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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning 07-01-2020 , and ending 06-30-2021

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
GREATER BALTIMORE MEDICAL CENTER INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)Room/suite

6701 NORTH CHARLES STREET

City or town, state or province, country, and ZIP or foreign postal code
BALTIMORE, MD 21204

F Name and address of principal officer:
LAURIE R BEYER
6701 NORTH CHARLES STREET
BALTIMORE, MD 21204

H(a) Is this a group return for subordinates?
☐ Yes ☒ No

H(b) Are all subordinates included?
☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

D Employer identification number
52-6049658

E Telephone number
(443) 849-2000

G Gross receipts \$ 653,086,075

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.GBMC.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1960

M State of legal domicile: MD

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
TO PROVIDE MEDICAL CARE AND SERVICE OF THE HIGHEST QUALITY TO EACH PATIENT LEADING TO HEALTH, HEALING, AND HOPE.

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

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

b Net unrelated business taxable income from Form 990-T, line 39

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶2,260,227

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

Prior Year

Current Year

Beginning of Current Year

End of Year

Part II Signature Block

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

Sign Here

Signature of officer

LAURIE R BEYER EVP/CFO

Type or print name and title

2022-05-03

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P00540589

Firm's name ▶ DELOITTE TAX LLP

Firm's EIN ▶ 86-1065772

Firm's address ▶ 695 TOWN CENTER DR STE 1000

COSTA MESA, CA 92626

Phone no. (714) 436-7100

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2020)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**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 \$ 232,703,790 including grants of \$) (Revenue \$ 259,424,436)

See Additional Data

4b (Code:) (Expenses \$ 120,380,379 including grants of \$) (Revenue \$ 146,415,034)

See Additional Data

4c (Code:) (Expenses \$ 18,393,668 including grants of \$) (Revenue \$ 23,563,563)

See Additional Data

(Code:) (Expenses \$ 100,195,763 including grants of \$ 355,061) (Revenue \$ 125,784,696)

AMBULATORY, POST ACUTE, & PRIMARY CARE SERVICES

4d Other program services (Describe in Schedule O.)
(Expenses \$ 100,195,763 including grants of \$ 355,061) (Revenue \$ 125,784,696)**4e** Total program service expenses ▶ 471,673,600

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 Yes	
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	
21 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? If "Yes," complete Schedule I, Parts I and II	21 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	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? If "Yes," complete Schedule I, Parts I and III	22	No
23	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? If "Yes," complete Schedule J	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b	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? If "Yes," complete Schedule L, Part I	25b	No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	Yes
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
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)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	339
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

Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

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	4,630			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes		3a	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b	Yes		4a	No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	4a			5a	No
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)?	5a			5b	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).	5b			5c	
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5c			6a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	6a			6b	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	6b			7a	Yes
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?	7a	Yes		7b	Yes
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	7b	Yes		7c	No
7 Organizations that may receive deductible contributions under section 170(c).	7c			7d	
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?	7d			7e	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7e			7f	No
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7f			7g	
d If "Yes," indicate the number of Forms 8282 filed during the year	7g			7h	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7h			8	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	8			9a	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	9a			9b	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	9b			10	
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?	10			11a	
9 Sponsoring organizations maintaining donor advised funds.	11a			11b	
a Did the sponsoring organization make any taxable distributions under section 4966?	11b			12a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	12a			13a	
10 Section 501(c)(7) organizations. Enter:	13a			14a	No
a Initiation fees and capital contributions included on Part VIII, line 12	14a			14b	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	14b			15	Yes
11 Section 501(c)(12) organizations. Enter:	15			16	No
a Gross income from members or shareholders	16			13a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	13a			13b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	13b			13c	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	13c			14a	No
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	14a			14b	
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	14b			15	Yes
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	15			16	No
c Enter the amount of reserves on hand	16			14a	No
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a			14b	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			15	Yes
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			16	No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			14a	No

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	28	
	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	25	
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?	Yes	
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	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?	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?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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		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?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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		No
b	Other officers or key employees of the organization		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?	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?	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-A 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.

☐ Own website ☒ Another's website ☒ Upon request ☐ 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:
LAURIE R BEYER 6701 NORTH CHARLES STREET BALTIMORE, MD 21204 (443) 849-2000

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

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.

See instructions for the order in which to list the persons above.

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

[illegible]

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	13,865,262	0	1,299,929

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 ▶ 536

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
SODEXO INC 9801 WASHINGTON BLVD GAITHERSBURG, MD 20878	MANAGEMENT - HOTEL SERVICES	4,734,206
JOHNS HOPKINS UNIVERSITY 125 MEDICAL ADMIN RD 720 RUTLAND BALTIMORE, MD 21205	RESIDENCY PROGRAM	4,556,588
CHESAPEAKE MEDICAL STAFFING 2401 YORK ROAD LUTHERVILLE, MD 21093	MEDICAL STAFFING	4,382,935
CLEARPATH SOLUTIONS GROUP LLC 12100 SUNSET HILLS ROAD RESTON, VA 20190	SOFTWARE ENGINEERING	4,380,946
EPIC SYSTEMS CORPORATION 1979 MILKY WAY VERONA, WI 53593	SOFTWARE ENGINEERING	2,497,742

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 ► 133

Form 990 (2020)		Page 9				
Part VIII		Statement of Revenue				
Check if Schedule O contains a response or note to any line in this Part VIII		<input type="checkbox"/>				
		(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	224,281			
	d Related organizations	1d	2,731,100			
	e Government grants (contributions)	1e	10,149,386			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	14,325,971			
	g Noncash contributions included in lines 1a - 1f:\$	1g	88,632			
	h Total. Add lines 1a-1f		27,430,738			
Program Service Revenue	2a PATIENT SERVICE	Business Code 621110	542,828,749	542,828,749		
	b OTHER OPERATING REV.	900099	11,951,836	11,951,836		
	c GRANT REVENUE	541700	407,144	407,144		
	d					
	e					
	f All other program service revenue.					
	g Total. Add lines 2a-2f.		555,187,729			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		9,354,228		-44,761	9,398,989
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real (ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	60,010,285			
	b Less: cost or other basis and sales expenses		29,613,865			
	c Gain or (loss)		30,396,420			
	d Net gain or (loss)		30,396,420			30,396,420
	8a Gross income from fundraising events (not including \$ 224,281 of contributions reported on line 1c). See Part IV, line 18		39,849			
	b Less: direct expenses		12,003			
	c Net income or (loss) from fundraising events		27,846			27,846
	9a Gross income from gaming activities. See Part IV, line 19					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances						
b Less: cost of goods sold						
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11a PARKING REVENUE	812930	1,010,598			1,010,598	
b CAFETERIA INCOME	722210	52,648			52,648	
c						
d All other revenue						
e Total. Add lines 11a-11d		1,063,246				
12 Total revenue. See instructions		623,460,207	555,187,729	-44,761	40,886,501	

Form 990 (2020)

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	355,061	355,061		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	9,770,661		9,770,661	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	261,289,237	231,335,459	28,998,357	955,421
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	7,904,304	6,611,632	1,253,345	39,327
9 Other employee benefits	25,446,252	20,953,329	4,426,423	66,500
10 Payroll taxes	17,310,331	14,760,828	2,483,641	65,862
11 Fees for services (non-employees):				
a Management	2,510,025	634,678	1,875,347	
b Legal	416,322	15,263	401,059	
c Accounting	596,651	34,006	562,645	
d Lobbying	7,375		7,375	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,082,086		1,082,086	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	40,258,260	30,462,073	9,467,754	328,433
12 Advertising and promotion	1,166,647	71,966	852,359	242,322
13 Office expenses	107,555,181	104,930,190	2,360,936	264,055
14 Information technology	14,250,597	11,063,622	3,184,628	2,347
15 Royalties				
16 Occupancy	13,926,280	11,577,959	2,347,493	828
17 Travel	271,698	88,031	157,391	26,276
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	889,522	289,943	597,720	1,859
20 Interest	4,303,586	2,481,852	1,821,734	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	32,867,045	28,572,878	4,282,011	12,156
23 Insurance	13,074,102	3,645,940	9,428,162	
24 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.)				
a PURCHASED SERVICES	4,062,726	3,716,423	91,462	254,841
b INSTITUTIONAL DUES	1,322,118	72,467	1,249,651	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	560,636,067	471,673,600	86,702,240	2,260,227
26 Joint costs. 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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing			1		
	2	Savings and temporary cash investments		70,906,388	2	77,943,494	
	3	Pledges and grants receivable, net		22,302,489	3	29,945,148	
	4	Accounts receivable, net		49,684,123	4	54,042,439	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use		4,909,962	8	5,794,799	
	9	Prepaid expenses and deferred charges		11,027,147	9	27,606,860	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	675,302,391			
	b	Less: accumulated depreciation	10b	440,616,233	224,147,323	10c	234,686,158
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11		273,823,182	12	334,578,815	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		50,477,427	15	78,156,054	
16	Total assets. Add lines 1 through 15 (must equal line 33)		707,278,041	16	842,753,767		
Liabilities	17	Accounts payable and accrued expenses		64,571,433	17	92,497,208	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		90,562,113	20	85,707,377	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties		38,379,505	23	30,844,162	
	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		144,348,981	25	152,329,499	
	26	Total liabilities. Add lines 17 through 25		337,862,032	26	361,378,246	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		300,883,483	27	393,330,701	
	28	Net assets with donor restrictions		68,532,526	28	88,044,820	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		369,416,009	32	481,375,521	
33	Total liabilities and net assets/fund balances		707,278,041	33	842,753,767		

