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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

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
GREATER BALTIMORE MEDICAL CENTER INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
6701 NORTH CHARLES STREET

City or town, state or country, and ZIP + 4
BALTIMORE, MD 21204

D Employer identification number
52-6049658

E Telephone number
(443) 849-2000

G Gross receipts $ 389,468,509

F Name and address of Principal Officer
LAURENCE MERLIS
6701 NORTH CHARLES ST
BALTIMORE, MD 22104

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) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Web site: ▶ www gbmc org

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1960

M State of legal domicile MD

Part I Summary

1 Briefly describe the organization's mission or most significant activities

TO ORGANIZE, BUILD, ERECT, EQUIP, MANAGE, & OPERATE EXCLUSIVELY FOR THE CHARITABLE PURPOSES IMPOSED BY SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE A NON-PROFIT HOSPITAL AND MEDICAL CENTER FOR THE SICK

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	16
5	Total number of employees (Part V, line 2a)	**5**	3,964
6	Total number of volunteers (estimate if necessary)	**6**	602
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	**7a**	46,345
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	2,244

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	7,849,307	4,981,681
9	Program service revenue (Part VIII, line 2g)	376,819,294	380,915,631
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,407,811	-1,641,602
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,907,514	4,641,682
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	392,983,926	388,897,392
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,770,593	214,776
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)	212,202,435	193,752,391
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–24f)	170,736,772	176,407,381
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	384,709,800	370,374,548
19	Revenue less expenses Subtract line 18 from line 12	8,274,126	18,522,844
Net Assets or Fund Balances		**Beginning of Year**	**End of Year**
20	Total assets (Part X, line 16)	356,779,947	379,536,020
21	Total liabilities (Part X, line 26)	191,199,024	221,170,593
22	Net assets or fund balances Subtract line 21 from line 20	165,580,923	158,365,427

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

Please Sign Here

▶ Signature of officer — Date: 2010-04-30

▶ ERIC L MELCHIOR EVP/CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-empolyed ▶ ☐	Preparer's PTIN (See Gen Inst)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ PricewaterhouseCoopers LLP 1301 K STREET NW STE 800W WASHINGTON, DC 200053333			EIN ▶ Phone no ▶ (202) 414-1000

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

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

See Additional Data Table

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting or make significant changes in how it conducts any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 133,775,748 including grants of $ 0) (Revenue $ 137,542,900)

The Greater Baltimore Medical Center, Inc (GBMC) is a 300-bed medical center (acute and sub-acute care) located on a suburban campus which provided inpatient care to more than 21,800 patients and delivered over 4,600 babies in the fiscal year Since its founding, GBMC's accomplishments have validated the vision of its founders to combine the best of community and university-level medicine GBMC's distinctive service lines include women's, cancer, surgical and medical services GBMC is a fully accredited teaching hospital that is affiliated with John Hopkins University

4b (Code) (Expenses $ 70,681,091 including grants of $ 0) (Revenue $ 95,336,233)

The Operating Room performed over 32,700 inpatient and outpatient surgical procedures in the fiscal year Specialties include GBMC's Comprehensive Obesity Management Program, the oldest recognized American Society of Metabolic and Bariatric Surgery (ASMBS) Center of Excellence in the Metropolitan Baltimore Area, Johns Hopkins Head and Neck Surgery at GBMC, Hyperbaric Medicine Program, the Joint and Spine Center at GBMC, minimally invasive and endocrine surgery, neurosurgery, vascular and thoracic surgery, and urology surgery, and urology

4c (Code) (Expenses $ 53,338,337 including grants of $ 0) (Revenue $ 74,793,980)

The Emergency Department treated over 61,400 patients in the fiscal year The Emergency Services department has three distinct patient care areas, carefully designed to minimize wait and maximize service for patients and their families Patients with minor injuries such as sprains are cared for the the Urgent Care area Severe problems such as acute abdominal pain, chest pain, or injuries from motor vehicle accidents are evaluated and treated in Emergent Care Adjacent to the Emergent Care area is an observational care area for adult patients who need to be monitored but not admitted In addition to emergency services, GBMC provided other outpatient care to over 42,700 patients in specialty clinics such as Ophthalmology, Wound Care, Anti-Coagulation, Radiation Oncology and Infusion Therapy

(Code) (Expenses $ 19,987,271 including grants of $ 0) (Revenue $ 31,638,311)
LABORATORY SERVICE

(Code) (Expenses $ 13,471,109 including grants of $ 0) (Revenue $ 26,629,914)
RADIOLOGY - THERAPEUTIC

(Code) (Expenses $ 9,277,951 including grants of $ 0) (Revenue $ 985,886)
RESIDENCY PROGRAM

(Code) (Expenses $ 3,120,810 including grants of $ 0) (Revenue $ 4,264,167)
MAGNETIC RESONANCE IMAGING

(Code) (Expenses $ 2,313,652 including grants of $ 0) (Revenue $ 2,749,643)
CARDIAC CATHERIAZATION

(Code) (Expenses $ 23,004,171 including grants of $ 214,776) (Revenue $ 6,974,597)
OTHER PROGRAM SERVICES

4d Other program services (Describe in Schedule O)
(Expenses $ 71,174,964 including grants of $ 214,776) (Revenue $ 73,242,518)

4e Total program service expenses $ 328,970,140 *Must equal Part IX, Line 25, column (B).*

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
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		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		No
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, Part II*	15		No
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, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19	Yes	
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
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 questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	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**		No
37	Did the organization conduct more than 5 percent 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**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	235		
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		Yes	
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	3,964		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
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			No
b	If "Yes," enter the name of the foreign country BD See the instructions for exceptions and 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			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			No
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 provide goods or services in exchange for any quid pro quo contribution of $75 or more?	7a			No
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			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
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			

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

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 24		
b	Enter the number of voting members that are independent . .	1b 16		
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		No
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		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ own website ☑ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

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

ERIC MELCHIOR
6701 NORTH CHARLES STREET
BALTIMORE, MD 21204
(443) 849-2000

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations

* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations

* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(E)** Reportable compensation from related organizations (W- 2/1099-MISC)	**(F)** Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								9,068,097	0	938,068

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 217

			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**		No
4	For any individual listed online 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**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
JOHNS HOPKINS UNIVERSITY 125 MEDICAL ADMIN RD 720 RUTLAND BALTIMORE, MD 21205	RESIDENCY PROGRAM	3,154,183
ASSOCIATED CONSTRUCTION 1719 MORNING BROOK DRIVE FOREST HILL, MD 21050	CONSTRUCTION	3,117,170
MEDICAL IMAGING OF BALTIMORE PO BOX 630277 BALTIMORE, MD 212630277	RADIOLOGY SERVICES	2,790,950
MAYFLOWER TEXTILE SERVICE 2601 W LEXINGTON ST PO BOX 2065 BALTIMORE, MD 212230492	LINEN SERVICE	1,817,540
ARAMARK HEALTHCARE SUPPORT SERVICES PO BOX 651009 CHARLOTEE, NC 28265	MANAGEMENT - DIETARY	1,663,250

