARTNERSHIP 25 | -42,734. |
| PARTNERSHIP 26 | -455. |
| PARTNERSHIP 27 | -49,633. |
| PARTNERSHIP 28 | -8,689. |
| PARTNERSHIP 29 | -472,803. |
| PARTNERSHIP 30 | -618,894. |
| PARTNERSHIP 31 | -105. |
| PARTNERSHIP 32 | -376,540. |
| PARTNERSHIP 33 | -4,708. |
| PARTNERSHIP 34 | -469,243. |
| PARTNERSHIP 35 | -20,051. |
| PARTNERSHIP 36 | 13,767. |
| PARTNERSHIP 37 | 8,060. |
| PARTNERSHIP 38 | 11,450. |
| PARTNERSHIP 39 | 4,669. |
| PARTNERSHIP 40 | -165,219. |
| PARTNERSHIP 41 | -23,799. |
| PARTNERSHIP 42 | 746. |
| PARTNERSHIP 43 | 24,072. |
| PARTNERSHIP 44 | -10,212. |
| PARTNERSHIP 45 | -16,329. |
| PARTNERSHIP 46 | -1,146,148. |
| | |

JOHNS HOPKINS UNIVERSITY

| | · | | |
|------------|---|-----|----------------------------|
| -1,023,163 | _ | 47 | PARTNERSHIP |
| -4,006,840 | | 48 | PARTNERSHIP |
| 2,585 | | 49 | PARTNERSHIP |
| -427,639 | | 50 | PARTNERSHIP |
| -127,514 | | 51 | PARTNERSHIP |
| -16,499 | | 52 | PARTNERSHIP |
| -1,024,654 | | 53 | PARTNERSHIP |
| -166,205 | | 54 | PARTNERSHIP |
| 2,133,143 | | | PARTNERSHIP |
| 8,639 | | 56 | PARTNERSHIP |
| -182,424 | | 57 | PARTNERSHIP |
| 143,949 | | 58 | PARTNERSHIP |
| -10,780 | | 59 | PARTNERSHIP |
| 48,518 | | 60 | PARTNERSHIP |
| 22,269 | | | PARTNERSHIP |
| 89,441 | | | PARTNERSHIP |
| -222,754 | | | PARTNERSHIP |
| 460,499 | | _ | PARTNERSHIP |
| 9,181 | | | PARTNERSHIP |
| 3,995 | | | PARTNERSHIP |
| 18,035 | | | PARTNERSHIP |
| -1,038 | | | PARTNERSHIP |
| -71,212 | | | PARTNERSHIP |
| 14,819 | | 70 | |
| . 16,067 | | 71 | |
| 10,701 | | 72 | |
| -113,306 | | 73 | |
| -1,889 | | 74 | |
| | | 75 | |
| 24,149 | | 76 | |
| 24,966 | | 77 | |
| -97,264 | | 78 | |
| 10,079 | | 79 | |
| 25,972 | | 80 | |
| 238,911 | | 81 | |
| -4,419 | | | |
| 161 | | 82 | |
| -668 | | 83 | |
| -27,488 | | 84 | |
| -14,023 | | | PARTNERSHIP |
| 4,392 | | | PARTNERSHIP |
| 228 | | | PARTNERSHIP |
| 170,521 | | | PARTNERSHIP |
| -267,246 | | | PARTNERSHIP |
| 368 | | | PARTNERSHIP |
| 1,507 | | | PARTNERSHIP |
| -223,193 | | | PARTNERSHIP |
| 1,841 | | | PARTNERSHIP |
| -182 | | | PARTNERSHIP |
| -1,140 | | | PARTNERSHIP |
| 172 | | | PARTNERSHIP |
| 40 | 1 | | PARTNERSHIP |
| -94 | | ^ ^ | |
| -42 842 | | | PARTNERSHIP PARTNERSHIP |

