

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GREATER BALTIMORE MEDICAL CENTER, INC. Doing business as		D Employer identification number 52-6049658
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number
	6701 NORTH CHARLES STREET		(443) 849-2000
	City or town, state or province, country, and ZIP or foreign postal code BALTIMORE, MD 21204		G Gross receipts \$ 624,411,335.
F Name and address of principal officer: LAURIE R. BEYER SAME AS C ABOVE		H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527		H(c) Group exemption number ▶	
J Website: ▶ WWW.GBMC.ORG			
K Form of organization: <input checked="" type="checkbox"/> 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,			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	29	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	26	
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	4821	
	6	Total number of volunteers (estimate if necessary)	354	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	698,192.	
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	369,625.		
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	27,430,738.	19,052,843.
	9	Program service revenue (Part VIII, line 2g)	555,187,729.	567,273,649.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	39,750,648.	23,994,044.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,091,092.	1,243,845.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	623,460,207.	611,564,381.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	355,061.	165,640.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	321,720,785.	332,020,303.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,653,954.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	238,560,221.	277,341,147.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	560,636,067.	609,527,090.
19	Revenue less expenses. Subtract line 18 from line 12	62,824,140.	2,037,291.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	842,753,767.	840,832,986.
	21	Total liabilities (Part X, line 26)	361,378,246.	413,491,534.
22	Net assets or fund balances. Subtract line 21 from line 20	481,375,521.	427,341,452.	

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 <i>Laurie R. Beyer</i>		Date		
	▶ LAURIE R. BEYER, EVP/CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JOHN W. SADOFF, JR.	Preparer's signature <i>John W. Sadoff, Jr.</i>	Date 4/20/2023	Check if self-employed <input type="checkbox"/>	PTIN P00540589
	Firm's name ▶ DELOITTE TAX LLP	Firm's EIN ▶ 86-1065772		Phone no. (714) 436-7100	
Firm's address ▶ 695 TOWN CENTER DR, STE 1000 COSTA MESA, CA 92626					

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Application for Automatic Extension of Time To File an Exempt Organization Return

(Rev. January 2022)

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. Greater Baltimore Medical Center, Inc.	Taxpayer identification number (TIN) 52-6049658
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 6701 North Charles St.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Towson, MD 21204	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

• The books are in the care of ▶ **Laurie R. Beyer**

Telephone No. ▶ **443-849-2511** Fax No. ▶ **443-849-4340**

- If the organization does not have an office or place of business in the United States, check this box ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . . . ▶ . If it is for part of the group, check this box . . . ▶ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until May 15, 20 23, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20 ____ or

▶ tax year beginning July 1, 20 21, and ending June 30, 20 22.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Part III Statement of Program Service Accomplishments

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

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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 252,615,994. including grants of \$) (Revenue \$ 264,617,976.) 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 13,814 AND 4,544 PATIENTS, RESPECTIVELY. ADDITIONALLY, GBMC DELIVERED OVER 4,384 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 JOHN HOPKINS UNIVERSITY.

4b (Code:) (Expenses \$ 124,563,171. including grants of \$) (Revenue \$ 109,709,487.) THE OPERATING ROOM PERFORMED OVER 21,947 INPATIENT AND OUTPATIENT SURGICAL PROCEDURES IN THE FISCAL YEAR. SPECIALTIES INCLUDE GBMC'S COMPREHENSIVE OBESITY MANAGEMENT PROGRAM, THE OLDEST RECOGNIZED AMERICAN SOCIETY OF METABOLIC AND BARIATRIC SURGERY (ASMBS) CENTER OF EXCELLENCE IN THE METROPOLITAN BALTIMORE AREA; JOHNS HOPKINS HEAD AND NECK SURGERY AT GBMC; MINIMALLY INVASIVE AND ENDOCRINE SURGERY; NEUROSURGERY; VASCULAR AND THORACIC SURGERY; AND UROLOGY.

4c (Code:) (Expenses \$ 23,183,250. including grants of \$) (Revenue \$ 30,180,014.) THE EMERGENCY DEPARTMENT TREATED 55,126 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 EMERGENCY CARE. ADJACENT TO THE EMERGENCY CARE AREA IS AN OBSERVATIONAL CARE AREA FOR ADULT PATIENTS WHO NEED TO BE MONITORED BUT NOT ADMITTED.

4d Other program services (Describe on Schedule O.) (Expenses \$ 112,684,008. including grants of \$ 165,640.) (Revenue \$ 162,766,172.)

4e Total program service expenses 513,046,423.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>	X	
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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
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?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the 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? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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 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 on Schedule O.		
	1a 29		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 26		
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?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
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?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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 on Schedule O		X

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?		X
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?	X	
b	Describe on 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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		X
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on 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?	X	
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?	X	

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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 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 on Schedule O)
- 19** Describe on 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 **L**
LAURIE R. BEYER - (443) 849-2000
 6701 NORTH CHARLES STREET, BALTIMORE, MD 21204

