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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)	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010				
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Greater Baltimore Medical Center Inc		D Employer identification number 52-6049658
		Doing Business As		E Telephone number (443) 849-2000
		Number and street (or P O box if mail is not delivered to street address) 6701 North Charles Street	Room/suite	G Gross receipts \$ 410,160,725
		City or town, state or country, and ZIP + 4 Baltimore, MD 21204		
F Name and address of principal officer Eric Melchior 6701 North Charles Street Baltimore, MD 21204		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) <input type="checkbox"/> (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ www.gbmc.org				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1960		M State of legal domicile MD

Part I Summary

Activities & Governance	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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	21
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	1
	5	Total number of employees (Part V, line 2a)	5	4,04
	6	Total number of volunteers (estimate if necessary)	6	79
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	34,88
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	2,44
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	4,981,681	9,557,490
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	380,915,631	389,965,425
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,641,602	-134,107
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,641,682	3,672,291
			388,897,392	403,061,099
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	214,776	189,104
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	193,752,391	203,765,711
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	176,407,381	178,671,973
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	370,374,548	382,626,788
	19	Revenue less expenses Subtract line 18 from line 12	18,522,844	20,434,311
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	379,536,020	398,271,235
	21	Total liabilities (Part X, line 26)	221,170,593	229,440,046
	22	Net assets or fund balances Subtract line 21 from line 20	158,365,427	168,831,189

Part II	Signature Block
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Sign Here	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				
	<div> <div></div> <div>Signature of officer</div> </div>			<div> <div></div> <div>2011-05-14</div> </div> <div>Date</div>	
	<div> <div></div> <div>John B Chessare MD CFO</div> </div> <div>Type or print name and title</div>				
Paid Preparer's Use Only	<div> <div>Preparer's signature</div> <div></div> </div>		Date	<div> <div></div> <div>Check if self-employed</div> <div><input type="checkbox"/></div> </div>	Preparer's identifying number (see instructions)
	<div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div> <div>DELOITTE TAX LLP</div> <div>1750 TYSONS BLVD</div> <div>MCLEAN, VA 221024219</div> </div> </div>			<div> <div>EIN</div> <div></div> </div>	
				<div> <div>Phone no</div> <div>(703) 251-1000</div> </div>	

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization’s mission

See Schedule O

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

If “Yes,” describe these new services on Schedule O

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

If “Yes,” describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code) (Expenses \$ 144,552,251 including grants of \$) (Revenue \$ 128,129,424)
	Greater Baltimore Medical Center, Inc. (GBMC) is a 300-bed medical center (acute & sub-acute care) located on a suburban campus that provided inpatient care to 20,660 patients & delivered over 4,500 babies in the fiscal year. GBMC’s accomplishments have validated the vision of its founders to combine the best of community & university-level medicine. GBMC’s service lines include women’s cancer, surgical & medical services. GBMC is a fully accredited teaching hospital that is affiliated with Johns Hopkins University.












4b	(Code) (Expenses \$ 84,033,880 including grants of \$) (Revenue \$ 98,599,000)
	The operating room performed over 31,100 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, minimally invasive and endocrine surgery, neurosurgery, vascular and thoracic surgery, and urology.

4c	(Code) (Expenses \$ 63,891,587 including grants of \$) (Revenue \$ 86,511,686)
	The emergency department treated 59,800 patients in the fiscal year. The emergency services department has 3 patient care areas, designed to minimize wait & maximize service for patients & their families. Patients with minor injuries such as sprains are cared for in 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 46,590 patients in specialty clinics such as ophthalmology, wound care, anti-coagulation, radiation oncology and infusion therapy.

4d	Other program services (Describe in Schedule O) See also Additional Data for Description
	(Expenses \$ 49,939,721 including grants of \$ 189,104) (Revenue \$ 76,725,315)

4e	Total program service expenses \$ 342,417,439
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Part IV Checklist of Required Schedules

		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? 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 similar funds or 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes	
13	Is the organization a school 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 United States?	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 United States? 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 U S ? 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 U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20	Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . 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	
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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	4,044	
	b If at least one is reported on line 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 (see instructions)			
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: <input type="text"/> 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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			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 receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			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	Yes
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	Yes
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9 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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a	25	
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	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
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?	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
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	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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

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

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

Form **990** (2009)

1b Total	10,945,061	0	1,225,689
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶284

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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	3,751,948
Associated Construction 1719 Morning Brook Drive Forest Hill, MD 21050	Construction	3,256,591
Medical Imaging of Baltimore PO Box 630277 Baltimore, MD 212630277	Radiology Services	2,640,799
Mayflower Textile Service 2601 W Lexington St PO Box 20659 Baltimore, MD 212230492	Linen Service	1,801,967
Aramark Healthcare Support Services PO Box 651009 Charlotte, NC 28265	Management - Dietary	1,706,491

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization▶106

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a						
	b	Membership dues	1b						
	c	Fundraising events	1c	184,479					
	d	Related organizations	1d	8,811,529					
	e	Government grants (contributions)	1e	85,482					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	476,000					
	g	Noncash contributions included in lines 1a-1f \$ _____							
	h	Total. Add lines 1a-1f		9,557,490					
Program Service Revenue			Business Code						
	2a	Patient Service	621,110	386,103,669	386,103,669				
	b	Other Operating Rev	900,099	3,861,756	3,861,756				
	c								
	d								
	e								
	f	All other program service revenue							
	g	Total. Add lines 2a-2f		389,965,425					
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		-902,654			-902,654		
	4	Income from investment of tax-exempt bond proceeds . .							
	5	Royalties							
	6a	Gross Rents	(i) Real	(ii) Personal					
			191,279						
			153,500						
			37,779						
	d	Net rental income or (loss)		37,779			37,779		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) O ther					
			7,598,387						
			6,829,369	471					
			769,018	-471					
	d	Net gain or (loss)		768,547			768,547		
	8a	Gross income from fundraising events (not including \$ 184,479 of contributions reported on line 1c) See Part IV, line 18	a	57,949					
			b	Less direct expenses	b	116,286			
			c	Net income or (loss) from fundraising events . .		-58,337			-58,337
	9a	Gross income from gaming activities See Part IV, line 19	a						
			b	Less direct expenses	b				
			c	Net income or (loss) from gaming activities . .					
	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 . .						
Miscellaneous Revenue		Business Code							
11a	Cafeteria Income	722,210	1,954,987			1,954,987			
b	Parking Revenue	812,930	1,702,979			1,702,979			
c	Billing Fees	561,000	34,883		34,883				
d	All other revenue								
e	Total. Add lines 11a-11d		3,692,849						
12	Total revenue. See Instructions		403,061,099	389,965,425	34,883	3,503,301			