| JOHNS HOPKINS UNIVERSITY | 52-0595110 |
|---|--------------|
| PARTNERSHIP 100 | -252,024. |
| PARTNERSHIP 101 | 113,418. |
| PARTNERSHIP 102 | -2,432,030. |
| PARTNERSHIP 103 | -4,378,510. |
| PARTNERSHIP 104 | -43,679. |
| PARTNERSHIP 105 | -20,995. |
| PARTNERSHIP 106 | -252,851. |
| PARTNERSHIP 107 | 46,509. |
| PARTNERSHIP 108 | -793,287. |
| PARTNERSHIP 109 | -190,613. |
| PARTNERSHIP 110 | -114,694. |
| PARTNERSHIP 111 | -2,493,290. |
| PARTNERSHIP 112 | -969,450. |
| PARTNERSHIP 113 | 9,687. |
| PARTNERSHIP 114 | 140,986. |
| PARTNERSHIP 115 | -18. |
| TOTAL TO FORM 990-T, PAGE 1, LINE 5 | -17,746,073. |
| FORM 990-T OTHER INCOME | STATEMENT 3 |
| DESCRIPTION | AMOUNT |
| DISALLOWED FRINGE BENEFITS | 6,671,427. |
| TOTAL TO FORM 990-T, PAGE 1, LINE 12 | 6,671,427. |
| FORM 990-T INTEREST PAID | STATEMENT 4 |
| DESCRIPTION | AMOUNT |
| OTHER INTEREST | 8,745. |
| TOTAL TO FORM 990-T, PAGE 1, LINE 18 | 8,745. |
| FORM 990-T CONTRIBUTIONS | STATEMENT 5 |
| DESCRIPTION/KIND OF PROPERTY METHOD USED TO DETERMINE FMV | AMOUNT |
| FROM PASS-THROUGH ENTITIES N/A | 14,106. |
| TOTAL TO FORM 990-T, PAGE 1, LINE 20 | 14,106. |
| | · |



| FORM 990-T OTHER DEDUCTIONS | STATEMENT 6 |
|--------------------------------------|-------------|
| DESCRIPTION | AMOUNT |
| PROFESSIONAL FEES | 65,213. |
| ALTERNATIVE INVESTMENT SOFTWARE FEE | 10,000. |
| OTHER INDIRECT COSTS | . 37,524. |
| TOTAL TO FORM 990-T, PAGE 1, LINE 28 | 112,737. |

| FORM 990-T | CONTRIBUTIONS SUMMARY | | STATEMENT | 7 |
|-----------------------------------|--|-----------------------|-----------|---|
| QUALIFIED C | CONTRIBUTIONS SUBJECT TO 100% LIMIT | | | |
| FOR TAX Y FOR TAX Y FOR TAX Y | YEAR 2013 YEAR 2014 YEAR 2015 | | | |
| FOR TAX Y TOTAL CARRY TOTAL CURRE | | 15,190 14,106 | | |
| | RIBUTIONS AVAILABLE COME LIMITATION AS ADJUSTED | 29,296 0 | | |
| EXCESS 1008 | CONTRIBUTIONS : CONTRIBUTIONS SS CONTRIBUTIONS | 29,296 0 29,296 | | |
| ALLOWABLE C | CONTRIBUTIONS DEDUCTION | | | 0 |
| TOTAL CONTR | RIBUTION DEDUCTION | | | 0 |

| FORM 990-T | NET | OPERATING LOSS | DEDUCTION | STATEMENT 8 |
|-------------|-------------------|-------------------------------|-------------------|------------------------|
| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
| 06/30/10 | 6,379,954. | 5,448,762. | 931,192. | 931,192. |
| 06/30/11 | 2,474,258. | 1,044,438. | 1,429,820. | 1,429,820. |
| 06/30/12 | 0. | 0. | 0. | 0. |
| 06/30/13 | 947,477. | 0. | 947,477. | 947,477. |
| 06/30/14 | 5,384,019. | 0. | 5,384,019. | 5,384,019. |
| 06/30/15 | 7,454,419. | 0. | 7,454,419. | 7,454,419. |
| 06/30/16 | 15,472,618. | 0. | 15,472,618. | 15,472,618. |
| 06/30/17 | 9,113,262. | 0. | 9,113,262. | 9,113,262. |
| NOL CARRYOV | ER AVAILABLE THIS | YEAR | 40,732,807. | 40,732,807. |
| | | | | |
| FORM 990-T | NAME OF | FOREIGN COUNTRY | Y IN WHICH | STATEMENT 9 |