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 122

Part VIII Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c 208,936				
	d	Related organizations 1d 4,037,107				
	e	Government grants (contributions) 1e 369,291				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 366,347				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total (Add lines 1a-1f)** ▶	4,981,681			
Program Service Revenue		Business Code				
	2a	PATIENT SERVICE 621,110	376,922,661	376,922,661		
	b	OTHER OPERATING REVENUE 900,099	3,992,970	3,992,970		
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total. Add lines 2a-2f** ▶ $ 380,915,631				
	3	Investment income (including dividends, interest other similar amounts) ▶	-1,550,026			-1,550,026
	4	Income from investment of tax-exempt bond proceeds ▶	0			0
	5	Royalties ▶	0			0
		(i) Real / (ii) Personal				
	6a	Gross Rents 765,115				
	b	Less rental expenses 150,919				
	c	Rental income or (loss) 614,196				
	d	Net rental income or (loss) ▶	614,196			614,196
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 151,114 / 239,000				
	b	Less cost or other basis and sales expenses 155,080 / 151,390				
	c	Gain or (loss) -3,966 / 87,610				
	d	Net gain or (loss) ▶	-91,576			-91,576
Other Revenue	8a	Gross income from fundraising events (not including $ 39,185 of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* a 208,936				
	b	Less direct expenses b 96,228				
	c	Net income or (loss) from fundraising events ▶	-57,043			-57,043
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a 53,000				
	b	Less direct expenses b 17,500				
	c	Net income or (loss) from gaming activities ▶	35,500			35,500
	10a	Gross sales of inventory, less returns and allowances a				
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory ▶	0			0
		Miscellaneous Revenue / Business Code				
	11a	CAFETERIA INCOME 722,210	2,066,876			2,066,876
	b	PARKING REVENUE 812,930	1,935,808			1,935,808
	c	BILLING FEES 561,000	46,345		46,345	
	d	All other revenue				
	e	**Total. Add lines 11a-11d** ▶ $ 4,049,029				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	388,897,392	380,915,631	46,345	2,953,735

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	204,723	204,723		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	10,053	10,053		
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	5,745,303		5,745,303	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	154,368,051	146,976,231		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	22,368,906	19,462,806	2,906,100	
10	Payroll taxes	11,270,131	9,930,272	1,339,859	
11	Fees for services (non-employees)				
a	Management	6,401,573	5,118,441	1,283,132	
b	Legal	813,508	8,028	805,480	
c	Accounting	133,382	4,377	129,005	
d	Lobbying	43,856		43,856	
e	Professional fundraising *See Part IV, line 17* . .	0			
f	Investment management fees	11,190		11,190	
g	Other	20,934,517	18,488,499	2,446,018	
12	Advertising and promotion	2,231,398	404,422	1,826,976	
13	Office expenses	89,091,044	86,655,522	2,435,522	
14	Information technology	2,894,460	754,904	2,139,556	
15	Royalties . .	0			
16	Occupancy	1,791,351	1,017,174	774,177	
17	Travel	395,655	206,277	189,378	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	633,952	424,364	209,588	
20	Interest	4,760,525	4,170,805	589,720	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	21,541,882	18,830,449	2,711,433	
23	Insurance	8,358,293	1,312,181	7,046,112	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	PURCHASED SERVICES	4,884,914	3,828,614	1,056,300	
b	UNCOLLECTIBLE ACCOUNTS	9,317,484	9,317,484		
c	DUES	573,554	249,671	323,883	
d	MEDICAL RESIDENTS	1,594,843	1,594,843		
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	370,374,548	328,970,140	41,404,408	0
26	**Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		57,098,981	2	33,993,949
	3	Pledges and grants receivable, net		3,444,420	3	2,463,855
	4	Accounts receivable, net		44,391,942	4	46,199,440
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		3,273,458	8	3,335,596
	9	Prepaid expenses and deferred charges		4,733,504	9	6,665,694
	10a	Land, buildings, and equipment cost basis	10a 484,112,232			
	b	Less accumulated depreciation *Complete Part VI of Schedule D*	10b 276,690,449	195,094,247	10c	207,421,783
	11	Investments—publicly traded securities		11,778,478	11	36,558,160
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*		17,380,472	12	13,363,754
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*		19,584,445	15	29,533,789
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*		356,779,947	16	379,536,020
Liabilities	17	Accounts payable and accrued expenses		53,003,217	17	56,550,527
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		112,839,715	20	123,308,207
	21	Escrow account liability *Complete Part IV of Schedule D*			21	
	22	Payable 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			24	
	25	Other liabilities *Complete Part X of Schedule D*		25,356,092	25	41,311,859
	26	**Total liabilities.** *Add lines 17 through 25*		191,199,024	26	221,170,593
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		138,083,549	27	132,503,672
	28	Temporarily restricted net assets		19,797,806	28	19,303,240
	29	Permanently restricted net assets		7,699,568	29	6,558,515
		Organizations that do not follow SFAS 117, 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		165,580,923	33	158,365,427
	34	Total liabilities and net assets/fund balances		356,779,947	34	379,536,020

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
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		No
b	If "Yes," did the organization undergo the required audit or audits?		3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
GREATER BALTIMORE MEDICAL CENTER INC

Employer identification number
52-6049658

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2 ☐ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☑ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% 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).** (See instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

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

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

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

	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 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 organizations the organization supports

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

Part II **Support Schedule for Organizations Described in IRC 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.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **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 501(c)(3) organization, check this box and **stop here** ▶

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** 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% Test - 2007.** If the organization did not check the 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 - 2008.** 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 - 2007.** 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 the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 30 June, 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 501(c)(3) organization, check this box and **stop here** ☐

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

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

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

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

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 52-6049658
Name: GREATER BALTIMORE MEDICAL CENTER INC

