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Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

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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 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 \$ 141,387,991 including grants of \$ ) (Revenue \$ 150,205,186 )

THE GREATER BALTIMORE MEDICAL CENTER, INC. (GBMC) IS A 231-BED MEDICAL CENTER (ACUTE AND SUB-ACUTE CARE), LOCATED ON A SUBURBAN CAMPUS, WHICH PROVIDED INPATIENT CARE AND OBSERVATION SERVICES TO 16,699 AND 3,548 PATIENTS, RESPECTIVELY. ADDITIONALLY, GBMC DELIVERED OVER 3,853 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 JOHNS HOPKINS UNIVERSITY.

4b

(Code ) (Expenses \$ 67,596,953 including grants of \$ ) (Revenue \$ 94,621,729 )

THE OPERATING ROOM PERFORMED OVER 25,339 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 \$ 66,549,974 including grants of \$ ) (Revenue \$ 99,471,533 )

THE EMERGENCY DEPARTMENT TREATED 55,154 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 52,766 PATIENTS IN SPECIALTY CLINICS SUCH AS OPHTHALMOLOGY, WOUND CARE, ANTI-COAGULATION, RADIATION ONCOLOGY AND INFUSION THERAPY.

See Additional Data

4d

Other program services (Describe in Schedule O )

(Expenses \$ 78,296,867 including grants of \$ 118,031 ) (Revenue \$ 63,885,823 )

4e

Total program service expenses ▶ 353,831,785

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 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? If "Yes," complete Schedule C, Part III	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? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 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? If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII	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? If "Yes," complete Schedule D, Part VIII	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? If "Yes," complete Schedule D, Part IX	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	

**Part IV** Checklist of Required Schedules (continued)

<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b>	Yes	
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b>		No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b>	Yes	
<b>24a</b>	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b>	Yes	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		No
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		No
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) 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> . . . . .	<b>25a</b>		No
<b>b</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> . . . . .	<b>25b</b>		No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>		No
<b>28</b>	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)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>		No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b>	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> . . . . .	<b>32</b>		No
<b>33</b>	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> . . . . .	<b>33</b>	Yes	
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b>	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	Yes	
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b>	Yes	
<b>36</b>	<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> . . . . .	<b>36</b>		No
<b>37</b>	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> . . . . .	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	331	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	4,126	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> 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" to line 3b, provide an explanation in Schedule O.	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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 as charitable contributions?	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	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization 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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring 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? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		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 or note to any line 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	1a28		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	1b25		
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		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	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		No
b	Other officers or key employees of the organization	15b		No
	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	Yes	
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	Yes	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	MD
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you 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 <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records LISA GOODLETT 6701 NORTH CHARLES STREET BALTIMORE, MD 21204 (443) 849-2000	

Check if Schedule O contains a response or note to any line in this Part VII ☐

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

[illegible]



## Part VII

[illegible]

<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>	12,495,643	0	1,125,847

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 377

		Yes	No
<b>3</b>	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> . . . . .	<b>3</b> Yes	
<b>4</b>	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> . . . . .	<b>4</b> Yes	
<b>5</b>	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> . . . . .	<b>5</b>	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)	(B)	(C)
Name and business address	Description of services	Compensation
EPIC SYSTEMS CORPORATION  1979 MILKY WAY VERONA, WI 53593	SOFTWARE ENGINEERING	7,023,640
JOHNS HOPKINS UNIVERSITY  125 MEDICAL ADMIN ROAD BALTIMORE, MD 21205	RESIDENCY PROGRAM	4,831,078
SODEXO USA  9801 WASHINGTON BLVD GAITHERSBURG, VA 20878	MANAGEMENT - HOTEL SERVICES	2,254,402
ADVANCED RADIOLOGY MEDICAL IMAGING OF B  7253 AMBASSADOR ROAD BALTIMORE, MD 21244	RADIOLOGY SERVICES	2,134,880
CLEARPATH  12100 SUNSET HILLS ROAD RESTON, VA 20190	SOFTWARE ENGINEERING	1,668,445

**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 ► 167

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . . .	1b					
	c	Fundraising events . . . .	1c	426,396				
	d	Related organizations . . . .	1d	1,917,550				
	e	Government grants (contributions)	1e	476,134				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	8,201,756				
	g	Noncash contributions included in lines 1a-1f \$		128,835				
	h	Total. Add lines 1a-1f . . . . .			11,021,836			
Program Service Revenue	2a	PATIENT SERVICE	Business Code 621110	401,178,767	401,178,767			
	b	OTHER OPERATING REV	900099	7,751,931	7,005,504	746,427		
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .			408,930,698			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		4,497,316			4,497,316
4		Income from investment of tax-exempt bond proceeds . . .						
5		Royalties . . . . .						
6a		Gross rents	(i) Real 212,831	(ii) Personal				
b		Less rental expenses	0					
c		Rental income or (loss)	212,831					
d		Net rental income or (loss) . . . . .		212,831			212,831	
7a		Gross amount from sales of assets other than inventory	(i) Securities 65,552,681	(ii) Other				
b		Less cost or other basis and sales expenses	60,728,398					
c		Gain or (loss)	4,824,283					
d		Net gain or (loss) . . . . .		4,824,283			4,824,283	
8a		Gross income from fundraising events (not including \$ 426,396 of contributions reported on line 1c) See Part IV, line 18 . . . . .	a 64,414					
b		Less direct expenses . . . .	b 449,059					
c		Net income or (loss) from fundraising events . . .		-384,645			-384,645	
9a		Gross income from gaming activities See Part IV, line 19 . . . . .	a					
b		Less direct expenses . . . .	b					
c		Net income or (loss) from gaming activities . . . .						
10a		Gross sales of inventory, less returns and allowances . . . . .	a					
b		Less cost of goods sold . . . .	b					
c		Net income or (loss) from sales of inventory . . .						
Miscellaneous Revenue		Business Code						
11a		CAFETERIA INCOME	722210	2,255,911			2,255,911	
b	PARKING REVENUE	812930	1,838,675			1,838,675		
c								
d	All other revenue . . . . .							
e	Total. Add lines 11a-11d . . . . .			4,094,586				
12	Total revenue. See Instructions . . . . .			433,196,905	408,184,271	746,427	13,244,371	

