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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐ Yes ☒ No

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 132,832,564 including grants of \$ ) (Revenue \$ 149,878,321 )  
The Greater Baltimore Medical Center, Inc. (GBMC) is a 300-bed medical center (acute and sub-acute care) located on a suburban campus which provided inpatient care to 18,597 patients and delivered over 4,200 babies in the fiscal year. Since its founding, GBMC's accomplishments have validated the vision of its founders to combine the best of community and university-level medicine. GBMC's distinctive service lines include women's cancer, surgical and medical services. GBMC is a fully accredited teaching hospital that is affiliated with John Hopkins University.

4b (Code ) (Expenses \$ 74,516,347 including grants of \$ ) (Revenue \$ 94,974,961 )  
The operating room performed over 30,600 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 \$ 63,198,444 including grants of \$ ) (Revenue \$ 84,264,143 )  
The emergency department treated 57,300 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 44,193 patients in specialty clinics such as Ophthalmology, wound care, anti-coagulation, radiation oncology and infusion therapy.





















(Code ) (Expenses \$ 80,851,598 including grants of \$ 233,500 ) (Revenue \$ 67,388,603 )  
Laboratory Service, Radiology - Therapeutic, Residency Program, Magnetic Resonance Imaging, Physician Practices, Cardiac Catheterization, Other Program Services

4d Other program services (Describe in Schedule O )  
(Expenses \$ 80,851,598 including grants of \$ 233,500 ) (Revenue \$ 67,388,603 )

4e Total program service expenses \$ 351,398,953

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	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? <i>If "Yes," complete Schedule C, Part I.</i> 	3	No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> 	4	Yes
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> 	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</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? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	Yes
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</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 ? <i>If "Yes," complete Schedule F, Part II and IV.</i> . . . . .	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 ? <i>If "Yes," complete Schedule F, Part III and IV.</i> . . . . .	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? <i>If "Yes," complete Schedule G, Part I.</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? <i>If "Yes," complete Schedule G, Part II.</i> . . . . .	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> . . . . .	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> 	20a	Yes
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements . . . . . 	20b	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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	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 (or a family member thereof) 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	Yes	
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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	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? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V		Statements Regarding Other IRS Filings and Tax Compliance	
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. 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	1
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return. .	2a	4,055
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 (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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 or securities account)?	4a	No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	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?	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	0
e	Did the organization 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
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	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a	
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the aggregate amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

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.  
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
1a	28		
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	1b	21
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 governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5	No
6	Did the organization have members or stockholders? . . . . .	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	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	Did the organization have local chapters, branches, or affiliates? . . . . .	10a	Yes
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	10b	Yes
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	12c	Yes
13	Did the organization have a written whistleblower policy? . . . . .	13	Yes
14	Did 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 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <b>MD</b>
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 made 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 made 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. <b>Eric Melchior</b> <b>6701 North Charles Street</b> <b>Baltimore, MD 21204</b> <b>(443) 849-2000</b>

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

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

Form **990** (2011)



## Part VII

<b>1b</b>	<b>Sub-Total</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A</b>			
<b>d</b>	<b>Total (add lines 1b and 1c)</b>	10,179,266	90,315	981,146

**2** Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 257

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	3 Yes	
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> . . . . .	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	5	No

## Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Johns Hopkins University 125 Medical Admin Rd 720 Rutland Baltimore, MD 21205	Residency Program	3,974,667
Aramark Healthcare Support Services PO Box 651009 Charlotte, NC 28265	Management - Dietary	1,483,993
Mayflower Textile Service 2601 W Lexington St PO Box 20659 Baltimore, MD 212230492	Linen Services	1,436,018
Physicians Anesthesia Associates LLC 110 West Road Suite 210 Towson, MD 21204	Anesthesia Services	1,202,873
Medical Imaging of Baltimore PO Box 630277 Baltimore, MD 212630277	Radiology Services	1,104,955

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶108

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	230,446				
	d	Related organizations . . . .	1d	8,011,467				
	e	Government grants (contributions)	1e	522,783				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	81,804				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f . . . . .		8,846,500				
Program Service Revenue			Business Code					
	2a	Patient Service	621110	387,444,182	387,444,182			
	b	Other Operating Rev	900099	9,667,152	9,054,667	612,485		
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .		397,111,334				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		465,694			465,694	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties . . . . .						
	6a	(i) Real		(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss) . . . . .						
	7a	(i) Securities		(ii) Other				
		33,860,130		56,500				
		32,694,629		-3,018				
		1,165,501		59,518				
	d	Net gain or (loss) . . . . .		1,225,019			1,225,019	
	8a	Gross income from fundraising events (not including \$ 230,446 of contributions reported on line 1c) See Part IV, line 18 . . . . .		a	129,354			
		Less direct expenses . . . . .		b	84,218			
		Net income or (loss) from fundraising events . .			45,136		45,136	
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .		a				
		Less direct expenses . . . . .		b				
		Net income or (loss) from gaming activities . .						
	10a	Gross sales of inventory, less returns and allowances . . . . .		a				
		Less cost of goods sold . . . . .		b				
		Net income or (loss) from sales of inventory . .						
	Miscellaneous Revenue		Business Code					
	11a	Parking Revenue	812930	2,026,658			2,026,658	
b	Cafeteria Income	722210	1,991,546			1,991,546		
c	Billing Fees	561000	7,179	7,179				
d	All other revenue . . . . .							
e	Total. Add lines 11a-11d . . . . .		4,025,383					
12	Total revenue. See Instructions . . . . .		411,719,066	396,506,028	612,485	5,754,053		

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	233,500	233,500		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	5,729,756		5,729,756	
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	160,133,897	151,014,422	9,119,475	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,052,786	7,408,532	1,644,254	
9	Other employee benefits	20,928,159	18,339,935	2,588,224	
10	Payroll taxes	11,602,391	10,705,734	896,657	
11	Fees for services (non-employees)				
a	Management	3,665,531	2,088,800	1,576,731	
b	Legal	397,838	70,414	327,424	
c	Accounting	170,987	57,925	113,062	
d	Lobbying	54,834		54,834	
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	344,483		344,483	
g	Other	26,672,115	24,341,416	2,330,699	
12	Advertising and promotion	1,186,263	153,350	1,032,913	
13	Office expenses	89,706,532	88,459,903	1,246,629	
14	Information technology	4,909,598	3,584,626	1,324,972	
15	Royalties				
16	Occupancy	2,249,958	2,005,423	244,535	
17	Travel	350,141	291,072	59,069	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	498,057	436,146	61,911	
20	Interest	7,183,082	6,374,972	808,110	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	24,054,964	21,650,227	2,404,737	
23	Insurance	9,412,415	1,663,098	7,749,317	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	Uncollectible Accounts	9,242,249	9,242,249		
b	Purchased Services	3,073,374	1,269,690	1,803,684	
c	Residents	1,727,171	1,727,171		
d	Other (Dues & Amort )	876,667	280,348	596,319	
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	393,456,748	351,398,953	42,057,795	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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 . . . . .			44,002,416	2	18,755,717
	3	Pledges and grants receivable, net . . . . .			3,385,348	3	2,059,806
	4	Accounts receivable, net . . . . .			49,378,724	4	45,007,171
	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 . . . . .			3,353,319	8	3,349,076
	9	Prepaid expenses and deferred charges . . . . .			7,009,111	9	8,490,568
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .	10a	526,736,778			
	b	Less—accumulated depreciation . . . . .	10b	300,342,674	229,826,534	10c	226,394,104
	11	Investments—publicly traded securities . . . . .			73,562,525	11	103,347,024
	12	Investments—other securities. See Part IV, line 11 . . . . .			19,269,361	12	23,002,320
	13	Investments—program-related. See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets. See Part IV, line 11 . . . . .			10,205,403	15	46,996,130
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			439,992,741	16	477,401,916
Liabilities	17	Accounts payable and accrued expenses . . . . .			55,701,495	17	58,112,260
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .				19	
	20	Tax-exempt bond liabilities . . . . .			114,139,751	20	110,516,221
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .			74,345,107	25	132,231,880
	26	Total liabilities. Add lines 17 through 25 . . . . .			244,186,353	26	300,860,361
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 . . . . .			165,169,584	27	146,516,322
	28	Temporarily restricted net assets . . . . .			23,050,770	28	21,337,976
	29	Permanently restricted net assets . . . . .			7,586,034	29	8,687,257
	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 . . . . .			195,806,388	33	176,541,555
	34	Total liabilities and net assets/fund balances . . . . .			439,992,741	34	477,401,916

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	411,719,066
2	Total expenses (must equal Part IX, column (A), line 25)	2	393,456,748
3	Revenue less expenses Subtract line 2 from line 1	3	18,262,318
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	195,806,388
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-37,527,151
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	176,541,555

Part XII Financial Statements and Reporting

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

		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 separate basis, consolidated 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?	Yes	
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	Yes	

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

2011

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)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 6 column (f) divided by line 11 column (f))	14					
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15					
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions						

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. 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—2010. 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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

2011

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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 35c (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 on behalf of or in opposition to candidates for public office 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

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments 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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- 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) 2008	(b) 2009	(c) 2010	(d) 2011	(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			839 3,357 41,404 9,234
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?	Yes		
d	Mailings to members, legislators, or the public?	Yes		
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			54,834
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 1i. Also, complete this part for any additional information.

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

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b  
Attach to Form 990. See separate instructions.

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?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)  
☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically 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
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

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 ▶ \$ \_\_\_\_\_

**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

	Amount
<div><div>c</div><div>Beginning balance</div></div>	
<div><div>d</div><div>Additions during the year</div></div>	
<div><div>e</div><div>Distributions during the year</div></div>	
<div><div>f</div><div>Ending balance</div></div>	

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
<div><div>1a</div><div>Beginning of year balance . . . . .</div></div>	12,868,698	10,391,609	9,433,475	10,781,157	
<div><div>b</div><div>Contributions . . . . .</div></div>	1,101,223	1,025,384	2,135	53,262	
<div><div>c</div><div>Investment earnings or losses . . . . .</div></div>	304,027	1,484,905	993,109	-1,358,011	
<div><div>d</div><div>Grants or scholarships . . . . .</div></div>					
<div><div>e</div><div>Other expenditures for facilities and programs . . . . .</div></div>	38,147	33,200	37,110	42,933	
<div><div>f</div><div>Administrative expenses . . . . .</div></div>					
<div><div>g</div><div>End of year balance . . . . .</div></div>	14,235,801	12,868,698	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 ▶ 61 020 %

c

Term endowment ▶ 38 980 %

3a

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

(i)

unrelated organizations . . . . .

(ii)

related organizations . . . . .

b

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

	Yes	No
<div><div>3a(i)</div></div>		No
<div><div>3a(ii)</div></div>		No
<div><div>3b</div></div>		

4

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

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<div><div>1a</div><div>Land . . . . .</div></div>		15,290,673		15,290,673
<div><div>b</div><div>Buildings . . . . .</div></div>		282,655,377	126,180,527	156,474,850
<div><div>c</div><div>Leasehold improvements . . . . .</div></div>		9,617,857	4,721,416	4,896,441
<div><div>d</div><div>Equipment . . . . .</div></div>		129,661,320	100,224,288	29,437,032
<div><div>e</div><div>Other . . . . .</div></div>		89,511,551	69,216,443	20,295,108
<div><div>Total.</div><div>Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶</div></div>				226,394,104



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)	1411,719,066
2	Total expenses (Form 990, Part IX, column (A), line 25)	2393,456,748
3	Excess or (deficit) for the year Subtract line 2 from line 1	318,262,318
4	Net unrealized gains (losses) on investments	4360,057
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8-37,887,208
9	Total adjustments (net) Add lines 4 - 8	9-37,527,151
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10-19,264,833

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements . . . . .	1413,268,360
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments . . . . .2a360,057	
b	Donated services and use of facilities . . . . .2b	
c	Recoveries of prior year grants . . . . .2c	
d	Other (Describe in Part XIV) . . . . .2d-344,482	
e	Add lines 2a through 2d . . . . .2e15,575	
3	Subtract line 2e from line 1 . . . . .3413,252,785	
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-1,533,719	
c	Add lines 4a and 4b . . . . .4c-1,533,719	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .5411,719,066	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements . . . . .	1394,015,152
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 . . . . .2e0	
3	Subtract line 2e from line 1 . . . . .3394,015,152	
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-558,404	
c	Add lines 4a and 4b . . . . .4c-558,404	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .5393,456,748	

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
Description of Intended Use of Endowment Funds	Part V, Line 4	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.
Description of Uncertain Tax Positions Under FIN 48	Part X	Greater Baltimore Medical Center, Inc., as an affiliate of GBMC Healthcare, Inc. & Subsidiaries, has accounted for uncertain tax positions in accordance with ASC 740 and has determined that these positions, as a whole, are immaterial.
Part XI, Line 8 - Other Adjustments		Pediatric Surgery -152,309; Equity in Earnings 1,549,260; Transfer to Affiliates -6,527,845; Pension Expense -32,756,314; Total to Schedule D, Part XI, Line 8 -37,887,208.
Part XII, Line 2d - Other Adjustments		Investment Fee reclassified to expense -344,482.
Part XII, Line 4b - Other Adjustments		Event Expense, netted from revenue -84,218; Pediatric Surgery (Rev - Allowance) - netted from revenue -514,054; Pediatric Surgery - Capital Contribution -935,447.
Part XIII, Line 4b - Other Adjustments		Investment Fee reclassified to expense 344,482; Event Expense, netted from revenue -84,218; Pediatric Surgery -818,668.