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	189,104	189,104		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	7,558,877		7,558,877	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	158,322,469	149,638,806	8,683,663	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,931,077	8,578,470	1,352,607	
9	Other employee benefits	16,700,444	15,701,344	999,100	
10	Payroll taxes	11,252,844	10,595,700	657,144	
11	Fees for services (non-employees)				
a	Management	5,655,080	3,791,254	1,863,826	
b	Legal	595,378	85,774	509,604	
c	Accounting	211,010	39,810	171,200	
d	Lobbying	55,957		55,957	
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	84,626		84,626	
g	Other	23,639,726	21,270,403	2,369,323	
12	Advertising and promotion	2,117,230	379,226	1,738,004	
13	Office expenses	89,528,026	88,366,028	1,161,998	
14	Information technology	3,408,683	2,825,108	583,575	
15	Royalties				
16	Occupancy	1,962,529	1,487,202	475,327	
17	Travel	305,086	183,534	121,552	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	511,555	281,187	230,368	
20	Interest	4,402,444	3,927,185	475,259	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	21,955,624	19,406,941	2,548,683	
23	Insurance	8,599,451	1,439,474	7,159,977	
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	Uncollectible Accounts	8,774,538	8,774,538		
b	Purchased Services	4,681,468	3,771,778	909,690	
c	Medical Residents	1,369,006	1,369,006		
d	Dues	814,556	315,567	498,989	
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	382,626,788	342,417,439	40,209,349	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			33,993,949	2	30,989,986
	3	Pledges and grants receivable, net			2,463,855	3	1,974,530
	4	Accounts receivable, net			46,199,440	4	50,940,403
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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			3,335,596	8	3,292,075
	9	Prepaid expenses and deferred charges			6,665,694	9	9,277,536
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	454,836,535			
	b	Less accumulated depreciation	10b	248,583,252	207,421,783	10c	206,253,283
	11	Investments—publicly traded securities			36,558,160	11	59,506,442
	12	Investments—other securities See Part IV, line 11			13,363,754	12	16,134,012
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			29,533,789	15	19,902,968
	16	Total assets. Add lines 1 through 15 (must equal line 34)			379,536,020	16	398,271,235
Liabilities	17	Accounts payable and accrued expenses			56,550,527	17	55,445,898
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			123,308,207	20	119,590,603
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			41,311,859	25	54,403,545
	26	Total liabilities. Add lines 17 through 25			221,170,593	26	229,440,046
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			132,503,672	27	139,905,590
	28	Temporarily restricted net assets			19,303,240	28	22,364,949
	29	Permanently restricted net assets			6,558,515	29	6,560,650
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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			158,365,427	33	168,831,189
	34	Total liabilities and net assets/fund balances			379,536,020	34	398,271,235

Part XI Financial Statements and Reporting

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

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 (All organizations must complete this part.) See instructions

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

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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						

Section C. Computation of Public Support Percentage		
14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	33 1/3% support test—2008. 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	<input type="checkbox"/>
17a	10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
18	Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	<input type="checkbox"/>

Part IIISupport 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

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Inspection

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

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

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

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization
Greater Baltimore Medical Center Inc

Employer identification number

52-6049658

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 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 Complete if the organization is exempt under section 501(c)(3).

- 1

Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

☐ Yes ☐ No
- 4a

Was a correction made?

☐ Yes ☐ No
- b

If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ \$
- 3

Total exempt function expenditures Add lines 1 and 2 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 For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

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															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(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 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)
		Yes	No	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 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		856
e	Publications, or published or broadcast statements?	Yes		3,426
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		42,252
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		9,423
j	Total lines 1c through 1i			55,957
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?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		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

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

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 (see instructions)	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 1.
Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	The amount for other activities includes meeting with GBMC staff, legislative committees and contracted GBMC lobbyists, as well as amounts incurred for general research on federal and state healthcare issues

SCHEDULE D
(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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 for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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 a 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
2a	
2b	
2c	
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, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ►_____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ►\$ _____

8

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

► \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

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

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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	9,433,475	10,781,157			
b Contributions	2,135	53,262			
c Investment earnings or losses	993,109	-1,358,011			
d Grants or scholarships					
e Other expenditures for facilities and programs	37,110	42,933			
f Administrative expenses					
g End of year balance	10,391,609	9,433,475			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 63.130 %

c

Term endowment ▶ 36.870 %

3a

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

(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) Accumulated depreciation	(d) Book value
1a Land		15,290,673		15,290,673
b Buildings		229,485,969	96,978,897	132,507,072
c Leasehold improvements		7,250,363	4,187,790	3,062,573
d Equipment		114,582,558	86,719,542	27,863,016
e Other		88,226,972	60,697,023	27,529,949
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				206,253,283

Schedule D (Form 990) 2009

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	403,061,099
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	382,626,788
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	20,434,311
4	Net unrealized gains (losses) on investments	4	-1,533,843
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-8,434,706
9	Total adjustments (net) Add lines 4 - 8	9	-9,968,549
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	10,465,762

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	401,712,415
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-1,533,843
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-84,626
e	Add lines 2a through 2d	2e	-1,618,469
3	Subtract line 2e from line 1	3	403,330,884
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	-269,786
c	Add lines 4a and 4b	4c	-269,786
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	403,061,098

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	382,811,948
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	382,811,948
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	-185,160
c	Add lines 4a and 4b	4c	-185,160
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	382,626,788

Part XIV

Supplemental Information

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

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	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 clinical research performed at Greater Baltimore Medical Center; 2) Education - Support education 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.
Part XI, Line 8 - Other Adjustments		Equity in Earnings 3403899; Transfer to Affiliates -2356484; Pension Expense -9482121.
Part XII, Line 2d - Other Adjustments		Investment Fee -84626.
Part XII, Line 4b - Other Adjustments		Rental Expense, netted from revenue -153500; Event Expense, netted from revenue -116286.
Part XIII, Line 4b - Other Adjustments		Investment Fee 84626; Rental Expense, netted from revenue -153500; Event Expense, netted from revenue -116286.
		Part X, Line 2: Greater Baltimore Medical Center, Inc., as an affiliate of GBMC Healthcare, Inc. & Subsidiaries, has accounted for uncertain tax positions in accordance with FIN48 and has determined that these positions, as a whole, are immaterial.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No. 1545-0047

2009

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.
Form 990-EZ filers are not required to complete this part.