ORGANIZATION HAS FINANCIAL INTEREST

NAME OF COUNTRY

AFGHANISTAN ANGOLA

BANGLADESH

BOTSWANA

BURKINA FASO

COTE D IVOIRE

ETHIOPIA

GHANA

GUINEA

HAITI

HONG KONG

INDIA

INDONESIA

ITALY

KENYA

LESOTHO

LIBERIA

MADAGASCAR

MALAWI

MOZAMBIQUE

NEPAL

NIGERIA

PAKISTAN

RWANDA

TANZANIA

TOGO

UGANDA

UNITED KINGDOM

VIETNAM
CAMEROON
CANADA
CHAD
CHILE
MALI
SWAZILAND
SIERRA LEONE
ZAMBIA
PHILIPPINES
ALBANIA
SOUTH SUDAN
BURMA
CONGO, DEM REP

NAMIBIA

| FORM 990-T | COST | OF | GOODS | SOLD - | - OTHER | COSTS | STATEMENT | 10 |
|------------------------|--------|------|--------|--------|---------|-------|-----------|-------|
| DESCRIPTION . | ı | | | | | | AMOUNT | |
| SUPPLIES AND MATERIALS | | | | | | | 104 | ,415. |
| CONTRACTUAL SERVICES | • | | | | | | 895 | ,961. |
| UTILITIES | | | | | | | 3 | ,213. |
| TRAVEL | | | | | | | 95 | ,212. |
| TELECOM AND COMPUTING | | | | | | | 11 | ,088. |
| RENTAL EXPENSE | | | | | | | 21 | ,806. |
| MARKETING/ADVERTISING | | | | | | | 27 | ,098. |
| MEMBERSHIP/DUES | | | | | | | 19 | ,418. |
| LICENSES AND REGISTRAT | ION | | | | | | 43 | ,452. |
| EVENTS, GIFTS AND AWAR | DS | | | | | | 34 | ,372. |
| FOOD COSTS AND CATERIN | G | | | | | | 19 | ,432. |
| INSURANCE-MALPRACTICE | | | | | | | 137 | ,515. |
| TRAINING | | | | | | | 2 | ,827. |
| OTHER EXPENSES | | | | | | | 21 | ,101. |
| INDIRECT COSTS | | | | | | | 3,722 | ,382. |
| TOTAL TO FORM 990-T, S | CHEDUI | LE A | A, LIN | E 4B | | | 5,159 | ,292. |

| FORM 990-T | DEDUCTIONS | CONNECTED | WITH | RENTAL | INCOME | STATEMENT | 11 |
|-----------------|---------------|------------|-------|-----------------|------------|-----------|-------|
| DESCRIPTION | , | | | TIVITY UMBER | AMOUNT | TOTAL | |
| REPAIRS & MAIN | TENANCE | | _ | | 248,978. | | |
| ADMINISTRATIVE | EXPENSES | | | | 239,289. | | |
| PAYROLL | | | | | 479,611. | | |
| CONTRACT SERVI | CES | | | | 1,031,769. | | |
| UTILITIES | | | | | 474,271. | | |
| REAL ESTATE TA | XES . | _ | | | 449,501. | | |
| INSURANCE - PRO | OPERTY · | • | | | 10,740. | | |
| NON-RECOVERABLE | E EXPENSES | | | | 274,431. | | |
| DEPRECIATION - | BUILDING | | | | 2,194,370. | | |
| AMORTIZATION | | | | | 289,325. | | |
| DEFERRED RENT | | | | | 323,335. | | |
| | | - SUBTOTA | L - | 1 | | 6,015 | ,620. |
| TOTAL TO FORM | 990-T, SCHEDU | LE C, COLU | MIN 3 | | | 6,015 | ,620. |