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

2011

Open to Public  
Inspection

Name of the organization  
Greater Baltimore Medical Center Inc

Employer identification number  
52-6049658

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

1

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

a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

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

3

List all states in which the organization is registered or licensed to solicit 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.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			Father's Day 5K	GBMC Golf Outing	1	(Add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts . . . . .	109,502	188,996	61,302	359,800	
	2	Less Charitable contributions . . . . .	51,552	137,264	41,630	230,446	
3	Gross income (line 1 minus line 2) . . . . .	57,950	51,732	19,672	129,354		
Direct Expenses	4	Cash prizes . . . . .			7,505	7,505	
	5	Non-cash prizes . . . . .		25,288		25,288	
	6	Rent/facility costs . . . . .		15,271		15,271	
	7	Food and beverages . . . . .		14,415		14,415	
	8	Entertainment . . . . .					
	9	Other direct expenses . . . . .	20,126	662	951	21,739	
	10	Direct expense summary Add lines 4 through 9 in column (d). . . . . ►					( 84,218 )
	11	Net income summary Combine lines 3 and 10 in column (d). . . . . ►					45,136

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 and 7 in column (d) . . . . . ►					

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

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

b If "No," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

b If "Yes," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 11

Does the organization operate gaming activities with nonmembers?

Yes

No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes

No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

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

Yes

No

b

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

c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation

\$

Description of services provided

Director/officer

Employee

Independent contractor

17

Mandatory distributions

a

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

Yes

No

b

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

Part IV

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

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

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

2011

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	Did 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 had 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 during the tax year  a Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care <div><input type="checkbox"/> 100%</div> <div><input type="checkbox"/> 150%</div> <div><input type="checkbox"/> 200%</div> <div><input checked="" type="checkbox"/> Other <u>300.000000000000 %</u></div>	3a	Yes	
b	Did the organization use FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care . . . . . <div><input type="checkbox"/> 200%</div> <div><input type="checkbox"/> 250%</div> <div><input type="checkbox"/> 300%</div> <div><input type="checkbox"/> 350%</div> <div><input type="checkbox"/> 400%</div> <div><input checked="" type="checkbox"/> Other <u>300.000000000000 %</u></div>	3b	Yes	
c	If the organization did 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	Did the organization's policy provide free or discounted care to the "medically indigent"? . . . . .	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount? . . . . .	5b		No
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		
6a	Did the organization prepare a community benefit report during the tax year? . . . . .	6a	Yes	
6b	If "Yes," did 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 Charnty care at cost (from Worksheet 1) . . . . .			15,092,027	9,741,055	5,350,972	1 390 %
b Medicaid (from Worksheet 3, column a) . . . . .						
c Costs of other means-tested government programs (from Worksheet 3, column b) .						
d Total Charity Care and Means-Tested Government Programs . . . . .			15,092,027	9,741,055	5,350,972	1 390 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			884,163	2,959	881,204	0 230 %
f Health professions education (from Worksheet 5) . . .			10,679,079	59,875	10,619,204	2 760 %
g Subsidized health services (from Worksheet 6) . . .			732,197	167,367	564,830	0 150 %
h Research (from Worksheet 7)			499,280		499,280	0 130 %
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			38,375		38,375	0 010 %
j Total Other Benefits . . . . .			12,833,094	230,201	12,602,893	3 280 %
k Total. Add lines 7d and 7j . . . .			27,925,121	9,971,256	17,953,865	4 670 %

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
1Physical improvements and housing						
2Economic development						
3Community support			25,000		25,000	0 010 %
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy			35,000		35,000	0 010 %
8Workforce development			100,000		100,000	0 030 %
9Other			2,500		2,500	0 %
10Total			162,500		162,500	0 050 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1Yes	
2	Enter the amount of the organization's bad debt expense	26,992,684	
3	Enter the estimated amount of the organization's bad debt expense 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 a portion of bad debt amounts as 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	Did the organization have a written debt collection policy during the tax year?	9aYes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9bYes	

Part IVManagement Companies and Joint Ventures (see instructions)

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

## Section A. Hospital Facilities

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

## Name and address

[illegible]

Part V Facility Information (continued)

Section B. Facility Policies and Practices.

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

Greater Baltimore Medical Center

Name of Hospital Facility: \_\_\_\_\_

Line Number of Hospital Facility (from Schedule H, Part V, Section A): \_\_\_\_\_1\_\_\_\_\_

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 . . . . . If "Yes," indicate what the Needs Assessment describes (check all that apply) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet those needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs j <input type="checkbox"/> Other (describe in Part VI)	1	No
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? . . . . . If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) a <input type="checkbox"/> Hospital facility's website b <input type="checkbox"/> Available upon request from the hospital facility c <input type="checkbox"/> Other (describe in Part VI)	5	
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply) a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community b <input type="checkbox"/> Execution of the implementation strategy c <input type="checkbox"/> Development of a community-wide community benefit plan for the facility d <input type="checkbox"/> Participation in community-wide community benefit plan e <input type="checkbox"/> Inclusion of a community benefit section in operational plans f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA g <input type="checkbox"/> Prioritization of health needs in the community h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for free care <u>300 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used	9	Yes

Part V

Facility Information (continued)

		Yes	No
10	Used FPG to determine eligibility for providing discounted care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>300 0000000000000%</u> If "No," explain in Part VI the criteria the hospital facility used	10	Yes
11	Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input checked="" type="checkbox"/> Income level b <input checked="" type="checkbox"/> Asset level c <input checked="" type="checkbox"/> Medical indigency d <input checked="" type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input checked="" type="checkbox"/> Medicaid/Medicare g <input checked="" type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	Yes
12	Explained the method for applying for financial assistance? . . . . .	12	Yes
13	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input checked="" type="checkbox"/> Other (describe in Part VI)	13	Yes

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? . . . . .	14	Yes
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments or arrests e <input checked="" type="checkbox"/> Other similar actions (describe in Part VI)		
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input checked="" type="checkbox"/> Other similar actions (describe in Part VI)	16	Yes
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply) a <input checked="" type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input checked="" type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input checked="" type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Part VI)		



Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Individuals Eligible for Financial Assistance

19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Part VI		No
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient? . . . . . If "Yes," explain in Part VI		No

Part V

Facility Information (continued)

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

(list in order of size from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address		Type of Facility (Describe)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

- 1
- Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6l, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2
- Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health needs assessments reported in Part V, Section B
- 3
- Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )
- 6
- Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
		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 7f, Column c The amount of bad debt expense excluded from the calculation of the percentage of total expenses is \$9,242,249

Identifier	ReturnReference	Explanation
		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 FY12, GBMC opened a OB Clinic designed specifically to ensure that adequate prenatal care is available to Medicaid and uninsured patients

Identifier	ReturnReference	Explanation
		Part II GBMC's has contributed \$500,000 over a 5-year period to a statewide Maryland initiative that is investing in nursing by ensuring the anticipated future demand and need for nursing care is adequately met In addition, GBMC partners with the Christo Rey organization through a \$25,000 annual sponsorship that allows for practical job skills to be gained by at-risk high-school students through sponsorship of a student in an on-site work/study role GBMC has also committed \$35,000 to Baltimore County to help fund the start-up costs of the State Health Improvement Process (SHIP) initiative, with the ultimate hope that better data will become available that assists both the County and individual hospitals in meeting unmet community healthcare needs

Identifier	ReturnReference	Explanation
		Part III, Line 9b Patients who have been previously screened for charity care, are not Medical Assistance eligible and have no insurance do not receive invoices They are automatically referred GBMC's Assumptive Financial Assistance Program The Program is run in partnership with TransUnion credit reporting agency All self pay accounts and those previously identified as charity care are referred to TransUnion, who utilizes a proprietary credit scoring system to determine likelihood of ability to pay based on estimated income and family size The results from the TransUnion credit scoring are compared to GBMC's Financial Assistance eligibility criteria and a decision is made to write off or to pursue collection

Identifier	ReturnReference	Explanation
Greater Baltimore Medical Center		Part V, Section B, Line 13g The hospital provides a Permission & Acknowledgements document, which among other things, summarizes the hospital's financial assistance policy The document is provided to patients at the time of admission and included within the invoice billing In addition, each invoice notes the availability of financial assistance to patients that believe they are unable to pay The existence of financial assistance is also visibly displayed within areas of patient flow, such as the emergency department, registration kiosks, surgical service areas, etc

Identifier	ReturnReference	Explanation
Greater Baltimore Medical Center		Part V, Section B, Line 15e Three invoices are sent to the patient and two follow-up phone calls are made Patients are provided with information regarding the financial assistance application process Primary collection agencies do not credit report



Identifier	ReturnReference	Explanation
Greater Baltimore Medical Center		Part V, Section B, Line 16e Three invoices are sent to the patient and two follow-up phone calls are made Patients are provided with information regarding the financial assistance application process Primary collection agencies do not credit report

Identifier	ReturnReference	Explanation
Greater Baltimore Medical Center		Part V, Section B, Line 19d GBMC uses objective criteria in accordance with the Maryland State Uniform Financial Assistance application to determine the eligible charity care reduction from the Maryland Health Services Cost Review Commission's approved rates Patients with combined gross household income of less than 300% of the poverty guidelines are generally eligible for 100% financial assistance Applicants with income over 300% of the poverty guidelines are reviewed on a case by case basis utilizing criteria outlined in the policy which considers net income relative to monthly expenses

Identifier	ReturnReference	Explanation
		Part VI, Line 2 Greater Baltimore Medical Center (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 and Chief Executive Officer Refer to Exhibit 1 for a GBMC publication highlighting recent community benefit activities

Identifier	ReturnReference	Explanation
		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

Identifier	ReturnReference	Explanation
		Part VI, Line 4 Greater Baltimore Medical Center, Inc ("GBMC") is a private, not-for-profit, 285 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 In 2009, Baltimore County had a poverty level of 8.3% In FY2009, GBMC's service area patients were 14.7% self-pay and 52.6% Medicaid GBMC's patients for that same period were 19% self-pay and 51% Medicaid

Identifier	ReturnReference	Explanation
		Part VI, Line 5 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

Identifier	ReturnReference	Explanation
Reports Filed With States	Part VI, Line 7	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

2011

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
(1) Cristo Rey Internship Program Inc420 South Chester Baltimore,MD 21231	20-5300491	501(c)(3)		25,000			See Part IV
(2) Maryland Healthcare Education Institute6820 Deerpath Road Elkridge,MD 210756234	04-3511768	501(c)(3)		108,500			See Part IV
(3) American Heart Association415 North Charles Street Baltimore,MD 21297	13-5613797	501(c)(3)		7,500			See Part IV
(4) GBMC Healthcare Inc 6701 North Charles Street Baltimore,MD 21204	52-1484872	501(c)(3)		50,000			See Part IV
(5) Maryland Hospital Association6820 Deerpath Road Elkridge,MD 210756234	52-0647639	501(c)(6)		35,000			See Part IV

2

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

4

3

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

1



Part III

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

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

Part IV

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

Identifier	Return Reference	Explanation
Schedule I, Part I, Line 2		The organization's procedures for monitoring the use of grant funds in the U S are evaluated and selected through a formal Community Needs Advisory Committee and are based on unique and identified needs Periodic reports (some quarterly and other annually) are required by grantors Additionally, field visits are conducted
Part II, line 1, Column (h)		Name of Organization or Government Cristo Rey Internship Program, Inc (h) Purpose of Grant or Assistance To make a private, college - preparatory education affordable to urban young people from Baltimore Name of Organization or Government Maryland Healthcare Education Institute (h) Purpose of Grant or Assistance MHA assistance in partnership with other organizations throughout the state to end Maryland's chronic nursing shortages Name of Organization or Government American Heart Association (h) General support Name of Organization or Government GBMC Healthcare, Inc (h) General support for GBMC Healthcare, Inc Name of Organization or Government Maryland Hospital Association (h) Participation in the State Health Improvement Initiative