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
The Honorable Vicki Ballou-Watts , Director	1 0	X						0	0	0
Mr Kenneth Barksdale , Director	1 0	X						0	0	0
Mr Herbert Belgrad , Treasurer	1 0	X		X				0	0	0
Ms Sandra Berman , Director (BEGAN DEC 2008)	1 0	X						0	0	0
Mr Williams Conkling Jr , Director (TERM ENDED DEC 08)	1 0	X						0	0	0
Mr Charles Fenwick Jr , Chair	1 0	X		X				0	0	0
Mr Frederick Hudson , Director	1 0	X						0	0	0
Mr Douglas Huether , Director	1 0	X						0	0	0
Mr Harry Johnson , Vice Chair	1 0	X		X				0	0	0
Mr Thomas Kane , Secretary	1 0	X		X				0	0	0
Mr William Kroh , Director	1 0	X						0	0	0
Mr Thomas Maddux , Director	1 0	X						0	0	0
Mr Laurence Merlis , President	30 0	X		X				799,495	0	190,129
Ms Patricia Mitchell , Vice Chair	1 0	X		X				0	0	0
John Saunders MD , Chief of Staff	40 0	X		X				403,480	0	19,481
Mr Stephen Scott , Vice Chair	1 0	X		X				0	0	0
Mr Robert Shelton , Director	1 0	X						0	0	0
Mr Bernard Siegel , Director	1 0	X						0	0	0
Howard Siegel MD , Director	1 0	X						0	0	0
Mr Stuart Simms , Director	1 0	X						0	0	0
Mr James Stradtner , Director	1 0	X						0	0	0
Ms Marion Thompson , Director	1 0	X						0	0	0
Harold Tucker MD , Vice Chief of Staff	1 0	X		X				0	0	0
Ronald Tutrone Jr MD , Director	5 0	X						300,000	0	0
Ms Mary Wieler , Director	1 0	X						0	0	0
Mr Eric L Melchior , EVP CFO	20 0			X				448,427	0	123,003
Mr Keith R Poisson , EVP COO	40 0			X				454,133	0	86,527
Rodney W Williams MD , EVP Chief Medical Officer	35 0			X				533,764	0	117,151
Mr George E Bayless , VP Finance	30 0				X			250,599	0	40,832
Mr John W Ellis , SVP Corp Strategy	20 0				X			399,726	0	37,410

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Mr Michael A Forthman , VP Facilities & Supp Svc	35 0				X			205,000	0	31,041
Ms Joanne Porter , SVP Chief Nursing Exec	40 0				X			330,930	0	54,748
Ms Tressa B Springmann , VP CIO	40 0				X			298,667	0	37,226
Mr Mark R Thomas , VP HR	40 0				X			303,631	0	43,256
Mr Steven K Twaddle , VP GBMA	5 0				X			202,082	0	16,199
Reginald Davis MD , Physician	40 0					X		1,377,558	0	24,785
Bimal G Rami MD , Physician	40 0					X		769,323	0	17,295
Amiel W Bethel MD , Physician	40 0					X		671,050	0	16,794
Neri M Cohen MD , Physician	40 0					X		650,861	0	23,450
GARY I COHEN MD , Physician	39 0					X		669,371	0	58,741

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

GREATER BALTIMORE MEDICAL CENTER'S PRIMARY EXEMPT PURPOSE IS AS FOLLOWS: (1) TO ORGANIZE, BUILD, ERECT, EQUIP, MANAGE AND OPERATE EXCLUSIVELY FOR CHARITABLE PURPOSES A NON-PROFIT GENERAL HOSPITAL AND MEDICAL CENTER FOR THE CARE OF THE SICK, AND TO FURNISH MEDICAL AND SURGICAL ATTENDANCE THEREIN IN ANY FORM IN THE CARE OF SICK, AFFLICTED, INFIRM OR INJURED PERSONS; PROVIDED, HOWEVER, THE OPERATIONS ARE NOT TO BE EXCLUSIVELY FOR THOSE WHO ARE ABLE AND EXPECTED TO PAY BUT TO THE EXTENT OF FINANCIAL ABILITY ARE TO BE FOR THOSE NOT ABLE TO PAY FOR THE SERVICES RENDERED, AND THE FACILITIES ARE NOT TO BE RESTRICTED TO A PARTICULAR GROUP OF PHYSICIANS AND SURGEONS EXCEPT TO THE EXTENT THAT DISCRETIONARY AUTHORITY IN THE MANAGEMENT MAY IMPOSE LIMITATIONS BASED UPON THE QUALIFICATIONS OF THOSE APPLYING OR UPON THE SIZE AND NATURE OF THE FACILITIES, AND NO PART OF ITS NET EARNINGS ARE TO INURE DIRECTLY OR INDIRECTLY TO THE BENEFIT OF ANY PRIVATE SHAREHOLDER OR INDIVIDUAL. (2) TO ORGANIZE, BUILD,

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2008

Open to Public Inspection

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization	Employer identification number
GREATER BALTIMORE MEDICAL CENTER INC	52-6049658

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.)

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures $ _____

3 Volunteer hours _____

Part I-B To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.)

1 Enter the amount of any excise tax incurred by the organization under section 4955 $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 $ _____

3 If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.)

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities $ _____

2 Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities $ _____

3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's internal funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

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

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

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter the amount from the following table in both columns—		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -0- if line g is more than line a		
i	Subtract line 1f from line 1c Enter -0- if line f is more than line c		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☑ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines c through i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		1,022
e	Publications, or published or broadcast statements?	Yes		4,090
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		50,438
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i	Other activities If "Yes," describe in Part IV	Yes		11,248
j	Total lines 1c through 1i			66,798
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

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

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

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

1	Dues, assessments and similar amounts from members	1 $
2	Section 162(e) non-deductible lobbying and political expenditures ***(do not include amounts of political expenses for which the section 527(f) tax was paid).***	
a	Current Year	2a $
b	Carryover from last year	2b $
c	Total	2c $
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 $
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4 $
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 $

Part IV **Supplemental Information**

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

Identifier	Return Reference	Explanation
PART II-B, LINE 1I		The amount for other activities includes meetings with GBMC staff, legislative committees and contracted GBMC lobbyists as well as amounts incurred for general research on federal and state healthcare issues

Part IV Supplemental Information

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
GREATER BALTIMORE MEDICAL CENTER INC

Employer identification number
52-6049658

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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other 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 pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $

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

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

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

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

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

Part IV Trust, Escrow and Custodial Arrangements. Complete if 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 why in Part XIV and complete the following table

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

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

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

Part V Endowment Funds. Complete if 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	10,781,157				
b Contributions	53,262				
c Investment earnings or losses	-1,358,011				
d Grants or scholarships	0				
e Other expenditures for facilities and programs	42,933				
f Administrative expenses	0				
g End of year balance	9,433,475				

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 69 524 %
- c Term endowment ▶ 30 476 %

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		15,290,673		15,290,673
b Buildings		190,880,944	88,516,985	102,363,959
c Leasehold improvements		7,683,758	5,133,214	2,550,544
d Equipment		144,399,620	120,440,808	23,958,812
e Other		125,857,237	62,599,442	63,257,795
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				207,421,783

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

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other OTHER EQUITY INVESTMENTS	0	
Other INVESTMENTS HELD BY AFFILIATE	13,363,754	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