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	623,460,207
2	Total expenses (must equal Part IX, column (A), line 25)	2	560,636,067
3	Revenue less expenses. Subtract line 2 from line 1	3	62,824,140
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	369,416,009
5	Net unrealized gains (losses) on investments	5	24,089,617
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	25,045,755
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	481,375,521

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 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 type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	Yes	
c 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	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Additional Data

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

Form 990 (2020)

Form 990, Part III, Line 4a:

THE GREATER BALTIMORE MEDICAL CENTER, INC. (GBMC) IS A 284-BED MEDICAL CENTER (ACUTE AND SUB-ACUTE CARE), LOCATED ON A SUBURBAN CAMPUS, WHICH PROVIDED INPATIENT CARE AND OBSERVATION SERVICES TO 14,365 AND 3,758 PATIENTS, RESPECTIVELY. ADDITIONALLY, GBMC DELIVERED OVER 4,345 BABIES IN THE FISCAL YEAR. 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.

Form 990, Part III, Line 4b:

THE OPERATING ROOM PERFORMED OVER 21,534 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

Form 990, Part III, Line 4c:

THE EMERGENCY DEPARTMENT TREATED 42,839 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.

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			
VICTOR A KHOUZAMI MD CHAIR/PHYSICIAN	60.00 0.00					X		1,396,532	0	43,002
JOHN B CHESSARE MD DIRECTOR/CEO GBMC HEALTHCARE	33.00 27.00	X		X				1,245,641	0	44,479
ELIZABETH A DOVEC MD PHYSICIAN	60.00 0.00					X		969,997	0	60,563
BIMAL G RAMI MD MED DIRECTOR/PHYSICIAN	60.00 0.00					X		917,487	0	51,863
HAROLD TUCKER MD EVP & CHIEF MEDICAL OFFICER (TO 1/21)	50.00 10.00			X				901,801	0	38,302
MARK IGUCHI MD PHYSICIAN	60.00 0.00					X		837,324	0	54,395
GUSTAVO E BELLO MD PHYSICIAN	60.00 0.00					X		815,285	0	58,200
MR KEITH R POISSON EVP & COO GBMC HCARE (TO 10/20)	35.00 25.00			X				655,240	0	44,382
MS CATHERINE HAMEL EXEC VP CONT. CARE & PRES. GILCHRIST	21.00 39.00				X			625,385	0	55,916
MS LAURIE R BEYER EVP & CFO GBMC HEALTHCARE	40.00 20.00			X				522,787	0	117,470

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 JENNY COLDIRON VP DEVELOPMENT/PRES. FOUNDATION	10.00 50.00				X			569,634	0	53,983
JOHN L FLOWERS MD EVP & CHIEF MED. OFFICER	50.00 10.00			X				536,533	0	55,863
MS SUSAN MARTIELLI GENERAL COUNSEL/VP LEGAL	40.00 20.00				X			457,326	0	65,275
MR DAVID J HYNSON VP & CIO	45.00 15.00				X			418,865	0	81,652
MS JOANN IOANNOU EXEC VP OF HOSPITAL OPERATIONS & CNO	45.00 15.00				X			397,195	0	102,899
MS ERLENE WASHINGTON VP & COO HEALTH PARTNERS	50.00 10.00				X			368,489	0	88,248
MS ANNA-MARIA G PALMER VP & CHIEF HR OFFICER	40.00 20.00				X			370,814	0	68,294
MARIA PANE MD VICE CHIEF OF STAFF/PHYS. (TO 7/20)	59.00 1.00	X						379,705	0	55,911
MS CAROLYN L CANDIELLO VP QUALITY & PT SAFETY	59.00 1.00				X			357,245	0	41,595
MS STACEY L MCGREEVY VP SUPPORT SERVICES	50.00 10.00				X			309,350	0	39,996

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	Insttutional Trustee	Officer	Key employee	Highest compensated employee	Former			
J CHRISTOPHER GREENAWALT MD DIR./VICE CHIEF OF STAFF (FROM 7/20)	50.00 10.00	X		X				322,390	0	17,967
ROBIN MOTTER-MAST DO DIRECTOR/CHIEF OF STAFF (FROM 7/20)	50.00 10.00	X		X				351,393	0	38,751
MELISSA SPARROW MD FORMER CHIEF OF STAFF	50.00 10.00						X	138,844	0	20,923
MR HERBERT J BELGRAD DIRECTOR (TO 6/21)	1.00 1.00	X						0	0	0
MS HEIDI KENNY BERMAN DIRECTOR	1.00 2.00	X						0	0	0
MR DELBERT ADAMS DIRECTOR	1.00 2.00	X						0	0	0
MR ROBERT AUMILLER DIRECTOR	1.00 2.00	X						0	0	0
MRS SANDRA BERMAN DIRECTOR	1.00 1.00	X						0	0	0
MRS CHRISTINA M BERZINS DIRECTOR (TO 6/21)	1.00 1.00	X						0	0	0
MS MONIQUE BOOKER DIRECTOR	1.00 1.00	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			
ROBERT K BROOKLAND MD DIRECTOR	1.00 2.00	X						0	0	0
MRS ANN P CROOM DIRECTOR (FROM 7/20)	1.00 1.00	X						0	0	0
MR CHARLES C FENWICK JR DIRECTOR	1.00 2.00	X						0	0	0
MRS CHRISTINA FITTS DIRECTOR	1.00 1.00	X						0	0	0
MR JERRY FOCAS DIRECTOR	1.00 2.00	X						0	0	0
MR MITCHELL GOETZE DIRECTOR (TO 6/21)	1.00 2.00	X						0	0	0
MR HARRY S JOHNSON DIRECTOR	1.00 1.00	X						0	0	0
MR LEON KAPLAN DIRECTOR (FROM 7/20)	1.00 1.00	X						0	0	0
THEDA C KONTIS MD DIRECTOR (TO 6/21)	1.00 1.00	X						0	0	0
MR FRANKLIN M LEE DIRECTOR	1.00 1.00	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 THOMAS H MADDUX III SECRETARY	1.00 1.00	X						0	0	0
MS PATRICIA J MITCHELL DIRECTOR	1.00 2.00	X						0	0	0
JOHN R SAUNDERS MD DIRECTOR	1.00 2.00	X						0	0	0
DEVON SMITH DVM DIRECTOR (FROM 7/20)	1.00 2.00	X						0	0	0
MS BONNIE B STEIN DIRECTOR (FROM 7/20)	1.00 2.00	X						0	0	0
MR JAMES B STRADTNER DIRECTOR	1.00 1.00	X						0	0	0
MR STEVEN A THOMAS DIRECTOR (FROM 7/20)	1.00 1.00	X						0	0	0
MS MARION G THOMPSON DIRECTOR (FROM 7/20)	1.00 1.00	X						0	0	0
MR FREDERICK M HUDSON CHAIR	1.00 1.00	X		X				0	0	0
MR TIMOTHY L KRONGARD VICE CHAIR	1.00 1.00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (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 STEPHEN T SCOTT TREASURER	1.00 1.00	X		X				0	0	0
MS FAITH E THOMAS VICE CHAIR	1.00 2.00	X		X				0	0	0

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
GREATER BALTIMORE MEDICAL CENTER INC

Employer identification number
52-6049658

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

The organization is not a private foundation because it is: (For lines 1 through 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 ☐ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- 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 ☐ 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- 10 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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2019 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2020. 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—2019. 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—2020. 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—2019. 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 10 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First 5 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

15 Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2020. 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—2019. 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 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI 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.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, 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).</i>		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9b		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b		

Part IV

Supporting Organizations (continued)

	Yes	No
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 lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the officers, 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 Part VI 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 Part VI 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 Part VI 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in line 2 above, 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 Part VI 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 line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 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 lines 2a and 2b 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 Part VI 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 line 2a 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 Part VI 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 lines 3a and 3b 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? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (<i>explain in Part VI</i>). 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)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	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)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by Line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required-- explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020:		
a	From 2015.		
b	From 2016.		
c	From 2017.		
d	From 2018.		
e	From 2019.		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016.		
b	Excess from 2017.		
c	Excess from 2018.		
d	Excess from 2019.		
e	Excess from 2020.		

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

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.**
▶**Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

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 (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	▶ \$
3	Volunteer hours for political campaign activities (see instructions)	

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(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
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		7,375
j	Total. Add lines 1c through 1i			7,375
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) 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."