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2011

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		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input checked="" type="checkbox"/> Tax idemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
<input checked="" type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
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		
<input checked="" type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment?	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 executives of the organization 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.
	Part I, Line 1b	Although not all 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, Lines 4a-b	Part I, Line 4a: The following individuals received severance payments during the year: - Former Sr. Vice President Medical Affairs received severance payments totaling \$522,210 in calendar year 2011. - Former President Gilchrist Hospice Care, Inc., a subsidiary of GBMC Healthcare, Inc., received severance payments totaling \$18,832 for the calendar year ending 2011. Part II, Line 4b: The following individuals participate in a non-qualified supplemental retirement plan. GBMC Healthcare has a non-qualified supplemental retirement plan. This plan was approved by the Compensation Committee of the GBMC Healthcare Board of Directors to supplement the executive's retirement income. The supplemental retirement plan was developed based on an independent consultant report on market-based practices for supplemental retirement plans. The percentage of final average pay, the requirements for vesting, participants, and pay-out provisions were established, reviewed, and approved by the compensation committee. The contributions to the supplemental non-qualified retirement plan are included in Schedule J, Part II, column C or in Schedule J, Part I, column B(III) as part of deferred compensation. The following individuals participated in this supplemental non-qualified retirement plan: John R. Chessare, M.D. - \$84,375 Earned, \$0 Paid; Mr. George E. Bayless - \$22,726 Earned, \$0 Paid; Mrs. Carolyn Candiello - \$20,000 Earned, \$0 Paid; Mr. John W. Ellis - \$91,875 Earned, \$0 Paid; Mr. Michael A. Forthman - \$10,637 Earned, \$0 Paid; Mrs. Catherine Hamel - \$4,306 Earned, \$0 Paid; Mr. Eric L. Melchior - \$0 Earned, \$376,475 Paid; Mr. Keith Poisson - \$77,411 Earned, \$0 Paid; Mrs. Joanne Porter - \$42,479 Earned, \$0 Paid; John R. Saunders, M.D. - \$30,000 Earned, \$0 Paid; Mrs. Tressa B. Springmann - \$27,129 Earned, \$0 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 Tutrone Jr MD	(i) (ii)	250,000 0	0 0	0 0	0 0	0 0	250,000 0	0 0
John B Chessare MD	(i) (ii)	623,200 0	132,750 0	26,962 0	84,856 0	24,677 0	892,445 0	0 0
Mr Eric L Melchior	(i) (ii)	387,620 0	558,817 0	31,878 0	15,687 0	20,667 0	1,014,669 0	376,475 0
Mr Keith R Poisson	(i) (ii)	361,114 0	66,472 0	32,643 0	90,561 0	27,193 0	577,983 0	0 0
John R Saunders MD	(i) (ii)	476,585 0	43,636 0	35,602 0	45,600 0	18,638 0	620,061 0	0 0
Mr George E Bayless	(i) (ii)	221,615 0	34,544 0	4,959 0	34,516 0	26,922 0	322,556 0	0 0
Mr John W Ellis	(i) (ii)	343,368 0	68,230 0	26,976 0	105,025 0	19,338 0	562,937 0	0 0
Mr Michael A Forthman	(i) (ii)	185,305 0	24,597 0	9,731 0	21,039 0	26,113 0	266,785 0	0 0
Mrs Carolyn L Candiello	(i) (ii)	146,993 0	18,291 0	13,382 0	24,998 0	18,552 0	222,216 0	0 0
Mrs Catherine Hamel	(i) (ii)	76,546 90,017	44,587 0	4,027 298	12,277 2,890	13,662 18,560	151,099 111,765	0 0
Mrs Joanne Porter	(i) (ii)	242,762 0	38,157 0	32,133 0	57,770 0	11,592 0	382,414 0	0 0
Mrs Tressa B Springmann	(i) (ii)	284,672 0	43,834 0	12,074 0	42,721 0	10,643 0	393,944 0	0 0
Reginald J Davis MD	(i) (ii)	1,293,685 0	118,700 0	516 0	13,150 0	23,627 0	1,449,678 0	0 0
Bimal G Ramı MD	(i) (ii)	594,643 0	420,663 0	108 0	12,375 0	26,808 0	1,054,597 0	0 0
Gary I Cohen MD	(i) (ii)	519,177 0	232,631 0	792 0	15,600 0	20,167 0	788,367 0	0 0
Neri M Cohen MD	(i) (ii)	590,782 0	100,000 0	348 0	12,205 0	26,157 0	729,492 0	0 0
Lauren A Schnaper MD	(i) (ii)	521,277 0	62,500 0	792 0	15,600 0	18,638 0	618,807 0	0 0
Mrs Catherine Boyne	(i) (ii)	0 0	0 0	19,293 0	0 0	0 0	19,293 0	0 0

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Mr Mark Thomas Left 611	(i)	114,152	0	35,646	0	8,744	158,542	0
	(ii)	0	0	0	0	0	0	0
Rodney Williams MD	(i)	0	0	519,499	0	13,578	533,077	0
	(ii)	0	0	0	0	0	0	0

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
Greater Baltimore Medical Center Inc

Employer identification number  
52-6049658

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		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A MD Health & Higher Ed Fac Auth	52-0936091	574218BX0	04-20-2011	67,785,219	Building Renovation and Refund Series 2009		X		X		X
B MD Health & Higher Ed Fac Auth	52-0936091	574218EY5	04-11-2012	36,317,095	Building Renovation and Refund Series 2001		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds defeased	62,062,333		36,317,095					
3	Total proceeds of issue	67,945,000		35,680,000					
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrow								
7	Issuance costs from proceeds	723,328							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	4,999,558							
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2011		2012		YesNoYesNo			
		Yes	No	Yes	No				
14	Were the bonds issued as part of a current refunding issue?	X		X					
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?		X		X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III

Private Business Use

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	X		X					
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
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	1 740 %		0 720 %					
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	0 %		0 %					
6	Total of lines 4 and 5	1 740 %		0 720 %					
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	
		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 entered into a hedge with respect to the bond issue?		X		X				
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X		X				
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?								
6	Did the bond issue qualify for an exception to rebate?		X		X				

Part V

Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☒ Yes ☐ No

Part VI

Supplemental Information

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

Identifier	Return Reference	Explanation
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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  
**2011**  
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
(1) Ms Bonnie Stein	Board Member	142,000	See Part V		No
(2) Howard Siegel MD	Former Board Member	518,653	See Part V		No
(3) Mr Herbert Belgrad	Board Member	105,665	See Part V		No
(4) John Wogan MD	Vice Chief of Staff	89,089	See Part V		No
(5) Ronald Tutrone MD	Board Member	300,000	See Part V		No

**Part V**

**Supplemental Information**  
Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
		Ms Bonnie Stein is an EVP at PNC Bank, which is the trustee for many of GBMC's investments Howard Siegel, M D is a partner in a PA that provides pathology services to GBMC Mr Herbert Belgrad is a partner in Tydings & Rosenberg LLP that provides legal services to GBMC John Wogan, M D is a partner in a PA that provides educational services to GBMC Ronald Tutrone, M D is a partner in Chesapaeke Urology Associates that provides research services to GBMC

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.**  
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2011****Open to Public  
Inspection**Name of the organization  
Greater Baltimore Medical Center Inc**Employer identification number**

52-6049658

Identifier	Return Reference	Explanation
Description of Organization Mission	Form 990, Part III, Line 1	Greater Baltimore Medical Center's primary exempt purpose is as follows (1) To organize, build, erect, equip, manage and operate exclusively for charitable purposes, a non-profit general hospital and medical center for the care of the sick, and to furnish medical and surgical attendance therein in any form in the care of sick, afflicted, infirm or injured persons, provided, however, the operations are not to be exclusively for those who are able and expected to pay but to the extent of financial ability are to be for those not able to pay for the services rendered, and the facilities are not to be restricted to a particular group of physicians and surgeons except to the extent that discretionary authority in the management may impose limitations based upon the qualifications of those applying or upon the size and nature of the facilities, and no part of its net earnings are to inure directly or indirectly to the benefit of any private shareholder or individual (2) To organize, build, 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 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 bylaws such as A) To change the mission, purpose, philosophy or objectives of the organization B) To amend the bylaws of the organization C) To dissolve, to consolidate or to merge the organization D) To ratify the election of the president or other officers of the organization E) To remove the president or other officers of the organization F) To elect members of the Board of Directors of the organization G) To remove members of the Board of Directors of the organization H) To purchase, sell or encumber with debt I) To sell all or substantially all of the organization's assets, or to undertake major expansion projects J) To approve the annual operating and capital budgets of the organization K) To appoint general counsel to and the fiscal auditor of the organization L) To set the fiscal year of the organization M) To issue additional stock, following the initial issuance of stock

Identifier	Return Reference	Explanation
	Form 990, Part VI, 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 , reviews this Form 990 A copy of the Form 990 is provided to the full Board of Directors of the Hospital and GBMC Healthcare prior to filing

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 12c	Annually, every board member, physician, advanced practitioner and manager (which includes key employees) must complete a comprehensive questionnaire that provides for the disclosure of potential conflicts. All disclosures are reviewed by the Compliance Officer. Those disclosures that are questionable or may rise to the level of a conflict are discussed with the Chief Legal Officer and appropriate action is taken, if necessary. A summary of disclosures is provided to the Audit Committee (for management) and to the Governance Committee (for Board members) annually.



Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 15	<p>The compensation of GBMC's president and key employees is determined by a subcommittee of its parent organization, GBMC Healthcare's, Board of Directors. The Compensation Committee of the Board of Directors is chartered with the responsibility to assure GBMC pays competitive salaries to the executives. The approach that is taken is based on current market "best practices" for non-profit organizations. The committee meets at least 6 times annually to review and discuss executive's salaries and benefits. The steps taken are as follows:</p> <ol style="list-style-type: none"> <li>1) An independent executive compensation consultant was selected based on an RFP process and face-to-face interviews were conducted.</li> <li>2) Once selected, the compensation consultant compiled, independently, salary survey data of similar size organizations from throughout the country.</li> <li>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.</li> <li>4) The data is categorized by executive position, and a salary range is recommended by the compensation specialist.</li> <li>5) Base salary of an individual executive is based on survey results, years of experience and performance.</li> <li>6) A recommendation is made to the Compensation Committee by the CEO for salary rates for the vice presidents.</li> <li>7) The Compensation Committee either accepts or modifies the recommendation from the CEO for base salary adjustments.</li> <li>8) The Compensation Committee determines the salary adjustment for the CEO based on national salary survey data, years of experience and performance.</li> <li>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.</li> <li>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.</li> <li>11) Survey of executive benefits is also reviewed by the compensation consultants to assure reasonableness.</li> <li>12) The compensation consultant provides a written document on the reasonableness of the salaries being paid.</li> <li>13) The Board of Directors reviews and approves the decisions of the Compensation Committee.</li> </ol>

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 VII, Section A	Mr Anthony Milando 2 Ms Patricia J Mitchell 2 Mr Frank R Palmer 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 1 Mr James B Stradtner 2 Mr Steven A Thomas 3 Ms Marion G Thompson 2 Harold Tucker, MD 2 Ronald F Tutrone, Jr , MD 2 Mrs Mary B Wieler 2 John M Wogan, MD 2 Mr George E Bayless 11 Mrs Carolyn L Candiello 1 Mr John W Ellis 10 Mr Michael A Forthman 5 Mrs Catherine Hamel 35 Mr Eric L Melchior 20 Mr Keith R Poisson 12 Mrs Joanne Porter 1 John R Saunders, MD 1 Mrs Tressa B Springmann 5 During the fiscal year, these individuals devoted the following estimated hours each week to a related organization The Honorable Vicki Ballou-Watts 3 Mr Herbert J Belgrad 2 Mrs Sandra Berman 2 Ms Kara C King Bess 2 Robert K Brookland, MD 3 John B Chessare, MD 17 Mr Charles C Fenwick, Jr 3 Mr Samuel Heffner 2 Mr Frederick M Hudson 2 Mr Harry S Johnson 2 Theda C Kontis, MD 2 Mr Thomas H Maddux 2

Identifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized gains on investments 360,057 Pediatric Surgery -152,309 Equity in Earnings 1,549,260 Transfer to Affiliates -6,527,845 Pension Expense -32,756,314 Total to Form 990, Part XI, Line 5 -37,527,151

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

2011

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
(1) Finney Trimble Surgical Associates LLC 6535 North Charles Street Suite 510 Towson, MD 21204 27-0277242	Surgical physician practice	MD	-413,223	408,997	Greater Baltimore Medical Center Inc

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
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) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) GBMC Medical Arts LP  6701 North Charles Street Baltimore, MD 21204 52-1412751	Real Estate Mgt	MD	N/A	N/A				No			No	
(2) GBMC Medical Arts Pavilion West LP  6701 North Charles Street Baltimore, MD 21204 52-1899034	Real Estate Mgt	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
(1) GBMC Agency Inc 6701 North Charles Street Baltimore, MD 21204 52-1411931	Investments	MD	N/A	C			
(2) GBMC Management Inc 6701 North Charles Street Baltimore, MD 21204 52-1411974	Management Co	MD	N/A	C			
(3) GBMC Finance Corporation 6701 North Charles Street Baltimore, MD 21204 52-1863069	Financing Agent	MD	N/A	C			
(4) GBMC Finance Corporation II 6701 North Charles Street Baltimore, MD 21204 52-1836142	Financing Agent	MD	N/A	C			
(5) GBMC Finance Corporation III 6701 North Charles Street Baltimore, MD 21204 52-1836144	Financing Agent	MD	N/A	C			
(6) Ruxton Insurance Company Ltd 3 Gorham Road Hamilton HM 08 Hamilton BD 98-0413102	Insurance Captive	BD	N/A	C			
(7) GBMD Inc 6701 North Charles Street Baltimore, MD 21204 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, 35A, 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 related organization(s)

c

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

d

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

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

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

j

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

k

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

l

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

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

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

r

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

Yes

No

1a

Yes

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

Yes

1j

Yes

1k

Yes

1l

Yes

1m

Yes

1n

Yes

1o

No

1p

Yes

1q

Yes

1r

Yes

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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]



Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation	
------------	------------------	-------------	--

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	(g) Section 512 (b)(13) controlled organization	
GBMC Foundation Inc  6701 North Charles Street Baltimore, MD 21204 52-1411935	Fundraising	MD	501(c)(3)	Line 7 170 (b)(1)(a)	GBMC Healthcare Inc		No
Gilchrist Hospice Care Inc  11311 McCormick Road No 350 Hunt Valley, MD 21031 52-1851251	Hospice Service	MD	501(c)(3)	Line 3 170 (b)(1)(a)	GBMC Healthcare Inc		No
GBMC Investments Inc  6701 North Charles Street Baltimore, MD 21204 52-1040300	Investment Management	MD	501(c)(3)	Line 11, Type II 50	GBMC Healthcare Inc		No
Diversified Health Enterprises Inc  6701 North Charles Street Baltimore, MD 21204 52-1725005	Health Services	MD	501(c)(3)	Line 11, Type II 50	GBMC Healthcare Inc		No
Diversified Nurses Inc  6701 North Charles Street Baltimore, MD 21204 52-1305904	Nursing Services	MD	501(c)(3)	Line 9 509 (a)(2)	GBMC Healthcare Inc		No
Diversified Health Services Inc  6701 North Charles Street Baltimore, MD 21204 52-1331933	Health Services	MD	501(c)(3)	Line 9 509 (a)(2)	GBMC Healthcare Inc		No
GBMC Land Inc  6701 North Charles Street Baltimore, MD 21204 52-1413360	Real Estate Property	MD	501(c)(3)	Line 11, Type I 509	GBMC Healthcare Inc		No
GBMC Healthcare Inc  6701 North Charles Street Baltimore, MD 21204 52-1484872	Real Estate Property	MD	501(c)(3)	Line 7 170 (b)(1)(a)	N/A		No
Presbyterian Eye Ear and Throat Charity Hospital  2639 Queensland Drive Ellicott City, MD 21093 52-0449990	Fundraising	MD	501(c)(3)	Line 11, Type III-FI	Greater Baltimore Medical Center Inc		No
Milton J Dance Jr Endowment Inc  409 Washington Avenue Baltimore, MD 21204 52-1104173	Fundraising	MD	501(c)(3)	Line 11, Type III-FI	Greater Baltimore Medical Center Inc		No
Women's Hospital Foundation Inc  PO Box 166 Riderwood, MD 21139 52-0591609	Fundraising	MD	501(c)(3)	Line 11, Type III-FI	Greater Baltimore Medical Center Inc		No

**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, MD 21204 52-1411931	Investments	MD	N/A	C			
GBMC Management Inc 6701 North Charles Street Baltimore, MD 21204 52-1411974	Management Co	MD	N/A	C			
GBMC Finance Corporation 6701 North Charles Street Baltimore, MD 21204 52-1863069	Financing Agent	MD	N/A	C			
GBMC Finance Corporation II 6701 North Charles Street Baltimore, MD 21204 52-1836142	Financing Agent	MD	N/A	C			
GBMC Finance Corporation III 6701 North Charles Street Baltimore, MD 21204 52-1836144	Financing Agent	MD	N/A	C			
Ruxton Insurance Company Ltd 3 Gorham Road Hamilton HM 08 Hamilton BD 98-0413102	Insurance Captive	BD	N/A	C			
GBMD Inc 6701 North Charles Street Baltimore, MD 21204 52-1914558	Healthcare	MD	N/A	C			



**GREATER BALTIMORE MEDICAL CENTER, INC.**

Consolidated Financial Statements

June 30, 2012 and 2011

(With Independent Auditors' Report Thereon)

# **GREATER BALTIMORE MEDICAL CENTER, INC.**

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KPMG LLP  
1 East Pratt Street  
Baltimore, MD 21202-1128

## Independent Auditors' Report

The Board of Directors  
GBMC HealthCare, Inc

We have audited the accompanying consolidated balance sheets of Greater Baltimore Medical Center, Inc (the Medical Center) as of June 30, 2012 and 2011, and the related consolidated statements of operations, changes in net assets and cash flows for the years then ended. These consolidated financial statements are the responsibility of the Company's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Greater Baltimore Medical Center, Inc. and subsidiaries as of June 30, 2012 and 2011, and the results of their operations and their cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

As discussed in note 2(s) to the consolidated financial statements, the Medical Center adopted the provisions of Financial Accounting Standard Board (FASB) ASU No. 2010-23, *Measuring Charity Care for Disclosure*, and ASU 2010-24, *Presentation of Insurance Claims and Related Insurance Recoveries*, during the year ended June 30, 2012.

**KPMG LLP**

October 15, 2012

**GREATER BALTIMORE MEDICAL CENTER, INC.**

Consolidated Balance Sheets

June 30, 2012 and 2011

(In thousands)

<b>Assets</b>	<b>2012</b>	<b>2011</b>
Current assets		
Cash and cash equivalents	\$ 14,174	38,962
Short-term investments and limited use funds	13,833	24,291
Patient accounts receivable, net of reserves of \$17,989 and \$16,176	45,015	49,818
Inventories	3,349	3,353
Advances to affiliates	8,437	7,120
Prepaid expense and other current assets	8,503	7,095
Total current assets	<u>93,311</u>	<u>130,639</u>
Noncurrent assets		
Equity investments and advances to investees	642	434
Investments and limited use funds	94,124	54,312
Interest in net assets of affiliate	24,185	22,695
Advances to affiliates	37,138	34,040
Property, plant and equipment, net	226,394	229,827
Other assets	1,610	1,247
Total noncurrent assets	<u>384,093</u>	<u>342,555</u>
Total assets	\$ <u><u>477,404</u></u>	<u><u>473,194</u></u>
<b>Liabilities and Net Assets</b>		
Current liabilities		
Accounts payable and accrued expenses	\$ 24,991	21,350
Accrued salaries and employee benefits	18,148	28,177
Insurance reserves, current	12,963	10,735
Accrued interest on long-term debt	2,011	1,664
Current portion of long-term debt and capital lease liabilities	3,950	1,742
Limited use funds used to defease bonds	15,204	14,031
Other liabilities	6,154	4,958
Total current liabilities	<u>83,421</u>	<u>82,657</u>
Noncurrent liabilities		
Long-term debt	107,991	113,810
Capital lease liabilities	29,478	30,937
Insurance reserves	32,474	27,761
Accrued pension liability	46,683	22,323
Other long-term liabilities	816	682
Total liabilities	<u>300,863</u>	<u>278,170</u>
Net assets		
Unrestricted-controlling interest	146,516	164,914
Unrestricted-non controlling interest	<u>—</u>	<u>(783)</u>
Total unrestricted	146,516	164,131
Temporarily restricted	21,338	23,307
Permanently restricted	8,687	7,586
Total net assets	<u>176,541</u>	<u>195,024</u>
Total liabilities and net assets	\$ <u><u>477,404</u></u>	<u><u>473,194</u></u>

See accompanying notes to consolidated financial statements

**GREATER BALTIMORE MEDICAL CENTER, INC.**

Consolidated Statements of Operations

Years ended June 30, 2012 and 2011

(In thousands)

	<u>2012</u>	<u>2011</u>
Change in unrestricted net assets		
Net patient service revenue		
Inpatient	\$ 196,800	210,797
Outpatient	176,657	171,915
Professional fees	<u>14,502</u>	<u>15,092</u>
Net patient service revenue	387,959	397,804
Other operating income		
Other revenue	14,346	10,431
Net assets released from restrictions	<u>4,777</u>	<u>3,875</u>
Total operating revenue	<u>407,082</u>	<u>412,110</u>
Operating expenses		
Salaries and wages	180,486	178,846
Employee benefits	41,685	40,426
Expendable supplies	80,521	81,482
Purchased services	50,577	52,290
Depreciation and amortization	24,274	23,694
Interest	7,230	6,426
Provision for uncollectible accounts	<u>9,242</u>	<u>9,502</u>
Total operating expenses	<u>394,015</u>	<u>392,666</u>
Other operating income		
Income in earnings of investee	<u>208</u>	<u>40</u>
Total operating income	<u>13,275</u>	<u>19,484</u>
Other income (expense)		
Contributions	3,571	890
Net investment income	1,226	629
Net gain on sale of investments	1,163	2,000
Net unrealized gain on investments	360	2,361
Gain on sale of assets	60	130
Gain on interest rate swaps	—	81
Loss on extinguishment of debt	<u>(1,279)</u>	<u>(637)</u>
Total other income	<u>5,101</u>	<u>5,454</u>
Excess of revenues over expenses	<u>\$ 18,376</u>	<u>24,938</u>

See accompanying notes to consolidated financial statements



**GREATER BALTIMORE MEDICAL CENTER, INC.**

Consolidated Statements of Changes in Net Assets

Years ended June 30, 2012 and 2011

(In thousands)

	<u>2012</u>	<u>2011</u>
Excess of revenues over expenses	\$ 18,376	24,938
Other unrestricted activity		
Pension related changes other than net periodic pension costs	(32,756)	9,302
Net assets released for purchase of fixed assets	2,577	1,525
Equity in unrestricted assets from affiliate	296	1,792
Contribution from noncontrolling interest	935	—
Transfers to affiliates	(7,043)	(7,937)
Capital grant	—	403
(Decrease) increase in unrestricted net assets	<u>(17,615)</u>	<u>30,023</u>
Changes in temporarily restricted net assets		
Contributions	3,647	4,677
Net investment losses	(33)	(45)
Equity in temporarily restricted income of affiliate	258	3,715
Transfer of restricted assets from affiliates	1,513	(2,008)
Net assets released for operations	(4,777)	(3,875)
Net assets released for purchase of fixed assets	<u>(2,577)</u>	<u>(1,525)</u>
(Decrease) increase in temporarily restricted net assets	<u>(1,969)</u>	<u>939</u>
Changes in permanently restricted net assets		
Contributions	1,104	1,025
Equity in permanently restricted of affiliate	995	1,055
Transfers to affiliates	<u>(998)</u>	<u>(1,055)</u>
Increase in permanently restricted net assets	<u>1,101</u>	<u>1,025</u>
(Decrease) increase in net assets	<u>(18,483)</u>	<u>31,987</u>
Net assets, beginning of year	<u>195,024</u>	<u>163,037</u>
Net assets, end of year	<u><u>\$ 176,541</u></u>	<u><u>195,024</u></u>

See accompanying notes to consolidated financial statements

**GREATER BALTIMORE MEDICAL CENTER, INC.**

Statements of Cash Flows

Years ended June 30, 2012 and 2011

(In thousands)

	<u>2012</u>	<u>2011</u>
Cash flows from operating activities		
Change in net assets	\$ (18,483)	31,987
Adjustments to reconcile change in net assets to net cash provided from operating activities		
Depreciation and amortization	24,274	23,694
Loss on extinguishment of debt	1,279	637
Provision for uncollectible accounts	9,242	9,502
Equity in earnings of investee and affiliate, net	(1,757)	(6,602)
Net gain on sale of assets	(60)	(130)
Net realized/unrealized gain on investments and swap	(1,523)	(4,442)
Transfers to affiliates	6,528	11,000
Pension related changes other than net periodic pension costs	32,756	(9,302)
Capital grant	—	(403)
Contribution from non-controlling interest	(935)	—
Restricted contributions	(4,751)	(5,702)
Changes in assets and liabilities		
Increase in patient accounts receivable	(4,439)	(8,581)
Increase (decrease) in inventories, prepaid expenses and other assets	(1,647)	1,588
(Decrease) increase in accounts payable and accrued expenses	(35)	2,149
Increase (decrease) in current and noncurrent other liabilities	1,330	(912)
Increase in advances from third parties	1,173	2,364
(Decrease) increase in pension liability	(8,396)	603
Net cash provided by operating activities	<u>34,556</u>	<u>47,450</u>
Cash flows from investing activities		
Increase in investments and limited use funds	(32,345)	(19,899)
Additions to property and equipment	(20,712)	(17,303)
Contribution from noncontrolling interest	935	—
Swap termination payment	—	(2,720)
Net cash used in investing activities	<u>(52,122)</u>	<u>(39,922)</u>
Cash flows from financing activities		
Payment on long-term debt	(1,728)	(5,425)
Payment for financing costs	(622)	(697)
Defeasance of bonds	(35,056)	(61,855)
Proceeds from bond issuance	36,303	67,945
Transfer to affiliates	(10,943)	(981)
Proceeds from restricted contributions	4,824	7,369
Net cash (used in) provided by financing activities	<u>(7,222)</u>	<u>6,356</u>
(Decrease) increase in cash	(24,788)	13,884
Cash, beginning of year	<u>38,962</u>	<u>25,078</u>
Cash, end of year	\$ <u>14,174</u>	\$ <u>38,962</u>
Cash paid during the year for interest	\$ 7,496	5,434
Capital lease additions	—	1,457
Capital additions accrued but not paid	143	995
Limited use funds used to defease bonds	4,573	7,478

See accompanying notes to consolidated financial statements

## GREATER BALTIMORE MEDICAL CENTER, INC.

### Notes to Consolidated Financial Statements

June 30, 2012 and 2011

(In thousands)

#### (1) Nature of Operations

Greater Baltimore Medical Center, Inc. (the Medical Center), located in Baltimore, Maryland, is a not-for-profit hospital and a wholly owned subsidiary of GBMC HealthCare, Inc. (the Company). The Medical Center provides inpatient, outpatient, and emergency care services primarily for residents of the Baltimore metropolitan area. In addition, the Medical Center has ownership of Finney Trimble, Surgical Associates, LLC, and GBMC/Hopkins Pediatric Surgery, LLC, healthcare providers. The Medical Center was formed by agreement dated September 1, 1965, by the Hospital for the Women of Maryland of Baltimore City (Women's Hospital) and Presbyterian Eye, Ear and Throat Charity Hospital (Presbyterian Hospital).