**Part IX**   **Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line 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
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	118,031	118,031		
<b>2</b>	Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
<b>4</b>	Benefits paid to or for members.				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees.	7,624,648		7,624,648	
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b>	Other salaries and wages.	168,185,711	156,575,144	10,678,746	931,821
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	10,582,387	8,646,785	1,935,602	
<b>9</b>	Other employee benefits.	18,550,566	16,193,370	2,189,747	167,449
<b>10</b>	Payroll taxes.	11,914,749	10,659,232	1,196,835	58,682
<b>11</b>	Fees for services (non-employees):				
<b>a</b>	Management.	2,099,866	1,761,578	338,288	
<b>b</b>	Legal.	288,408	26,200	262,208	
<b>c</b>	Accounting.	203,214	34,498	166,875	1,841
<b>d</b>	Lobbying.	47,358		47,358	
<b>e</b>	Professional fundraising services. See Part IV, line 17.				
<b>f</b>	Investment management fees.	889,119		889,119	
<b>g</b>	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	33,495,197	29,109,228	4,144,221	241,748
<b>12</b>	Advertising and promotion.	1,589,019	55,062	1,180,217	353,740
<b>13</b>	Office expenses.	90,222,107	88,027,245	1,502,820	692,042
<b>14</b>	Information technology.	6,996,390	4,637,000	2,356,468	2,922
<b>15</b>	Royalties.				
<b>16</b>	Occupancy.	5,974,883	5,021,133	953,450	300
<b>17</b>	Travel.	598,126	280,799	301,164	16,163
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b>	Conferences, conventions, and meetings.	743,360	601,393	140,169	1,798
<b>20</b>	Interest.	6,996,860	5,535,883	1,460,977	
<b>21</b>	Payments to affiliates.				
<b>22</b>	Depreciation, depletion, and amortization.	25,920,049	23,216,026	2,690,923	13,100
<b>23</b>	Insurance.	8,398,288	1,361,354	7,036,934	
<b>24</b>	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b>	RESIDENTS	1,687,128	1,687,128		
<b>b</b>	FUNDRAISING DEPARTMENT	1,200,447			1,200,447
<b>c</b>	MISCELLANEOUS PURCHASED	1,173,769	101,348	1,072,421	
<b>d</b>	SECURITY	183,348	183,348		
<b>e</b>	All other expenses.				
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e.	405,683,028	353,831,785	48,169,190	3,682,053
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing . . . . .			1		
	2	Savings and temporary cash investments . . . . .		35,687,979	2	37,235,214	
	3	Pledges and grants receivable, net . . . . .		5,395,873	3	4,743,944	
	4	Accounts receivable, net . . . . .		47,721,861	4	46,827,789	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .			6		
	7	Notes and loans receivable, net . . . . .			7		
	8	Inventories for sale or use . . . . .		3,772,478	8	3,749,364	
	9	Prepaid expenses and deferred charges . . . . .		10,445,795	9	10,683,963	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .	10a	628,018,226			
	b	Less—accumulated depreciation . . . . .	10b	381,066,338	226,168,992	10c	246,951,888
	11	Investments—publicly traded securities . . . . .		230,992,566	11	215,121,193	
	12	Investments—other securities. See Part IV, line 11 . . . . .		7,577,400	12	10,826,776	
	13	Investments—program-related. See Part IV, line 11 . . . . .			13		
	14	Intangible assets . . . . .			14		
	15	Other assets. See Part IV, line 11 . . . . .		55,034,646	15	66,260,015	
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .		622,797,590	16	642,400,146		
Liabilities	17	Accounts payable and accrued expenses . . . . .		66,691,321	17	70,852,458	
	18	Grants payable . . . . .			18		
	19	Deferred revenue . . . . .			19		
	20	Tax-exempt bond liabilities . . . . .		102,620,302	20	99,203,327	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .			22		
	23	Secured mortgages and notes payable to unrelated third parties . . . . .		48,246,280	23	41,665,521	
	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 . . . . .		127,690,674	25	156,489,478	
	26	Total liabilities. Add lines 17 through 25 . . . . .		345,248,577	26	368,210,784	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .		234,064,130	27	228,858,383	
	28	Temporarily restricted net assets . . . . .		29,104,026	28	29,394,031	
	29	Permanently restricted net assets . . . . .		14,380,857	29	15,936,948	
	Organizations that do not follow SFAS 117 (ASC 958), 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 . . . . .		277,549,013	33	274,189,362	
	34	Total liabilities and net assets/fund balances . . . . .		622,797,590	34	642,400,146	

**Part XI**   **Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	433,196,905
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	405,683,028
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	27,513,877
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	277,549,013
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-10,958,152
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-19,915,376
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	274,189,362

**Part XII**   **Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII ☐

		Yes	No
<b>1</b>	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		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b>	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>b</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		

## 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)

(Code	) (Expenses \$	78,296,867	including grants of \$	118,031 ) (Revenue \$	63,885,823 )
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OTHER PROGRAM SERVICES LABORATORY SERVICE, RADIOLOGY - THERAPEUTIC, RESIDENCY PROGRAM, MAGNETIC  
RESONANCE IMAGING, PHYSICIAN PRACTICES, 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MR HERBERT J BELGRAD ..... DIRECTOR	1 00 ..... 2 00	X						0	0	0
MS PATRICA MITCHELL ..... DIRECTOR	1 00 ..... 2 00	X						0	0	0
MR JERRY FOCAS ..... DIRECTOR	1 00 ..... 3 00	X						0	0	0
MR DELBERT ADAMS ..... DIRECTOR	1 00 ..... 3 00	X						0	0	0
MS KARA C KING BESS ..... DIRECTOR	1 00 ..... 2 00	X						0	0	0
ROBERT K BROOKLAND MD ..... DIRECTOR	1 00 ..... 3 00	X						0	0	0
MS JANA BURCH ..... DIRECTOR	1 00 ..... 3 00	X						0	0	0
MR CHARLES C FENWICK JR ..... DIRECTOR	1 00 ..... 3 00	X						0	0	0
MR SAMUEL HEFFNER ..... DIRECTOR	1 00 ..... 3 00	X						0	0	0
THEDA C KONTIS MD ..... DIRECTOR	1 00 ..... 2 00	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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MR TIMOTHY L KRONGARD ..... DIRECTOR	1 00 ..... 2 00	X						0	0	0
MR FRANKLIN M LEE ..... DIRECTOR	1 00 ..... 2 00	X						0	0	0
MR THOMAS H MADDUX ..... DIRECTOR	1 00 ..... 3 00	X						0	0	0
MS CATHERINE P MCDONNELL ..... DIRECTOR	1 00 ..... 2 00	X						0	0	0
MR ANTHONY MILANDO ..... DIRECTOR	1 00 ..... 2 00	X						0	0	0
MS JEANNETTE M MILLS ..... DIRECTOR	1 00 ..... 2 00	X						0	0	0
MR THOMAS J O'DONNELL JR ..... DIRECTOR	1 00 ..... 3 00	X						0	0	0
MELISSA SPARROW MD ..... VICE CHIEF OF STAFF	38 00 ..... 2 00	X						242,075	0	51,292
MR JAMES B STRADTNER ..... DIRECTOR	1 00 ..... 2 00	X						0	0	0
MS FAITH E THOMAS ..... DIRECTOR	1 00 ..... 3 00	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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MR STEVEN A THOMAS ..... DIRECTOR	1 00 ..... 2 00	X						0	0	0
HAROLD TUCKER MD ..... CHIEF OF STAFF/PHYSICIAN	34 00 ..... 6 00	X						317,193	0	26,423
MS SANDRA BERMAN ..... DIRECTOR	1 00 ..... 2 00	X						0	0	0
MS BONNIE R STEIN ..... CHAIR	1 00 ..... 2 00	X		X				0	0	0
MR STEPHEN T SCOTT ..... TREASURER	1 00 ..... 2 00	X		X				0	0	0
MR FRANK R PALMER ..... TREASURER (ENDED 7/15)	1 00 ..... 3 00	X		X				0	0	0
MS MARION G THOMPSON ..... SECRETARY	1 00 ..... 2 00	X		X				0	0	0
JOHN B CRESSARE MD ..... PRESIDENT/CEO	22 00 ..... 18 00	X		X				2,060,766	0	46,455
MR FREDERICK M HUDSON ..... VICE CHAIR	1 00 ..... 2 00	X		X				0	0	0
MR ERIC L MELCHIOR ..... EVP & CFO (ENDED 7/15)	1 00 ..... 0 50	X		X				474,970	0	35,001