1

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

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and e-mail solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations

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?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3

List all states in which the organization is registered or licensed to solicit 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	(b) Event #2	(c) Other Events	(d) Total Events
		Father's Day 5K (event type)	GBMC Golf Outing (event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	194,535	47,893	242,428
	2	Less Charitable contributions	136,586	47,893	184,479
	3	Gross income (line 1 minus line 2)	57,949		57,949
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes	25,428	7,607	3,311
	6	Rent/facility costs	14,592	17,500	32,092
	7	Food and beverages	21,180	19,463	40,643
	8	Entertainment			
	9	Other direct expenses	4,075	924	2,206
	10	Direct expense summary Add lines 4 through 9 in column (d)			116,286
	11	Net income summary Combine lines 3, column d, and line 10.			-58,337

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			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary Add lines 2 through 5 in column (d)			
	8	Net gaming income summary Combine lines 1, column d, and line 7			

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

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a		
b	An outside facility 13b		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► _____			
Address ► _____			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
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 ► _____			
Gaming manager compensation ► \$ _____			
Description of services provided ► _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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	
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 ► \$ _____		

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Greater Baltimore Medical Center Inc

Employer identification number
52-6049658

Part I

Charity Care and Certain Other Community Benefits at Cost

		Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a Yes	
b	If "Yes," is it a written policy?	1b Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <div><input type="checkbox"/> Applied uniformly to all hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div> <div><input type="checkbox"/> Generally tailored to individual hospitals</div>		
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 <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <div><input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>30000.0000000000 %</u></div>	3a Yes	
b	Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <div><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____</div>	3b	No
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 Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a	Does the organization prepare an annual community benefit report?	6a Yes	
6b	If "Yes," does the organization make it available to the public?	6b Yes	
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 Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			4,050,790	0	4,050,790	1 080 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			0	0		
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs			4,050,790		4,050,790	1 080 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,646,010	604,155	1,041,855	0 280 %
f Health professions education (from Worksheet 5)			9,524,056	52,125	9,471,931	2 530 %
g Subsidized health services (from Worksheet 6)			312,201		312,201	0 080 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			110,951		110,951	0 030 %
j Total Other Benefits			11,593,218	656,280	10,936,938	2 920 %
k Total. Add lines 7d and 7j			15,644,008	656,280	14,987,728	4 000 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					
2	Economic development					
3	Community support		322,610	104,243	218,367	0.060 %
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy					
8	Workforce development		100,000		100,000	0.030 %
9	Other					
10	Total		422,610	104,243	318,367	0.090 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A.Bad Debt Expense

		Yes	No
1	Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	26,933,652	
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, and rationale for including other bad debt amounts in community benefit.		

Section B.Medicare

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

Section C.Collection Practices

9a	Does the organization have a written debt collection policy?	9aYes	
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.	9bYes	

Part IVManagement Companies and Joint Ventures

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

[illegible]

Part VI Supplemental Information

Complete this part to provide the following information

- 1** Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

See additional data

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

See additional data

- 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

See additional data

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

See additional data

- 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

See additional data

- 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)

See additional data

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

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

MD

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Greater Baltimore Medical Center Inc

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

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" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Healthcare for the Homeless 111 Park Avenue Baltimore, MD 21201	521576404	501(c)(3)	13,333				See Part IV
Cristo Rey Internship Program Inc 420 South Charles Street Baltimore, MD 21231	205300491	501(c)(3)	25,000				See Part IV
Body Harmony Yoga 10 Fila Way Suite D 392 Sparks, MD 21152	270877377	N/A	9,800				See Part IV
Maryland Healthcare Education Institute 6820 Deerpath Road Elkridge, MD 210756234	043511768	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

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
Greater Baltimore Medical Center Inc

Employer identification number
52-6049658

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input checked="" type="checkbox"/> Discretionary spending account</div><div><input checked="" type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are 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		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?	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		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?		No
b	Any related organization?		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?		No
b	Any related organization?		No
	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		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

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.

[illegible]

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, Inc. 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 Greater Baltimore Medical Center, Inc.'s parent organization, GBMC Healthcare, Inc., periodically reviews all benefits provided to executives, including those benefits specifically identified.
	Part I, Line 4a	Mr. Steve Twaddle received severance payments totaling \$54,600 during the year. 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 as part of deferred compensation or in Schedule J, Part II, Column B(iii) as part of deferred compensation. Mr. Laurence M. Merlis - \$181,512 Earned, \$0 Paid; Mr. Eric L. Melchior - \$97,112 Earned, \$0 Paid; Mr. George E. Bayless - \$21,632 Earned, \$38,895 Paid; Mr. Douglas Smith - \$15,208 Earned, \$7,077 Paid; Mr. Keith R. Possion - \$67,025 Earned, \$0 Paid; Rodney M. Williams, M.D. - \$100,000 Earned, \$3,069 Paid; Mr. John W. Ellis - \$82,733 Earned, \$23,587 Paid; Ms. Joanne Porter - \$35,418 Earned, \$9,044 Paid; Ms. Tressa B. Springmann - \$23,655 Earned, \$19,134 Paid; Mr. Mark R. Thomas - \$20,015 Earned, \$2,081 Paid; Mr. Michael A. Forthman - \$10,027 Earned, \$14,794 Paid; Ms. Catherine J. Boyne - \$0 Earned, \$16,411 Paid; Mr. Steve Twaddle - \$0 Earned, \$2,856 Paid.
Supplemental Information	Part III	Part I, Line 3: Greater Baltimore Medical Center, Inc. relied on its parent, GBMC Healthcare, Inc., to set compensation for Greater Baltimore Medical Center, Inc.'s president. GBMC Healthcare, Inc. used a compensation committee, an independent compensation consultant, a written employment contract, a compensation survey or study, and an approval by a board or compensation committee to establish the top management official's compensation.