| FORM 4626 | AMT CONTRIBUTION LIMITATION | | STATEMENT | 12 |
|--|--|----------------|------------------|------------|
| AND DOMESTIC | BLE INCOME BEFORE NOL, CHARITABLE CONTRIBUTION PRODUCTION ACTIVITIES DEDUCTION (DPAD) AMT ADJUSTMENT AND PREFERENCE ITEMS OTHER | ons, | -3,670, | , 886 |
| | N ACE, CHARITABLE CONTRIBUTIONS AND DPAD | | 9,041, | ,005 |
| | T AMTI BEFORE ACE, CHARITABLE DEDUCTIONS, DPAD | | 5.370 | .119 |
| | NT ITEMS | | | , |
| 6) LINE 5 LESS 7) MULTIPLY LIN 8) ENTER EXCESS | CHARITABLE CONTRIBUTIONS (LINE 3 PLUS LINE 4 LINE 3 (ENTER EXCESS AS A NEGATIVE AMOUNT). E 6 BY 75%.: ENTER RESULT AS A POSITIVE AMOUNT OF THE CORPORATION'S PRIOR YEAR NET INCREASE UE TO ACE | NT . ES | | ,119 |
| IF LINE 6 IS FROM LINE IF LINE 6 IS | POSITIVE OR ZERO ENTER THE AMOUNT 7 HERE AS A POSITIVE AMOUNT NEGATIVE, ENTER THE SMALLER OF LINE 7 HERE AS A NEGATIVE AMOUNT | • • | | |
| (LINE 3 11) CONTRIBUTION FOR NOL | T CHARITABLE CONTRIBUTIONS, NOL AND DPAD PLUS LINE 9) | on NS | 5,370, | ,119 |
| ABOVE, M | ULTIPLIED BY 10%) | | | |
| 13) CONTRIBUTION FOR NOL | N DEDUCTION TO CALCULATE 90% AMTI LIMITATION (LESSER OF LINE 11 OR LINE 12) | | 29, | 296 |
| | RPOSES OF 90% NOL LIMITATION (LINE 10 LESS | | | |
| LINE 13) | ON (90% OF LINE 14) | • • | 5,340, | 823 |
| 16) TOTAL NOL A | VAILABLE | • • | 4,806, 5,065, | |
| 17) AMT NOL (LE | SSER OF LINE 15 OR LINE 16) | | 4,806, | 741 |
| | ARITABLE DEDUCTION LIMITATION (LINE 10 | = | | |
| PLUS SPEC 19) 10% OF LINE | CIAL DEDUCTIONS LESS AMT NOL ON LINE 17) 18 | • • | 563, 56, | 378 338 |
| 20) AMT CHARITA 21) REGULAR CON | BLE DEDUCTION (LESSER OF LINE 12 OR LINE 19) TRIBUTION DEDUCTION | • • | 29, | 296 0 |
| | UTION ADJUSTMENT (LINE 21 LESS LINE 20) | - | | 296 |



| FORM 4626 | AMT CONTRIBUTIONS | <u>.</u> | STATEMENT | 13 |
|--|---------------------------|----------|-----------|------------|
| CARRYOVER OF PRICE FOR TAX YEAR 20 | 013 01 4 015 | 15,190 | | |
| TOTAL CARRYOVER | | | | 190 |
| CURRENT YEAR CONT | RIBUTIONS | _ | 14, | 106 |
| TOTAL CONTRIBUTION OF TAXABLE IN | ONS ICOME AS ADJUSTED | | | 296 338 |
| EXCESS CONTRIBUT | CONS | • | · · · | 0 |
| ALLOWABLE CONTRIE | BUTIONS | = | 29, | 296 |

| FORM 4626 | | OTHER AMT ADJUSTM | ents | STATEMENT | 14 |
|----------------------|--------------------------|-------------------------------|------------------------|-----------|-------|
| DESCRIPTIO | on ´ | | | AMOUNT | |
| CHARITABLE | CONTRIBUTIONS | | | -29 | ,296 |
| TOTAL TO F | ORM 4626, LINE 20 | | | -29 | ,296. |
| FORM 4626 | ALTERNAT | IVE MINIMUM TAX NO | OL DEDUCTION | STATEMENT | 15 |
| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | | · |
| 06/30/16 06/30/17 | 7,854,675. 4,297,207. | 7,086,776. | 767,899. 4,297,207. | | |
| AMT NOL CA | RRYOVER AVAILABLE: | THIS YEAR | 5,065,106. | | |

| | TENTATIVE MINIMUM TAX (TMT) | PRORATION | STATEMENT | 16 |
|-------------------------|-----------------------------|---------------|-----------|-------|
| TENTATIVE MIMIMUM TAX | FOR THE ENTIRE YEAR | 106,816. | | |
| TMT IN EFFECT BEFORE | 01/01/2018 | 106,816. | | |
| TMT IN EFFECT AFTER 1 | 2/31/2017 | 0. | | |
| | DAYS | | | |
| TMT PRORATED FOR NUMBER | | 53,847. 0. | | |
| TMT PRORATED | | | 53 | ,847. |