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
JOHN R SAUNDERS MD ..... EVP MEDICAL AFFAIRS & CMO	27 00 ..... 6 00			X				515,359	0	77,990
MR ROBERT THORNTON ..... EVP & CFO GBMC HEALTHCARE	22 00 ..... 18 00			X				211,053	0	47,856
MR KEITH R POISSON ..... EVP & COO GBMC HEATLHCARE	25 00 ..... 15 00			X				614,913	0	49,958
MS JOANNE PORTER - CHIEF ..... NURSING EXEC ENDED 9/15	7 00 ..... 3 00				X			303,876	0	25,260
MS SUSAN MARTIELLI ..... VP LEGAL AFFAIRS/CHIEF COUNSEL	25 00 ..... 15 00				X			287,067	0	36,095
MR GEORGE E BAYLESS III ..... VP FINANCE	28 00 ..... 12 00				X			298,011	0	37,412
MR BENNETT J BERES ..... VP & COO GBMA	35 00 ..... 5 00				X			311,556	0	61,990
MS CAROLYN L CANDIELLO ..... VP QUALITY & PT SAFETY	39 00 ..... 1 00				X			247,987	0	56,960
MS JENNY COLDIRON ..... VP DEVELOPMENT	5 00 ..... 35 00				X			264,653	0	76,904
MR JOHN W ELLIS ..... SR VP STRATEGY & BUS DEV	30 00 ..... 10 00				X			554,526	0	40,518

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 CATHERINE HAMEL ..... VP POST ACUTE SRVS & EXEC	15 00 ..... 25 00				X			261,817	0	73,261
MR DAVID J HYNSON ..... VP & CIO	35 00 ..... 5 00				X			301,033	0	82,452
MS DELORIS S TUGGLE ..... VP HUMAN RESOURCES	35 00 ..... 5 00				X			320,858	0	54,398
MARK IGUCHI MD ..... PHYSICIAN	40 00 ..... 0 00					X		870,951	0	28,799
ELIZABETH A DOVEC MD ..... MEDICAL DIRECTOR	40 00 ..... 0 00					X		784,947	0	34,271
NIRAJ JANI MD ..... PHYSICIAN	40 00 ..... 0 00					X		863,298	0	45,640
BIMAL G RAMI MD ..... MED DIRECTOR/PHYSICIAN	40 00 ..... 0 00					X		1,103,772	0	56,666
GARY I COHEN MD ..... MED DIRECTOR/PHYSICIAN	39 00 ..... 1 00					X		773,273	0	42,998
MR MICHAEL A FORTHMAN ..... FORMER VP FACILITIES	0 00 ..... 0 00						X	211,689	0	37,248
RONALD TUTRONE MD ..... FORMER DIRECTOR/RESEARCH CHAIR	29 00 ..... 0 00						X	300,000	0	0

SCHEDULE A  
(Form 990 or 990EZ)

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.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
**2015**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
GREATER BALTIMORE MEDICAL CENTER INC

Employer identification number  
52-6049658

Part I

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

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

1

☐

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

2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

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Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations . . . . .

g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants )						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2014 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2015.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>						
b 33 1/3% support test—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2015.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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2014.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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>						
18 Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2015.** 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—2014.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		



**Part V**    **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**    Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E ☐

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI) _____		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

Section C - Distributable Amount		Current Year	
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2015</b>	<b>(iii) Distributable Amount for 2015</b>
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013. . . . .			
<b>e</b> From 2014. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2015 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013. . . . .			
<b>d</b> From 2014. . . . .			
<b>e</b> From 2015. . . . .			

**Part VI Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

Return Reference

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.  
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

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

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	\$
3	Volunteer hours	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	\$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 function 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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-
2				
3				
4				
5				
6				

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><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></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?														

☐ Yes

☐ No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable 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)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a)		(b)
		Yes	No	Amount
<b>1</b>	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			
<b>a</b>	Volunteers?	Yes		
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b>	Media advertisements?		No	
<b>d</b>	Mailings to members, legislators, or the public?	Yes		725
<b>e</b>	Publications, or published or broadcast statements?	Yes		2,900
<b>f</b>	Grants to other organizations for lobbying purposes?		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		35,759
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b>	Other activities?	Yes		7,974
<b>j</b>	Total. Add lines 1c through 1i			47,358
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	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
<b>1</b>	Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b>	Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**Part III-B**

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

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year	<b>2a</b>	
<b>b</b>	Carryover from last year	<b>2b</b>	
<b>c</b>	Total	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b>	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?	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV**

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1	THE AMOUNT FOR OTHER ACTIVITIES INCLUDES MEETINGS WITH GBMC STAFF, LEGISLATIVE COMMITTEES, AND CONTRACTED GBMC LOBBYIST AND EXPENSES RELATED TO GENERAL RESEARCH ON FEDERAL AND STATE HEALTHCARE ISSUES

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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education)<div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space</div><input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Preservation of a certified historic structure</div>	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a	Total number of conservation easements	Held at the End of the Year
b	Total acreage restricted by conservation easements	2a
c	Number of conservation easements on a certified historic structure included in (a)	2b
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	2d
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
(i)	Revenue included on Form 990, Part VIII, line 1	► \$
(ii)	Assets included in Form 990, Part X	► \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
a	Revenue included on Form 990, Part VIII, line 1	► \$
b	Assets included in Form 990, Part X	► \$

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

Amount

1c

1d

1e

1f

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance . . . . .	28,313,123	20,282,263	17,358,091	14,235,801	12,868,698
b Contributions . . . . .	1,556,091	1,914,549	2,274,086	1,503,005	1,101,223
c Net investment earnings, gains, and losses	-384,455	7,592,234	2,154,496	1,659,827	304,027
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	1,410,959	1,475,923	1,504,410	40,542	38,147
f Administrative expenses . . . . .					
g End of year balance . . . . .	28,073,800	28,313,123	20,282,263	17,358,091	14,235,801

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 39 800 %

c

Temporarily restricted endowment ▶ 60 200 %

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

3a

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

Yes

No

3a(i)

No

3a(ii)

No

b

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

3b

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a)Cost or other basis (investment)	(b)Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land . . . . .		15,290,673		15,290,673
b Buildings . . . . .		329,358,492	179,934,071	149,424,421
c Leasehold improvements . . . . .		3,136,203	2,136,387	999,816
d Equipment . . . . .		135,367,940	113,076,765	22,291,175
e Other . . . . .		144,864,918	85,919,115	58,945,803
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) ▶				246,951,888