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				
Ronald F Trutone Jr MD	(i) (ii)	250,000 0	0 0	0 0	0 0	0 0	250,000 0	0 0
Howard L Siegel MD	(i) (ii)	518,653 0	0 0	0 0	0 0	0 0	518,653 0	0 0
John Saunders MD	(i) (ii)	407,851 0	0 0	13,500 0	10,197 0	15,262 0	446,810 0	0 0
Mr Laurence M Merlis	(i) (ii)	630,950 0	204,795 0	85,424 0	198,988 0	16,423 0	1,136,580 0	0 0
Mr Eric L Melchior	(i) (ii)	368,961 0	98,771 0	55,412 0	111,779 0	17,258 0	652,181 0	0 0
Mr Keith R Poisson	(i) (ii)	335,850 0	101,280 0	51,164 0	81,481 0	22,887 0	592,662 0	0 0
Rodney M Williams MD	(i) (ii)	388,966 0	107,888 0	63,209 0	106,900 0	20,656 0	687,619 0	3,069 0
Ms John W Ellis	(i) (ii)	341,288 0	93,085 0	32,151 0	92,036 0	15,994 0	574,554 0	23,587 0
Ms Joanne Porter	(i) (ii)	237,000 0	57,791 0	47,182 0	47,427 0	11,755 0	401,155 0	9,044 0
Ms Tressa B Springmann	(i) (ii)	252,295 0	66,588 0	22,879 0	38,123 0	9,022 0	388,907 0	19,134 0
Mr Mark R Thomas	(i) (ii)	251,960 0	53,899 0	28,926 0	32,006 0	20,210 0	387,001 0	2,081 0
Mr George E Bayless	(i) (ii)	204,587 0	77,832 0	26,771 0	32,790 0	21,565 0	363,545 0	38,895 0
Mr Michael A Forthman	(i) (ii)	182,714 0	45,681 0	10,136 0	20,163 0	21,008 0	279,702 0	14,794 0
Mr Steve Twaddle	(i) (ii)	149,559 0	2,856 0	72,682 0	4,191 0	17,886 0	247,174 0	2,856 0
Ms Catherine J Boyne	(i) (ii)	189,366 0	52,411 0	16,634 0	12,881 0	4,835 0	276,127 0	16,411 0
Mr Douglas G Smith	(i) (ii)	198,625 0	26,477 0	31,859 0	25,456 0	25,018 0	307,435 0	7,077 0
Reginald J Davis MD	(i) (ii)	1,221,021 0	142,075 0	22,276 0	15,600 0	20,141 0	1,421,113 0	0 0
Gary I Cohen MD	(i) (ii)	453,621 0	378,494 0	43,508 0	17,448 0	18,291 0	911,362 0	0 0
Bimal G Ramı MD	(i) (ii)	336,810 0	446,181 0	12,183 0	10,638 0	21,052 0	826,864 0	0 0
Paul Celano MD	(i) (ii)	426,468 0	289,301 0	16,868 0	15,196 0	18,442 0	766,275 0	0 0
Neri M Cohen MD	(i) (ii)	436,776 0	248,399 0	15,172 0	12,186 0	22,498 0	735,031 0	161,399 0

Schedule K (Form 990)	<div>Supplemental Information on Tax Exempt Bonds</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.</div>	OMB No 1545-0047
		2009
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization Greater Baltimore Medical Center Inc	Employer identification number 52-6049658
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Part I

Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	MD Health & Higher Ed Fac Auth	52-0936091	5742173X1	03-15-2009	15,065,000	Building Renovation		X		X
B	MD Health & Higher Ed Fac Auth	52-0936091	5742173Z6	04-01-2009	29,935,000	To Refund Series 1993		X		X

Part II

Proceeds

1	Total proceeds of issue	A		B		C		D		E	
		15,066,733		29,035,000							
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	160,075									
7	Capital expenditures from proceeds	14,906,658									
8	Year of substantial completion										
9	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
			X	X							
10	Were the bonds issued as part of an advance refunding issue?		X		X						
11	Has the final allocation of proceeds been made?	X		X							
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X							

Part III

Private Business Use

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

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?	X		X							
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X						
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?	X		X							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	1 380 %		1 380 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5	1 380 %		1 380 %							
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X							

Part IV

Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X						
2	Is the bond issue a variable rate issue?	X		X							
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X						
b	Name of provider	NA		NA							
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X		X						
b	Name of provider	NA		NA							
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?		X		X						
6	Did the bond issue qualify for an exception to rebate?	X		X							

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

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).

Complete if the organization 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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization 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.

Complete if the organization 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
Ronald Tutrone Jr MD	Board Member	460,000	See Sch O		No
Howard Siegel	Board Member	518,653	See Sch O		No
Harry Johnson	Chair Elect Member	22,105	See Sch O		No
Herbert Belgrad	Former Treasurer	156,272	See Sch O		No
Robert Shelton	Board Member	234,564	See Sch O		No
Bonnie Stein	Board Member	85,000	See Sch O		No

Additional Data

Software ID:
Software Version:
EIN: 52-6049658
Name: Greater Baltimore Medical Center Inc

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493136025691
SCHEDULE O (Form 990)	Supplemental Information to Form 990 Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.		OMB No 1545-0047
			2009
	Name of the organization Greater Baltimore Medical Center Inc		Employer identification number 52-6049658

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		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 bylaw s such as A) To change the mission, purpose philosophy or objectives of the organization B) To amend the bylaw s 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, Section A, line 7a		See Form 990, Part VI Section A, Line 6 Description

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		See Form 990, Part VI Section A, Line 6 Description

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The audit committee of Greater Baltimore Medical Center, Inc 's supported parent organization, GBMC Healthcare, Inc , review s 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, Section B, line 12c		Annually, every Board member, physician, advanced practitioner and manager (w hich 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, Section B, line 15		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 follow s 1) An independent executive compensation consultant was selected based on an RFP process and face-to-face interview s 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 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 specialist 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 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 review ed by the compensation consultants to assure reasonableness 12) The compensation consultant provides a w ritten document on the reasonableness of the salaries being paid 13) The Board of Directors review s and approves the decisions of the Compensation Committee

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, 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 III, Line 1	Description of Organization Mission	Greater Baltimore Medical Center's primary exempt purpose is as follow s (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, how ever, 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, erect, equip, manage and operate a school or schools for training physicians, surgeons, nurses and others, and to educate and train any such persons in the care of sick, afflicted, infirm, or injured persons by teaching medicine, hygiene, surgery and everything having to do with the physical well-being of individuals (3) To engage in any activity and to do anything and everything that may be necessary, expedient or incidental to the purposes stated in paragraphs (1) and (2) (4) To have and to exercise to the extent necessary or desirable for the accomplishment of any of the aforesaid purposes, and to the extent that they are not inconsistent with the charitable purposes of the corporation, and the limitations imposed by section 501(c)(3) of the Internal Revenue Code, any and all powers conferred upon corporations by the Maryland General Corporation law