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

Part IV Supplemental Information

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:	GOVERNMENT RELATIONS IS A FUNCTION WITHIN THE MARKETING AND COMMUNICATIONS DEPARTMENT OF GBMC HEALTHCARE. IN THIS ROLE, A STAFF MEMBER DEVOTES A PORTION OF HIS TIME SERVING ON THE LEGISLATIVE COMMITTEE OF THE MARYLAND HOSPITAL ASSOCIATION AND ATTENDS REGULAR COMMITTEE MEETINGS DURING THE STATE LEGISLATIVE SESSION. ADDITIONALLY, THIS ROLE INVOLVES THE COORDINATION OF PERIODIC TOURS OF GBMC WITH LOCAL AND STATE ELECTED OFFICIALS. IN FY21, ELECTED OFFICIALS WERE INVITED TO ATTEND A GROUND BREAKING CEREMONY FOR THE PROMISE PROJECT, A THREE-STORY ADDITION TO THE MAIN HOSPITAL AND A NEW CANCER CENTER.

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
GREATER BALTIMORE MEDICAL CENTER INC

Employer identification number
52-6049658

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" 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?

☐ Yes ☐ No

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?

☐ Yes ☐ No

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).

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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)?

☐ Yes ☐ No

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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 52283D Schedule D (Form 990) 2020

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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	37,575,539	36,340,739	32,842,811	30,435,387	28,073,800
b Contributions	1,488,212	3,454,850	1,726,910	1,335,910	186,150
c Net investment earnings, gains, and losses	11,549,578	2,408,463	4,119,628	2,907,545	3,745,142
d Grants or scholarships					
e Other expenditures for facilities and programs	5,400,493	4,628,513	2,348,610	1,836,031	1,569,705
f Administrative expenses					
g End of year balance	45,212,836	37,575,539	36,340,739	32,842,811	30,435,387

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 ▶ 61.730 %

c

Term endowment ▶ 38.270 %

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

3a(i)

Yes

No

(ii) Related organizations

3a(ii)

Yes

b

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

3b

Yes

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" on 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)	(c) Accumulated depreciation	(d) Book value
1a Land		15,290,673		15,290,673
b Buildings		346,510,478	225,410,475	121,100,003
c Leasehold improvements		15,691,159	5,590,039	10,101,120
d Equipment		146,617,597	105,074,588	41,543,009
e Other		151,192,484	104,541,131	46,651,353
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				234,686,158

Schedule D (Form 990) 2020

Part VII

Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	10,025,659	C
(2) Closely-held equity interests		
(3) Other _____		
(A) PUBLICLY TRADED INVESTMENTS	324,553,156	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	334,578,815	

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX

Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) RIGHT OF USE LEASE ASSETS	28,494,389
(2) INTERCOMPANY RECEIVABLE	49,498,342
(3) DEFERRED ASSETS	45,183
(4) DONATED TIMESHARE	44,500
(5) WORKER'S COMPENSATION REINSURANCE RECEIVABLE	73,640
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	78,156,054

Part X

Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) COVID-19 RELATED MEDICARE ADVANCES	77,323,272
(3) PENSION LIABILITY	12,089,651
(4) OTHER LIABILITIES	3,020,869
(5) CAPITAL LEASES	53,111,671
(6) INSURANCE RESERVES	3,716,390
(7) CHARITABLE GIFT ANNUITY	1,129,685
(8) OTHER THIRD PARTY ADVANCES	1,937,961
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	152,329,499

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Part XI 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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental 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 - ONCOLOGY, PEDIATRICS, EMERGENCY DEPARTMENT, CHAPEL, OPHTHALMOLOGY, AND SAFE (DOMESTIC VIOLENCE PROGRAM). 2) RESEARCH - SUPPORT CLINICAL RESEARCH PERFORMED AT GREATER BALTIMORE MEDICAL CENTER. 3) EDUCATION - SUPPORT EDUCATION PROGRAMS, LECTURES AND SCHOLARSHIPS, CENTER FOR NURSING EXCELLENCE. 4) GENERAL SUPPORT FOR GREATER BALTIMORE MED ICAL CENTER. 5) UNCOMPENSATED CARE.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	<p>GREATER BALTIMORE MEDICAL CENTER, INC. IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS FOR GBMC HEALTHCARE, INC. AND SUBSIDIARIES, WHICH INCLUDES BOTH TAXABLE AND TAX-EXEMPT AFFILIATES. THE COMPANY IS A NOT-FOR-PROFIT CORPORATION EXEMPT FROM INCOME TAXES AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE. THE COMPANY IS SUBJECT TO INCOME TAX ON UNRELATED BUSINESS INCOME. INCOME TAXES ARE PROVIDED FOR EARNINGS (LOSS) OF THOSE SUBSIDIARIES WHICH ARE SUBJECT TO FEDERAL AND STATE INCOME TAX BASED ON AGENCY'S SHARE OF THE SUBSIDIARIES' TAXABLE INCOME, WHETHER OR NOT DISTRIBUTED. AGENCY'S SHARE OF THESE SUBSIDIARIES' NET LOSSES IS DEDUCTIBLE TO THE EXTENT OF AGENCY'S TAX BASIS IN THE SUBSIDIARIES. THE FINANCIAL ACCOUNTING STANDARDS BOARD'S (FASB) GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES CLARIFIES THE ACCOUNTING FOR UNCERTAINTY OF INCOME TAX POSITIONS. THIS GUIDANCE DEFINES THE THRESHOLD FOR RECOGNIZING TAX RETURN POSITIONS IN THE CONSOLIDATED FINANCIAL STATEMENTS AS "MORE LIKELY THAN NOT" THAT THE POSITION IS SUSTAINABLE, BASED ON ITS TECHNICAL MERITS. THIS STANDARD ALSO PROVIDES GUIDANCE ON THE MEASUREMENT, CLASSIFICATION AND DISCLOSURE OF TAX RETURN POSITIONS IN THE CONSOLIDATED FINANCIAL STATEMENTS. THE COMPANY HAS ADOPTED THIS GUIDANCE, AND THERE WERE NO AMOUNTS RECORDED IN THE CONSOLIDATED FINANCIAL STATEMENTS AS OF AND DURING THE YEARS ENDED JUNE 30, 2021 AND 2020 FOR UNCERTAIN TAX POSITIONS. GBMC AGENCY, INC AND SUBSIDIARIES ARE TAXABLE ENTITIES, WHICH HAVE TAX OPERATING LOSS CARRY FORWARD AVAILABLE TO OFFSET FUTURE TAXABLE INCOME. EFFECTIVE FOR TAX YEARS AFTER DECEMBER 31, 2017, THE NET OPERATING LOSS CARRY FORWARD IS INDEFINITE. AS OF JUNE 30, 2021, AND 2020, THE DEFERRED TAX ASSETS CONSISTING PRIMARILY OF NET OPERATING LOSS CARRY FORWARDS WERE FULLY OFFSET BY A RELATED VALUATION ALLOWANCE.</p>

2020

Open to Public Inspection

Employer identification number
52-6049658

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 3** Activites 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 the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	1	0	PROGRAM SERVICES	INSURANCE PREMIUMS	3,374,832
3a Sub-total	1	0			3,374,832
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	1	0			3,374,832

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 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" on Form 990, Part IV, line 16.
-----------------	---

Part III can be duplicated if additional space is needed.

[illegible]

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 separately 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; don't 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* ☐ Yes ☒ No

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.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2:	GBMC RUXTON IS A WHOLLY OWNED INSURANCE CAPTIVE OF GBMC. RUXTON'S BOARD APPROVES THE INSURANCE PREMIUMS CHARGED TO GBMC. THE FINANCIAL STATEMENTS OF RUXTON ARE REVIEWED BY GBMC MANAGEMENT MONTHLY. RUXTON IS ALSO SEPARATELY AUDITED. GBMC'S AUDITORS REVIEW RUXTON'S AUDITED FINANCIAL STATEMENTS ANNUALLY.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

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.

		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events
		<u>FATHER'S DAY 5K</u> (event type)	<u>GBMC GOLF OUTING</u> (event type)	<u>2</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	98,551	66,118	99,461	264,130
	2 Less: Contributions	88,034	50,998	85,249	224,281
	3 Gross income (line 1 minus line 2)	10,517	15,120	14,212	39,849
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	2,742		3,790	6,532
	8 Entertainment	500		2,826	3,326
	9 Other direct expenses	2,145			2,145
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				12,003
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				27,846

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				
Direct Expenses	2 Cash prizes				
	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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 ►		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 provide any additional information. See instructions.