Schedule D (Form 990) 2015





Part II

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments . . . . .	2a		
b	Donated services and use of facilities . . . . .	2b		
c	Recoveries of prior year grants . . . . .	2c		
d	Other (Describe in Part XIII ) . . . . .	2d		
e	Add lines 2a through 2d . . . . .		2e	
3	Subtract line 2e from line 1 . . . . .		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a		
b	Other (Describe in Part XIII ) . . . . .	4b		
c	Add lines 4a and 4b . . . . .		4c	
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12 ) . . . . .		5	

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII

Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	GREATER BALTIMORE MEDICAL CENTER, INC. HOLDS AND MANAGES THE ENDOWMENT FOR THE PURPOSE OF 1) DEPARTMENT NEEDS - REHABILITATION SERVICES FOR LOW VISION AND BLINDNESS, HUMAN GENETICS 2) RESEARCH - SUPPORT CLINICAL RESEARCH PERFORMED AT GREATER BALTIMORE MEDICAL CENTER 2) EDUCATION - SUPPORT EDUCATION PROGRAMS, LECTURES AND SCHOLARSHIPS, CENTER FOR NURSING EXCELLENCE 4) GENERAL SUPPORT FOR GREATER BALTIMORE MEDICAL CENTER 5) UNCOMPENSATED CARE

**Part XIII**   **Supplemental Information** *(continued)*

Return Reference	Explanation

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

- **Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.**  
► **Attach to Form 990.**

► **Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
GREATER BALTIMORE MEDICAL CENTER INC

**Employer identification number**

52-6049658

**Part I General Information on Activities Outside the United States.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA AND THE CARIBBEAN			PROGRAM SERVICES	INSURANCE PREMIUMS	8,202,976
(2)					
(3)					
(4)					
(5)					
<b>3a</b> Sub-total	0	0			8,202,976
<b>b</b> Total from continuation sheets to Part I	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	0	0			8,202,976

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
( 1 )									
( 2 )									
( 3 )									
( 4 )									

2

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶

3

Enter total number of other organizations or entities . . . . . ▶

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
( 1 )							
( 2 )							
( 3 )							
( 4 )							
( 5 )							
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							
( 17 )							
( 18 )							

**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒

Yes

☐

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*

☒

Yes

☐

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*

☐

Yes

☒

No

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 52-6049658

**Name:** GREATER BALTIMORE MEDICAL CENTER INC

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### **Part V** Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).



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" on 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

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2015

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" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

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

Part II Fundraising Events.

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

Revenue		(a)Event #1 <div>FATHER'S DAY 5K (event type)</div>	(b)Event #2 <div>GBMC GOLF FUNDRAISING EVENT (event type)</div>	(c)Other events <div>4 (total number)</div>	(d) Total events (add col (a) through col (c))	
	1	Gross receipts . . . . .	139,858	125,405	225,547	490,810
	2	Less Contributions . . . . .	139,858	103,410	183,128	426,396
	3	Gross income (line 1 minus line 2) . . . . .		21,995	42,419	64,414
Direct Expenses	4	Cash prizes . . . . .				
	5	Noncash prizes . . . . .	8,675		2,355	11,030
	6	Rent/facility costs . . . . .	680	50,084	213,257	264,021
	7	Food and beverages . . . . .	7,794		67,231	75,025
	8	Entertainment . . . . .	2,520		9,476	11,996
	9	Other direct expenses . . . . .	24,354	1,017	61,616	86,987
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ►				
11	Net income summary Subtract line 10 from line 3, column (d) . . . . . ►					-384,645

Part III Gaming.

Complete if the organization answered "Yes" on 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	Noncash 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 Subtract line 7 from line 1, column (d) . . . . . ▶			

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

a Is the organization licensed to conduct 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 conduct 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 conducted in

<b>a</b>	The organization's facility	<b>13a</b>	%
<b>b</b>	An outside facility	<b>13b</b>	%

**14**

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

Name ▶

Address ▶

**15a**

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

☐ **Yes** ☐ **No**

**b**

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

**c**

If "Yes," enter name and address of the third party

Name ▶

Address ▶

**16**

Gaming manager information

Name ▶

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

**17**

Mandatory distributions

**a**

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

☐ **Yes** ☐ **No**

**b**

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

**Part IV**

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

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

SCHEDULE H  
(Form 990)

Department of the  
Treasury  
Internal Revenue  
Service

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
▶ **Attach to Form 990.**  
▶ **Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public  
Inspection

<b>Name of the organization</b> GREATER BALTIMORE MEDICAL CENTER INC	<b>Employer identification number</b> 52-6049658
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Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy? . . . . .	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>30000 0000000000 %</u>	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b		No
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	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 financial assistance 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	
b	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 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			12,398,269	9,275,127	3,123,142	0 770 %
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d <b>Total</b> Financial Assistance and Means-Tested Government Programs			12,398,269	9,275,127	3,123,142	0 770 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,017,775	330	1,017,445	0 250 %
f Health professions education (from Worksheet 5)			8,706,993	13,130	8,693,863	2 140 %
g Subsidized health services (from Worksheet 6)			1,645,296	517,588	1,127,708	0 280 %
h Research (from Worksheet 7)			480,802		480,802	0 120 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			43,052		43,052	0 010 %
j <b>Total.</b> Other Benefits			11,893,918	531,048	11,362,870	2 800 %
k <b>Total.</b> Add lines 7d and 7j			24,292,187	9,806,175	14,486,012	3 570 %

Part II Community Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					
2	Economic development					
3	Community support		83,514		83,514	0.020 %
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy					
8	Workforce development					
9	Other					
10	Total		83,514		83,514	0.020 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1

Yes

2

Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

7,944,914

3

Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

4

Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5

Enter total revenue received from Medicare (including DSH and IME).

5

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.

☐ Cost accounting system

☐ Cost to charge ratio

☐ Other

9a

Did the organization have a written debt collection policy during the tax year?

9a

Yes

b

If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.

9b

Yes

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

## Section A. Hospital Facilities

**1**

See Additional Data Table

[illegible]

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

GREATER BALTIMORE MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
<b>Community Health Needs Assessment</b>		
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	<b>1</b>	No
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	<b>2</b>	No
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	<b>3</b>	Yes
If "Yes," indicate what the CHNA report describes (check all that apply)		
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	<b>5</b>	Yes
<b>6a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	<b>6a</b>	Yes
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	<b>6b</b>	No
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>7</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>HTTP //WWW GBMC ORG/COMMUNITYOUTREACH</u>		
<b>b</b> <input type="checkbox"/> Other website (list url)		
<b>c</b> <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	<b>8</b>	Yes
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website?	<b>10</b>	Yes
<b>a</b> If "Yes" (list url) <u>SEE PART V, SECTION C</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	<b>10b</b>	No
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	<b>12b</b>	
<b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