Identifier	Return Reference	Explanation
Form 990, Part VII, Section A		During the fiscal year, these individuals devoted the follow ing estimated hours each week to a related organization The Honorable Vicki Ballou-Watts 2 Mr Kenneth P Barksdale 2 Mr Herbert J Belgrad 2 Mrs Sandra Berman 2 Robert K Brookland, MD 3 John B Chessare, MD 5 Mr Charles C Fenwick, Jr 2 Mr Samuel Heffner 2 Mr Frederick M Hudson 2 Mr Douglas Huether 2 Mr Harry S Johnson 2 Mr Thomas M Kane 2 Mr Williams A Kroh 2 Mr Thomas H Maddux 2 Mr Laurence M Merlis 6 Ms Patricia J Mitchell 2 Mr Frank R Plamer 2 Mrs Mary Stuart Rodgers 2 Mr Stephen T Scott 2 Mr Robert A Shelton 2 Mr Bernard Siegel 2 Mr Stuart O Simms 2 Ms Bonnie R Stein 2 Mr James B Stradtner 4 Mr Steven A Thomas 4 Ms Marion G Thompson 2 Harold Tucker, MD 2 Ronald F Trutone, Jr , MD 2 Mrs Mary B Wieler 2 John M Wogan, MD 2 John Saunders, MD 5 Mr Eric L Melchior 5 Mr Keith R Poisson 1 Mr Rodney M Williams 1 Mr John W Ellis 20 Ms Joanne Porter 1 Ms Tressa B Springmann 1 Mr Mark R Thomas 1 Mr George E Bayless 3 Mr Michael A Forthman 1 Mr Steve Twaddle 39 Ms Catherine J Boyne 21 Mr Douglas G Smith 39

Identifier	Return Reference	Explanation
Sch L, Part IV, Business Transactions Involving Interested Persons		(a) Name of Person Ronald Tutrone, Jr MD (d) Description of Transaction Independent Contractor that provides research services to GBMC (a) Name of Person Howard Siegel (d) Description of Transaction Howard Siegel is a partner in a PA that provides pathology services to GBMC (a) Name of Person Harry Johnson (d) Description of Transaction Mr Harry Johnson is a partner in the firm, Whiteford, Taylor & Preston LLP, that provided legal services to GBMC (a) Name of Person Herbert Belgrad (b) Relationship Between Interested Person and Organization Former Treasurer (left board 11/09) (d) Description of Transaction Mr Herbert Belgrad is a partner in Tydings & Rosenburg LLP w hich provided legal services to GBMC (a) Name of Person Robert Shelton (d) Description of Transaction Mr Robert Shelton was a partner in the firm, Venable, that provided legal services to GBMC (a) Name of Person Bonnie Stein (d) Description of Transaction Ms Bonnie Stein is an EVP at PNC Bank who is the trustee for many of GBMC investments

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Greater Baltimore Medical Center Inc

Employer identification number
52-6049658

Part I

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

(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 (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
See Additional Data Table					

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
GBMC Medical Arts LP 6701 North Charles Street Baltimore, MD21204 52-1412751	Real Estate Mgt	MD	N/A	N/A				No			No
GBMC Medical Arts Pavilion West LP 6701 North Charles Street Baltimore, MD21204 52-1899034	Real Estate Mgt	MD	N/A	N/A				No			No
Greater Baltimore Diagnostic Imaging Partnership 6701 North Charles Street Baltimore, MD21204 52-1561640	Imaging Services	MD	N/A	N/A				No			No

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
GBMC Agency Inc 6701 North Charles Street Baltimore, MD21204 52-1411931	Investments	MD	N/A	C			
GBMC Management Inc 6701 North Charles Street Baltimore, MD21204 52-1411974	Management Company	MD	N/A	C			
GBMC Finance Corporation 6701 North Charles Street Baltimore, MD21204 52-1863069	Financing Agent	MD	N/A	C			
GBMC Finance Corporation II 6701 North Charles Street Baltimore, MD21204 52-1836142	Financing Agent	MD	N/A	C			
GBMC Finance Corporation III 6701 North Charles Street Baltimore, MD21204 52-1836144	Financing Agent	MD	N/A	C			
Ruxton Insurance Company LTD Cedar Hour 41 Cedar Avenue HM EX Ex Hamiton BD 98-0413102	Insurance Captive	BD	N/A	C			
GBMD Inc 6701 North Charles Street Baltimore, MD21204 52-1914558	Healthcare	MD	N/A	C			

Part V

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

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

1

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

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

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	(b) Transaction type(a-r)	(c) Amount involved
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2009

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.

[illegible]

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 Street Baltimore, MD21204 52-1411935	Fundraising	MD	501(c)(3)	Line 7 170(b)(1)(a)	N/A
Gilchrist Hospice Care Inc 555 W Towsontown Blvd Baltimore, MD21204 52-1851251	Hospice Services	MD	501(c)(3)	Line 3 170(b)(1)(a)	N/A
GBMC Investments Inc 6701 North Charles Street Baltimore, MD21204 52-1040300	Investment Management	MD	501(c)(3)	Line 11 Type II 509	N/A
Diversified Health Enterprises Inc 6701 North Charles Street Baltimore, MD21204 52-1725005	Health Services	MD	501(c)(3)	Line 11 Type II 509	N/A
Diversified Nurses Inc 6701 North Charles Street Baltimore, MD21204 52-1305904	Nursing Services	MD	501(c)(3)	Line 9 509(a)(2)	N/A
Diversified Health Services Inc 6701 North Charles Street Baltimore, MD21204 52-1331993	Health Services	MD	501(c)(3)	Line 9 509(a)(2)	N/A
GBMC Land Inc 6701 North Charles Street Baltimore, MD21204 52-1413360	Real Estate Property	MD	501(c)(3)	Line 11 Type I 509(N/A
GBMC Healthcare Inc 6701 North Charles Street Baltimore, MD21204 52-1484872	Healthcare	MD	501(c)(3)	Line 7 170(b)(1)(a)	N/A

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 Street Baltimore, MD21204 52-1411931	Investments	MD	N/A	C			
GBMC Management Inc 6701 North Charles Street Baltimore, MD21204 52-1411974	Management Company	MD	N/A	C			
GBMC Finance Corporation 6701 North Charles Street Baltimore, MD21204 52-1863069	Financing Agent	MD	N/A	C			
GBMC Finance Corporation II 6701 North Charles Street Baltimore, MD21204 52-1836142	Financing Agent	MD	N/A	C			
GBMC Finance Corporation III 6701 North Charles Street Baltimore, MD21204 52-1836144	Financing Agent	MD	N/A	C			
Ruxton Insurance Company LTD Cedar Hour 41 Cedar Avenue HM EX Ex Hamition BD 98-0413102	Insurance Captive	BD	N/A	C			
GBMD Inc 6701 North Charles Street Baltimore, MD21204 52-1914558	Healthcare	MD	N/A	C			