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

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

(a) Description	(b) Book value
OTHER ASSETS	103,500
ADVANCES TO AFFILIATE	28,389,181
NET DEFERRED COSTS	1,041,108
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	29,533,789

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
THIRD PARTY ADVANCES	12,792,179
PENSIONS LIABILITY	19,592,870
OTHER LIABILITIES	8,272,927
CAPITAL LEASES	653,883
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	41,311,859

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	388,897,392
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	370,374,548
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	18,522,844
4	Net unrealized gains (losses) on investments	4	-1,292,373
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-24,445,967
9	Total adjustments (net) Add lines 4 - 8	9	-25,738,340
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-7,215,496

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

1	Total revenue, gains, and other support per audited financial statements			1	387,781,240
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-1,292,372		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-88,427		
e	Add lines **2a** through **2d**			2e	-1,380,799
3	Subtract line **2e** from line **1**			3	389,162,039
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	-264,647		
c	Add lines **4a** and **4b**			4c	-264,647
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	388,897,392

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

1	Total expenses and losses per audited financial statements			1	370,628,005
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	264,647		
e	Add lines **2a** through **2d**			2e	264,647
3	Subtract line **2e** from line **1**			3	370,363,358
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	11,190		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	11,190
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	370,374,548

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
SCHEDULE D, PART V, LINE 4		GBMC INVESTMENTS' HOLDS AND MANAGES THE ENDOWMENT OF THE HOSPITAL INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS 1 Research - Support clincial research performed at Greater Baltimore Medical Center 2 Education - Support educational programs, lectures, and scholarships 3 Special Programs - Rehabilitation Services for Low Vision and Blindness, Human Genetics, and the Center for Nursing Excellence 4 General Support for Greater Baltimore Medical Center
SCHEDULE D, PART XI, LINE 8		CHANGE IN MINIMUM PENSION LIABILITY (18,895,840), TRANSFER TO AFFILIATES (1,797,266), EQUITY TRANSFER IN AFFILIATE (3,675,624), CONTRIBUTIONS WRITE OFF (77,237), TOTAL PART XI, LINE 8 (24,445,967)
SCHEDULE D, PART XII, LINE 2D		INVESTMENT FEE EXPENSE (11,190), CONTRIBUTIONS WRITE OFF (77,237), TOTAL PART XII, LINE 2D (88,427)
SCHEDULE D, PART XII, LINE 4B		FUNDRAISING DIRECT EXPENSE (96,228), GAMING DIRECT EXPENSE (17,500), RENTAL EXPENSE (150,919), TOTAL PART XII, LINE 4B (264,647)
SCHEDULE D, PART XIII, LINE 2D		FUNDRAISING DIRECT EXPENSE 96,228, GAMING DIRECT EXPENSE 17,500, RENTAL EXPENSE 150,919, TOTAL PART XIII, LINE 2D 264,647

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
GREATER BALTIMORE MEDICAL CENTER INC

Employer identification number
52-6049658

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

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

2a 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 activities? ☐ 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 Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(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
Total			▶			

3 List all states in which the organization is registered or licensed to solicit funds 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 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 SPORTS CLASSIC (event type)	(b) Event #2 FATHERS DAY 5K (event type)	(c) Other Events 0 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	176,655	71,466		248,121
	2 Less Charitable contributions	137,470	71,466		208,936
	3 Gross revenue (line 1 minus line 2)	39,185			39,185
Direct Expenses	4 Cash Prizes				
	5 Non-cash Prizes				
	6 Rent/Facility costs				
	7 Other direct expenses	75,912	20,316		96,228
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				96,228
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				-57,043

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			53,000	53,000
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			17,500	17,500
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☑ Yes 90 % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				17,500
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				35,500

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities MD			
a	Is the organization licensed to operate gaming activities in each of these states?	9a	Yes	
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		No
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		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?	12		No

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a** 10 %		
b	An outside facility	**13b** 90 %		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶ GBMC HEALTHCARE FINANCE DEPARTMENT			
	Address ▶ 6545 NORTH CHARLES STREET TOWSON,MD 21204			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		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			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶ JAN EMERICK			
	Gaming manager compensation ▶ $ 50,000			
	Description of services provided ▶ SEE SCHEDULE O			
	☐ 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?	**17a**		No
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
GREATER BALTIMORE MEDICAL CENTER INC

Employer identification number
52-6049658

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

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a		
b	If "Yes," is it a written policy?	1b		
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☐ Other _____ %	3a		
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b		
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4		
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a		
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		
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 eligibile for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a		
6b	If "Yes," does the organization make it available to the public?	6b		
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested 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 Charity care at cost (from *worksheets 1 and 2)*						
b Unreimbursed Medicaid (from *worksheet 3, column a)*						
c Unreimbursed costs—other means-tested government programs (from *worksheet 3, column b)*						
d **Total** Charity Care and Means-Tested Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from (worksheet 4)						
f Health professions education (from worksheet 5)						
g Subsidized health services (from worksheet 6)						
h Research (from worksheet 7)						
i Cash and in-kind contributions to community groups (from worksheet 8)						
j **Total** Other Benefits						
k **Total** (line 7d and 7j)						

Part II Community Building Activities (Complete this table if the organization conducted any community building activities) *(Optional for 2008)*

		(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						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**						

Part III Bad Debt, Medicare, & Collection Practices *(Optional for 2008)*

Section A. Bad Debt Expense

			Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1		
2	Enter the amount of the organization's bad debt expense (at cost)	2		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit			

Section B. Medicare

5	Enter total revenue received from Mecicare (including DSH and IME)	5	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	
7	Enter line 5 less line 6—surplus or (shortfall)	7	
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used		

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures *(Optional for 2008)*

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V **Facility Information** *(Required for 2008)*

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
GREATER BALTIMORE MEDICAL CENTER INC 6701 NORTH CHARLES STREET BALTIMORE,MD 21204	X	X		X		X	X		

Part VI Supplemental Information *(Optional for 2008)*

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 7, Part III, line 4, Part III, line 8, and Part III, line 9b

2 **Needs Assessment.** Describe how the organization assesses the health care needs of the communities it serves

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

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

5 **Community Building Activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

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

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
GREATER BALTIMORE MEDICAL CENTER INC

Employer identification number
52-6049658

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed . . . . . ▶ ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BALTIMORE MEDICAL SYSTEM INC3501 SINCLAIR LANE BALTIMORE,MD 21213	52-1358241	501(C)(3)	20,500				SEE PART IV
UNITED WAY OF CENTERAL MD100 S CHARLES STREET PO BOX 1576 5TH FLOOR BALTIMORE,MD 21201	52-0591543	501(C)(3)	10,000				SEE PART IV
AMERICAN DIABETES ASSOCIATIONPO BOX 91560 WASHINGTON,DC 20077	13-1623888	501(C)(3)	25,000				SEE PART IV
MARYLAND HEALTHCARE EDUCATION INSTITUTE 6820 DEERPATH ROAD ELKRIDGE,MD 210756234	04-3511768	501(C)(3)	100,000				SEE PART IV