#### (2) Summary of Significant Accounting Policies

##### (a) Basis of Accounting

The accompanying consolidated financial statements have been prepared on an accrual basis of accounting in accordance with U.S. generally accepted accounting principles. Significant intercompany accounts and transactions have been eliminated in consolidation.

##### (b) Cash and Cash Equivalents

Cash and cash equivalents, carried at cost which approximates fair value, include amounts invested in accounts that are readily convertible to known amounts of cash with original maturities of three months or less. Cash balances may exceed amounts insured by federal agencies and therefore bear a risk of loss. The Medical Center has not experienced such losses on these funds.

##### (c) Limited Use Funds Held

Limited use funds primarily include assets held by trustees under agreement. Such funds include assets set aside for bond repayment, malpractice costs, plant replacement, and amounts restricted by donors. The Board of Directors and independent third parties designate the assets held by trustees under agreement. The limited use funds are classified as current or noncurrent based upon the timing and nature of their intended use.

##### (d) Inventories

Inventories, consisting of medical supplies and drugs, are stated at the lower of cost or market, with cost being determined primarily under the first-in, first-out method.

##### (e) Interest in Net Assets of Affiliates

The Medical Center transfers donor-restricted contributions to GBMC Investments Inc., a wholly owned subsidiary of the Company. The Medical Center recognizes the investment as well as investment income, realized gains/losses, and unrealized gains related to these underlying contributions. The investment is recorded at its fair value.

## **GREATER BALTIMORE MEDICAL CENTER, INC.**

### **Notes to Consolidated Financial Statements**

June 30, 2012 and 2011

(In thousands)

#### **(f) *Investments and Investment Income***

Investments include amounts designated by management for specific purposes, plant replacement and other purposes. The Medical Center's investment portfolio is considered a trading portfolio and is classified as current or noncurrent assets based on management's intention as to use. Limited use funds that are required for obligations classified as current liabilities are reported as current assets. Investments in marketable securities are measured at fair value on the balances sheet. The fair values of the investments are based on quoted market prices or dealer quotes. See note 4 for the discussion of the measurement of fair value for investments.

The Medical Center accounts for its joint ventures using the equity method or at cost, as appropriate, and any income/loss is included in income in earnings of investee under other operating income in the consolidated statements of operations and changes in net assets.

Investment income or losses (including realized gains and losses on investments, interest and dividends) on proceeds of borrowings that are held by a trustee, to the extent not capitalized, are reported as other operating income. Investment income or loss (including unrealized and realized gains and losses on investments, interest and dividends) is included in excess of revenues over expenses unless restricted by a donor or law. Investment income on investments of temporarily restricted net assets is recorded as an increase in temporarily restricted net assets to the extent restricted by the donor or law.

Investment income is recorded on the accrual basis. Purchases and sales of investments are reflected on a trade-date basis. Realized gains and losses on sales of investments are based on historical cost.

#### **(g) *Other Assets***

Other assets include deferred financing costs related to long-term borrowings that are amortized on a straight-line basis, which approximates the effective interest rate method, over the life of the borrowings which ranges from 3 to 32.5 years. Also included in other assets are deferred leasing costs, which are amortized over the lease terms and expensed on a straight-line basis over the life of the related lease.

The Medical Center has incurred deferred financing costs related to the issuance of Maryland Health and Higher Educational Facilities Authority (MHHEFA) Series 2012, Series 2011, and Series 1995 Revenue Bonds that have been capitalized. Amortization expense for deferred leasing and bond financing costs for the years ended June 30, 2012 and 2011 was \$59 and \$189, respectively. Accumulated amortization at June 30, 2012 and 2011 amounted to \$155 and \$165, respectively.

#### **(h) *Interest Rate Swaps***

The value of the interest rate swap agreement entered into by the Company was accounted for by marking it to fair value at the close of business. The interest rate swap was terminated on February 9, 2011 and the termination fee totaled \$2,720.

## **GREATER BALTIMORE MEDICAL CENTER, INC.**

### **Notes to Consolidated Financial Statements**

June 30, 2012 and 2011

(In thousands)

**(i) *Property, Plant and Equipment***

Property, plant and equipment are recorded at cost or, if donated, at fair market value at the date of gift. Depreciation is computed using the straight-line method over the estimated useful lives of the assets, which range from 2 to 40 years. The cost and accumulated depreciation relating to property, plant, and equipment sold or retired are removed from the respective accounts at the time of disposition and the resulting gain or loss is reflected in the statement of operations and changes in net assets as increases or decreases in unrestricted net assets unless their use is temporarily or permanently restricted by explicit donor stipulations or by law.

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

**(j) *Donor-Restricted Gifts***

Unconditional promises to give cash and other assets to the Medical Center are reported at their fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as either temporarily or permanently restricted if they are received with donor stipulations that limit the use of donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose of the restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statements of operations and changes in net assets as net assets released from restrictions. Donor restricted contributions whose restrictions are met within the same year as received, are reported as unrestricted contributions in the accompanying consolidated financial statements.

**(k) *Temporarily and Permanently Restricted Net Assets***

Temporarily restricted net assets are those whose use by the Medical Center has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained by the Medical Center in perpetuity.

**(l) *Estimated Malpractice Costs***

The provision for estimated malpractice claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported and are recorded in Insurance reserves within the consolidated balance sheet.

**(m) *Net Patient Service Revenue***

Net patient service revenue is reported at the estimated net realizable amounts from patients and third-party payors for services rendered. Rates for the Medical Center's charges related to patient

## GREATER BALTIMORE MEDICAL CENTER, INC.

### Notes to Consolidated Financial Statements

June 30, 2012 and 2011

(In thousands)

services are set and approved in accordance with the established regulations and rate methodologies of Maryland's rate-setting authority, the Health Services Cost Review Commission (HSCRC), an independent agency created by the State of Maryland through legislative actions. All payors are required to pay the Medical Center's rates as approved by the HSCRC. The HSCRC allows a contractual allowance discount of up to 6.00% on charges to Medicare and Medicaid patients. Other third party payors may receive a prompt payment discount of up to 2.25% through an advanced funding agreement with the Medical Center.

The Medical Center's HSCRC approved rates are adjusted annually to account for compliance with approved rates, annual inflation and changes in cost and volume. The Medical Center has a charge per episode (CPE) agreement with the HSCRC. The CPE agreement establishes a prospectively approved average charge per inpatient episode based upon an estimated case mix index. The agreement allows the Medical Center to adjust approved unit rates, within certain limits, to achieve the average CPE target. The HSCRC allows for certain corridors related to the approved rates such that variances within those corridors do not adversely impact the Medical Center. Outpatient services are charged using the established HSCRC unit rates. The Medical Center's policy is to defer revenue above the approved amounts and beyond the approved corridors.

Physician charges are not regulated by the HSCRC and are primarily reimbursed by third party payors.

Adjustments to patient service revenue for contractual allowances, discounts and financial assistance were \$81,980 and \$70,058 for the years ended June 30, 2012 and 2011, respectively.

#### *(n) Meaningful Use*

Under certain provisions of the American Recovery and Reinvestment Act of 2009 (ARRA), federal incentive payments are available to hospitals, physicians and certain other professionals (Providers) when they adopt, implement or upgrade (AIU) certified electronic health record (EHR) technology or become "meaningful users," as defined under ARRA, of EHR technology in ways that demonstrate improved quality, safety and effectiveness of care. Providers can become eligible for annual Medicare incentive payments by demonstrating meaningful use of EHR technology in each period over four periods. Medicaid providers can receive their initial incentive payment by satisfying AIU criteria, but must demonstrate meaningful use of EHR technology in subsequent years in order to qualify for additional payments. Hospitals may be eligible for both Medicare and Medicaid EHR incentive payments, however, physicians and other professionals may be eligible for either Medicare or Medicaid incentive payments, but not both. The Medical Center recognizes Medicare EHR incentive payments when it is reasonably assured that the Medical Center will successfully demonstrate compliance with the specified meaningful use criteria. During the year ended June 30, 2012, the Medical Center and certain physicians satisfied the CMS AIU and/or meaningful use criteria. As a result, the Medical Center recognized approximately \$3,394 of Medicare and Medicaid EHR incentive payments in other operating revenues in the consolidated statement of operations for that period.

## **GREATER BALTIMORE MEDICAL CENTER, INC.**

### **Notes to Consolidated Financial Statements**

June 30, 2012 and 2011

(In thousands)

**(o) *Excess of Revenue over Expenses***

The statements of operations and changes in net assets include a performance indicator, excess of revenues over expenses. Changes in unrestricted net assets which are excluded from excess of revenues over expenses, consistent with industry practice include pension changes other than net periodic pension costs, contributions and distributions with noncontrolling investors, and contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purpose acquiring such assets)

**(p) *Financial Assistance and Community Benefits***

As part of the Medical Center's mission, it provides medical care without discrimination, including the ability of a patient to pay for services. Under the Medical Center's Financial Assistance Policy, patients who meet certain financial-based criteria can qualify for free care on all or a portion of the total patient bill. The Medical Center recorded \$4.891 and \$4.868 of financial assistance in the years ended June 30, 2012 and 2011, respectively. The total direct and indirect cost of providing financial assistance was approximately \$3.619 and \$3.702 for the years ended June 30, 2012 and 2011, respectively.

In addition to its Financial Assistance Policy, the Medical Center has a long-standing commitment of supporting the community through the provision of outreach services designed to address identified health and social issues. Specifically, the Medical Center provides a variety of screening and early detection tests, wellness activities, social support services and educational seminars. A majority of these services are provided at either nominal or no cost to community members.

**(q) *Income Taxes***

The Medical Center is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code and is exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. The Financial Accounting Standards Board's (FASB) guidance on accounting for uncertainty in income taxes clarifies the accounting for uncertainty of income tax positions. This guidance defines the threshold for recognizing tax return positions in the financial statements as "more likely than not" that the position is sustainable, based on its technical merits. This standard also provides guidance on the measurement, classification and disclosure of tax return positions in the consolidated financial statements. The Medical Center has adopted this guidance, and there were no amounts recorded in the consolidated financial statements during the years ended June 30, 2012 and 2011 for uncertain tax positions.

**(r) *Use of Estimates***

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make certain estimates and assumptions that affect the reported amounts of assets and liabilities, disclosure of contingent assets and liabilities at the date of the financial statements, and reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

# GREATER BALTIMORE MEDICAL CENTER, INC.

## Notes to Consolidated Financial Statements

June 30, 2012 and 2011

(In thousands)

### (s) *New Accounting Pronouncements*

In July 2011, the FASB issued Accounting Standards Update (ASU) 2011-07, *Health Care Entities (Topic 954), Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities*, which requires a health care entity to change the presentation of their statement of operations by reclassifying the provision for bad debts associated with patient service revenue from an operating expense to a deduction from patient service revenue (net of contractual allowances and discounts). Additionally, enhanced disclosures about an entity's policies for recognizing revenue, assessing bad debts, as well as qualitative and quantitative information about changes in the allowance for doubtful accounts are required. The adoption of ASU 2011-07 is effective beginning July 1, 2012.

The Medical Center adopted ASU 2010-23, *Health Care Entities (Topic 954) Measuring Charity Care for Disclosure* for fiscal year 2012 (note 2(p)). The Medical Center also adopted ASU 2010-24 *Health Care Entities (Topic 954) Presentation of Insurance Claims and Related Insurance Recoveries* for fiscal year 2012. The Medical Center recorded a liability and a corresponding receivable, which included amounts due from reinsurers of approximately \$38,800 and \$32,880 for 2012 and 2011, respectively. However, there was no impact to the Medical Center's operations or cash flows (note 13).