GREATER BALTIMORE MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No	
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP <b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300 000000000000 % and FPG family income limit for eligibility for discounted care of _____ % <b>b</b> <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C) <b>c</b> <input checked="" type="checkbox"/> Asset level <b>d</b> <input checked="" type="checkbox"/> Medical indigency <b>e</b> <input checked="" type="checkbox"/> Insurance status <b>f</b> <input type="checkbox"/> Underinsurance discount <b>g</b> <input type="checkbox"/> Residency <b>h</b> <input type="checkbox"/> Other (describe in Section C)	13	Yes	
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) <b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application <b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application <b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process <b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications <b>e</b> <input type="checkbox"/> Other (describe in Section C)	15	Yes	
16	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) <b>a</b> <input type="checkbox"/> The FAP was widely available on a website (list url) _____ <b>b</b> <input type="checkbox"/> The FAP application form was widely available on a website (list url) _____ <b>c</b> <input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) _____ <b>d</b> <input type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) <b>e</b> <input type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) <b>f</b> <input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) <b>g</b> <input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility <b>h</b> <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP <b>i</b> <input checked="" type="checkbox"/> Other (describe in Section C)	16	Yes	

Billing and Collections

17	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 all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>d</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>e</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			



Part V

Facility Information (continued)

GREATER BALTIMORE MEDICAL CENTER

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Actions that require a legal or judicial process			
d	<input type="checkbox"/> Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission			
b	<input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge			
c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	<input type="checkbox"/> Other (describe in Section C)			
f	<input type="checkbox"/> None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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	21	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 Section C)			
d	<input type="checkbox"/> Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	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 its 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 checked="" type="checkbox"/> Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual 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 Section C	23		No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Section C	24		No

**Part V**   **Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.**

Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation

**Part V**   **Facility Information** *(continued)*

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

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

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

Name and address	Type of Facility (describe)
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

Part VI

Supplemental Information

Provide the following information

- 1
- Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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

Form and Line Reference	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 PAYOR'S RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE

Form and Line Reference	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 GBMC PARTNERS WITH CATHOLIC CHARITIES TO PROVIDE ON-SITE PHYSICIAN COVERAGE AT A RESIDENTIAL MENTAL HEALTH TREATMENT FOR CHILDREN (VILLA MARIA)

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	GBMC ADOPTED THE GUIDANCE OF ASU 2011-7, WHICH REQUIRED THE RECLASSIFICATION OF THE PROVISION FOR BAD DEBTS ASSOCIATED WITH PATIENT SERVICE REVENUE FROM AN OPERATING EXPENSE TO A DEDUCTION FROM PATIENT SERVICE REVENUE AS SUCH \$11.4 MILLION FOR PROVISION OF BAD DEBT WAS RECORDED AS A REDUCTION OF PATIENT SERVICE REVENUE PART II, COMMUNITY BUILDING ACTIVITIES GBMC PARTNERS WITH THE CHRISTO REY ORGANIZATION THROUGH AN 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

Form and Line Reference	Explanation
PART III, LINE 2	GBMC USES A CALCULATED COST RATIO OF 77.31% THIS MAKES THE REPORTING OF BAD DEBT CONSISTENT WITH THE REPORTING OF CHARITY CARE

Form and Line Reference	Explanation
PART III, LINE 4	<p>PATIENT ACCOUNTS RECEIVABLE ARE REDUCED BY ALLOWANCES FOR BAD DEBTS. IN EVALUATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE, THE COMPANY ANALYZES HISTORICAL COLLECTIONS AND WRITE OFFS AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR BAD DEBTS AND PROVISION FOR UNCOLLECTIBLE ACCOUNTS. MANAGEMENT REGULARLY REVIEWS ITS ESTIMATE AND EVALUATES THE SUFFICIENCY OF THE ALLOWANCE FOR BAD DEBTS. THE COMPANY ANALYZES CONTRACTUAL AMOUNTS DUE FROM PATIENTS WHO HAVE THIRD PARTY COVERAGE AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR BAD DEBTS FOR PATIENT ACCOUNTS RECEIVABLE ASSOCIATED WITH SELF PAY PATIENTS, WHICH INCLUDES THOSE PATIENTS WITHOUT EXISTING INSURANCE COVERAGE FOR A PORTION OF THE BILL, THE COMPANY RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS FOR PATIENTS THAT ARE UNABLE OR UNWILLING TO PAY FOR THE PORTION OF THE BILL REPRESENTING THEIR FINANCIAL RESPONSIBILITY. ACCOUNT BALANCES ARE CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS AFTER ALL MEANS OF COLLECTION HAVE BEEN EXHAUSTED. THE COMPANY ALLOWANCE FOR DOUBTFUL ACCOUNTS REMAINED THE SAME AT 14% OF GROSS ACCOUNTS RECEIVABLE AS OF JUNE 30, 2016 AND JUNE 30, 2015.</p>



Form and Line Reference	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 TO 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

Form and Line Reference	Explanation
PART VI, LINE 2	GREATER BALTIMORE MEDICAL CENTER (GBMC) COMPLETES A COMMUNITY HEALTH NEEDS 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

Form and Line Reference	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

Form and Line Reference	Explanation
PART VI, LINE 4	<p>GREATER BALTIMORE MEDICAL CENTER, INC ("GBMC") IS A PRIVATE, NOT-FOR-PROFIT, 231 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 WHEN COMPARED TO THAT OF BALTIMORE COUNTY AND THE NATION THE 2010 MEDIAN FAMILY INCOME FOR GBMC'S IMMEDIATE SERVICE AREA WAS \$79,062, COMPARED TO \$85,098 AND \$62,982 FOR MARYLAND AND THE NATION RESPECTIVELY HOWEVER, GBMC'S PERCENTAGE OF UNINSURED IS 16.6% FOR ITS IMMEDIATE SERVICE AREA, COMPARED TO 12.0% FOR BALTIMORE COUNTY AND A NATIONAL AVERAGE OF 13.26% GBMC'S IMMEDIATE SERVICE AREA HAS A MEDICAID POPULATION OF 11.2%, COMPARED TO MEDICAID AVERAGES OF 13% AND 15% FOR BALTIMORE COUNTY AND THE STATE OF MARYLAND RESPECTIVELY</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>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, 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 THE ORGANIZATION HAS PROVIDED A PEDIATRICIAN TO CATHOLIC CHARITIES SERVING AT RISK ADOLESCENTS TO PERFORM PRIMARY CAREASSESSMENTS AND TREATMENTS AS WELL AS HELPING TO COORDINATE FURTHER SPECIALIZED CARE GBMC DONATES A PORTION OF ITS SPACE TO COMMUNITY PARTNERS TO HOST CLASSES TO HELP STROKE VICTIMS REGAIN FULL MOBILITY AND FUNCTIONALITY 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</p>

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	MD

**Schedule H (Form 990) 2015**

Additional Data

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

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)  
How many hospital facilities did the organization operate during the tax year?  
1

Name, address, primary website address, and state license number

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	GREATER BALTIMORE MEDICAL CENTER 6701 NORTH CHARLES STREET BALTIMORE, MD 21204 WWW GBMC ORG MARYLAND STATE LICENSE NUMBER 03-015	X	X		X		X		CONTAINS LICENSED SKILLED NURSING FACILITY BEDS	



# 2015

52-6049658

## Schedule I (Form 990) 2015

Part III

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

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

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	THE ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE U S ARE EVALUATED AND SELECTED THROUGH A FORMAL COMMUNITY NEEDS ADVISORY COMMITTEE AND ARE BASED ON UNIQUE AND IDENTIFIED NEEDS PERIODIC REPORTS (SOME QUARTERLY AND OTHERS ANNUALLY) ARE REQUIRED BY GRANTORS ADDITIONALLY, FIELD VISITS ARE CONDUCTED