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a- r)	(c) Amount Involved (\$)
(1) GBMC Investments Inc	B	1,219,585
(2) GBMC Foundation Inc	B	1,613,037
(3) GBMC Investments Inc	C	536,207
(4) GBMC Foundation Inc	C	8,590,135
(5) Gilchrist Hospice Care Inc	C	221,395
(6) GBMC Medical Arts Limited Partnership	H	67,302
(7) GBMC Medical Arts West Limited Partnership	H	850,562
(8) GBMC Agency Inc	H	451,254
(9) GBMC Physicians LLC	I	164,680
(10) Greater Baltimore Medical Center Land Inc	J	250,000
(11) GBMC Medical Arts Limited Partnership	J	1,095,517
(12) GBMC Medical Arts West Limited Partnership	J	1,007,240
(13) GBMC Agency Inc	J	465,466
(14) GBMC Healthcare Inc	K	260,004
(15) GBMC Agency Inc	K	335,683
(16) GBMC Physicians LLC	K	10,733,863
(17) GBMCHopkins Pediatric Surgery LLC	K	98,698
(18) Ruxton Insurance Company LTD	K	208,337
(19) GBMC Medical Arts Limited Partnership	K	60,000
(20) GBMC Medical Arts West Limited Partnership	K	60,000
(21) Ruxton Insurance Company LTD	L	10,507,910
(22) GBMC Agency Inc	P	470,285
(23) Ruxton Insurance Company LTD	P	5,053,144
(24) Greater Baltimore Medical Center Land Inc	P	1,386,274
(25) GBMC Medical Arts Limited Partnership	P	575,926
(26) GBMC Medical Arts West Limited Partnership	P	474,987
(27) GBMC Agency Inc	P	121,205
(28) Ruxton Insurance Company LTD	Q	7,897,201
(29) Ruxton Insurance Company LTD	R	4,000,000
(30) GBMC Medical Arts West Limited Partnership	R	153,524

Additional Data

Software ID:
Software Version:
EIN: 52-6049658
Name: Greater Baltimore Medical Center Inc

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services					
(Code) (Expenses \$	49,939,721	including grants of \$	189,104) (Revenue \$	76,725,315)
Laboratory Service, Radiology - Therapeutic, Residency Program, Magnetic Resonance Imaging, Cardiac Catherization, Other Program Services					

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
The Honorable Vicki Ballou-Watts Director	1 00	X						0	0	0
Mr Kennethh P Barksdale Fmr Dir (left 12/2009)	1 00	X						0	0	0
Mrs Sandra Berman Director	1 00	X						0	0	0
Robert K Brookland MD Director	1 00	X						0	0	0
Mr Samuel Heffner Director	1 00	X						0	0	0
Mr Frederick M Hudson Director	1 00	X						0	0	0
Mr Douglas Huether Fmr Dir (left 12/2009)	1 00	X						0	0	0
Mr Williams A Kroh Fmr Dir (left 12/2009)	1 00	X						0	0	0
Mr Thomas H Maddux Fmr Dir (left 12/2009)	1 00	X						0	0	0
Mr Frank R Palmer Director	1 00	X						0	0	0
Mr Robert A Shelton Director	1 00	X						0	0	0
Mr Bernard Siegel Director	1 00	X						0	0	0
Mr Stuart O Simms Director	1 00	X						0	0	0
Ms Bonnie R Stein Director	1 00	X						0	0	0
Mr James B Stradtner Director	1 00	X						0	0	0
Mr Steven A Thomas Director	1 00	X						0	0	0
Ms Marion G Thompson Director	1 00	X						0	0	0
Ronald F Trutone Jr MD Director	5 00	X						250,000	0	0
Mrs Mary Stuart Rodgers Director	1 00	X						0	0	0
Howard L Siegel MD Director	1 00	X						518,653	0	0
Mrs Mary B Wieler Secretary	1 00	X		X				0	0	0
John Saunders MD Former Interim President	35 00	X		X				421,351	0	25,459
Mr Herbert J Belgrad Fmr Tresr (left 12/2009)	1 00	X		X				0	0	0
John B Cheassare MD President	35 00	X		X				0	0	0
Mr Charles C Fenwick Jr Chair	1 00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Mr Harry S Johnson Chair-Elect	1 00	X		X				0	0	0
Mr Thomas M Kane Vice Chair	1 00	X		X				0	0	0
Mr Laurence M Merlis Fmr Pres (left 1/2010)	34 00	X		X				921,169	0	215,411
Ms Patricia J Mitchell Vice Chair	1 00	X		X				0	0	0
Mr Stephen T Scott Treasurer	1 00	X		X				0	0	0
Harold Tucker MD Chief of Staff	1 00	X		X				0	0	0
John M Wogan MD Vice Chief of Staff	1 00	X		X				0	0	0
Mr Eric L Melchior EVP CFO	35 00				X			523,144	0	129,037
Mr Keith R Poisson EVP COO	39 00				X			488,294	0	104,368
Rodney M Williams MD EVP Chief Med Officer	39 00				X			560,063	0	127,556
Ms John W Ellis SVP Corp Strategy	20 00				X			466,524	0	108,030
Ms Joanne Porter SVP Nursing	39 00				X			341,973	0	59,182
Ms Tressa B Springmann VP & CIO	39 00				X			341,762	0	47,145
Mr Mark R Thomas VP Human Resources	39 00				X			334,785	0	52,216
Mr George E Bayless VP Finance	37 00				X			309,190	0	54,355
Mr Michael A Forthman VP Facilities	39 00				X			238,531	0	41,171
James Demopoulos GBMA COO	40 00				X			40,447	0	1,610
Mr Steve Twaddle VP GBMA (left 9/2009)	1 00				X			225,097	0	22,077
Ms Catherine J Boyne President of Hospice (left 2/10)	40 00				X			258,411	0	17,716
Mr Douglas G Smith VP of Development	40 00				X			256,961	0	50,474
Reginald J Davis MD Med Dir/Phys	40 00					X		1,385,372	0	35,741
Wynee E Hawk VP Government Relations (left 10/07	0 00						X	99,739	0	0
Gary I Cohen MD Med Dir/Phys	40 00					X		875,623	0	35,739
Bimal G Ramı MD Physician	40 00					X		795,174	0	31,690
Paul Celano MD Medical Oncologist	40 00					X		732,637	0	33,638