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 4

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

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
EDUCATION	3	10,053			

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

See Additional Data Table

Identifier	Return Reference	Explanation
PART I, LINE 2		THE ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE U S ARE EVALUATED AND SELECTED THROUGH A FORMAL COMMUNITY NEEDS ADVISORY COMMITTEE AND ARE BASED ON UNIQUE AND IDENTIFIED NEEDS
PART 2, COLUMN H		BALTIMORE MEDICAL SYSTEM, INC Assisting a community-based organization to improve the health and wellness of medically underserved communitieds in the greater Baltimore area UNITED WAY OF CENTRAL MD To provide asistance for health and human services organization within the Central Maryland area directly related to the Emergency Response Fund AMERICAN DIABETES ASSOCIATION Participation in the establishment of the American Diabetes Association's "Reverse the Trend" initiative designed to address the rising incidence of type II diabetes in local area youth populations MARYLAND HEALTHCARE EDUCATION INSTITUTE MHA assistance in partnership with other organizations throughout the state to end Maryland's chronic nursing shortages

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
GREATER BALTIMORE MEDICAL CENTER INC

Employer identification number
52-6049658

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☑ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☑ Discretionary spending account ☑ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**		No
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**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	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**	Yes	
b	Any related organization?	**6b**	Yes	
	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**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
See Additional Data Table	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
PART I, LINE 1A		The executive VP's, Senior VP's, and VP's have a limited accountable plan (expenses have to be supported with receipts) for the following expenses financial and legal counseling, club memberships, tuition, health equipment, and medical expenses not covered by an insurance plan The reimbursements range from $3,000 to $5,000 per year and are grossed-up for income tax purposes THE PRESIDENT OF GBMC HEALTHCARE HAS A DISCRETIONARY SPENDING ACCOUNT THE AMOUNT OF THE ACCOUNT WAS ESTABLISHED IN HIS EMPLOYMENT AGREEMENT AND IS NOT REQUIRED TO BE SUBSTANTIATED THE DISCRETIONARY SPENDING ACCOUNT IS INCLUDED IN TAXABLE INCOME
PART I, LINE 1B		Although not all of the benefits identified in Schedule J, Part I, Line 1a are set forth in written policies, the compensation committee of GBMC's parent organization, GBMC Healthcare, periodically reviews all benefits provided to executives, including those benefits specifically identified
PART I, LINE 4B		THE FOLLOWING INDIVIDUALS PARTICIPATE IN A NON-QUALIFIED SUPPLEMENTAL RETIREMENT PLAN THIS PLAN WAS APPROVED BY THE COMPENSATION COMMITTEE OF THE GBMC HEALTHCARE BOARD OF DIRECTORS TO SUPPLEMENT THE EXECUTIVE'S RETIREMENT INCOME THE SUPPLEMENTAL RETIREMENT PLAN WAS DEVELOPED BASED ON AN INDEPENDENT CONSULTANT REPORT ON MARKET-BASED PRACTICES FOR SUPPLEMENTAL RETIREMENT PLANS THE PERCENTAGE OF FINAL AVERAGE PAY, THE REQUIREMENTS FOR VESTING, PARTICIPANTS, AND PAY-OUT PROVISIONS WERE ESTABLISHED, REVIEWED, AND APPROVED BY THE COMPENSATION COMMITTEE THE CONTRIBUTIONS TO THE SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C) OR IN SCHEDULE J, PART I, COL B(III) AS PART OF DEFERRED COMPENSATION Mr Laurence M Merlis - $165,600 Rodney W Williams, MD - $100,000 Mr Eric L Melchior - $100,000 Mr Keith R Poisson - $67,800 Gary I Cohen, MD - $53,554 Neri M Cohen, MD - $41,642 Ms Joanne Porter - $38,300 Mr Mark R Thomas - $22,800 Mr John W Ellis - $21,500 Ms Tressa B Springmann - $20,900 Mr George E Bayless - $20,900 John R Saunders, MD - $17,441 Mr Michael A Forthman - $9,700 Mr Steven K Twaddle - $3,500
PART I, LINE 6A & 6B		EXECUTIVES OF THE ORGANIZATION RECEIVED A BONUS AT THE END OF THE FISCAL YEAR BONUSES ARE BASED ON THE INDIVIDUAL MEETING CERTAIN GOALS THAT WERE ESTABLISHED AT THE BEGINNING OF THE FISCAL YEAR, WHICH ARE APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS THE BONUS IS BASED ON MEETING TARGETS FOR THE NET OPERATING INCOME FOR GBMC HEALTHCARE AND GBMC, INC, EMPLOYEE SATISFACTION, AND PATIENT SATISFACTION

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 52-6049658
Name: GREATER BALTIMORE MEDICAL CENTER INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Mr Laurence Merlis	(I)	584,995	178,500	36,000	180,183	9,946	989,624	0
	(II)	0	0	0	0	0	0	0
John Saunders MD	(I)	387,980	0	15,500	11,045	8,436	422,961	0
	(II)	0	0	0	0	0	0	0
Ronald Tutrone Jr MD	(I)	300,000	0	0	0	0	300,000	0
	(II)	0	0	0	0	0	0	0
Mr Eric L Melchior	(I)	385,027	55,000	8,400	114,567	8,436	571,430	0
	(II)	0	0	0	0	0	0	0
Mr Keith R Poisson	(I)	341,354	84,250	28,529	77,732	8,795	540,660	22,529
	(II)	0	0	0	0	0	0	0
Rodney W Williams MD	(I)	411,688	58,100	63,976	106,750	10,401	650,915	55,576
	(II)	0	0	0	0	0	0	0
Mr George E Bayless	(I)	214,019	18,800	17,780	31,656	9,176	291,431	17,780
	(II)	0	0	0	0	0	0	0
Mr John W Ellis	(I)	319,823	30,300	49,603	28,556	8,854	437,136	43,603
	(II)	0	0	0	0	0	0	0
Mr Michael A Forthman	(I)	178,738	8,300	17,962	19,396	11,645	236,041	17,962
	(II)	0	0	0	0	0	0	0
Ms Joanne Porter	(I)	261,671	29,900	39,359	50,288	4,460	385,678	33,359
	(II)	0	0	0	0	0	0	0
Ms Tressa B Springmann	(I)	241,380	29,600	27,687	32,233	4,993	335,893	27,687
	(II)	0	0	0	0	0	0	0
Mr Mark R Thomas	(I)	246,907	29,600	27,124	34,146	9,110	346,887	27,124
	(II)	0	0	0	0	0	0	0
Mr Steven K Twaddle	(I)	182,782	19,300	0	7,089	9,110	218,281	0
	(II)	0	0	0	0	0	0	0
Reginald Davis MD	(I)	1,196,931	180,627	0	14,750	10,035	1,402,343	0
	(II)	0	0	0	0	0	0	0
Bimal G Rami MD	(I)	336,226	433,097	0	5,650	11,645	786,618	0
	(II)	0	0	0	0	0	0	0
Amiel W Bethel MD	(I)	469,869	201,181	0	4,500	12,294	687,844	0
	(II)	0	0	0	0	0	0	0
Neri M Cohen MD	(I)	443,044	50,000	157,817	11,805	11,645	674,311	116,175
	(II)	0	0	0	0	0	0	0
GARY I COHEN MD	(I)	391,392	257,979	20,000	50,305	8,436	728,112	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
GREATER BALTIMORE MEDICAL CENTER INC