**Additional Data**

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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CRISTO REY INTERNSHIP PROGRAM INC 420 SOUTH CHESTER STREET BALTIMORE, MD 21231	36-4067306	501(C)(3)	26,500				TO MAKE A PRIVATE, COLLEGE- PREPARATORY EDUCATION AFFORDABLE TO URBAN YOUNG PEOPLE FROM BALTIMORE
AMERICAN HEART ASSOCIATION 415 NORTH CHARLES BALTIMORE, MD 21297	13-5613797	501(C)(3)	7,500				GENERAL SUPPORT
GBMC HEALTHCARE 6545 N CHARLES TOWSON, MD 21204	52-1484872	501(C)(3)	50,000				GENERAL SUPPORT FOR HEALTHCARE

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.  
▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
GREATER BALTIMORE MEDICAL CENTER INC

Employer identification number  
52-6049658

Part I Questions Regarding Compensation

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account</div> <div><input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div>		
<b>b</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 of the expenses described above? If "No," complete Part III to explain		
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations</div> <div><input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee</div>		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: <b>a</b> Receive a severance payment or change-of-control payment?	Yes	
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <b>a</b> The organization?		No
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III.		No
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <b>a</b> The organization?		No
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III.		No
<b>7</b> For persons listed on 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
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

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

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

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

**Part III** Supplemental Information

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

Return Reference	Explanation
PART I, LINES 4A-B	MICHAEL FORTHMAN VP OF FACILITIES RECEIVED SEVERANCE PAYMENTS TOTALING \$101,672. PART I, LINE 4B GREATER BALTIMORE MEDICAL CENTER, INC. 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) ARE PART OF DEFERRED COMPENSATION. THE FOLLOWING INDIVIDUALS PARTICIPATED IN THIS SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN: MR. JOHN B. CHESARE \$0 EARNED, \$952,545 PAID; MR. BENNETT BERES \$35,245 EARNED, \$0 PAID; MS. CAROLYN L. CANDIELLO \$21,065 EARNED, \$0 PAID; MS. JENNY COLDIRON \$24,882 EARNED, \$0 PAID; MR. MICHAEL A. FORTHMAN \$20,119 EARNED, \$0 PAID; MS. CATHERINE HAMEL \$22,534 EARNED, \$0 PAID; MR. DAVID J. HYNSON \$33,915 EARNED, \$0 PAID; MS. DELORIS TUGGLE \$27,109 EARNED, \$0 PAID; MS. JOANN Z. IOANNOU \$10,993 EARNED, \$0 PAID; MS. SUSAN F. MARTIELLI \$12,735 EARNED, \$0 PAID; MR. ROBERT W. THORNTON \$30,000 EARNED, \$0 PAID.

Additional Data

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 and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1MELISSA SPARROW MD VICE CHIEF OF STAFF	(i)	241,674	0	401	14,411	36,881	293,367	0
	(ii)	0	0	0	0	-0	-0	0
1HAROLD TUCKER MD CHIEF OF STAFF/PHYSICIAN	(i)	316,789	0	404	8,445	17,978	343,616	0
	(ii)	0	0	0	0	-0	-0	0
2JOHN B CHESSARE MD PRESIDENT/CEO	(i)	710,540	1,328,677	21,549	14,200	32,255	2,107,221	952,545
	(ii)	0	0	0	0	-0	-0	0
3MR ERIC L MELCHIOR EVP & CFO (ENDED 7/15)	(i)	266,703	196,362	11,905	16,195	18,806	509,971	0
	(ii)	0	0	0	0	-0	-0	0
4JOHN R SAUNDERS MD EVP MEDICAL AFFAIRS & CMO	(i)	389,610	101,875	23,874	16,800	61,190	593,349	0
	(ii)	0	0	0	0	-0	-0	0
5MR ROBERT THORNTON EVP & CFO GBMC HEALTHCARE	(i)	174,714	20,000	16,339	30,000	17,856	258,909	0
	(ii)	0	0	0	0	-0	-0	0
6MR KEITH R POISSON EVP & COO GBMC HEATHLCARE	(i)	414,974	176,286	23,653	14,200	35,758	664,871	0
	(ii)	0	0	0	0	-0	-0	0
7MS JOANNE PORTER - CHIEF NURSING EXEC ENDED 9/15	(i)	218,027	74,455	11,394	15,116	10,144	329,136	0
	(ii)	0	0	0	0	-0	-0	0
8MS SUSAN MARTIELLI VP LEGAL AFFAIRS/CHIEF COUNSEL	(i)	277,211	3,820	6,036	24,523	11,572	323,162	0
	(ii)	0	0	0	0	-0	-0	0
9MR GEORGE E BAYLESS III VP FINANCE	(i)	230,600	62,020	5,391	12,714	24,698	335,423	0
	(ii)	0	0	0	0	-0	-0	0
10MR BENNETT J BERES VP & COO GBMA	(i)	263,168	37,397	10,991	48,560	13,430	373,546	0
	(ii)	0	0	0	0	-0	-0	0
11MS CAROLYN L CANDIELLO VP QUALITY & PT SAFETY	(i)	204,870	34,445	8,672	32,762	24,198	304,947	0
	(ii)	0	0	0	0	-0	-0	0
12MS JENNY COLDIRON VP DEVELOPMENT	(i)	211,397	47,755	5,501	37,941	38,963	341,557	0
	(ii)	0	0	0	0	-0	-0	0
13MR JOHN W ELLIS SR VP STRATEGY & BUS DEV	(i)	368,645	164,065	21,816	14,200	26,318	595,044	0
	(ii)	0	0	0	0	-0	-0	0
14MS CATHERINE HAMEL VP POST ACUTE SRVS & EXEC	(i)	218,292	36,849	6,676	35,844	37,417	335,078	0
	(ii)	0	0	0	0	-0	-0	0
15MR DAVID J HYNSON VP & CIO	(i)	248,611	43,330	9,092	46,901	35,551	383,485	0
	(ii)	0	0	0	0	-0	-0	0
16MS DELORIS S TUGGLE VP HUMAN RESOURCES	(i)	267,123	42,159	11,576	40,855	13,543	375,256	0
	(ii)	0	0	0	0	-0	-0	0
17MARK IGUCHI MD PHYSICIAN	(i)	725,720	145,111	120	13,949	14,850	899,750	0
	(ii)	0	0	0	0	-0	-0	0
18ELIZABETH A DOVEC MD MEDICAL DIRECTOR	(i)	426,927	357,925	95	14,005	20,266	819,218	0
	(ii)	0	0	0	0	-0	-0	0
19NIRAJ JANI MD PHYSICIAN	(i)	583,029	280,149	120	13,962	31,678	908,938	0
	(ii)	0	0	0	0	-0	-0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21BIMAL G RAMI MD MED DIRECTOR/PHYSICIAN	(i)	931,965	171,687	120	15,275	41,391	1,160,438	0
	(ii)	0	0	0	0	- 0	- 0	0
1GARY I COHEN MD MED DIRECTOR/PHYSICIAN	(i)	532,431	240,110	732	16,800	26,198	816,271	0
	(ii)	0	0	0	0	- 0	- 0	0
2MR MICHAEL A FORTHMAN FORMER VP FACILITIES	(i)	200,015	10,000	1,674	23,035	14,213	248,937	0
	(ii)	0	0	0	0	- 0	- 0	0
3RONALD TUTRONE MD FORMER DIRECTOR/RESEARCH CHAIR	(i)	300,000	0	0	0	0	300,000	0
	(ii)	0	0	0	0	- 0	- 0	0