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors						
(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)				
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee
(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations				
Neri M Cohen MD Med Dir/Phys	40 00					X
700,347	0	34,684				

Additional Data

Software ID:
Software Version:
EIN: 52-6049658
Name: Greater Baltimore Medical Center Inc

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7 Cost of Charity Care was calculated using the cost-to-charge ratio prescribed in the instructions to Worksheet 2 Maryland's regulatory system creates a unique process for hospital payment that differs from the rest of the nation The Health Services Cost Review Commission, (HSCRC) determines payment through a rate setting process and all payors, including governmental payors, pay the same amount for the same services delivered at the same hospital Maryland's unique all payor system includes a method for referencing Uncompensated Care in each payors' rates, which does not enable Maryland hospitals to breakout any offsetting revenue related to Uncompensated Care Part I, Line 7b Maryland's regulatory system creates a unique process for hospital payment that differs from the rest of the nation The Health Services Cost Review Commission, (HSCRC) determines payment through a rate setting process and all payors, including governmental payors, pay the same amount for the same services delivered at the same hospital Maryland's unique all payor system includes a method for referencing Uncompensated Care in each payors' rates, which does not enable Maryland hospitals to breakout any directed offsetting revenue related to Uncompensated Care Community benefit expenses are equal to Medicaid revenues in Maryland, as such, the net effect is zero The exception to this is the impact on the hospital of its share of the Medicaid assessment In recent years, the state of Maryland has closed fiscal gaps in the state Medicaid budget by assessing hospitals through the rate setting system Part I, Line 7f, Column c Maryland's regulatory system creates a unique process for hospital payment that differs from the rest of the nation The Health Services Cost Review Commission, (HSCRC) determines payment through a rate setting process and all payors, including governmental payors, pay the same amount for the same services delivered at the same hospital Maryland's unique all payor system includes a method for referencing Uncompensated Care in each payors' rates, which does not enable Maryland hospitals to breakout any offsetting revenue related to Uncompensated Care Part I, Line 7f, Column d Maryland's regulatory system creates a unique process for hospital payment that differs from the rest of the nation The Health Services Cost Review Commission, (HSCRC) determines payment through a rate setting process and all payors, including governmental payors, pay the same amount for the same services delivered at the same hospital Maryland's unique all payor system includes a method for referencing Uncompensated Care in each payors' rates, which does not enable Maryland hospitals to breakout any offsetting revenue related to Uncompensated Care

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7g GBMC supports coverage of specialty services (orthopedics, anesthesia, general surgery, etc) provided in the emergency room to medicaid and uninsured patient populations by ensuring payment of the physician professional fees for surgical related cases
GBMC also employs a full-time Geriatric Nurse Practitioner whose sole responsibility is to provide education and primary care services at Towson area low-income senior living facilities During FY10, GBMC began a partnership with Catholic Charities and hired a pediatrician to provide on-site physician coverage at a residential mental health treatment for children (Villa Maria)

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 9b Until final approval of the account as charity care, patients receive bills similar to non-charity care patients Once charity care is approved, the account is written off No further bills are sent and any refunds necessary are made to the patients Even if the account is in collection and a patient presents a hardship, the patient can qualify for charity care up to the point of a judgment made on the account

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

American Diabetes Association "Reverse the Trend" Program Clinical research has overwhelmingly identified the adverse consequences that occur when diabetes is developed Through its Geckle Diabetes and Nutrition Center, GBMC helps patients with diabetes address and manage the daily and lifelong issues associated with this crippling disease The statistics documenting the increasing incidence of type two diabetes, particularly in adolescents, is staggering, with "One out of every three children born after the year 2000 developing diabetes in their lifetime" (source American Diabetes Association (ADA)) That's precisely the reason GBMC eagerly accepted an invitation from the ADA in fiscal year 2007 to partner in its "Reverse the Trend" program Through two separate \$25,000 contributions (one in fiscal year 2007 and the other in fiscal year 2009) and participation in the program design, GBMC has supported what it hopes is a program that will help make permanent lifestyle changes for area families and youth Unlike many global efforts to educate at-risk patients regarding diabetes, the "Reverse the Trend" program is a hands-on initiative that works in specific high-risk communities directly with individuals The program differentiates itself by not only providing education, but also through the aid of directed community partners within an individual's community It also provides products or services that allow an individual to make a desired lifestyle change on a permanent basis

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Villa Maria and St Vincent's Centers Operated by Catholic Charities, the Villa Maria and St Vincent's Centers in Timonium offer residential mental health treatment for nearly 160 children between the ages of five to fourteen Owing to a variety of complex socio-economic issues, this highly at-risk population tends to have a variety of associated medical conditions When Catholic Charities noted the difficulty in finding adequate physician coverage to provide primary and preventive care, GBMC's Department of Pediatric Care Chairman, Timothy Doran, MD, quickly understood the critical need to provide these essential services at the facility's site to continue mental health treatments in the least disruptive manner possible As a result, during fiscal year 2009, GBMC hired Rachel Bergen, MD, and began partnering with Catholic Charities to provide a GBMC-employed pediatrician on-site at the treatment centers to deliver assessments and treatment, review medical reports and coordinate specialized care and dietary needs as necessary

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Health Partnerships with Seniors In the beginning of fiscal year 2008, GBMC created a partnership of community outreach with the Assistance Center for Towson Churches and five senior income-restricted housing facilities to provide healthcare services to improve the health of the underserved population in neighborhoods surrounding the hospital's campus A nurse practitioner specializing in geriatrics visits the apartment buildings one to two times per week, providing health screenings, exercise classes and basic health services such as blood pressure and glucose monitoring, immunizations and medication review The nurse practitioner also offers an assessment of acute medical problems and provides monthly education on topics such as fall prevention, memory loss, depression and osteoporosis Since the program was launched, the nurse practitioner has made more than 400 medical visits, administered more than 100 flu-pneumonia vaccines, has made numerous referrals to other medical providers and initiated weekly exercise classes in several of the facilities