Employer identification number
52-6049658

Part I Bond Issues *(Required for 2008)*

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	MD HEALTH & HIGHER EDUCATION FACILITIES AUTHORITY	52-0936091	5742173X1	03-15-2009	15,065,000	BUILDING RENOVATION		X		X
B	MD HEALTH & HIGHER EDUCATION FACILITIES AUTHORITY	52-0936091	5742173Z6	04-01-2009	29,935,000	TO REFUND SERIES 1993		X		X

Part II Proceeds *(Optional for 2008)*

		A	B	C	D	E
1	Total Proceeds of Issue					
2	Gross Proceeds in Reserve Funds					
3	Proceeds in Refunding or Defeasance Escrows					
4	Other Unspent Proceeds					
5	Issuance Costs from Proceeds					
6	Working Capital Expenditures from Proceeds					
7	Capital Expenditures from Proceeds					
8	Year of Substantial Completion					

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

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

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage *(Optional for 2008)*

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

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
GREATER BALTIMORE MEDICAL CENTER INC

Employer identification number
52-6049658

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

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

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

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons

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

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons

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

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

Part IV Business Transactions Involving Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
VENABLE LLP	SEE SCHEDULE O	423,255	LEGAL SERVICES		No
PALERMO BREITENECKER SIEGEL LUDWI	SEE SCHEDULE O	378,000	PATHOLOGY SERVICES		No
TYDINGS ROSENBERG LLP	SEE SCHEDULE O	33,686	LEGAL SERVICES		No
RONALD TUTRONE JR MD	SEE SCHEDULE O	300,000	RESEARCH SERVICES		No

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SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
GREATER BALTIMORE MEDICAL CENTER INC

Employer identification number
52-6049658

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 6, 7A, and 7B		THE BOARD OF DIRECTORS OF GBMC HEALTHCARE, INC IS THE GOVERNING BODY FOR THE ORGANIZATION GBMC HEALTHCARE, INC IS THE PARENT CORPORATION AND SOLE STOCKHOLDER OF THE ORGANIZATION THE BUSINESS AND AFFAIRS OF THE ORGANIZATION ARE MANAGED UNDER THE DIRECTION OF ITS BOARD OF DIRECTORS EXCEPT AS RESERVED TO THE STOCKHOLDER, GBMC HEALTHCARE, INC IN ACCORDANCE WITH THE BYLAWS, SUCH AS A) TO CHANGE THE MISSION, PURPOSE PHILOSOPHY OR OBJECTIVES OF THE ORGANIZATION B) TO AMEND THE BYLAWS OF THE ORGANIZATION C) TO DISSOLVE, TO CONSOLIDATE OR TO MERGE THE ORGANIZATION D) TO RATIFY THE ELECTION OF THE PRESIDENT OR OTHER OFFICERS OF THE ORGANIZATION E) TO REMOVE THE PRESIDENT OR OTHER OFFICERS OF THE ORGANIZATION F) TO ELECT MEMBERS OF THE BOARD OF DIRECTORS OF THE ORGANIZATION G) TO REMOVE MEMBERS OF THE BOARD OF DIRECTORS OF THE ORGANIZATION H) TO PURCHASE, SELL, OR ENCUMBER WITH DEBT I) TO SELL ALL OR SUBSTANTIALLY ALL OF THE ORGANIZATION'S ASSETS, OR TO UNDERTAKE MAJOR EXPANSION PROJECTS J) TO APPROVE THE ANNUAL OPERATING AND CAPITAL BUDGETS OF THE ORGANIZATION K) TO APPOINT GENERAL COUNSEL TO AND THE FISCAL AUDITOR OF THE ORGANIZATION L) TO SET THE FISCAL YEAR OF THE ORGANIZATION M) TO ISSUE ADDITIONAL STOCK, FOLLOWING THE INITIAL ISSUANCE OF STOCK

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 10		THE AUDIT COMMITTEE OF GREATER BALTIMORE MEDICAL CENTER'S SUPPORTED PARENT ORGANIZATION, GBMC HEALTHCARE, INC , REVIEWS THIS FORM 990 A COPY OF THE FORM 990 IS PROVIDED TO THE FULL BOARD OF DIRECTORS OF THE HOSPITAL AND GBMC HEALTHCARE PRIOR TO FILING

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 12		ANNUALLY, EVERY BOARD MEMBER, PHYSICIAN, ADVANCED PRACTITIONER AND MANAGER (WHICH INCLUDES KEY EMPLOYEES) MUST COMPLETE A COMPREHENSIVE QUESTIONNAIRE THAT PROVIDES FOR THE DISCLOSURE OF POTENTIAL CONFLICTS ALL DISCLOSURES ARE REVIEWED BY THE COMPLIANCE OFFICER THOSE DISCLOSURES THAT ARE QUESTIONABLE OR MAY RISE TO THE LEVEL OF A CONFLICT ARE DISCUSSED WITH THE CHIEF LEGAL OFFICER AND APPROPRIATE ACTION IS TAKEN, IF NECESSARY A SUMMARY OF DISCLOSURES IS PROVIDED TO THE AUDIT COMMITTEE (FOR MANAGEMENT) AND TO THE GOVERNANCE COMMITTEE (FOR BOARD MEMBERS) ANNUALLY