SCHEDULE D (Form 1120) Department of the Tre Internal Revenue Service

Capital Gains and Losses

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

Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Name

Employer identification number

JOHNS HOPKINS UNIVERSITY 52-0595110 Rartil: Short-Term Capital Gains and Losses - Assets Held One Year or Less See instructions for how to figure the amounts (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) (f) Gain or (loss). Subtract column (s) from column (d) and combine the result with column (g) to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 2 Totals for all transactions reported on -302,206 -302,206. Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 Unused capital loss carryover (attach computation) 6 -302,206, 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h Part II: Long-Term Capital Gains and Losses - Assets Held More Than One Year See instructions for how to figure the amounts (N) Gain or (loss). Subtract column (e) from column (d) and mbine the result with column (g) (d) (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-8 for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b -----8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on 4,681,025 4,681,025. Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 4,681,025. 魔Rart:川川 Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 4,378,819. 18 Add lines 16 and 17. Enter here and on Form 1120; page 1, line 8, or the proper line on other returns. If the corporation

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

Note: If losses exceed gains, see Capital losses in the instructions.

has qualified timber gain, also complete Part IV

Schedule D (Form 1120) 2017

4,378,819.



| Rart IV. Alternative Tax for Corporations with Qualified T | | |
|---|---------------------|---|
| qualified timber gain under section 1201(b). Skip this part if you are filing | | ctions. |
| 19 Enter qualified timber gain (as defined in section 1201(b)(2)) | 19 | |
| 20 Enter taxable income from Form 1120, page 1, line 30, or the applicable line | | 医神经 神经症 计翻 |
| of your tax return | 20 | |
| 21 Enter the smallest of: (a) the amount on line 19; (b) the amount on line 20; or | | |
| (c) the amount on Part III, line 17 | 21 | |
| | | 第一个人的 |
| 22 Multiply line 21 by 23.8% (0.238) | | 22 |
| | | |
| 23 Subtract line 17 from line 20. If zero or less, enter -Q- | 23 | |
| 24 Enter the tax on line 23, figured using the Tax Rate Schedule (or applicable tax rate) a | ppropriate for | 经验的 |
| the return with which Schedule D (Form 1120) is being filed | , | 24 |
| | | |
| 25 Add lines 21 and 23 | 25 | |
| | | 第二次 第二次 第二次 第三次 第三次 第三次 第三次 第三次 第三次 第三次 第三次 第三次 第三 |
| 26 Subtract line 25 from line 20. If zero or less, enter -0- | 26 | |
| · · · · · · · · · · · · · · · · · · · | <u> </u> | |
| 27 Multiply line 26 by 35% (0.35) | | 27 |
| • | | |
| 28 Add lines 22, 24, and 27 | | 28 |
| 29 Enter the tax on line 20, figured using the Tax Rate Schedule (or applicable tax rate) a | ppropriate for the | |
| return with which Schedule D (Form 1120) is being filed | | 29 |
| 30 Enter the smaller of line 28 or line 29. Also enter this amount on Form 1120, Schedule | e J, line 2, or the | |
| applicable line of your tax return | | |
| | | Schedule D (Form 1120) 2017 |

Form **8949**

Department of the Tressury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

▶ Go to www.iṛs.gov/Form8949 for instructions and the latest information.
 ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2017

Attachment Sequence No. 12A

Name(s) shown on return

Social security number or taxpayer identification no.

| | JOHNS HOPKINS UNIVERS | | | | | | 52-059 | |
|-----------|--|---|--|---|--|------------------------------|---|--|
| Be sta | fore you check Box A, B, or C bek tement will have the same informa oker and may even tell you which I | ow, see whether ation as Form 10 box to check | you received an 99-B. Either will | y Form(s) 1099-B show whether you | or substitute state Ir basis (usually you | ment(s) froi ur cost) wa: | m your broker. A s s reported to the i | substitute IRS by your |
| | Short-Term. Transac Note: You may aggregate all codes are required. Enter the | tions involving c I short-term transa | ctions reported on | Form(s) 1099-B show | wing basis was report | ted to the IR | S and for which no a | edjustments or |
| Yo: | u must check Box A, B, or C below. but have more short-term transactions than with the control of the control o | ported on Form(ported on Form(| s) 1099-B showir s) 1099-B showir | ng basis <mark>was repo</mark> ng basis wasn't re | rted to the IRS (se | | | or each applicable box. |
| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) | (e) Cost or other basis. See the Note below and see Column (e) in the instructions | loss. If yo in column (| t, if any, to gain or u enter an amount (g), enter a code in See instructions. (g) Amount of | (h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g) |
| FR | OM PASS-THROUGH ENTITIES | VARIOUS | VARIOUS | <302,206, | | `` | adjustment | <302,206.> |
| | | | VIII.1005 | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| 2 | Totals. Add the amounts in colu | | | | | | | |
| | negative amounts). Enter each to Schedule D, line 1b (if Box A ab | ove is checked), | line 2 (if Box B | <302,206. | | | | -302 20E - |
| | above is checked), or line 3 (if E | DUX L ADOVE IS C | rieckea) | 302,200. | r | # S. S. | | <302,206.> |