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Gilchrist Hospice Care's African Partnership Gilchrist Hospice Care, a GBMC affiliate, has entered into a new partnership with Nkoaranga Lutheran Hospital in the Arusha Region of Tanzania The pairing allows Gilchrist to share its wealth of knowledge about how best to provide quality, compassionate end-of-life care with a hospice program in Sub-Saharan Africa that struggles everyday to care for hundreds of patients, more than 95 percent of whom suffer from HIV/AIDS, with limited staff and resources Through regular e-mails and phone calls and bi-annual visits between partners, Gilchrist hopes to share its expertise with Nkoaranga while also learning valuable lessons about how to do more with less, and how to better care for patients in the last stages of HIV/AIDS The partnership, sponsored by the Foundations for Hospices in Sub-Saharan Africa, is part of a program that serves 16 countries in Africa through collaborations with hospice and palliative care programs in 28 states

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Serving Those in Need Through Financial Assistance GBMC has long understood the need to provide the highest quality medical care to all patients regardless of ability to pay Accordingly, GBMC uses financial criteria well in excess of nationally recognized Federal Poverty Guidelines and State of Maryland required standards in order to provide free care In addition, GBMC also works with patients not qualifying under the Financial Assistance Policy in determining potential insurance eligibility, as well as establishing reasonable and affordable payment plans

Medical Education A core component of the GBMC vision is to provide physicians, nurses and staff with medical sophistication through clinical education and research Because of the critical importance of primary care services, as well as core services, GBMC annually trains more than 60 interns, residents and fellows in the fields of Internal Medicine, Gynecology, Ophthalmology, Otolaryngology, Colo-Rectal Surgery and GYN Oncology Our physicians partner with the interns, residents and fellows to provide comprehensive and thorough training and education to ensure that the next generation of physicians are exceptionally prepared to serve the patients and communities in which they will serve In addition to its intern and resident programs, GBMC also offers vital nurse training and operates an allied health professionals program for approximately 20 radiology technician students a year

GBMC Wins United Way Make-Over Project On September 29, 2009, a group of GBMC employees from five departments pulled together in true GBMC fashion to benefit others They spent all day participating in The United Way's "Share Yourself Make-Over," an annual community project that is part fundraising, part do-it-yourself skill, part competition, and all unforgettable Staff volunteers from GBMC were charged with collecting donations to make-over the kitchen and office of Medfield Community Center in Northeast Baltimore City, which is used primarily as an after school recreation and activities center for area youth Then, the group rolled up their sleeves to clean, repair and decorate the two rooms, as well as stock them with necessities Teams from five other local organizations were assigned to re-do the rest of the center including the arts and crafts room, homework room, gym, atrium and game room At the end of the day, GBMC's team of volunteers took top honors for its outstanding work in the kitchen and office, but the real prize went to the children, who now have a clean, safe facility to use

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

Part VI, Line 2 GBMC completes a GAP assessment designed to evaluate and understand the unmet healthcare needs of the GBMC community, and how GBMC, given its service orientation, might be best served to assist in meeting the identified unmet needs GBMC uses statistical and medical incidence data from local county health departments that collect such data, as well as other various national data GBMC maintains an inter-disciplinary Community Needs Advisory Committee, with representation from the Board of Directors, Outreach Services, Compliance, Finance, Legal, Spiritual Support, and other clinic based areas, which meets monthly to evaluate, debate and approve community based initiatives In addition, the committee reports directly to the President & Chief Executive Officer Refer to Exhibit 1 for a GBMC publication highlighting recent community benefit activities

Form 990 Schedule H, Part VI - Supplemental Information, Line 3

Part VI, Line 3 GBMC educates patients about their eligibility for governmental assistance and organization charity care assistance in many ways, starting with the intake process A summary of the financial assistance policy is posted, along with contact information at all registration areas, the emergency room, and the billing office When patients are registered, they are provided with a financial assistance brochure and are handed a "Permissions/Acknowledgment" (signed by the patient) This form explains the hospital's financial assistance policy and provides GBMC phone numbers and a website Also stated on the form is information for how GBMC representatives can assist with applying for Maryland Medical Assistance GBMC also contracts with outside agencies to help with the medical assistance eligibility process Lastly, a statement about financial assistance and a copy of GBMC's policy accompanies all bills to patients

Form 990 Schedule H, Part VI - Supplemental Information, Line 4

Part VI, Line 4 Greater Baltimore Medical Center, Inc ("GBMC") is a private, not-for-profit, 310 bed, regional medical center It is located in Towson, Maryland, a suburban Baltimore County community two miles north of Baltimore City GBMC's primary service area includes all of Baltimore County, the northern portion of Baltimore City, and portions of Carroll and Harford Counties The population in GBMC's service area has traditionally been affluent Baltimore County ranked 2nd among MD counties for the highest income per capita in 2007 The 2007 per capita income in Baltimore County was 34% higher than the nation But, in 2007 Baltimore County had 8% of the population in poverty 9% of related children under 18 were below the poverty level 8% of people 65+ years old were below the poverty line 5% of all families lived in poverty 14% of families with a female householder and no husband present had incomes below the poverty levelIn FY2009, GBMC's service area patients were 1 47% self-pay and 5 26% Medicaid, whereas, GBMC's patients in FY2009, were 1 9% self-pay and 5 1% Medicaid

Form 990 Schedule H, Part VI - Supplemental Information, Line 5

Part VI, Line 5 The Community Building activities in the amount of \$322,610 included in this report are comprised of two components \$25,000 support to Christo Rey High School and \$297,600 for Emergency Management The alliance with Christo Rey provides an opportunity for Baltimore City students to work at GBMC and gain experience with an organization through work-study/internship During FY10, GBMC partnered with Baltimore County government to provide a dedicated Emergency Management facility that can be used by the community to stage disaster drills, provide mass vaccinations, etc This facility will serve the community by enhancing public safety and promoting wellness among all citizens

Form 990 Schedule H, Part VI - Supplemental Information, Line 6

Part VI, Line 6 A majority of GBMC's governing body is comprised of persons who reside in the organization's primary service area GBMC extends medical staff privileges to all qualified physicians in its community GBMC reinvests its operating margin into improvements in patient care and research GBMC provides teaching through accredited intern and resident education programs in Internal Medicine, Gynecology, Ophthalmology, Otolaryngology, and Colo-Rectal surgery Most recently, GBMC has invested in a geriatric nurse practitioner program whose sole responsibility is to provide education and primary care services to low-income senior living facilities in the local service area GBMC continues to fund anesthesia, obstetrical, and orthopedic services to Medicaid and uninsured patient populations GBMC has generally covered this by agreeing to provide physician payment for surgical cases coming through the emergency department where the patient is considered to be indigent