### (3) **Concentrations of Credit Risk**

The Medical Center grants credit without collateral to its patients, most of whom are local residents and are insured under third party payor agreements. The mix of receivables and patient service revenue from patients and third parties as of June 30, 2012 and 2011 were as follows:

	<b>Accounts receivable</b>		<b>Revenue</b>	
	<b>2012</b>	<b>2011</b>	<b>2012</b>	<b>2011</b>
Medicare	27%	25%	36%	34%
Medicaid	3	5	1	3
Blue Cross	14	20	17	21
Other third party payors	46	40	44	40
Self pay	10	10	2	2
Total	100%	100%	100%	100%

The Medical Center provides general acute healthcare service in the State of Maryland. The Medical Center and other healthcare providers are subject to certain inherent risks, including the following:

- Dependence on revenues derived from reimbursement by the federal Medicare and state Medicaid programs
- Regulation of hospital rates by the State of Maryland Health Services Cost Review Commission
- Government regulation, government budgetary constraints and proposed legislative and regulatory changes



## **GREATER BALTIMORE MEDICAL CENTER, INC.**

### Notes to Consolidated Financial Statements

June 30, 2012 and 2011

(In thousands)

- Lawsuits alleging malpractice or other claims

Such inherent risks require the use of certain management estimates in the preparation of the Medical Center consolidated financial statement and it is reasonably possible that a change in such estimates may occur

The Medicare and state Medicaid reimbursement programs represent a substantial portion of the Medical Center's revenues and the Medical Center's operations are subject to a variety of other Federal, state and local regulatory requirements. Failure to maintain required regulatory approvals and licenses and/or changes in such regulatory requirements could have a significant adverse effect on the Medical Center.

Changes in federal and state reimbursement funding mechanisms and related government budgetary constraints could have a significant adverse effect on the Medical Center.

The federal government and many states have aggressively increased enforcement under Medicare and Medicaid anti-fraud and abuse laws and physician self-referral laws (STARK law and regulation). Recent federal initiatives have prompted a national review of federally funded healthcare programs. In addition, the federal government and many states have implemented programs to audit and recover potential overpayments to providers from the Medicare and Medicaid programs. In September 2009, the Medical Center was notified that the Recovery Audit Contractors (RAC) would begin auditing company operations in 2011 and the Medical Center received its first request for records in the fourth quarter of fiscal year 2011. The Medical Center has implemented a response program as well as a compliance program to monitor conformance with applicable laws and regulations, but the possibility of future government review and enforcement action exists.

As a result of recently enacted and pending federal healthcare reform legislation, substantial changes are anticipated in the United States healthcare system. Such legislation includes numerous provisions affecting the delivery of healthcare services, the financing of healthcare costs, reimbursement to healthcare providers and the legal obligations of health insurers, providers and employers. These provisions are currently slated to take effect at specified times over the next decade. This federal healthcare reform legislation did not affect the 2012 or 2011 financial statements.

## **GREATER BALTIMORE MEDICAL CENTER, INC.**

### **Notes to Consolidated Financial Statements**

June 30, 2012 and 2011

(In thousands)

#### **(4) Investments and Limited Use Funds**

Guidance for fair value measurements establishes a hierarchy of valuation inputs based on the extent to which the inputs are observable in the marketplace. Observable inputs reflect market data obtained from sources independent of the reporting entity and unobservable inputs reflect the entities own assumptions about how market participants would value an asset or liability based on the best information available. Valuation techniques used to measure fair value under current guidance must maximize the use of observable inputs and minimize the use of unobservable inputs. The guidance describes a fair value hierarchy based on three levels of inputs, of which the first two are considered observable and the last one is considered unobservable, that may be used to measure fair value.

The following describes the hierarchy of inputs used to measure fair value and the primary valuation methodologies used by the Medical Center for financial instruments measured at fair value on a recurring basis. The three levels of inputs are as follows:

- Level 1 – Quoted prices in active markets for identical assets or liabilities
- Level 2 – Inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the same term of the assets or liabilities
- Level 3 – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities

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A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement

Assets	June 30, 2012			
	Level 1	Level 2	Level 3	Total
Investments				
Managed cash funds	\$ 23,619	—	—	23,619
Corporate debt securities	—	36,587	—	36,587
Bonds – treasury	32	—	—	32
Bonds – federal agency backed	—	1,573	—	1,573
Mutual funds – fixed income	—	960	—	960
Municipal bonds	—	1,246	—	1,246
Total fixed income	32	40,366	—	40,398
Common stock	47,085	—	—	47,085
Foreign stock	5,743	—	850	6,593
Mutual funds	12,504	—	—	12,504
Mutual funds international	117	—	—	117
Total equity	65,449	—	850	66,299
Total investment and limited use funds	89,100	40,366	850	130,316
Less current portion	13,833	—	—	13,833
Total noncurrent investment and limited use funds	\$ 75,267	40,366	850	116,483

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Assets	June 30, 2011			
	Level 1	Level 2	Level 3	Total
Investments				
Managed cash funds	\$ 34,737	1,205	—	35,942
Corporate debt securities	—	17,955	—	17,955
Bonds – treasury	361	—	—	361
Bonds – federal agency backed	—	5,650	—	5,650
Mutual funds – fixed income	—	968	—	968
Total fixed income	361	24,573	—	24,934
Common stock	24,375	—	—	24,375
Foreign stock	4,790	—	—	4,790
Mutual funds	4,390	—	—	4,390
Mutual funds international	3,790	—	—	3,790
Total equity	37,345	—	—	37,345
Total investment and limited use funds	72,443	25,778	—	98,221
Less current portion	19,800	4,491	—	24,291
Total noncurrent investment and limited use funds	\$ 52,643	21,287	—	73,930

The Medical Center values Level 1 marketable securities using the closing market prices as of the valuation date. Fair values determined by Level 1 inputs utilize quoted trades at least weekly in an active market. The Medical Center values Level 2 investments using the current prices published. Fair values determined by Level 2 inputs utilize data points that are observable, such as quoted prices, interest rates and yield curves. The Medical Center values Level 3 investments using information provided by others. As of June 30, 2012, the Level 3 investment consists of purchases of \$850 in a managed foreign investment fund. The foreign investment fund value is provided by the investment manager and is based upon the sales price at close of the exchange on which each security is principally traded.

The Medical Center is a 38% limited partner in the Pavilion West Medical Arts Limited Partnership (West Pavilion). The West Pavilion is a medical office building located on the Medical Center campus.

**GREATER BALTIMORE MEDICAL CENTER, INC.**

Notes to Consolidated Financial Statements

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(In thousands)

Investment income and gains for cash and cash equivalents and investments and limited use funds are comprised of the following for the years ending June 30

	<u>2012</u>	<u>2011</u>
Income		
Investment income	\$ 1.193	584
Realized gains on sales of investments	1.163	2.000
Unrealized gains on investments	360	2.361
	<u>\$ 2.716</u>	<u>4.945</u>
	<u>2012</u>	<u>2011</u>
Restricted investments		
Limited use for debt service	\$ 4.582	8.965
Donor restricted	27.963	27.507
	<u>\$ 32.545</u>	<u>36.472</u>

**(5) Property, Plant, and Equipment**

Property, plant, and equipment as of June 30, consisted of the following

	<u>2012</u>	<u>2011</u>
Land and land improvements	\$ 22.684	22.157
Buildings and building service equipment	267.010	259.878
Movable equipment	194.726	183.380
Capital leases	39.322	39.366
Construction in progress	2.995	1.672
	<u>526.737</u>	<u>506.453</u>
Less accumulated depreciation and amortization	<u>(300.343)</u>	<u>(276.626)</u>
Total property, plant and equipment, net	<u>\$ 226.394</u>	<u>229.827</u>
Depreciation expense	\$ 24.197	23.458
Amortization expense	77	236
Total depreciation and amortization expense	<u>\$ 24.274</u>	<u>23.694</u>

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(In thousands)

**(6) Long-Term Debt**

Long-term debt as of June 30, consisted of the following

	<u>2012</u>	<u>2011</u>
MHHEFA project and refunding revenue bonds		
Series 2012 bonds		
3.25% – 5.00% term bonds	\$ 35,680	—
Series 2011 bonds		
2.50% – 5.75% term bonds	67,945	67,945
Series 2001 bonds		
5.00% term bonds	—	40,265
Series 1995 bonds		
Variable rate serial bonds	6,415	6,745
Unamortized bond premium/(discount)	476	(815)
	<u>110,516</u>	<u>114,140</u>
Less current portion of long-term debt	(2,525)	(330)
	<u>\$ 107,991</u>	<u>113,810</u>

On April 11, 2012, MHHEFA issued \$35,680 of tax exempt Revenue Bonds, Series 2012 on behalf of the Medical Center. Bond proceeds were loaned to the Medical Center pursuant to the Master Trust Indenture. The 2012 Bonds bear interest at 3.25% – 5.00%. The bond proceeds and limited use funds were used to refund Series 2001 Revenue Bonds (\$40,265). The Medical Center recorded a loss on the extinguishment of debt of \$1,279 in connection with the transaction. The Series 2012 Bonds are due on July 1 in annual installments ranging from \$1,710 in 2022 to \$3,700 in 2034.

On April 20, 2011, MHHEFA issued \$67,945 of tax exempt Revenue Bonds, Series 2011 on behalf of the Medical Center. Bond proceeds were loaned to the Medical Center pursuant to the Master Trust Indenture. The Series 2011 bonds bear interest at 2.50% – 5.75%. The bond proceeds and limited use funds were used to finance construction and renovation to the hospital and to refund, (a) the Series 2009 Revenue Bonds (\$45,000), (b) a portion of Series 2001 Revenue Bonds (\$12,565), and (c) the Series 1993 Revenue Bonds (\$11,975). The Series 2011 bonds are due on July 1 in annual installments ranging from \$2,295 in 2013 to \$3,905 in 2034.

On October 4, 1995, MHHEFA issued \$10,000 of tax exempt Revenue Bonds, Series 1995 on behalf of the Medical Center. The Series 1995 bonds are due on July 1 in annual installments ranging from \$345 in 2012 to \$590 in 2025. The bonds bear interest at a variable rate, which is determined on a weekly basis by the remarketing agent of the issue. The rate was 0.24% and 0.15% as of June 30, 2012 and 2011, respectively. The Series 1995 Bonds are supported by a Standby Bond Purchase Agreement issued by M&T Bank, covering the remaining portion of the obligation, effective through October 1, 2013.

The Series 2012, 2011, and 1995 Revenue Bonds are collateralized equally and ratably by a lien on all gross receipts of the Medical Center.

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(In thousands)

The aggregate future maturities of long-term debt as of June 30, 2012 are as follows

	<b>Long-term debt</b>
2013	\$ 2.525
2014	2.655
2015	2.750
2016	3.295
2017	3.495
Thereafter	<u>95.320</u>
	110.040
Less unamortized bond discount	<u>476</u>
	\$ <u><u>110.516</u></u>

The fair value of the Medical Center's long-term debt, which is estimated, based on quotes from underwriters, was approximately \$120.283 and \$112.097 as of June 30, 2012 and 2011

Under the Master Trust Indenture, the Medical Center is required to maintain, among other covenants, a maximum annual debt service coverage ratio of not less than 1.1 to 1.0

In 2010, the Medical Center renewed a \$10.000 line of credit, which expires on November 30, 2012 bearing interest at the LIBOR Daily Floating Rate. No amounts were drawn on this line during the years ended June 30, 2012 or 2011

**(7) Temporarily and Permanently Restricted Net Assets**

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

	<b>2012</b>	<b>2011</b>
Purchase of equipment/construction	\$ 4.144	5.015
Education	2.798	2.446
Departmental needs	14.091	15.412
Hospice care	<u>305</u>	<u>434</u>
	\$ <u><u>21.338</u></u>	<u><u>23.307</u></u>

# GREATER BALTIMORE MEDICAL CENTER, INC.

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(In thousands)

Permanently restricted net assets at June 30 are restricted in perpetuity, the income from which is expendable to support

	<u>2012</u>	<u>2011</u>
Endowment, income from which is restricted to offset expenses supporting Genetics Center, Urology Research Center, Capital Campaign, scholarships to radiology technicians and departmental needs to specific areas	\$ 8,687	7,586

Net assets were released from donor restrictions by incurring expenses satisfying the restricted purposes as follows

	<u>2012</u>	<u>2011</u>
Education	\$ 923	644
Departmental needs	3,699	3,157
Uncompensated care	155	74
Net assets released for operations	<u>\$ 4,777</u>	<u>3,875</u>
Purchase of equipment/construction	<u>\$ 2,577</u>	<u>1,525</u>

The Medical Center's endowment fund consists of donations from individual donors. The Medical Center has no internal board designated endowment funds recorded in unrestricted net assets. The net assets associated with the endowment are classified and reported based on the existence or absence of donor imposed restrictions.