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

723011 11-02-17 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2017)

| Name(s) shown on return. Name and | d SSN or taxpay | er identification r | no. not required if | shown on page 1 | | | rity number or entification no. |
|--|---|--|---|---|--|--|--|
| JOHNS HOPKINS UNIVERS | ow. see whether | you received any | / Form(s) 1099-B | or substitute stater | nent(s) from y | 52-059 rour broker. A s | ubstitute |
| statement will have the same information broker and may even tell you which | box to check. | | | , , , | | | |
| Long-Term. Transact Note: You may aggregate al codes are required. Enter the | l long-term transac | tions reported on F | Form(s) 1099-B show | ring basis was reporte | ed to the IRS a | nd for which no a | djustments or |
| You must check Box D, E, or F below. If you have more long-term transactions than will (D) Long-term transactions rep X (E) Long-term transactions not | il fit on this page for or corted on Form(s corted on Form(s t reported to you | ne or more of the boxe s) 1099-B showin s) 1099-B showin n on Form 1099-E | is, complete as many for ig basis was repor ig basis wasn't re 3 | ms with the same box of ted to the IRS (see ported to the IRS | Note above | ed. | _ |
| 1 (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of | (d) Proceeds (sales price) | (e) Cost or other basis. See the Note below and | loss. If you e in column (g) column (f). S | enter an amount , enter a code in ee instructions. | (h) Gain or (loss). Subtract column (e) from column (d) & |
| | | (Mo., day, yr.) | | see Column (e) in the instructions | (f) Code(s) | (g) Amount of adjustment | combine the result with column (g) |
| FROM PASS-THROUGH ENTITIES | VARIOUS | VARIOUS | 4,681,025. | | | | 4,681,025. |
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| | | | | | | · | |
| 2 Totals. Add the amounts in colunegative amounts). Enter each to Schedule D, line 8b (if Box D above is checked) or line 10 (if | otal here and inc ove is checked) | lude on your , line 9 (if Box E | 4.681.025. | | | | 4 681 025 |

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

723012 11-02-17

Form **8949** (2017)

ALTERNATIVE MINIMUM TAX

SCHEDULE D (Form 1120) Department of the Tressury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Forin 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. ▶ 60 to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Name

Employer identification number

52-0595110 JOHNS HOPKINS UNIVERSITY Part [本] Short-Term Capital Gains and Losses - Assets Held One Year or Less See instructions for how to figure the amounts (II) Gain or (loss). Subtract column (e) from column (d) and ombine the result with column (g) (0) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) (d) to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 2 Totals for all transactions reported on -302,206. -302,206 Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 5 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 Unused capital loss carryover (attach computation) 6 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h -302,206. Long-Term Capital Gains and Losses - Assets Held More Than One Year See instructions for how to figure the amounts to enter on the lines below. (it) Gain or (loss). Subtract column (e) from column (d) and ombine the result with column (g) (d) (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) This form may be easier to complete if you round off cents to whole dollars. (or other basis) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 4,681,025 4,681,025. 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 11 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 13 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 14 Capital gain distributions 15 4,681,025. 15 Net long-term capital gain or (loss). Combine lines:8a through 14 in column h Rart III Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 17 4,378,819. 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. If the corporation has qualified timber gain, also complete Part IV ______ 18 4,378,819.

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

Note: If losses exceed gains, see Capital losses in the instructions.