Return Reference	Explanation
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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.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
GREATER BALTIMORE MEDICAL CENTER INC

Employer identification number
52-6049658

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 free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 30000.0000000000 % b Did the organization use FPG as a factor in determining eligibility for providing discounted 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 % 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"? 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? 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? 6a Did the organization prepare a community benefit report during the tax year? b If "Yes," did the organization make it available to the public? Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.	3a	Yes
		3b	No
		4	Yes
		5a	Yes
		5b	Yes
		5c	No
		6a	Yes
		6b	No

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)			8,097,055	6,546,005	1,551,050	0.280 %
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			8,097,055	6,546,005	1,551,050	0.280 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			1,441,241		1,441,241	0.260 %
f Health professions education (from Worksheet 5)			6,263,533		6,263,533	1.120 %
g Subsidized health services (from Worksheet 6)			119,765,773	76,819,005	42,946,768	7.660 %
h Research (from Worksheet 7)			718,994		718,994	0.130 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			150,000	0	150,000	0.030 %
j Total. Other Benefits			128,339,541	76,819,005	51,520,536	9.200 %
k Total. Add lines 7d and 7j			136,436,596	83,365,010	53,071,586	9.480 %

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				0		
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members			7,297	0	7,297	0 %
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			7,297		7,297	0 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
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	13,700,533	
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	4,777,000	
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	137,529,485	
6 Enter Medicare allowable costs of care relating to payments on line 5	6	136,436,596	
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	1,092,889	
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:			
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other	

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	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

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

Part V Facility Information**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 (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	ER—other	ER—24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	Other (describe)	Facility reporting group
See Additional Data Table										

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

Community Health Needs Assessment

	Yes	No
1 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?	1	No
2 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.	2	No
3 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. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>20</u>		
5 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	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
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.	6b	No
7 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):	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTPS://WWW.GBMC.ORG/CHNA</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 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.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>20</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>HTTPS://WWW.GBMC.ORG/CHNA</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 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.		
12a 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)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c 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			
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	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: <div><div>a</div><div><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 0.000000000000%</div><div>b</div><div><input type="checkbox"/> Income level other than FPG (describe in Section C)</div><div>c</div><div><input checked="" type="checkbox"/> Asset level</div><div>d</div><div><input checked="" type="checkbox"/> Medical indigency</div><div>e</div><div><input checked="" type="checkbox"/> Insurance status</div><div>f</div><div><input checked="" type="checkbox"/> Underinsurance discount</div><div>g</div><div><input checked="" type="checkbox"/> Residency</div><div>h</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>	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): <div><div>a</div><div><input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</div><div>b</div><div><input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</div><div>c</div><div><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</div><div>d</div><div><input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</div><div>e</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>	15	Yes
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply): <div><div>a</div><div><input checked="" type="checkbox"/> The FAP was widely available on a website (list url): HTTPS://WWW.GBMC.ORG/FINANCIALSUPPORT</div><div>b</div><div><input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): HTTPS://WWW.GBMC.ORG/FINANCIALSUPPORT</div><div>c</div><div><input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): HTTPS://WWW.GBMC.ORG/FINANCIALSUPPORT</div><div>d</div><div><input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>e</div><div><input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>f</div><div><input checked="" 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)</div><div>g</div><div><input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention</div><div>h</div><div><input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</div><div>i</div><div><input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations</div><div>j</div><div><input checked="" type="checkbox"/> Other (describe in Section C)</div></div>	16	Yes

Part V Facility Information (continued)**Billing and Collections**

GREATER BALTIMORE MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

	Yes	No
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 nonpayment?	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:		
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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
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?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <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"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) 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?	21 Yes	
If "No," indicate why:		
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)		

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

GREATER BALTIMORE MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

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** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☒ The hospital facility used a prospective Medicare or Medicaid method

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.

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.

	Yes	No
22		
23		No
24		No

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

[illegible]

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)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

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.

990 Schedule H, Supplemental Information

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.
PART I, LINE 7G:	GBMC HAS INVESTED SIGNIFICANTLY, \$42 MILLION IN FY21, IN ITS PHYSICIAN SERVICES. GBMC'S INTEGRATED, MULTI-SPECIALTY MEDICAL GROUP MANAGES PATIENTS' HEALTH ACROSS GBMC'S SYSTEM OF CARE, WITH A FOCUS ON PREVENTION & WELLNESS, EVIDENCE-BASED CARE, AND ACTIVE MANAGEMENT OF CHRONIC DISEASE. CARE OUTSIDE OF THE ACUTE CARE SETTING SIGNIFICANTLY REDUCED TOTAL COST OF CARE AND ENHANCED PATIENT ACCESS. OVER THE LAST TWELVE MONTHS, GBMC'S COVERED LIVES INCREASED 3%.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES:	PROVIDES LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY MEMBERS, AS WELL AS WORKFORCE DEVELOPMENT.
PART III, LINE 2:	GBMC, INC. ESTIMATES BAD DEBT EXPENSE THROUGH THE ANALYSIS OF THE ANNUAL COLLECTIONS, BAD DEBT & CONTRACTUAL ON THE ACCOUNTS RECEIVABLE AS OF A SPECIFIC POINT IN TIME. THE ANALYSIS, WHICH IS UPDATED MONTHLY, APPLIES COLLECTION, BAD DEBT, AND CONTRACTUAL RATES BASED ON ACCOUNT AGE & PAYOR.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3:	THE ESTIMATED AMOUNT OF THE ORGANIZATION'S BAD DEBT ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY IS 4,777,000. THIS REFLECTS THE WRITE-OFF OF PATIENT ACCOUNTS DEEMED UNCOLLECTIBLE.
PART III, LINE 4:	<p>THE COMPANY APPLIES ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 606, REVENUE FROM CONTRACTS WITH CUSTOMERS, WHICH PROVIDES A PRINCIPLES-BASED FRAMEWORK FOR RECOGNIZING REVENUE TO DEPICT THE TRANSFER OF PROMISED GOODS OR SERVICES TO CUSTOMERS IN AN AMOUNT THAT REFLECTS THE CONSIDERATION TO WHICH THE ENTITY EXPECTS TO BE ENTITLED IN EXCHANGE FOR THOSE GOODS OR SERVICES.NET PATIENT SERVICE REVENUE IS RECOGNIZED, OVER TIME, AS PERFORMANCE OBLIGATIONS ARE SATISFIED. PERFORMANCE OBLIGATIONS ARE DETERMINED BASED ON THE NATURE OF THE SERVICES PROVIDED. REVENUE FOR PERFORMANCE OBLIGATIONS SATISFIED OVER TIME IS RECOGNIZED AT THE ESTIMATED NET REALIZABLE AMOUNTS FROM PATIENTS AND THIRD-PARTY PAYORS FOR SERVICES RENDERED.THE COMPANY GENERATES REVENUES, PRIMARILY BY PROVIDING HEALTHCARE SERVICES TO ITS CUSTOMERS. REVENUES ARE RECOGNIZED WHEN CONTROL OF THE PROMISED GOOD OR SERVICE IS TRANSFERRED TO OUR CUSTOMERS, IN AN AMOUNT THAT REFLECTS THE CONSIDERATION TO WHICH THE COMPANY EXPECTS TO BE ENTITLED FROM PATIENTS, THIRD-PARTY PAYORS (INCLUDING GOVERNMENT PROGRAMS AND INSURERS) AND OTHERS, IN EXCHANGE FOR THOSE GOODS AND SERVICES.PERFORMANCE OBLIGATIONS ARE DETERMINED BASED ON THE NATURE OF THE SERVICES PROVIDED. THE MAJORITY OF THE COMPANY'S HEALTHCARE SERVICES REPRESENT A BUNDLE OF SERVICES THAT ARE NOT CAPABLE OF BEING DISTINCT AND AS SUCH, ARE TREATED AS A SINGLE PERFORMANCE OBLIGATION SATISFIED OVER TIME AS SERVICES ARE RENDERED. THE COMPANY ALSO PROVIDES CERTAIN ANCILLARY SERVICES WHICH ARE NOT INCLUDED IN THE BUNDLE OF SERVICES, AND AS SUCH, ARE TREATED AS SEPARATE PERFORMANCE OBLIGATIONS SATISFIED AT A POINT IN TIME, IF AND WHEN THOSE SERVICES ARE RENDERED.THE COMPANY'S ESTIMATE OF THE TRANSACTION PRICE INCLUDES ESTIMATES OF PRICE CONCESSIONS FOR SUCH ITEMS AS CONTRACTUAL ALLOWANCES, CHARITY CARE, POTENTIAL ADJUSTMENTS THAT MAY ARISE FROM PAYMENT AND OTHER REVIEWS, AND UNCOLLECTIBLE AMOUNTS, WHICH ARE DETERMINED USING A PORTFOLIO APPROACH AS A PRACTICAL EXPEDIENT TO ACCOUNT FOR PATIENT CONTRACTS AS COLLECTIVE GROUPS RATHER THAN INDIVIDUALLY. ESTIMATES FOR UNCOLLECTIBLE AMOUNTS ARE BASED ON THE AGING OF THE ACCOUNTS RECEIVABLE, HISTORICAL COLLECTION EXPERIENCE FOR SIMILAR PAYORS AND PATIENTS, CURRENT MARKET CONDITIONS, AND OTHER RELEVANT FACTORS.SUBSEQUENT CHANGES TO THE ESTIMATE OF THE TRANSACTION PRICE ARE GENERALLY RECORDED AS ADJUSTMENTS TO NET PATIENT SERVICE REVENUE IN THE PERIOD OF THE CHANGE. SUBSEQUENT CHANGES THAT ARE DETERMINED TO BE THE RESULT OF AN ADVERSE CHANGE IN THE PAYOR'S OR PATIENT'S ABILITY TO PAY ARE RECORDED AS BAD DEBT EXPENSE. BAD DEBT EXPENSE FOR THE YEARS ENDED JUNE 30, 2021 AND 2020 WAS NOT SIGNIFICANT TO THE CONSOLIDATED FINANCIAL STATEMENTS.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8:	N/A; MARYLAND HAS A MEDICARE WAIVER.
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.