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 15A & 15B		THE COMPENSATION OF GBMC'S PRESIDENT AND KEY EMPLOYEES IS DETERMINED BY A SUBCOMMITTEE OF ITS PARENT ORGANIZATION, GBMC HEALTHCARE'S, BOARD OF DIRECTORS THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS IS CHARTERED WITH THE RESPONSIBILITY TO ASSURE GBMC PAYS COMPETITIVE SALARIES TO THE EXECUTIVES THE APPROACH THAT IS TAKEN IS BASED ON CURRENT MARKET "BEST PRACTICES" FOR NON-PROFIT ORGANIZATIONS THE COMMITTEE MEETS AT LEAST 6 TIMES ANNUALLY TO REVIEW AND DISCUSS EXECUTIVE'S SALARIES AND BENEFITS THE STEPS TAKEN ARE AS FOLLOWS 1) AN INDEPENDENT EXECUTIVE COMPENSATION CONSULTANT WAS SELECTED BASED ON AN RFP PROCESS AND FACE TO FACE INTERVIEWS WERE CONDUCTED 2) ONCE SELECTED, THE COMPENSATION CONSULTANT COMPILED, INDEPENDENTLY, SALARY SURVEY DATA OF SIMILAR SIZE ORGANIZATIONS FROM THROUGHOUT THE COUNTRY 3) THE SURVEY DATA IS PRESENTED TO THE COMPENSATION COMMITTEE WITH ALL THE NATIONAL SURVEY DATA, VARIOUS SURVEYS ARE CATEGORIZED BY SIZE OF ORGANIZATION, ACADEMIC AND NON-ACADEMIC, SYSTEM AND COMMUNITY-BASED HOSPITALS 4) THE DATA IS CATEGORIZED BY EXECUTIVE POSITION, AND A SALARY RANGE IS RECOMMENDED BY THE COMPENSATION CONSULTANT 5) BASE SALARY OF AN INDIVIDUAL EXECUTIVE IS BASED ON SURVEY RESULTS, YEARS OF EXPERIENCE, AND PERFORMANCE 6) A RECOMMENDATION IS MADE TO THE COMPENSATION COMMITTEE BY THE CEO FOR SALARY RATES FOR THE VICE PRESIDENTS 7) THE COMPENSATION COMMITTEE EITHER ACCEPTS OR MODIFIES THE RECOMMENDATION FROM THE CEO FOR BASE SALARY ADJUSTMENTS 8) THE COMPENSATION COMMITTEE DETERMINES THE SALARY ADJUSTMENT FOR THE CEO BASED ON NATIONAL SALARY SURVEY DATA, YEARS OF EXPERIENCE AND PERFORMANCE 9) THE INCENTIVE BONUS IS DETERMINED BASED ON ACTUAL RESULTS COMPARED WITH THE PLAN DOCUMENT AND RECOMMENDATION IS MADE TO THE COMPENSATION COMMITTEE FOR APPROVAL OR MODIFICATION 10) THE AMOUNT OF THE BONUS IS DETERMINED BY THE CRITERIA STATED IN THE INCENTIVE PLAN DOCUMENT AND IS ALSO BASED ON CURRENT MARKET PRACTICES FROM NATIONAL SURVEYS 11) SURVEY OF EXECUTIVE BENEFITS IS ALSO REVIEWED BY THE COMPENSATION CONSULTANTS TO ASSURE REASONABLENESS 12) THE COMPENSATION CONSULTANT PROVIDES A WRITTEN DOCUMENT ON THE REASONABLENESS OF THE SALARIES BEING PAID 13) THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE DECISIONS OF THE COMPENSATION COMMITTEE

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 19		THE GOVERNING DOCUMENTS ARE LOCATED ON THE STATE OF MARYLAND DEPARTMENT OF TAXATION'S WEBSITE FINANCIAL STATEMENTS ARE MADE PUBLIC THROUGH THE STATE OF MARYLAND CHARITABLE REGISTRATION FINANCIAL STATEMENTS FOR GBMC HEALTHCARE, INC ARE ALSO AVAILABLE THROUGH THE ELECTRONIC MUNICIPAL MARKET ACCESS (EMMA) WEBSITE VIA THE CONTINUING DISCLOSURE DOCUMENT THE CONFLICT OF INTEREST POLICY IS NOT AVAILABLE TO THE PUBLIC

Identifier	Return Reference	Explanation
FORM 990, PART VII, SECTION A		THE INDIVIDUALS LISTED BELOW DEVOTED THE FOLLOWING HOURS PER WEEK TO A RELATED ORGANIZATION DURING THE FISCAL YEAR MR LAURENCE MERLIS, PRESIDENT - 10 HOURS MR ERIC L MELCHIOR, EVP CFO - 20 HOURS RODNEY W WILLIAMS, MD, EVP CHIEF MEDICAL OFFICER - 5 HOURS MR GEORGE E BAYLESS, VP FINANCE - 10 HOURS MR JOHN W ELLIS, SVP, CORP STRATEGY & BUSINESS DEVELOPMENT - 20 HOURS MR MICHAEL A FORTHMAN, VP FACILITIES & SUPPORT SERVICES - 5 HOURS MR STEVEN K TWADDLE, VP GBMA - 35 HOURS RONALD TUTRONE, JR, MD, DIRECTOR - 2 HOURS GARY I COHEN, MD, PHYSICIAN - 1 HOUR

Identifier	Return Reference	Explanation
FORM 990, SCHEDULE G, LINE 16		MS JAN EMERICK IS THE SPECIAL EVENTS COORDINATOR FOR THE HOSPITAL MS EMERICK IS RESPONSIBLE FOR ORGANIZING FUNDRAISING EVENTS WHICH INCLUDES ONE RAFFLE EVENT FOR THE LEGACY CHASE AT SHAWAN DOWNS THE EVENT COORDINATOR IS ALSO RESPONSIBLE FOR TRACKING THE SALE OF RAFFLE TICKETS AND EVENT EXPENSES AS WELL AS PLANNING AND ORGANIZING THE EVENT

Identifier	Return Reference	Explanation
FORM 990, SCHEDULE L, PART IV		MR ROBERT SHELTON IS A MEMBER OF THE BOARD OF THE HOSPITAL AND A PARTNER AT VENABLE LLP THE HOSPITAL PAID VENABLE LLP $423,255 TO PERFORM LEGAL SERVICES DURING THE FISCAL YEAR HOWARD SIEGEL, MD IS A MEMBER OF THE BOARD OF THE HOSPITAL AND A DOCTOR AT DRS PALERMO, BREITENECKER, SIEGEL, & LUDWIG, P A THE HOSPITAL PAID DRS PALERMO, BREITENECKER, SIEGEL, & LUDWIG, P A $378,000 TO PERFORM PATHOLOGY SERVICES DURING THE FISCAL YEAR MR HERBERT BELGRAD IS THE TREASURER OF THE HOSPITAL AND A PARTNER AT TYDINGS & ROSENBERG LLP THE HOSPITAL PAID TYDINGS & ROSENBERG LLP $33,686 TO PERFORM LEGAL SERVICES DURING THE FISCAL YEAR RONALD TUTRONE, JR, MD IS A MEMBER OF THE BOARD OF THE HOSPITAL AND AN INDEPENDENT CONTRACTOR THE HOSPITAL PAID DR TUTRONE $300,000 FOR HIS RESEARCH SERVICES DURING THE FISCAL YEAR