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	SEE PART VI		X		X		X
B MD HEALTH & HIGHER ED FAC AUTH	52-0936091	574218EY5	04-11-2012	36,317,095	TO REFUND BONDS ISSUED 12/6/2001		X		X		X

Part II Proceeds											
						A		B		C	
1 Amount of bonds retired . . . . .						9,755,000					
2 Amount of bonds legally defeased . . . . .											
3 Total proceeds of issue . . . . .						67,785,379		36,317,095			
4 Gross proceeds in reserve funds . . . . .						4,608,793		773,125			
5 Capitalized interest from proceeds . . . . .											
6 Proceeds in refunding escrows . . . . .											
7 Issuance costs from proceeds . . . . .						723,328					
8 Credit enhancement from proceeds . . . . .											
9 Working capital expenditures from proceeds . . . . .											
10 Capital expenditures from proceeds . . . . .						4,999,718					
11 Other spent proceeds . . . . .						62,062,333		36,317,095			
12 Other unspent proceeds . . . . .											
13 Year of substantial completion . . . . .						2011					
						Yes	No	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	
						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 of bond-financed property? . . . . .	X		X					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c	Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
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 . . . . .▶	0 450 %		0 450 %					
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 . . . . .	0 450 %		0 450 %					
7	Does the bond issue meet the private security or payment test? . . . .		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?. . . . .		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?. . . . .								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?. . . . .	X		X					

Part IV Arbitrage

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

Part IV

Arbitrage (Continued)

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

Part V

Procedures To Undertake Corrective Action

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

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
PART I, COLUMN (F), LINE A	DESCRIPTION OF PURPOSE BUILDING RENOVATIONS AND TO REFUND BONDS ISSUED 8/10/1993, 12/6/2001, 3/17/2009, AND 4/1/2009

Return Reference	Explanation
PART II, LINE 3, COLUMN A	DIFFERENCES BETWEEN THE ISSUE PRICE (PART I) AND TOTAL PROCEEDS (PART II, LINE 3) ARE DUE TO INVESTMENT EARNINGS

Return Reference	Explanation
PART II, LINE 4, COLUMN A AND COLUMN B	THE AMOUNTS SHOWN HERE CONSIST SOLELY OF DEBT SERVICE FUND DEPOSITS

SCHEDULE M  
(Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

►Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
GREATER BALTIMORE MEDICAL CENTER INC

Employer identification number  
52-6049658

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	18	128,835	COST OR SELLING PRICE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( )				
26 Other ► ( )				
27 Other ► ( )				
28 Other ► ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

30a

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

32a

No

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

**Part II**

**Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B)	SECURITIES - PUBLICLY TRADED - NO OF CONTRIBUTIONS

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015****Open to Public  
Inspection**Name of the organization  
GREATER BALTIMORE MEDICAL CENTER INC

Employer identification number

52-6049658

**Return  
Reference****Explanation**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



Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	<p>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</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	SEE FORM 990, PART VI, SECTION A, LINE 6 DESCRIPTION

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	SEE FORM 990, PART VI, SECTION A, LINE 6 DESCRIPTION

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

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.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>THE COMPENSATION COMMITTEE ("COMMITTEE") OF THE BOARD OF DIRECTORS OF GBMC HEALTHCARE, INC , WHICH IS COMPRISED OF DIRECTORS THAT ARE "DISINTERESTED" AS DEFINED BY IRS REGULATIONS, IS AUTHORIZED TO OVERSEE THE ORGANIZATION'S EXECUTIVE COMPENSATION PROGRAM. THE COMMITTEE REVIEWS AND APPROVES THE COMPENSATION PROVIDED TO THE ORGANIZATION'S PRESIDENT AND CHIEF EXECUTIVE OFFICER AND EACH OFFICER, KEY EMPLOYEE AND SENIOR LEADER, WHETHER OR NOT THESE INDIVIDUALS WOULD BE CONSIDERED "DISQUALIFIED PERSONS" UNDER THE INTERMEDIATE SANCTIONS REGULATIONS OF FEDERAL INCOME TAX LAW. THE COMMITTEE HAS ADOPTED A WRITTEN PHILOSOPHY SETTING FORTH THE GUIDING PRINCIPLES GOVERNING THE COMPENSATION PROVIDED TO THE ORGANIZATION'S EXECUTIVES. THE COMMITTEE'S REVIEW AND APPROVAL PROCESS WAS ESTABLISHED AND IS CONDUCTED IN A MANNER SO AS TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE INTERMEDIATE SANCTIONS REGULATIONS OF FEDERAL INCOME TAX LAW. ALL FORMS OF COMPENSATION AND BENEFITS PROVIDED TO MEMBERS OF THE SENIOR LEADERSHIP TEAM ARE REVIEWED, WHICH INCLUDES CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED TO ENSURE THAT THE "TOTAL COMPENSATION" IS REASONABLE. THE COMMITTEE ENGAGED AN INDEPENDENT EXECUTIVE COMPENSATION CONSULTANT THAT SPECIALIZES IN THE REVIEW OF HOSPITAL AND HEALTH SYSTEM EXECUTIVE COMPENSATION AND BENEFITS TO COMPILE MARKET COMPENSATION DATA OF SIMILARLY SIZED HEALTH CARE ORGANIZATIONS THROUGHOUT THE COUNTRY AS WELL AS THE SAME GEOGRAPHIC REGION. NO DATA FROM ANY FOR-PROFIT ENTITIES WERE USED. THE DATA WERE CATEGORIZED BY EXECUTIVE POSITION, AND A SALARY RANGE WAS DEVELOPED WITH THE ASSISTANCE OF THE INDEPENDENT COMPENSATION CONSULTANT. THE COMMITTEE RELIED UPON THIS DATA, RELEVANT BUSINESS JUDGMENT FACTORS (E.G., EXPERIENCE, PERFORMANCE, RECRUITMENT AND RETENTION FACTORS AND THE UNIQUE DEMANDS OF THE POSITION), THE GUIDANCE PROVIDED BY THE STATED COMPENSATION PHILOSOPHY AND THE WRITTEN OPINION OF THE INDEPENDENT EXECUTIVE COMPENSATION CONSULTANT AS TO THE REASONABLENESS OF THE COMPENSATION IN RELATION TO MARKET DATA IN MAKING ITS EXECUTIVE COMPENSATION DECISIONS. THE COMMITTEE ALSO CONSIDERS ITS BUSINESS JUDGMENT. THE COMMITTEE DOCUMENTS THE BASIS FOR ITS DECISIONS THROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES OF THE COMPENSATION COMMITTEE MEETINGS DURING WHICH SUCH DECISIONS ARE DELIBERATED AND DETERMINED. THE COMMITTEE'S DECISIONS ARE SUBJECT TO THE FINAL APPROVAL OF THE BOARD OF DIRECTORS.</p>