990 Schedule H, Supplemental Information

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.
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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4:	GREATER BALTIMORE MEDICAL CENTER, INC. ("GBMC") IS A PRIVATE, NOT-FOR-PROFIT, 284 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 THE NATION. THE AVERAGE HOUSEHOLD INCOME IN THE PRIMARY SERVICE AREA WAS \$77,358, HIGHER THAN THE NATIONAL AVERAGE OF \$65,712.
PART VI, LINE 5:	A MAJORITY OF GBMC'S GOVERNING BODY IS COMPRISED OF PERSONS WHO RESIDE IN THE ORGANIZATION'S PRIMARY SERVICE AREA. GBMC EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY. GBMC REINVESTS ITS OPERATING MARGIN INTO IMPROVEMENTS IN PATIENT CARE AND RESEARCH. GBMC PROVIDES TEACHING THROUGH ACCREDITED INTERN AND RESIDENT EDUCATION PROGRAMS IN INTERNAL, 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 CARE ASSESSMENTS 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.

990 Schedule H, Supplemental Information

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

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		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	

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GREATER BALTIMORE MEDICAL CENTER	PART V, SECTION B, LINE 5: AS PART OF THE COMMUNITY HEALTHCARE NEEDS ASSESSMENT (CHNA), SELECT INDIVIDUALS THROUGHOUT THE COMMUNITY REPRESENTING A VARIETY OF UNIQUE SERVICES, INCLUDING PUBLIC HEALTH, MEDICAL SERVICES, SOCIAL ORGANIZATIONS, CHILD & YOUTH SERVICES AND FAITH-BASED ORGANIZATIONS WERE CHOSEN TO PARTICIPATE IN DIRECTLY RESPONDING TO A SURVEY REGARDING WHAT EACH INDIVIDUAL BELIEVED TO BE THE MOST SIGNIFICANT SOCIAL AND HEALTHCARE ISSUES FACING THE COMMUNITY AT-LARGE. THESE SURVEY RESPONSES BECAME AN OFFICIAL COMPONENT OF THE OVERALL CHNA REPORT. ADDITIONALLY, TWO COMMUNITY STAKEHOLDER MEETINGS ARE HELD EVERY YEAR TO SOLICIT FEEDBACK ON INITIATIVES AND PROGRESS TOWARD GOALS.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
GREATER BALTIMORE MEDICAL CENTER	PART V, SECTION B, LINE 6A: THE CHNA WAS CONDUCTED WITH THE FOLLOWING OTHER HOSPITAL FACILITIES: NORTHWEST HOSPITAL OF LIFEBRIDGE HEALTH, SHEPPARD PRATT, THE UNIVERSITY OF MARYLAND ST. JOSEPH MEDICAL CENTER, AND MEDSTAR FRANKLIN SQUARE MEDICAL CENTER.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GREATER BALTIMORE MEDICAL CENTER	<p>PART V, SECTION B, LINE 11: GREATER BALTIMORE MEDICAL CENTER (GBMC) HAS MADE SIGNIFICANT S TRIDES IN ITS IMPLEMENTATION OF PROGRAMS IN RESPONSE TO THE NEEDS IDENTIFIED IN THE CHNA. SPECIFICALLY, GBMC IS FOCUSED ON THE IDENTIFIED COMMUNITY HEALTH ISSUES IT HAS THE MOST AB ILITY TO IMPACT IN A MEANINGFUL WAY, WHETHER THROUGH INTERNALLY DEVELOPED STRATEGIES AND/O R PARTNERSHIPS. GBMC HAS EXPANDED ITS COLLABORATIVE CARE MANAGEMENT AND CARE COORDINATION MODEL WITH THE ENHANCEMENT OF THREE PROGRAMS: BEHAVIORAL HEALTH EMBEDDED IN THE PATIENT CE NTER MEDICAL HOME, ELDER MEDICAL CARE AT HOME AND, IN UNDERSERVED COMMUNITIES, AND EXPANDI NG CARE COORDINATION/CARE MANAGEMENT. THE GOAL OF PROVIDING SERVICES OUTSIDE OF THE ACUTE CARE SETTING AND WITHIN THE COMMUNITY AND PRIMARY CARE PHYSICIANS IS ONE OF PATIENT CENTRI CITY.GBMC CONTINUES TO INVEST IN BEHAVIORAL HEALTH IN OUR PCMHS AND IMPLEMENTATION OF GBMC 'S ELDER MEDICAL CARE, PROGRAM HAS SIGNIFICANTLY IMPROVED SENIOR'S ACCESS TO CARE, INCLUDI NG HOME-BASED SERVICES. AN INTERDISCIPLINARY TEAM PROVIDES CLINICAL INTERVENTIONS IN THE H OME SETTING, INCLUDING LAB SERVICES, BEHAVIORAL HEALTH CONSULTATIONS, COMMUNITY HEALTH COO RDINATION AND INTERVENTIONS BY PHARMACISTS. THROUGH THESE PROGRAMS, GBMC REACHED 650 HOME BOUND SENIORS WITH ITS ELDER MEDICAL CARE AT HOME PROGRAM. DUE TO THE COVID-19 PANDEMIC, O UR LOW-INCOME HOUSING WORK HAS BEEN ON HOLD AS THESE CLINICS WERE HELD WEEKLY IN THE FACIL ITIES. ONCE ACCESS TO THE LOW-INCOME HOUSING AREAS RESUMES, WE ANTICIPATE PROVIDING PRE-PA NDEMIC VISIT VOLUMES.THE MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE'S PRIMARY CARE N EEDS ASSESSMENT RANKED BALTIMORE CITY LAST IN THE STATE ON INDICATORS SUCH AS PREVENTABLE HOSPITALIZATIONS, ACCESS TO CARE AND OTHER SOCIAL DETERMINANTS OF HEALTH, MAKING IT THE JU RISDICTION WITH THE GREATEST NEED FOR HEALTHCARE RESOURCES. IN ADDITION, BALTIMORE CITY AL SO HAD THE HIGHEST INCIDENCE IN MARYLAND OF HIV, CHRONIC OBSTRUCTIVE PULMONARY DISEASE (CO PD), DIABETES WITH LONG-TERM COMPLICATIONS AND HYPERTENSION.FILLING THIS SIGNIFICANT NEED, A RELATED ENTITY OF GBMC, GILCHRIST CENTER BALTIMORE SERVES ABOUT 200 TERMINALLY ILL INDIVIDUALS EACH YEAR, MOST OF WHOM ARE AT-RISK AND MEDICALLY UNDERSERVED BALTIMORE CITY RESID ENTS. AS GILCHRIST CENTER BALTIMORE IS THE ONLY HOSPICE FACILITY IN BALTIMORE CITY, THE FA CILITY GENERALLY HAS A WAITING LIST OF ELIGIBLE PATIENTS. MOST OF OUR PATIENTS ARE UNINSUR ED/UNDERINSURED, 70% OF THE CITY RESIDENTS LIVE BELOW THE CITY'S MEDIAN FAMILY INCOME. GIL CHRIST PROVIDES A MUCH-NEEDED SERVICE TO THE BALTIMORE CITY POPULATION. THOSE AGED 65 AND OLDER COMPRISE APPROXIMATELY 12.1% OF THE TOTAL POPULATION, AND THE MARYLAND HEALTH CARE C OMMISSION PROJECTS AN INCREASE IN CITY RESIDENTS NEEDING HOSPICE. THIS POPULATION ALSO TEN DS TO BE THOSE MOST IN NEED. IN FY21, GILCHRIST CENTER BALTIMORE HAD AN AVERAGE DAILY CENS US OF 11.4 AND OPERATED AT A \$1.9 MILLION ANNUAL LOSS.GBMC HAS INVESTED SIGNIFICANTLY, \$42 MILLION IN FY21, IN ITS PHYSI</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GREATER BALTIMORE MEDICAL CENTER	<p>CIAN SERVICES. IN FY20, GBMC, EARNED RECOGNITION OF THE NATIONAL COMMITTEE FOR QUALITY ASS URANCE, AS A LEVEL 3 PHYSICIAN PRACTICE CONNECTIONS-PATIENT-CENTERED MEDICAL HOME (PPC-PCM H). GBMC'S INTEGRATED, MULTI-SPECIALTY MEDICAL GROUP MANAGES PATIENT'S HEALTH ACROSS GBMC' S SYSTEM OF CARE, WITH A FOCUS ON PREVENTION & WELLNESS, EVIDENCE-BASED CARE, AND ACTIVE M ANAGEMENT OF CHRONIC DISEASE. CARE OUTSIDE OF THE ACUTE CARE SETTING SIGNIFICANTLY REDUCED TOTAL COST OF CARE AND ENHANCED PATIENT ACCESS. OVER A TWO-YEAR PERIOD, GBMC'S COVERED LI VES INCREASED 5%.THE COLLABORATIVE CARE MODEL (COCM) PROGRAM BEGAN IN JULY OF 2020, ADAPTE D FROM A PREVIOUS INTEGRATED BEHAVIORAL