

990-T

# Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No. 1545-0047

For calendar year 2017 or other tax year beginning JUL 1, 2017

and ending JUN 30, 2018

1806

2017

Department of the Treasury  
Internal Revenue ServiceGo to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Check box if address changed		Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)		<b>D</b> Employer identification number. (Employees' trust, see instructions.)	
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		GREATER BALTIMORE MEDICAL CENTER, INC. Number, street, and room or suite no. If a P.O. box, see instructions. 6701 NORTH CHARLES STREET City or town, state or province, country, and ZIP or foreign postal code BALTIMORE, MD 21204		52-6049658 <b>E</b> Unrelated business activity codes (See instructions.) 900099	
<b>C</b> Book value of all assets at end of year 625,534,771.		<b>F</b> Group exemption number (See instructions.)			
		<b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust			

H Describe the organization's primary unrelated business activity. QUALIFIED TRANSPORTATION FRINGE BENEFITS

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☒ Yes ☐ No  
 If "Yes," enter the name and identifying number of the parent corporation. SEE STATEMENT 2 G-BMC 52-1484872

J The books are in care of LAURIE R. BEYER Telephone number (443) 849-2000

Part I Unrelated Trade or Business Income			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances	c Balance	1c		
2	Cost of goods sold (Schedule A, line 7)		2		
3	Gross profit. Subtract line 2 from line 1c		3		
4a	Capital gain net income (attach Schedule D)		4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c	Capital loss deduction for trusts		4c		
5	Income (loss) from partnerships and S corporations (attach statement)		5		
6	Rent income (Schedule C)		6		
7	Unrelated debt-financed income (Schedule E)		7		
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)		8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10	Exploited exempt activity income (Schedule I)		10		
11	Advertising income (Schedule J)		11		
12	Other income (See instructions; attach schedule) SEE STATEMENT 1		12	63,592.	63,592.
13	Total. Combine lines 3 through 12		13	63,592.	63,592.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)			(D) Deductions		(E) Taxable Income
14	Compensation of officers, directors, and trustees (Schedule K)		14		
15	Salaries and wages		15		
16	Repairs and maintenance		16		
17	Bad debts		17		
18	Interest (attach schedule)		18		
19	Taxes and licenses		19		
20	Charitable contributions (See instructions for limitation rules)		20		
21	Depreciation (attach Form 4562)		21		
22	Less depreciation claimed on Schedule A and elsewhere on return		22a		
23	Depletion		23		
24	Contributions to deferred compensation plans		24		
25	Employee benefit programs		25		
26	Excess exempt expenses (Schedule I)		26		
27	Excess readership costs (Schedule J)		27		
28	Other deductions (attach schedule)		28		
29	Total deductions. Add lines 14 through 28		29	0.	
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	63,592.	
31	Net operating loss deduction (limited to the amount on line 30)		31		
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32	63,592.	
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		33	1,000.	
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34	62,592.	

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

Form 990-T (2017)

116

21430410 149899 GREA9658MCL 2017.05050 GREATER BALTIMORE MEDICAL C GREA9651

7-11

16

**Part III Tax Computation****35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☒ See instructions and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ 50,000. (2) \$ 12,592. (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34

SEE STATEMENT 3

35c 11,886.

**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from:☐ Tax rate schedule or ☐ Schedule D (Form 1041)

36

**37 Proxy tax.** See instructions

37

**38 Alternative minimum tax**

38

**39 Tax on Non-Compliant Facility Income.** See instructions

39

**40 Total.** Add lines 37, 38 and 39 to line 35c or 36, whichever applies

40 11,886.

**Part IV Tax and Payments****41a Foreign tax credit** (corporations attach Form 1118; trusts attach Form 1116)

41a

b Other credits (see instructions)

41b

c General business credit. Attach Form 3800

41c

d Credit for prior year minimum tax (attach Form 8801 or 8827)

41d

e **Total credits.** Add lines 41a through 41d

41e

**42 Subtract line 41e from line 40**

42 11,886.

**43 Other taxes.** Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)

43

**44 Total tax.** Add lines 42 and 43

44 11,886.

**45a Payments:** A 2016 overpayment credited to 2017

b 2017 estimated tax payments

45a

c Tax deposited with Form 8868

45b

d Foreign organizations: Tax paid or withheld at source (see instructions)

45c

e Backup withholding (see instructions)

45d

f Credit for small employer health insurance premiums (Attach Form 8941)

45e

g Other credits and payments:

☐ Form 2439

45f

☐ Form 4136 ☐ Other

Total

45g

**46 Total payments.** Add lines 45a through 45g

46 9,914.

**47 Estimated tax penalty** (see instructions). Check if Form 2220 is attached ☒

47 229.

**48 Tax due.** If line 46 is less than the total of lines 44 and 47, enter amount owed

48 2,201.