The Medical Center has interpreted the "Uniform Prudent Management of Institutional Funds Act" (UPMIFA) as requiring the preservation of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation the Medical Center classifies as permanently restricted net assets the original value of the gifts donated to the permanent endowment. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Medical Center in a manner consistent with the standard of prudence prescribed by UPMIFA. In accordance with UPMIFA, the Medical Center considers the following factors in making a determination to appropriate or accumulate endowment funds:

- The duration and preservation of the fund
- The purposes of the Medical Center and the donor restricted endowment fund
- General economic conditions
- The possible effect of inflation and deflation
- The expected total return from income and the appreciation of investments



**GREATER BALTIMORE MEDICAL CENTER, INC.**

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(In thousands)

- Other resources of the organization
- The investment policies of the organization

The Medical Center had the following activities among its endowment fund during the years ended June 30, 2012 and 2011 delineated by net asset class

	<u>Unrestricted</u>	<u>Temporary restricted</u>	<u>Permanently restricted</u>	<u>Total</u>
Endowment net assets, June 30, 2010	\$ —	3,831	6,561	10,392
Investment return				
Investment income, net	—	255	—	255
Net appreciation (realized and unrealized)	<u>—</u>	<u>1,230</u>	<u>—</u>	<u>1,230</u>
Total investment return	—	1,485	—	1,485
Contributions	—	—	1,025	1,025
Appropriation of endowment assets for expenditure	<u>—</u>	<u>(33)</u>	<u>—</u>	<u>(33)</u>
Endowment net assets, June 30, 2011	<u>—</u>	<u>5,283</u>	<u>7,586</u>	<u>12,869</u>
Investment return				
Investment income, net	—	133	—	133
Net appreciation (realized and unrealized)	<u>—</u>	<u>171</u>	<u>—</u>	<u>171</u>
Total investment return	—	304	—	304
Contributions	—	—	1,101	1,101
Appropriation of endowment assets for expenditure	<u>—</u>	<u>(38)</u>	<u>—</u>	<u>(38)</u>
Endowment net assets, June 30, 2012	<u>\$ —</u>	<u>5,549</u>	<u>8,687</u>	<u>14,236</u>

**(a) Endowment Funds with Deficits**

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the value of the initial and subsequent donor gift amounts (deficit). When donor endowment deficits exist, they are classified as a reduction of unrestricted net assets. There were no such deficits as of June 30, 2012 and 2011, respectively.

**(b) Return Objectives and Risk Parameters**

The Medical Center has adopted endowment investment and spending policies that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to

## GREATER BALTIMORE MEDICAL CENTER, INC.

### Notes to Consolidated Financial Statements

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(In thousands)

maintain the purchasing power of endowment assets. Under this policy, the return objective for the endowment assets, measured over a full market cycle, shall be to maximize the return against a blended index, based on the endowment's target allocation applied to the appropriate individual benchmarks. The Medical Center expects its endowment funds over time, to provide an average rate of return of approximately 7.5% annually. Actual returns in any given year may vary from this amount.

**(c) *Strategies Employed for Achieving Investment Objectives***

To achieve its long-term rate of return objectives, the Medical Center relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized gains) and current yields (interest and dividends). The Medical Center targets a diversified asset allocation that places greater emphasis on equity-based investments to achieve its long-term objectives within prudent risk constraints.

**(d) *Endowment Spending Allocation and Relationship of Spending Policy to Investment Objectives***

The Board of Directors approves the method to be used to appropriate endowment funds for expenditures. The Medical Center amended its endowment spending allocation policy to conform to UPMIFA which was passed by Maryland on April 14, 2009 and limits annual endowment spending to 7% of the annual market value per year.

**(8) Retirement Plans**

**(a) *Defined Benefit Plan***

The Medical Center has two noncontributory defined benefit pension plans, Greater Baltimore Medical Center Retirement Plan (DB Non Union) and the Pension Plan for Members of the Bargaining Unit of Greater Baltimore Medical Center (DB Union), covering all full-time employees with at least one year of service. Benefits under the plans are determined based on increasing percentages (depending on years of service) of final average compensation. Annual contributions are made to these plans in accordance with Employment Retirement Income Security Act (ERISA) regulations.

Effective June 30, 2007, the DB Non Union plan was frozen. As a result, no future benefits may be earned, however, employees are eligible to vest under the terms of the Plan.

# GREATER BALTIMORE MEDICAL CENTER, INC.

## Notes to Consolidated Financial Statements

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(In thousands)

Effective June 30, 2009, the DB Union plan was amended to freeze the matching contribution. The matching contribution was made for the union in the GBMC, Inc. 401(a) Defined Contribution Plan for Members of the Greater Baltimore Medical Center (DC Union). The following tables set forth the plans' funded status and amounts recognized in the Medical Center's financial statements as of June 30, 2012 and 2011. The change in benefit obligation, plan assets, and funded status of the pension plans is as follows:

	<u>2012</u>	<u>2011</u>
Change in benefit obligation		
Benefit obligation at beginning of year	\$ 146,233	137,169
Service cost	626	689
Interest cost	8,616	8,362
Actuarial (gain) loss	29,506	4,701
Benefits paid	(5,070)	(4,688)
Benefit obligation at end of year	<u>\$ 179,911</u>	<u>146,233</u>
Change in plan assets		
Fair value of plan assets at beginning of year	\$ 123,910	106,147
Actual return on plan assets	4,039	18,364
Employer contribution	10,349	4,087
Benefits paid	(5,070)	(4,688)
Fair value of plan assets at end of year	<u>\$ 133,228</u>	<u>123,910</u>
Funded status at end of year	\$ (46,683)	(22,323)
Amounts recognized in unrestricted net assets as of		
June 30, 2012 and 2011 are as follows		
Net prior service cost	\$ (2,570)	(2,902)
Net actuarial loss	69,826	37,402
Net periodic benefit cost	<u>\$ 67,256</u>	<u>34,500</u>
Components of net periodic benefit cost for the years		
ended June 30, 2012 and 2011 are as follows		
Service cost	\$ 626	689
Interest cost	8,616	8,362
Expected return on plan assets	(9,544)	(7,868)
Amortization of prior service cost	(332)	(332)
Amortization of loss deferral	2,585	3,838
Net periodic pension benefit cost	<u>\$ 1,951</u>	<u>4,689</u>

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(In thousands)

	<u>2012</u>	<u>2011</u>
Other changes in plan assets and benefit obligation recognized in unrestricted net assets		
Net actuarial loss (gain)	\$ 35,009	(5,795)
Less		
Amortization of net loss/(gain)	(2,585)	(3,839)
Amortization of prior service costs	<u>332</u>	<u>332</u>
Total	<u>\$ 32,756</u>	<u>(9,302)</u>

The accumulated benefit obligation for the pension plans, which differs from the estimated actuarial present value of the projected benefit obligation because it is based on current rather than future compensation levels, was \$177,690 and \$144,427 as of June 30, 2012 and 2011, respectively

Amounts in unrestricted net assets expected to be recognized as a component of net periodic pension benefit cost in fiscal years 2013

Prior service cost	\$ (347)
Loss	6,097

### i) Assumptions

The weighted averages used in developing the projected pension benefit obligations for the plans as of June 30 were as follows

	<u>2012</u>	<u>2011</u>
Discount rate	4.64%	6.03%
Expected return on plan assets	7.50	7.50
Rate of compensation increase	4.00	4.00

### ii) Expected Long-Term Rate of Return

The expected long-term rate of return assumption used was based on a total plan return estimation by looking at the current yields available from fixed-income and reasonable equity return assumption based on long-term market trends and applying this to the Plan's asset mix. In addition, the actual long-term historical returns realized by the pension plans were taken into consideration.

# GREATER BALTIMORE MEDICAL CENTER, INC.

## Notes to Consolidated Financial Statements

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(In thousands)

### iii) Estimated Future Benefit Payments

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid

	Non union	Union	Total
2013	\$ 5.867	1.059	6.926
2014	6.378	1.102	7.480
2015	6.872	1.116	7.988
2016	7.091	1.160	8.251
2017	7.613	1.231	8.844
2018 – 2022	43.155	6.745	49.900
Total	\$ 76.976	12.413	89.389

The Medical Center's pension plan weighted average asset allocations as of June 30 by asset category were as follows

	2012	2011
Equity securities	53%	54%
Debt securities	46	45
Cash and cash equivalents	1	1
	100%	100%

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30

Assets	June 30, 2012			Total
	Level 1	Level 2	Level 3	
Investments				
Managed cash funds	\$ 1.560	—	—	1.560
Mutual funds-fixed income	—	24.067	—	24.067
Common collective trust	—	37.237	—	37.237
Total fixed income	1.560	61.304	—	62.864
Common stock	34.466	—	—	34.466
Foreign stock	2.500	—	—	2.500
Mutual funds	27.370	—	—	27.370
Mutual funds international	6.028	—	—	6.028
Total equity	70.364	—	—	70.364
Total investment	\$ 71.924	61.304	—	133.228

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(In thousands)

Assets	June 30, 2011			
	Level 1	Level 2	Level 3	Total
Investments				
Managed cash funds	\$ 908	—	—	908
Mutual funds-fixed income	—	17,446	—	17,446
Common collective trust	—	38,882	—	38,882
Total fixed income	908	56,328	—	57,236
Common stock	30,385	—	—	30,385
Foreign stock	1,540	—	—	1,540
Mutual funds	26,492	—	—	26,492
Mutual funds international	8,257	—	—	8,257
Total equity	66,674	—	—	66,674
Total investment	\$ 67,582	56,328	—	123,910

The following is a description of the valuation methodologies used for assets measured at fair value

*Corporate bonds* Valued at unadjusted quoted market share prices within active markets or based on external price data of comparable securities

*Equity securities* Valued at unadjusted quoted market share prices within active markets

*Mutual funds* Valued at the net asset value (NAV) of shares held by the Plans at year-end  
Shares traded in an active market

*Common collective trust funds* Valued at fair value based on the unit value of the fund Unit values are determined by the bank sponsoring such funds dividing the fund's net assets at fair value by its units outstanding at the valuation date

### iv) Pension Investment Policies

The primary objective of the Medical Center's pension investment program is the long-term growth of capital consistent with the protection of principal during major market declines. The program utilizes several balanced managers and provides for asset allocation guidelines consistent with the Medical Center's risk exposure. The equity portion of the portfolio may range from 45% to 65% of total portfolio assets with a target of 55% measured at market value. The fixed income and cash equivalents portion of the portfolio may range from 35% to 55% of total portfolio assets with a target of 45% measured at market value.

The equity segment of the portfolio may include common and preferred stock, convertible securities, warrants, and cash equivalent securities. Equity holdings in any one industry should not exceed 20% of the equity portfolio, holdings in any one economic sector should not exceed 50% of the equity portfolio and holdings in any one Medical Center should not exceed 15% of

## GREATER BALTIMORE MEDICAL CENTER, INC.

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the equity portfolio. Cash equivalent positions should not exceed 10% of the equity managers' portfolio and no more than 15% of the total portfolio measured at market value shall be invested in small companies, defined as companies of less than \$500,000 in market capitalization.

The fixed income segment of the portfolio may include marketable bonds, preferred stocks, up to 20% in Securities and Exchange Commission (SEC) registered 144A and securities and cash equivalent securities. With the exception of securities issued by or guaranteed by the U.S. Treasury or U.S. government agencies and instrumentalities, the maximum position in a single issuer's securities should not exceed 5% of the portfolio at market value. The manager is expected to maintain a weighted average bond portfolio quality rating of at least "A." Exposure to below investment grade securities, that is less than "BBB," is limited to a maximum of 20% of the portfolio at market value.

#### v) Contributions

The Medical Center expects to contribute \$1,375 to its DB Union pension plan and \$4,935 to its DB Non Union pension plan in the fiscal year ending June 30, 2013.

#### (b) Defined Contribution Plan

Effective July 1, 2007, the Medical Center established the GBMC, Inc. 401(a) Defined Contribution Plan (DC Non Union) covering all employees except those covered by the collective bargaining agreement, or employees in a zero hour or registry position. The Medical Center contributes up to 6% of all eligible employee wages (basic contribution) to the plan and matches up to 3% of employee wages of those who contribute to the Greater Baltimore Medical Center, Inc. Voluntary 403(b) Plan. At the discretion of the Board of Directors, the Medical Center may contribute additional funds to the plan.

	<u>2012</u>	<u>2011</u>
Basic contribution	\$ 3,770	3,622
Match contribution	2,663	2,238
Total contribution	<u>\$ 6,433</u>	<u>5,860</u>

Effective July 1, 2009, the Medical Center established the GBMC, Inc. 401(a) Defined Contribution Plan for Members of the Bargaining Union of Greater Baltimore Medical Center (DC Union) for the members covered by a collective bargaining agreement. The Medical Center matches up to 3% of eligible employee wages of those who contribute to the Greater Baltimore Medical Center, Inc. Voluntary 403(b) Plan. The Medical Center contributed \$73 and \$78 during the years ended June 30, 2012 and 2011, respectively.