HEALTH CARE MODEL, AND IS A CONTINUED PARTNERSHIP BETWEEN GBMC AND SHEPPARD PRATT. IT IS AN EVIDENCE-BASED MODEL THAT AIMS TO IMPROVE ACCESS TO CARE, PROVIDE HIGH-QUALITY SERVICES AIMED AT SYMPTOM IMPROVEMENT, AND IS EFFICIENT. TH E TEAM OF BEHAVIORAL HEALTH CARE MANAGERS (PRIMARILY SOCIAL WORKERS) HAS NOW TREATED OVER 1,400 PATIENTS TO HELP THEM TO TARGET SYMPTOMS RANGING FROM ANXIETY AND DEPRESSION TO ALCO HOL USE AND POST-TRAUMATIC STRESS. EVALUATION DATA SHOWS IMPROVEMENT IN DEPRESSION AND ANXI ETY SYMPTOMS AND REDUCED UTILIZATION OF THE EMERGENCY DEPARTMENT.ADDITIONAL NOTABLE PROGR AMS INCLUDE GBMC'S SAFE & DOMESTIC VIOLENCE PROGRAM STAFF, WHICH PARTNERS WITH BALTIMORE C OUNTY LAW ENFORCEMENT (SVU & CACU), BALTIMORE COUNTY CHILD ADVOCACY CENTER, BALTIMORE COUN TY STATE'S ATTORNEY'S OFFICE, MARYLAND CENTER FOR SCHOOL SAFETY, AND OTHER COMMUNITY SERVI CE PROVIDERS TO IMPROVE VICTIMS' SAFETY AND WELL-BEING BY PROVIDING HIGH QUALITY, COMPREHE NSIVE, DIRECT SERVICES TO VICTIMS OF SEXUAL ASSAULT, DOMESTIC VIOLENCE, CHILD ABUSE AND HU MAN TRAFFICKING. GBMC PROVIDES 365-DAYS-A-YEAR COVERAGE OF A FORENSIC NURSE AND AN ADVOCAT E. OFTEN TWO FORENSIC NURSES ARE ON-CALL, WITH ONE DESIGNATED FOR PEDIATRIC PATIENTS. ONE CRITICAL COMPONENT OF THIS OBJECTIVE IS TO IMPROVE COURT OUTCOMES FOR VICTIMS. ANOTHER CRI TICAL OUTCOME IS ENSURING A SMOOTH HANDOFF AND CONNECTION WITH VITAL RESOURCES WITHIN THE COMMUNITY. IN FY21, DESPITE THE CONTINUOUS BATTLE WITH THE COVID-19 PANDEMIC, THE SAFE PRO GRAM CONDUCTED 272 SAFE EXAMINATIONS AND ENCOUNTERS, 69 NON-FATAL STRANGULATION EXAMINATIO NS, AND 7 SUSPECT EXAMINATIONS. IN ADDITION TO FORENSIC NURSING SERVICES, OUR VICTIM ADVOC ATES PROVIDED ADVOCACY AND CRISIS INTERVENTIONS TO NEARLY 300 INDIVIDUALS. THE PANDEMIC CE RTAINLY AFFECTED OUR OUTREACH EFFORTS, AS WE HAD TO SHIFT TO OFFERING PRESENTATIONS VIA VI RTUAL PLATFORMS. DESPITE THIS, THE PROGRAM PROVIDED PRESENTATIONS TO OVER 2,000 COMMUNITY MEMBERS. THE PROGRAM CONTINUED EXPANSION OF ITS SERVICE TO CARE FOR PEDIATRIC SEXUAL ABUSE , HUMAN TRAFFICKING, AND VICTIMS FOR WHOM ENGLISH IS A SECOND LANGUAGE, ALL PART OF AN UND ERSERVED POPULATION IN BALTIMORE COUNTY.GBMC HAS A COMPREHENSIVE OBESITY MANAGEMENT PROGRA M (COMP), WHOSE GOAL IS TO GET PATIENTS ENGAGED IN HEALTHIER LIFESTYLE CHANGES. THIS PROGR AM PROVIDES THESE PATIENTS WIT</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GREATER BALTIMORE MEDICAL CENTER	<p>H THE NECESSARY TOOLS AND EDUCATION TO START A JOURNEY TO LOSE WEIGHT AND GAIN A BETTER HE ALTH STATUS. THE OBESITY MANAGEMENT PROGRAM HOSTS AN ANNUAL REVEAL PARTY FOR THOSE PATIENT S WHO HAVE SUCCESSFULLY GONE THROUGH THE PROGRAM. THIS NIGHT IS CONSIDERED A MAGICAL, EMOT IONAL, DIVERSE, COMMUNITY EVENT WHERE BARIATRIC SURGERY PATIENTS ARE CELEBRATED, AND THEIR EXPERIENCE OF CARE IS HIGHLIGHTED. IN FY21, THIS PROGRAM REACHED 238,600 PEOPLE VIRTUALLY THROUGH DR. ELIZABETH DOVEC'S ANNUAL REVEAL PARTY VIA FACEBOOK. TOTAL WEIGHT LOSS ACHIEVE D WAS 111,369 POUNDS. COMP CONTINUES TO TREAT A HIGH VOLUME OF BARIATRIC PATIENTS THROUGH SURGICAL INTERVENTION.THE GOALS OF TREATMENT FOR DIABETES ARE TO PREVENT OR DELAY COMPLICA TIONS AND MAINTAIN QUALITY OF LIFE. IT IS IMPORTANT TO UNDERSTAND WHAT RESOURCES ARE AVAIL ABLE IN YOUR COMMUNITY AND WORK TO CREATE PARTNERSHIPS WITH THESE RESOURCES TO FACILITATE HAND OFFS AND TRANSITIONS OF CARE. THE PRODUCE IN A SNAP INITIATIVE HAS ADDED TO OUR PROGR AMS THAT ARE TARGETING THOSE INDIVIDUALS WHO HAVE FOOD INSECURITY, OBESITY, AND DIABETES. THE PROMOTION ALONE THROUGHOUT BALTIMORE COUNTY HAS BROUGHT PATIENTS AND COMMUNITY MEMBERS FROM ALL WALKS OF LIFE TO BENEFIT FROM THIS GREAT MARKET. THE PANDEMIC HAS UNFORTUNATELY STALLED THIS INITIATIVE, BUT WE HOPE TO HAVE THE MARKET BACK UP AND RUNNING IN SPRING 2022 .THE GECKLE DIABETES AND NUTRITION CENTER AT GBMC OFFERS A COMPREHENSIVE APPROACH TO DIABE TES EDUCATION AND TREATMENT FOR ALL TYPES OF DIABETES. THE DIABETES EDUCATION TEAM CONSIST S OF REGISTERED DIETITIANS AND REGISTERED NURSES, AND ALL ARE CERTIFIED DIABETES EDUCATORS . THE CENTER TEACHES ABOUT DIABETES SELF-MANAGEMENT AND PROVIDES PATIENTS WITH THE TOOLS A VAILABLE TO HELP MANAGE THEIR DIABETES. DIABETES NUTRITION, MEAL PLANNING AND PHYSICAL ACT IVITY ARE KEY COMPONENTS OF THE PROGRAM. GBMC HAS STARTED TO EXTEND THIS PROGRAM TO VARIOU S GBMC PRIMARY CARE OFFICES TO BRING THE SERVICES TO THE PATIENT. WITH DIABETES SELF-MANAG EMENT SKILLS AND IMPROVED BLOOD GLUCOSE (SUGAR) LEVELS, GBMC IS HELPING TO REDUCE THE RISK OF COMPLICATIONS AND SIGNIFICANTLY IMPROVE THE QUALITY OF THE PATIENTS' LIVES. GBMC HAS I DENTIFIED SEVERAL SERVICE BARRIERS AS THE ORGANIZATION HAS WORKED TO IMPLEMENT ITS CHNA WO RK. THESE INCLUDE ISOLATION AND STIGMA RELATED TO MENTAL HEALTH ISSUES, SHORTAGE OF PSYCHI ATRIC PHYSICIANS IN THE COMMUNITY AND TRANSPORTATION CHALLENGES FOR PATIENTS. THESE HAVE B EEN EXACERBATED BY THE COVID-19 PANDEMIC. WHILE NOT FULLY ADDRESSED, SIGNIFICANT STRIDES H AVE BEEN MADE IN BREAKING DOWN THESE BARRIERS. THE ORGANIZATION CONTINUES TO IMPLEMENT SYS TEM-WIDE WORKFLOWS TO ASSESS AND ADDRESS SOCIAL DETERMINANTS OF HEALTH. GBMC HAS ALSO ESTA BLISHED A RELATIONSHIP WITH MOVEABLE FEAST TO DELIVER MEDICALLY-TAILORED MEALS TO PATIENTS WITH FOOD INSECURITY. FINALLY, IN PARTNERSHIP WITH SHEPPARD PRATT, GBMC'S COLLABORATIVE C ARE PROGRAM PROVIDES PATIENTS WITH THE ABILITY TO ACCESS BEHAVIORAL HEALTH SERVICES VIA VI DEO AND PHONE.</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GREATER BALTIMORE MEDICAL CENTER	PART V, SECTION B, LINE 16J: THE HOSPITAL PROVIDES A PERMISSION & ACKNOWLEDGMENTS DOCUMENT, WHICH AMONG OTHER THINGS, SUMMARIZES THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY. THE DOCUMENT IS PROVIDED TO PATIENTS AT THE TIME OF ADMISSION AND INCLUDED WITHIN THE INVOICE BILLING. IN ADDITION, EACH INVOICE NOTES THE AVAILABILITY OF FINANCIAL ASSISTANCE TO PATIENTS THAT BELIEVE THEY ARE UNABLE TO PAY. THE EXISTENCE OF FINANCIAL ASSISTANCE IS ALSO VISIBLY DISPLAYED WITHIN AREAS OF PATIENT FLOW, SUCH AS THE EMERGENCY DEPARTMENT, REGISTRATION KIOSKS, SURGICAL SERVICE AREAS, ETC.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