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
GREATER BALTIMORE MEDICAL CENTER INC

Employer identification number
52-6049658

Part I Identification of Disregarded Entities

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

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
See Additional Data Table					

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) No
GBMC MED ARTS LP 6701 NORTH CHARLES ST BALTIMORE, MD21204 52-1412751	REAL ESTATE MGMT	MD	NA								
PAVILION WEST LP 6701 NORTH CHARLES ST BALTIMORE, MD21204 52-1899034	REAL ESTATE MGMT	MD	NA	RELATED	74,533	3,106,780		No	0		No
GBDIP 6701 NORTH CHARLES ST BALTIMORE, MD21204 52-1561640	REAL ESTATE MGMT	MD	NA								

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
GBMC AGENCY INC 6701 NORTH CHARLES ST BALTIMORE, MD21204 52-1411931	INVESTMENTS	MD	NA	C CORP	0	0	0 %
GBMC MANAGEMENT INC 6701 NORTH CHARLES ST BALTIMORE, MD21204 52-1411974	MANAGEMENT CO	MD	NA	C CORP	0	0	0 %
GBMC FINANCE CORPORATION 6701 NORTH CHARLES ST BALTIMORE, MD21204 52-1863069	FINANCING AGENT	MD	NA	C CORP	0	0	0 %
FBMC FINANCE CORPORATION II 6701 NORTH CHARLES ST BALTIMORE, MD21204 52-1836142	FINANCING AGENT	MD	NA	C CORP	0	0	0 %
GBMC FINANCE CORPORATION III 6701 NORTH CHARLES ST BALTIMORE, MD21204 52-1836144	FINANCING AGENT	MD	NA	C CORP	0	0	0 %
GBMD INC 6701 NORTH CHARLES ST BALTIMORE, MD21204 52-1914558	HEALTHCARE	MD	NA	C CORP	0	0	0 %
RUXTON INSURANCE COMPANY LTD CEDAR HOUR 41 CEDAR AVE HAMILTON, BERMUDA HM EX BD 98-0413102	INSURANCE CAPTIVE	BD	NA	C CORP	0	0	0 %

Part V Transactions with Related Organizations

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

		Yes	No
1	During the tax year, did the orgranization 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 **(iv)** rent from a controlled entity	**1a**		**No**
b	Gift, grant, or capital contribution to other organization(s)	**1b**	**Yes**	
c	Gift, grant, or capital contribution from other organization(s)	**1c**	**Yes**	
d	Loans or loan guarantees to or for other organization(s)	**1d**		**No**
e	Loans or loan guarantees by other organization(s)	**1e**		**No**
f	Sale of assets to other organization(s)	**1f**		**No**
g	Purchase of assets from other organization(s)	**1g**		**No**
h	Exchange of assets	**1h**		**No**
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**	**Yes**	
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**	**Yes**	
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**		**No**
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**	**Yes**	
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**	**Yes**	
n	Sharing of paid employees	**1n**	**Yes**	
o	Reimbursement paid to other organization for expenses	**1o**	**Yes**	
p	Reimbursement paid by other organization for expenses	**1p**	**Yes**	
q	Other transfer of cash or property to other organization(s)	**1q**	**Yes**	
r	Other transfer of cash or property from other organization(s)	**1r**	**Yes**	

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

	(A) Name of other organization(s)	**(B)** Transaction type(a-r)	**(C)** Amount Involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

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) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 52-6049658
Name: GREATER BALTIMORE MEDICAL CENTER INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
GBMC FOUNDATION INC 6701 NORTH CHARLES ST BALTIMORE, MD21204 52-1411935	FUNDRAISING	MD	501(C)(3)	7	NA
GBMC HEALTHCARE INC 6701 NORTH CHARLES ST BALTIMORE, MD21204 52-1484872	HEALTHCARE	MD	501(C)(3)	7	NA
GILCHRIST HOSPICE CARE INC 6701 NORTH CHARLES ST BALTIMORE, MD21204 52-1851251	HOSPICE	MD	501(C)(3)	3	NA
GBMC INVESTMENTS INC 6701 NORTH CHARLES ST BALTIMORE, MD21204 52-1040300	INVEST MGMT	MD	501(C)(3)	11b	NA
DIVERSIFIED HEALTH ENTERPRISES INC 6701 NORTH CHARLES ST BALTIMORE, MD21204 52-1725005	HEALTH SVCS	MD	501(C)(3)	11b	NA
DIVERSFIED NURSES INC 6701 NORTH CHARLES ST BALTIMORE, MD21204 52-1305904	NURSING SVCS	MD	501(C)(3)	9	NA
DIVERSIFIED HEALTH SERVICES INC 6701 NORTH CHARLES ST BALTIMORE, MD21204 52-1331993	HEALTH SVCS	MD	501(C)(3)	9	NA
GBMC LAND INC 6701 NORTH CHARLES ST BALTIMORE, MD21204 52-1413360	REAL PROPERTY	MD	501(C)(3)	11A	NA

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Direct Controlling Entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income ($)	(G) Share of end-of-year assets ($)	(H) Percentage ownership
GBMC AGENCY INC 6701 NORTH CHARLES ST BALTIMORE, MD21204 52-1411931	INVESTMENTS	MD	NA	C CORP	0	0	0 %
GBMC MANAGEMENT INC 6701 NORTH CHARLES ST BALTIMORE, MD21204 52-1411974	MANAGEMENT CO	MD	NA	C CORP	0	0	0 %
GBMC FINANCE CORPORATION 6701 NORTH CHARLES ST BALTIMORE, MD21204 52-1863069	FINANCING AGENT	MD	NA	C CORP	0	0	0 %
FBMC FINANCE CORPORATION II 6701 NORTH CHARLES ST BALTIMORE, MD21204 52-1836142	FINANCING AGENT	MD	NA	C CORP	0	0	0 %
GBMC FINANCE CORPORATION III 6701 NORTH CHARLES ST BALTIMORE, MD21204 52-1836144	FINANCING AGENT	MD	NA	C CORP	0	0	0 %
GBMD INC 6701 NORTH CHARLES ST BALTIMORE, MD21204 52-1914558	HEALTHCARE	MD	NA	C CORP	0	0	0 %
RUXTON INSURANCE COMPANY LTD CEDAR HOUR 41 CEDAR AVE HAMILTON, BERMUDA HM EX BD 98-0413102	INSURANCE CAPTIVE	BD	NA	C CORP	0	0	0 %