Schedule D (Form 1120) 2017

JWA

ALTERNATIVE MINIMUM TAX

Sales and Other Dispositions of Capital Assets

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No. 1545-0074

Name(s) shown on return

Social security number or taxpayer identification no.

| | JOHNS HOPKINS UNIVERS | | | | | | 52-059 | |
|------------|---|-----------------------------------|--|--|--|--|---|--|
| sta | fore you check Box A, B, or C bel tement will have the same informa- oker and may even tell you which i | ation as Form 10 | you received an 199-B. Either will | y Form(s) 1099-B show whether you | or substitute state Ir basis (usually you | ment(s) from your cost) was re | our broker. A s ported to the I | ubstitute RS by your |
| | Art, Short-Term. Transac Note: You may aggregate al codes are required. Enter the | tions involving c | ctions reported on | Form(s) 1099-B show | wing basis was report | ted to the IRS an | nd for which no a | idjustments or |
| You You | u must check Box A, B, or C below. ou have more short-term transactions than w | Check only one b | OX, if more than one bone or more of the box | oox applies for your shores, complete as many fo | t-term transactions, com | plete a separate Fo checked as you nee | orm 8949, page 1, fo | |
| <u> </u> | | ported on Form(| s) 1099-B showin | ng basis wasn't re | • | e Note above) | | |
| L | (C) Short-term transactions no | ot reported to yo | u on Form 1099- | | | Adinates at 18 | anu ta sala ar | |
| 1 | (a) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) | (e) Cost or other basis. See the Note below and see Column (e) in the instructions | loss. If you en in column (g), column (f). Se (f) | any, to gain or oter an amount enter a code in e instructions. (g) Amount of adjustment | (h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g) |
| FR | OM PASS-THROUGH ENTITIES | VARIOUS | VARIOUS | <302,206. | | | iujustinent | <302,206.> |
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| 2 | Totals Add the amounts is sale | umme (d) (e) (=) | and (b) (c) thins of | | | (C ()) | | |
| ~ | Totals. Add the amounts in colu | | | | 1 | | | |
| | negative amounts). Enter each t | | _ | | l | | | |
| | Schedule D, line 1b (if Box A ab above is checked), or line 3 (if I | • | • | <302,206. | L | | | <302,206.> |
| N^ | te: If you checked Box A above b | | | • | · | e hasis se ren | orted to the ID | |
| | | | | | | | | |

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

723011 11-02-17 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2017)

| Form 8949 (2017) | 1 | | | Attachn | nent Sequer | nce No. 12A | Page 2 |
|--|---|---------------------------------------|--|--|---|---|--|
| Name(s) shown on return. Name and | d SSN or taxpay | er identification (| no. not required if shown on page 1 | | | Social security number or taxpayer identification no. | |
| JOHNS HOPKINS UNIVERS | | | | | | 52-0595110 | |
| Before you check Box D, E, or F bek statement will have the same inform broker and may even tell you which | ow, see whether ation as Form 10 box to check | you received an 199-B. Either will | y Form(s) 1099-B o show whether you | or substitute stater Ir basis (usually you | nent(s) from ur cost) was | your broker. A s reported to the l | ubstitute IRS by your |
| Long-Term. Transact Note: You may aggregate al codes are required. Enter th | tions involving co | tions reported on I | Form(s) 1099-B show | ring basis was report | ed to the IRS | and for which no a | djustments or |
| You must check Box D, E, or F below. | | | | | | | |
| If you have more long-term transactions than wi | Il fit on this page for o | ne or more of the box | se, complete se many fo | rms with the same box c | hecked as you r | need. | |
| (D) Long-term transactions re | ' ' | • | • | • | e Note abov | /e) | |
| (-,,, | J - | = | = | ported to the IHS | | | |
| (F) Long-term transactions no | (b) | (c) | | (e) | Adiustment | , if any, to gain or | (h) |
| Description of property | Date acquired (Mo., day, yr.) | Date sold or disposed of | (d) Proceeds (sales price) | Cost or other basis. See the | loss. If you enter an amount in column (g), enter a code in column (f). See instructions. | | Gain or (loss). Subtract column (e) |
| (Example: 100 sh. XYZ Co.) | | | | | | | |
| | | (Mo., day, yr.) | 1 | Note below and see Column (e) in | (f) | (g) | from column (d) & combine the result |
| | ! | | | the instructions | Code(s) | Amount of adjustment | with column (g) |
| FROM PASS-THROUGH ENTITIES | VARIOUS | VARIOUS | 4,681,025. | | , | | 4,681,025. |
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| 2 Totals. Add the amounts in colunegative amounts). Enter each t | | | | | | | |
| Schedule D, line 8b (if Box D at above is checked), or line 10 (if | ove is checked) | , line 9 (if Box E | 4,681,025. | | | | 4,681,025. |

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

723012 11-02-17

Form 8949 (2017)