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 General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 8

3 Enter total number of other organizations listed in the line 1 table 0

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MORGAN STATE UNIVERSITY FOUNDATION INC 1700 E COLD SPRING LANE BALTIMORE, MD 21251	23-7089143	501(C)(3)	200,000	0			RESTRICTED SCHOLARSHIP FOR SOCIAL WORK STUDENTS
MOVEABLE FEAST INC 901 N MILTON AVENUE BALTIMORE, MD 21205	52-1663825	501(C)(3)	54,000	0			GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRISTO REY INTERNSHIP PROGRAM INC 420 SOUTH CHESTER STREET BALTIMORE, MD 21231	20-5300491	501(C)(3)	35,558	0			TO MAKE A PRIVATE, COLLEGE-PREPARATORY EDUCATION AFFORDABLE TO URBAN YOUNG PEOPLE FROM BALTIMORE
ASSOCIATED BLACK CHARITIES INC 2 HAMILL ROAD STE 272 BALTIMORE, MD 21201	52-1427774	501(C)(3)	25,000	0			GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNRISE DAY CAMPS ASSOCIATION 8 MARKET PLACE 331 BALTIMORE, MD 21202	46-5555854	501(C)(3)	5,000	0			FUND DAY CAMP FOR UNDERPRIVILEGED YOUTHS
THE ASSOCIATED JEWISH COMMUNITY FEDERATION OF BALTIMORE INC 5721 PARK HEIGHTS AVENUE BALTIMORE, MD 21215	52-0607957	501(C)(3)	5,000	0			COMMUNITY FUNDING FOR CHANA VOICES EVENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS, TX 75231	13-5613797	501(C)(3)	5,000	0			TO FUND CARDIOVASCULAR MEDICAL RESEARCH
JDRF INTERNATIONAL 891 ELKRIDGE LANDING ROAD LINTHICUM, MD 21090	23-1907729	501(C)(3)	5,000	0			SUPPORT JUVENILE DIABETES RESEARCH

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
GREATER BALTIMORE MEDICAL CENTER INC

Employer identification number
52-6049658

Part I Questions Regarding Compensation		Yes	No
1a Check the 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.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on 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		1b	
2 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 on Line 1a?		2	
3 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.			
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 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:			
a Receive a severance payment or change-of-control payment?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 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:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 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:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	No
8 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.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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.

[illegible]

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, LINE 4B	GREATER BALTIMORE MEDICAL CENTER, INC. HAS A NON-QUALIFIED SUPPLEMENTAL RETIREMENT PLAN. THIS PLAN WAS APPROVED BY THE COMPENSATION COMMITTEE OF THE GBMC HEALTHCARE BOARD OF DIRECTORS TO SUPPLEMENT THE EXECUTIVE'S RETIREMENT INCOME. THE SUPPLEMENTAL RETIREMENT PLAN WAS DEVELOPED BASED ON AN INDEPENDENT CONSULTANT REPORT ON MARKET-BASED PRACTICES FOR SUPPLEMENTAL RETIREMENT PLANS, THE PERCENTAGE OF FINAL AVERAGE PAY, THE REQUIREMENTS FOR VESTING, PARTICIPANTS, AND PAY-OUT PROVISIONS WERE ESTABLISHED, REVIEWED, AND APPROVED BY THE COMPENSATION COMMITTEE. THE CONTRIBUTIONS TO THE SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C) OR IN SCHEDULE J, PART II, COLUMN B(III) AS PART OF DEFERRED COMPENSATION. JOHN B. CHESSARE, M.D.; MR. KEITH R. POISSON; MS. CATHERINE HAMEL; MS. CAROLYN L. CANDIELLO; MS. LAURIE R. BEYER; MS. JENNY COLDIRON; MR. DAVID J. HYNSON; MS. JOANN Z. IOANNOU; MS. SUSAN MARTIELLI; MS. STACEY MCGREEVY; MS. ANNA-MARIA PALMER; MR. HAROLD TUCKER; AND MS. ERLNE WASHINGTON PARTICIPATED IN THIS SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN. THE AMOUNTS PAID OUT OF THIS PLAN IN 2020 WERE AS FOLLOWS: JOHN B. CHESSARE, M.D. - \$215,927 MR. KEITH R. POISSON - \$106,271 MS. CATHERINE HAMEL - \$34,736 MS. CAROLYN L. CANDIELLO - \$26,923 MS. JENNY COLDIRON - \$31,829 MR. HAROLD TUCKER - \$74,107

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				
1VICTOR A KHOUZAMI MD CHAIR/PHYSICIAN	(i)	1,250,680	145,210	642	15,350	27,652	1,439,534	0
	(ii)	0	0	0	0	0	0	0
1JOHN B CHESSARE MD DIRECTOR/CEO GBMC HEALTHCARE	(i)	864,343	362,758	18,540	15,350	29,129	1,290,120	0
	(ii)	0	0	0	0	0	0	0
2ELIZABETH A DOVEC MD PHYSICIAN	(i)	810,258	159,627	112	12,550	48,013	1,030,560	0
	(ii)	0	0	0	0	0	0	0
3BIMAL G RAMI MD MED DIRECTOR/PHYSICIAN	(i)	917,300	0	187	13,075	38,788	969,350	0
	(ii)	0	0	0	0	0	0	0
4HAROLD TUCKER MD EVP & CHIEF MEDICAL OFFICER (TO 1/21)	(i)	522,257	374,693	4,851	2,800	35,502	940,103	235,938
	(ii)	0	0	0	0	0	0	0
5MARK IGUCHI MD PHYSICIAN	(i)	816,966	20,191	167	12,550	41,845	891,719	0
	(ii)	0	0	0	0	0	0	0
6GUSTAVO E BELLO MD PHYSICIAN	(i)	907,928	-92,768	125	12,550	45,650	873,485	0
	(ii)	0	0	0	0	0	0	0
7MR KEITH R POISSON EVP & COO GBMC HCARE (TO 10/20)	(i)	460,532	176,466	18,242	15,350	29,032	699,622	0
	(ii)	0	0	0	0	0	0	0
8MS CATHERINE HAMEL EXEC VP CONT. CARE & PRES. GILCHRIST	(i)	375,538	241,309	8,538	13,446	42,470	681,301	0
	(ii)	0	0	0	0	0	0	0
9MS LAURIE R BEYER EVP & CFO GBMC HEALTHCARE	(i)	443,386	70,946	8,455	75,957	41,513	640,257	10,209
	(ii)	0	0	0	0	0	0	0
10MS JENNY COLDIRON VP DEVELOPMENT/PRES. FOUNDATION	(i)	291,867	271,218	6,549	10,781	43,202	623,617	33,278
	(ii)	0	0	0	0	0	0	0
11JOHN L FLOWERS MD EVP & CHIEF MED. OFFICER	(i)	535,711	0	822	15,350	40,513	592,396	0
	(ii)	0	0	0	0	0	0	0
12MS SUSAN MARTIELLI GENERAL COUNSEL/VP LEGAL	(i)	379,405	71,480	6,441	50,542	14,733	522,601	32,685
	(ii)	0	0	0	0	0	0	0
13MR DAVID J HYNSON VP & CIO	(i)	332,557	78,910	7,398	46,935	34,717	500,517	31,979
	(ii)	0	0	0	0	0	0	0
14MS JOANN IOANNOU EXEC VP OF HOSPITAL OPERATIONS & CNO	(i)	315,697	77,997	3,501	55,499	47,400	500,094	46,079
	(ii)	0	0	0	0	0	0	0
15 MS ERLENE WASHINGTON VP & COO HEALTH PARTNERS	(i)	326,405	36,432	5,652	42,129	46,119	456,737	0
	(ii)	0	0	0	0	0	0	0
16 MS ANNA-MARIA G PALMER VP & CHIEF HR OFFICER	(i)	311,728	51,889	7,197	42,001	26,293	439,108	16,568
	(ii)	0	0	0	0	0	0	0
17MARIA PANE MD VICE CHIEF OF STAFF/PHYS. (TO 7/20)	(i)	350,002	29,167	536	15,350	40,561	435,616	0
	(ii)	0	0	0	0	0	0	0
18 MS CAROLYN L CANDIELLO VP QUALITY & PT SAFETY	(i)	286,767	63,736	6,742	14,517	27,078	398,840	0
	(ii)	0	0	0	0	0	0	0
19MS STACEY L MCGREEVY VP SUPPORT SERVICES	(i)	269,399	37,200	2,751	38,466	1,530	349,346	6,178
	(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				
21 J CHRISTOPHER GREENAWALT MD DIR./VICE CHIEF OF STAFF (FROM 7/20)	(i)	322,053	150	187	0	17,967	340,357	0
	(ii)	0	0	0	0	0	0	0
1ROBIN MOTTER-MAST DO DIRECTOR/CHIEF OF STAFF (FROM 7/20)	(i)	318,406	30,000	2,987	0	38,751	390,144	0
	(ii)	0	0	0	0	0	0	0
2MELISSA SPARROW MD FORMER CHIEF OF STAFF	(i)	138,318	0	526	20,923	0	159,767	0
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
GREATER BALTIMORE MEDICAL CENTER INC