**49 Overpayment.** If line 46 is larger than the total of lines 44 and 47, enter amount overpaid

49

**50 Enter the amount of line 49 you want:** Credited to 2018 estimated tax

Refunded

50

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

**51** At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here

Yes	No
	X

**52** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?

If YES, see instructions for other forms the organization may have to file.

	X
--	---

**53** Enter the amount of tax-exempt interest received or accrued during the tax year \$**Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer *John W. Sadoff, Jr.* Date *5/13/2019*EVP & CFO  
TitleMay the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No**Paid Preparer Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

JOHN W. SADOFF, JR.

*John W. Sadoff, Jr.*

5/10/2019

P00540589

Firm's name DELOITTE TAX LLP

Firm's EIN 86-1065772

695 TOWN CENTER DR, STE 1000

Firm's address COSTA MESA, CA 92626

Phone no. (714) 436-7100

Form 990-T (2017)

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold Subtract line 6 from line 5 Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b	Other costs (attach schedule)	4b					
5	Total Add lines 1 through 4b	5					

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

1 Description of property		
(1)		
(2)		
(3)		
(4)		
2 Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	
(c) Total income Add totals of columns 2(a) and 2(b) Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)
0.		0.

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

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

Form 990-T (2017)

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
<b>Nonexempt Controlled Organizations</b>					
7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)	
<b>Totals</b>			0.	0.	

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)	Enter here and on page 1, Part I, line 9, column (B)	
<b>Totals</b>		0.	0.	

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5 but not more than column 4)
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)	Enter here and on page 1, Part II, line 26		
<b>Totals</b>		0.	0.	0.		

**Schedule J - Advertising Income** (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>		0.	0.			0.

Form 990-T (2017)

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

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

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

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

Form 990-T (2017)

GREATER BALTIMORE MEDICAL CENTER, INC.

52-6049658

FORM 990-T	OTHER INCOME	STATEMENT	1
------------	--------------	-----------	---

DESCRIPTION	AMOUNT
QUALIFIED TRANSPORTATION FRINGE BENEFITS	63,592.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	63,592.

FORM 990-T	PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER	STATEMENT	2
------------	--	-----------	---

CORPORATION'S NAME	IDENTIFYING NO
GBMC HEALTHCARE, INC.	52-1484872

FORM 990-T	LINE 35C TAX COMPUTATION	STATEMENT	3
1.	TAXABLE INCOME . . . . .	62,592	
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT . .	50,000	
3.	LINE 1 LESS LINE 2 . . . . .	12,592	
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT . .	12,592	
5.	LINE 3 LESS LINE 4 . . . . .	0	
6.	INCOME SUBJECT TO 34% TAX RATE . . . . .	0	
7.	INCOME SUBJECT TO 35% TAX RATE . . . . .	0	
8.	15 PERCENT OF LINE 2 . . . . .	7,500	
9.	25 PERCENT OF LINE 4 . . . . .	3,148	
10.	34 PERCENT OF LINE 6 . . . . .	0	
11.	35 PERCENT OF LINE 7 . . . . .	0	
12.	ADDITIONAL 5% SURTAX . . . . .	0	
13.	ADDITIONAL 3% SURTAX . . . . .	0	
14.	TOTAL INCOME TAX		10,648
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/2017	13,144	
	DAYS		
16.	TAX PRORATED FOR NUMBER OF DAYS IN 2017 184	5,368	
17.	TAX PRORATED FOR NUMBER OF DAYS IN 2018 181	6,518	
18.	TOTAL TAX PRORATED 365		11,886

## TENTATIVE MINIMUM TAX (TMT) PRORATION

STATEMENT

4

TENTATIVE MINIMUM TAX FOR THE ENTIRE YEAR . . . 4,518.

TMT IN EFFECT BEFORE 01/01/2018 . . . . . 4,518.

TMT IN EFFECT AFTER 12/31/2017 . . . . . 0.

## DAYS

TMT PRORATED FOR NUMBER OF DAYS IN 2017 . . 184 2,278.

TMT PRORATED FOR NUMBER OF DAYS IN 2018 . . 181 0.

TMT PRORATED . . . . . 365 2,278.



**Section 1.263(a)-3(n) Capitalization Election**

Greater Baltimore Medical Center, Inc hereby elects on behalf of itself to capitalize repair and maintenance costs under Treas Reg § 1.263(a)-3(n). The costs were incurred during the taxable year in the electing taxpayer's trade or business and the electing taxpayer treats such costs as capital expenditures on its books and records.

**Section 1.263(a)-1(f) De Minimis Safe Harbor Election**

Greater Baltimore Medical Center, Inc on behalf of itself is making the de minimis safe harbor election under Treas Reg § 1.263(a)-1(f) for all eligible amounts paid or incurred during the taxable year