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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PENSION EXPENSE -20,458,747    TRANSFER TO AFFILIATES 674,001    PARTNERSHIP INCOME FROM FORM K-1 - 130,630



SCHEDULE R  
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
GREATER BALTIMORE MEDICAL CENTER INC

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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 (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) FINNEY TRIMBLE SURGICAL ASSOCIATES LLC 6535 NORTH CHARLES STREET SUITE 510 TOWSON, MD 21204 27-0277242	SURGICAL PHYSICIAN PRACTICE	MD	0	0	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 entity?	
						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) Disproporionate 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	
<b>(1)</b> GBMC MEDICAL ARTS LP  6701 NORTH CHARLES STREET BALTIMORE, MD 21204 52-1412751	REAL ESTATE MGT	MD	N/A									
<b>(2)</b> GBMC MEDICAL ARTS PAVILION WEST LP  6701 NORTH CHARLES STREET BALTIMORE, MD 21204 52-1899034	REAL ESTATE MGT	MD	GBMC AGENCY INC	EXCLUDED	208,325	655,174		No			No	37 900 %
<b>(3)</b> GREATER BALTIMORE DIAGNOSTIC IMAGING PARTNERSHIP  6701 NORTH CHARLES STREET BALTIMORE, MD 21204 52-1561640	IMAGING SERVICES	MD	N/A									

**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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
<b>(1)</b> GBMC AGENCY INC  6701 NORTH CHARLES STREET BALTIMORE, MD 21204 52-1411931	INVESTMENTS	MD	N/A	C					No
<b>(2)</b> GBMC MANAGEMENT INC  6701 NORTH CHARLES STREET BALTIMORE, MD 21204 52-1411974	MANAGEMENT CO	MD	N/A	C					No
<b>(3)</b> GBMC FINANCE CORPORATION  6701 NORTH CHARLES STREET BALTIMORE, MD 21204 52-1863069	FINANCING AGENT	MD	N/A	C					No
<b>(4)</b> GBMC FINANCE CORPORATION II  6701 NORTH CHARLES STREET BALTIMORE, MD 21204 52-1836142	FINANCING AGENT	MD	N/A	C					No
<b>(5)</b> GBMC FINANCE CORPORATION III  6701 NORTH CHARLES STREET BALTIMORE, MD 21204 52-1836144	FINANCING AGENT	MD	N/A	C					No
<b>(6)</b> RUXTON INSURANCE COMPANY LTD  3 GORHAM ROAD HAMILTON HM 08 HAMILTON BD 98-0413102	INSURANCE CAPTIVE	BD	N/A	C	9,710,623	75,918,813	100 000 %	Yes	
<b>(7)</b> GBMD INC  6701 NORTH CHARLES STREET BALTIMORE, MD 21204 52-1914558	HEALTHCARE	MD	N/A	C					No

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

1

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

a

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

1a

Yes

b

Gift, grant, or capital contribution to related organization(s) . . . . .

1b

Yes

c

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

1c

Yes

d

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

1d

No

e

Loans or loan guarantees by related organization(s) . . . . .

1e

No

f

Dividends from related organization(s) . . . . .

1f

No

g

Sale of assets to related organization(s) . . . . .

1g

No

h

Purchase of assets from related organization(s) . . . . .

1h

No

i

Exchange of assets with related organization(s) . . . . .

1i

No

j

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

1j

Yes

k

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

1k

Yes

l

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

1l

Yes

m

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

1m

Yes

n

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

1n

Yes

o

Sharing of paid employees with related organization(s) . . . . .

1o

Yes

p

Reimbursement paid to related organization(s) for expenses . . . . .

1p

Yes

q

Reimbursement paid by related organization(s) for expenses . . . . .

1q

Yes

r

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

1r

Yes

s

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

1s

No

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)RUXTON INSURANCE COMPANY LTD	B	11,150,241	COST
(2)RUXTON INSURANCE COMPANY LTD	Q	10,286,746	COST

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**

Provide additional information for responses to questions on Schedule R (see instructions)

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

Additional Data

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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
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 52-1413360	HEALTH SERVICES	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	SUPPORTING	MD	501(C)(3)	LINE 11, TYPE III-FI	N/A		No
MILTON J DANCE JR ENDOWMENT INC 409 WASHINGTON AVENUE BALTIMORE, MD 21204 52-1104173	SUPPORTING	MD	501(C)(3)	LINE 11, TYPE III-FI	N/A		No
WOMEN'S HOSPITAL FOUNDATION INC PO BOX 166 RIDERWOOD, MD 21139 52-0591609	FUNDRAISING	MD	501(C)(3)	LINE 11, TYPE III-FI	N/A		No
JOSEPH RICHEY HOUSE INC 838 NORTH EUTAW STREET BALTIMORE, MD 21201 52-1184960	HOSPITAL SERVICES	MD	501(C)(3)	LINE 3 170(B)(1)(A)	GILCHRIST HOSPICE CARE		No
BROWNLOW BYRON HOME 838 NORTH EUTAW STREET BALTIMORE, MD 21201 52-2019909	HOUSING FOR LOW INCOME TENANTS	MD	501(C)(3)	LINE 3 170(B)(1)(A)	GILCHRIST HOSPICE CARE		No
PRESBYTERIAN EYE EAR & THROAT CHARITY HOSP INC BOARD OF LADY MGRS 20 INDIAN LANE BALTIMORE, MD 21210 52-6052408	SUPPORTING	MD	501(C)(3)	LINE 11, TYPE III-FI	N/A		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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) GBMC AGENCY INC 6701 NORTH CHARLES STREET BALTIMORE, MD 21204 52-1411931	INVESTMENTS	MD	N/A	C					No
(1) GBMC MANAGEMENT INC 6701 NORTH CHARLES STREET BALTIMORE, MD 21204 52-1411974	MANAGEMENT CO	MD	N/A	C					No
(2) GBMC FINANCE CORPORATION 6701 NORTH CHARLES STREET BALTIMORE, MD 21204 52-1863069	FINANCING AGENT	MD	N/A	C					No
(3) GBMC FINANCE CORPORATION II 6701 NORTH CHARLES STREET BALTIMORE, MD 21204 52-1836142	FINANCING AGENT	MD	N/A	C					No
(4) GBMC FINANCE CORPORATION III 6701 NORTH CHARLES STREET BALTIMORE, MD 21204 52-1836144	FINANCING AGENT	MD	N/A	C					No
(5) RUXTON INSURANCE COMPANY LTD 3 GORHAM ROAD HAMILTON HM 08 HAMILTON BD 98-0413102	INSURANCE CAPTIVE	BD	N/A	C	9,710,623	75,918,813	100 000 %	Yes	
(6) GBMD INC 6701 NORTH CHARLES STREET BALTIMORE, MD 21204 52-1914558	HEALTHCARE	MD	N/A	C					No