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

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	REFUND BONDS ISSUED 12/6/01	X			X		X
C MD HEALTH & HIGHER ED FAC AUTH	52-0936091	000000000	03-08-2017	73,720,000	TO REFUND BONDS ISSUED 4/20/11 AND 4/11/12		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	26,540,000				3,020,000			
2	Amount of bonds legally defeased	32,480,000		32,205,000					
3	Total proceeds of issue	67,785,379		36,317,095		73,720,000			
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows					66,978,834			
7	Issuance costs from proceeds	723,328				22,274			
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		12,803,350			
12	Other unspent proceeds								
13	Year of substantial completion	2011							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)?	X		X			X		
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, an advance refunding issue)?		X		X	X			
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use											
				A		B		C		D	
				Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?				X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?			X		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		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		X		
c	Are there any research agreements that may result in private business use of bond-financed property?		X		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 ▶	0.200 %		0.200 %		0.200 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5	0.200 %		0.200 %		0.200 %			
7	Does the bond issue meet the private security or payment test? . . .		X		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		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		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		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X	X			
b	Exception to rebate?	X		X			X		
c	No rebate due?		X		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	X			
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		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		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		X		
7 Has the organization established written procedures to monitor the requirements of section 148?	X		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		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 IV, LINE 6, COLUMN C	THIS QUESTION IS BEING ANSWERED WITHOUT REGARD TO A YIELD-RESTRICTED ADVANCE REFUNDING ESCROW FINANCED WITH PROCEEDS OF THE BONDS.

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
GREATER BALTIMORE MEDICAL CENTER INC

Employer identification number
52-6049658

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

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

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

Additional Data

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

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	5,349,273	HOTEL MANAGEMENT SERVICES		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	2,893,580	ENGINEERING		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(3) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	2,545,766	SOFTWARE SERVICES		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	1,104,105	BROKER SERVICES		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(5) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	562,838	AMBULANCE SERVICES		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	400,593	PRINTING SERVICES		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(7) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	256,900	AUDIT/CONSULTING SERVICES		No
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	139,590	HEALTHCARE SERVICES		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(9) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	126,721	BANKING SERVICES		No

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

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	8	88,632	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

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 isn't required to be used for exempt purposes for the entire holding period?

30a

Yes

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 nonstandard contributions?

31

Yes

No

32a

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

32a

No

No

b

If "Yes," describe in Part II.

33

If the organization didn't 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)

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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury

Name of the organization

GREATER BALTIMORE MEDICAL CENTER INC

Employer identification number

52-6049658

990 Schedule O, Supplemental Information

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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	MS. HEIDI KENNY BERMAN AND MRS. SANDRA BERMAN HAVE A FAMILY RELATIONSHIP.

990 Schedule O, Supplemental Information

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>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>GREATER BALTIMORE MEDICAL CENTER, INC. IS GOVERNED BY THE POLICIES OF ITS PARENT ORGANIZATION, GBMC HEALTHCARE, INC. THESE POLICIES INCLUDE A WRITTEN CONFLICT OF INTEREST POLICY ATTESTED TO ANNUALLY, A WRITTEN WHISTLEBLOWER POLICY, AND A WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY. 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.</p>

990 Schedule O, Supplemental Information

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>

990 Schedule O, Supplemental Information

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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	PENSION EXPENSE 16,120,219. OTHER 828. ADOPTION OF ASC 842 9,124,708. LOSSES ON UNCOLLECTIBLE PLEDGES -200,000.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
GREATER BALTIMORE MEDICAL CENTER INC

Employer identification number
52-6049658

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (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) GBMC HEALTH PARTNERS AT HELPING UP MISSION LLC 6545 N CHARLES ST TOWSON, MD 21204 83-3101128	HEALTHCARE	MD	580,712	102,918	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.

See Additional Data Table

(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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) GBMC MEDICAL ARTS PAVILION WEST LLC 6701 NORTH CHARLES STREET BALTIMORE, MD 21204 52-1899034	REAL ESTATE MGT	MD	GBMC AGENCY INC	EXCLUDED	212,696	1,714,888		No			No	37.900 %
(2) GBMC-WP-PT LLC 1447 YORK ROAD STE 401 LUTHERVILLE, MD 21093 81-2388743	PHYSICAL THERAPY	MD	N/A					No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(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
(2) RUXTON INSURANCE COMPANY LTD 3 GORHAM ROAD HAMILTON HM 08 HAMILTON BD 98-0413102	INSURANCE CAPTIVE	BD	N/A	C	16,285,629	97,622,596	100.000 %		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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

No

No

No

No

No

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)RUXTON INSURANCE COMPANY LTD	Q	4,589,993	COST
(2)RUXTON INSURANCE COMPANY LTD	M	3,374,832	COST

Schedule R (Form 990) 2020

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
6701 NORTH CHARLES STREET BALTIMORE, MD 21204 52-1411935	FUNDRAISING	MD	501(C)(3)	LINE 12, TYPE II	GBMC HEALTHCARE INC		No
11311 MCCORMICK ROAD NO 350 HUNT VALLEY, MD 21031 52-1851251	HOSPICE SERVICE	MD	501(C)(3)	LINE 3	GBMC HEALTHCARE INC		No
6701 NORTH CHARLES STREET BALTIMORE, MD 21204 52-1413360	REAL ESTATE PROPERTY	MD	501(C)(3)	LINE 12, TYPE I	GBMC HEALTHCARE INC		No
6701 NORTH CHARLES STREET BALTIMORE, MD 21204 52-1484872	HEALTH SERVICES	MD	501(C)(3)	LINE 12, TYPE II	N/A		No
320 MORRIS AVE LUTHERVILLE, MD 21093 52-0449990	SUPPORTING	MD	501(C)(3)	LINE 12, TYPE III FI	N/A		No
409 WASHINGTON AVENUE BALTIMORE, MD 21204 52-1104173	SUPPORTING	MD	501(C)(3)	LINE 12, TYPE III FI	N/A		No
PO BOX 166 RIDERWOOD, MD 21139 52-0591609	FUNDRAISING	MD	501(C)(3)	LINE 12, TYPE III NF	N/A		No
838 NORTH EUTAW STREET BALTIMORE, MD 21201 52-1184960	HOSPITAL SERVICES	MD	501(C)(3)	LINE 3	GILCHRIST HOSPICE CARE INC		No
838 NORTH EUTAW STREET BALTIMORE, MD 21201 52-2019909	HOUSING FOR LOW INCOME TENANTS	MD	501(C)(3)	LINE 12, TYPE II	GILCHRIST HOSPICE CARE INC		No
20 INDIAN LANE BALTIMORE, MD 21210 52-6052408	SUPPORTING	MD	501(C)(3)	LINE 12, TYPE III FI	N/A		No
11311 MCCORMICK ROAD SUITE 100 HUNT VALLEY, MD 21031 85-4086504	SUPPORTING	MD	501(C)(3)	LINE 12, TYPE III FI	N/A		No