# GREATER BALTIMORE MEDICAL CENTER, INC.

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### (c) *Non-Qualified Plan*

The Medical Center has a noncontributory, nonqualified deferred compensation plan for certain key employees. Benefits under the Plan are determined based on increasing percentages (depending on years of service) of base pay. The Medical Center recorded expense related to this plan of \$651 and \$507 for the years ended June 30, 2012 and 2011, respectively.

### (9) **Related Parties and Affiliates**

Advances (payables) to (from) affiliates are comprised of the following as of June 30

	<b>2012</b>	<b>2011</b>
Hospice of Baltimore, Inc	\$ 672	542
GBMC Agency, Inc	(363)	(378)
Physicians, LLC	408	70
Ruxton Insurance Company, Ltd	7,720	6,886
Advances to affiliates (current)	<u>\$ 8,437</u>	<u>7,120</u>
Greater Baltimore Health Alliance	\$ 296	—
Ruxton Insurance Company, Ltd	32,474	27,761
GBMC Medical Arts LP (PPE)	762	1,299
Physicians Pavilion West	3,519	4,395
Owings Mills Pavilion	87	585
Advances to affiliates (long-term)	<u>\$ 37,138</u>	<u>34,040</u>

Such amounts do not have a stated maturity date. Some amounts are noninterest bearing and others bear interest, 3.25% at June 30, 2012 and 2011.

At June 30, 2012 and 2011, GBMC Investments, Inc., a wholly owned subsidiary of the Company held donor-restricted investments solely for the benefit of the Medical Center with a fair value of \$22,359 and \$19,618, respectively. Further, GBMC Foundation, Inc. held pledge receivables of \$1,826 and \$3,077 as of June 30, 2012 and 2011, respectively, for the benefit of the Medical Center.



# GREATER BALTIMORE MEDICAL CENTER, INC.

## Notes to Consolidated Financial Statements

June 30, 2012 and 2011

(In thousands)

The Medical Center makes transfers to related entities to provide additional liquidity resources to those entities. Transactions between the Medical Center and related entities during the year ended June 30, 2012 and 2011 were as follows:

	<u>2012</u>	<u>2011</u>
Contributions made		
GBMC Investments, Inc	\$ 2,334	2,713
GBMC Foundation, Inc	8,911	5,265
GBMC Land, Inc	570	3,790
GBMC Healthcare, Inc	252	543
	<u>\$ 12,067</u>	<u>12,311</u>
	\$ 184	1,311
	5,355	—
	<u>\$ 5,539</u>	<u>1,311</u>

The Medical Center leases office space in the physicians pavilions east, north and Owings Mills, which are medical office buildings owned by subsidiaries of the Company, under operating leases ranging from two to ten years with various renewal terms. Minimum rental payments including pass-through due under these leases as of June 30, 2012 were:

2013	\$ 3,633
2014	3,220
2015	2,426
2016	2,086
2017	2,033
Thereafter	5,138

Rent expense, including pass-through expenses, under these leases was approximately \$4,201 and \$3,764 for the years ended June 30, 2012 and 2011, respectively.

### (10) Functional Expenses

The Medical Center provides general health care services to residents within its geographic location. Expenses related to providing these services for the years ended June 30, were as follows:

	<u>2012</u>	<u>2011</u>
Health care services	\$ 351,054	342,874
General and administrative	42,961	49,792
Total operating expenses	<u>\$ 394,015</u>	<u>392,666</u>

# GREATER BALTIMORE MEDICAL CENTER, INC.

## Notes to Consolidated Financial Statements

June 30, 2012 and 2011

(In thousands)

### (11) Leases

#### *Capital Leases*

The Medical Center is obligated under a long term lease expiring in 2030 for the use of a medical office building. Payments increase at varying rates from \$2,257 to \$3,005 per year over the remaining life. Interest rates approximated 5.76% as of June 30, 2012 and 2011.

The Medical Center leases medical equipment with annual payments ranging from \$81 to \$816 and the last lease expires in fiscal year 2016.

Scheduled principal and interest payments on capital lease and financing obligations are as follows:

	<u>Payments</u>	<u>Principal payments</u>
2013	\$ 3,158	1,425
2014	3,141	1,489
2015	2,732	1,155
2016	2,564	1,049
2017	2,483	1,025
Thereafter	<u>35,508</u>	<u>24,760</u>
	49,586	30,903
Less amount representing interest	<u>(18,683)</u>	<u>—</u>
	<u>\$ 30,903</u>	<u>30,903</u>

#### *Operating Leases*

The Medical Center leases equipment and office space in the Company's medical office building and in privately owned buildings. The lease terms range from two to thirteen years. Rent expense under these operating leases for the years ended June 30, 2012 and 2011 was \$5,902 and \$5,090, respectively. The minimum future rental expense is as follows:

	<u>Equipment</u>	<u>Rent</u>	<u>Total</u>
2013	\$ 745	4,392	5,137
2014	511	3,947	4,458
2015	406	3,131	3,537
2016	—	2,776	2,776
2017	—	2,656	2,656
Thereafter	<u>—</u>	<u>6,878</u>	<u>6,878</u>
	<u>\$ 1,662</u>	<u>23,780</u>	<u>25,442</u>

# GREATER BALTIMORE MEDICAL CENTER, INC.

## Notes to Consolidated Financial Statements

June 30, 2012 and 2011

(In thousands)

### (12) Promises to Contribute

The Medical Center has received unconditional and conditional promises to give. The pledge receivables are recorded on a discounted basis using a rate in effect at the time of the pledge. Such rates approximate 4%. The Medical Center is the beneficiary of a charitable remainder trust whose present value as of June 30, 2012 is \$144. This trust is recorded as long-term pledge receivable. The value of pledge receivables was \$236 and \$309 for June 30, 2012 and 2011, respectively.

### (13) Asserted and Unasserted Claims and Contingencies

The Company maintains an offshore captive insurance company in Bermuda to provide coverage for medical malpractice claims. The Medical Center recorded \$9,855 and \$9,727 in malpractice premium expense for malpractice covered by Ruxton in fiscal year 2012 and 2011, respectively. Reserve balances have been discounted at the rate of 3% for the year ended June 30, 2012. Retention on limits in which Ruxton assumes risk of loss is based on an annual occurrence basis of \$3 million per occurrence and \$16.5 million in aggregate. Amounts in excess of these limits are insured by highly rated commercial insurance companies.

As of June 30, 2012 and 2011, the Medical Center was partially self-insured for workers compensation and health insurance claims on a claims-made basis. The aggregate reserves for workers compensation claims were determined and discounted at the rate of 0.8% and 2.2% for 2012 and 2011, respectively. The receivable for the expected reinsurance recoverable is recorded within other current assets on the balance sheet. The Medical Center's excess workers' compensation policy is based on a per claim basis in excess of \$350 plus a corridor deductible of \$750.

	June 30, 2012			
	Malpractice	Workers compensation	Health	Total
Insurance reserves self insured	\$ 29,399	3,155	2,957	35,511
Reserves that are recoverable from reinsurance company	9,368	558	—	9,926
Gross insurance reserves	38,767	3,713	2,957	45,437
Less current portion of insurance reserves	6,293	3,713	2,957	12,963
Total noncurrent insurance reserves	\$ 32,474	—	—	32,474

**GREATER BALTIMORE MEDICAL CENTER, INC.**

Notes to Consolidated Financial Statements

June 30, 2012 and 2011

(In thousands)

<b>June 30, 2011</b>				
	<b>Malpractice</b>	<b>Workers compensation</b>	<b>Health</b>	<b>Total</b>
Insurance reserves self insured	\$ 24,893	2,677	2,382	29,952
Reserves that are recoverable from reinsurance company	7,986	558	—	8,544
Gross insurance reserves	32,879	3,235	2,382	38,496
Less current portion of insurance reserves	5,118	3,235	2,382	10,735
Total noncurrent insurance reserves	\$ 27,761	—	—	27,761

The Medical Center is subject to legal proceedings and claims, which arise from the ordinary course of business. In the opinion of management, the amount of ultimate liability with respect to the actions will not materially affect the financial position of the Medical Center.

# GREATER BALTIMORE MEDICAL CENTER, INC.

## Notes to Consolidated Financial Statements

June 30, 2012 and 2011

(In thousands)

### (14) Controlling and Noncontrolling Interest

The following tables presents a reconciliation of the changes in consolidated unrestricted net assets attributable to the Medical Center's controlling interest and noncontrolling interest

	Unrestricted net assets- controlling interest	Unrestricted net assets- noncontrolling interest	Total unrestricted net assets
Balance as of June 30, 2010	\$ 134,491	(383)	134,108
Excess of revenues over expenses	25,338	(400)	24,938
Pension related changes other than net periodic pension costs	9,302	—	9,302
Net assets released for purchase of fixed assets	1,525	—	1,525
Equity in unrestricted assets from affiliate	1,792	—	1,792
Transfers to affiliates	(7,937)	—	(7,937)
Capital grant	403	—	403
Increase in net assets	30,423	(400)	30,023
Balance as of June 30, 2011	164,914	(783)	164,131
Excess of revenues over expenses	18,528	(152)	18,376
Pension related changes other than net periodic pension costs	(32,756)	—	(32,756)
Net assets released for purchase of fixed assets	2,577	—	2,577
Equity in unrestricted assets from affiliate	296	—	296
Transfers to affiliates	(7,043)	—	(7,043)
Contribution by noncontrolling interest	—	935	935
Increase in net assets	(18,398)	783	(17,615)
Balance as of June 30, 2012	146,516	—	146,516

The noncontrolling interest comprises of a 50% interest in GBMC/HOPKINS Pediatric Surgery, LLC which provides professional medical services

### (15) Subsequent Events

The Medical Center has evaluated all events and transactions from the balance sheet date through October 15, 2012, the date at which the financial statements were issued, and determined there are no other items to be recognized or disclosed this period

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 \$	80,851,598	including grants of \$ 233,500 ) (Revenue \$ 67,388,603 )
Laboratory Service, Radiology - Therapeutic, Residency Program, Magnetic Resonance Imaging, Physician Practices, 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			
Honorable Vicki Ballou-Watts Director	1 00	X						0	0	0
Mrs Sandra Berman Director	1 00	X						0	0	0
Robert K Brookland MD Director, Chairman	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 Frank R Palmer Director	1 00	X						0	0	0
Mrs Mary Stuart Rodgers 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, Vice Chair	1 00	X						0	0	0
Ms Marion G Thompson Director	1 00	X						0	0	0
Harold Tucker MD Chief of Staff	25 00	X						130,000	0	0
Ronald F Tutrone Jr MD Director	12 00	X						250,000	0	0
John M Wogan MD Vice Chief of Staff	1 00	X						0	0	0
Mr Charles C Fenwick Jr Director	1 00	X						0	0	0
Ms Kara C King Bess Director	1 00	X						0	0	0
Theda C Kontis MD Director	1 00	X						0	0	0
Mr Thomas H Maddux Director	1 00	X						0	0	0
Mr Anthony Milando Director	1 00	X						0	0	0
Mr Herbert J Belgrad Director	1 00	X						0	0	0
John B Chessare MD President & CEO	23 00	X		X				782,912	0	109,533
Mr Harry S Johnson 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			
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
Mrs Mary B Wieler Secretary	1 00	X		X				0	0	0
Mr Eric L Melchior EVP & CFO	20 00			X				978,315	0	36,354
Mr Keith R Poisson EVP & COO	28 00			X				460,229	0	117,754
John R Saunders MD VP Medical Affairs	39 00			X				555,823	0	64,238
Mr George E Bayless VP Finance	29 00				X			261,118	0	61,438
Mr John W Ellis Sr VP Strategy & Bus Dev	30 00				X			438,574	0	124,363
Mr Michael A Forthman VP Facilities & Support Ser	35 00				X			219,633	0	47,152
Mrs Carolyn L Candiello VP Quality & Pt Safety	39 00				X			178,666	0	43,550
Mrs Catherine Hamel VP Post Acute Srvs & Exec Dir Hospice	5 00				X			125,160	90,315	47,389
Mrs Joanne Porter Sr VP Chief Nursing Exec	39 00				X			313,052	0	69,362
Mrs Tressa B Springmann VP & CIO	35 00				X			340,580	0	53,364
Reginald J Davis MD Med Director/Physican	40 00					X		1,412,901	0	36,777
Bimal G Rami MD Physican	40 00					X		1,015,414	0	39,183
Gary I Cohen MD Med Director/Physican	40 00					X		752,600	0	35,767
Neri M Cohen MD Med Director/Physican	40 00					X		691,130	0	38,362
Lauren A Schnaper MD Med Director/Physican	40 00					X		584,569	0	34,238
Mrs Catherine Boyne Former President Hospice	0 00						X	19,293	0	0
Mr Mark Thomas Left 611 Former VP HR	0 00						X	149,798	0	8,744
Rodney Williams MD Former Chief Medical Officer	0 00						X	519,499	0	13,578