Part VII 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

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

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and 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 the 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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(1) VICTOR A. KHOUZAMI, M.D. CHAIR/PHYSICIAN	60.00 0.00					X		1,547,883.	0.	43,149.
(2) JOHN B. CHESSARE, M.D. DIRECTOR/CEO GBMC HEALTHCARE	43.00 17.00	X		X				1,365,920.	0.	43,442.
(3) ELIZABETH A. DOVEC, M.D. PHYSICIAN	60.00 0.00					X		1,000,269.	0.	33,556.
(4) BIMAL G. RAMI, M.D. MED DIRECTOR/PHYSICIAN	60.00 0.00					X		934,289.	0.	51,816.
(5) MARK IGUCHI, M.D. PHYSICIAN	60.00 0.00					X		881,238.	0.	54,653.
(6) NIRAJ JANI, M.D. MED DIRECTOR/PHYSICIAN	60.00 0.00					X		867,351.	0.	55,040.
(7) JOHN L. FLOWERS, M.D. EVP & CHIEF MED. OFFICER	50.00 10.00			X				622,099.	0.	141,690.
(8) MS. LAURIE R. BEYER EVP & CFO GBMC HEALTHCARE	45.00 15.00			X				636,428.	0.	121,338.
(9) MS. JOANN IOANNOU EXEC VP OF HOSPITAL OPERATIONS & CNO	45.00 15.00				X			516,172.	0.	120,883.
(10) MS. CATHERINE HAMEL EXEC VP CONT. CARE & PRES. GILCHRIST	21.00 39.00				X			556,192.	0.	53,920.
(11) MS. SUSAN MARTIELLI GENERAL COUNSEL/VP LEGAL SERVICES	40.00 20.00				X			520,715.	0.	68,357.
(12) MR. DAVID J. HYNSON VP & CIO	45.00 15.00				X			491,892.	0.	75,010.
(13) MS. ANNA-MARIA G. PALMER VP & CHIEF HUMAN RESOURCES OFFICER	40.00 20.00				X			422,975.	0.	59,038.
(14) MS. ERLENE WASHINGTON VP & COO HEALTH PARTNERS	50.00 10.00				X			380,936.	0.	96,132.
(15) MS. JENNY COLDIRON VP DEVELOPMENT/PRESIDENT FOUNDATION	50.00 10.00				X			416,950.	0.	44,746.
(16) MS. CAROLYN L. CANDIELLO VP QUALITY & PT SAFETY	59.00 1.00				X			381,990.	0.	43,333.
(17) MS. STACEY L. MCGREEVY EVP & COO HOSPITAL	50.00 10.00				X			351,169.	0.	51,960.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) ROBIN MOTTER-MAST, D.O. DIRECTOR/CHIEF OF STAFF	50.00 10.00	X		X				349,845.	0.	52,536.
(19) J. CHRISTOPHER GREENAWALT, M.D. DIRECTOR/VICE CHIEF OF STAFF	50.00 10.00	X						355,689.	0.	37,981.
(20) HAROLD TUCKER, M.D. FORMER EVP & CHIEF MED. OFFICER	0.00 0.00						X	198,931.	0.	5,438.
(21) MR. DELBERT ADAMS DIRECTOR	1.00 2.00	X						0.	0.	0.
(22) MR. ROBERT AUMILLER DIRECTOR	1.00 2.00	X						0.	0.	0.
(23) MS. HEIDI KENNY BERMAN DIRECTOR	1.00 2.00	X						0.	0.	0.
(24) MRS. SANDRA BERMAN DIRECTOR	1.00 1.00	X						0.	0.	0.
(25) MS. MONIQUE BOOKER DIRECTOR	1.00 1.00	X						0.	0.	0.
(26) ROBERT K. BROOKLAND, M.D. DIRECTOR	1.00 2.00	X						0.	0.	0.
1b Subtotal								12,798,933.	0.	1,254,018.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								12,798,933.	0.	1,254,018.

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 539

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
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>	X	
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>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CHESAPEAKE MEDICAL STAFFING 2401 YORK ROAD, LUTHERVILLE, MD 21093	MEDICAL STAFFING	8,897,500.
JOHNS HOPKINS UNIVERSITY, 125 MEDICAL ADMIN RD., 720 RUTLAND AVE, BALTIMORE, MD	RESIDENCY PROGRAM	5,637,524.
SODEXO, INC, 9801 WASHINGTON BLVD, GAITHERSBURG, MD 20878	MANAGEMENT - HOTEL SERVICES	5,231,815.
CLEARPATH SOLUTIONS GROUP LLC 12100 SUNSET HILLS ROAD, RESTON, VA 20190	SOFTWARE ENGINEERING	2,595,064.
EPIC SYSTEMS CORPORATION 1979 MILKY WAY, VERONA, WI 53593	SOFTWARE ENGINEERING	2,491,566.

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 138

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>											
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(27) MRS. ANN P. CROOM DIRECTOR	1.00 2.00	X						0.	0.	0.	
(28) MR. CHARLES C. FENWICK, JR. DIRECTOR	1.00 2.00	X						0.	0.	0.	
(29) MRS. CHRISTINA FITTS DIRECTOR	1.00 1.00	X						0.	0.	0.	
(30) MR. JERRY FOCAS DIRECTOR	1.00 2.00	X						0.	0.	0.	
(31) MR. FREDERICK M. HUDSON CHAIR	1.00 1.00	X		X				0.	0.	0.	
(32) MR. HARRY S. JOHNSON DIRECTOR	1.00 1.00	X						0.	0.	0.	
(33) MR. LEON KAPLAN DIRECTOR	1.00 1.00	X						0.	0.	0.	
(34) MR. TIMOTHY L. KROGARD VICE CHAIR	1.00 1.00	X		X				0.	0.	0.	
(35) MR. FRANKLIN M. LEE DIRECTOR	1.00 1.00	X						0.	0.	0.	
(36) MR. THOMAS H. MADDUX, III SECRETARY	1.00 1.00	X		X				0.	0.	0.	
(37) MR. ANTHONY V. MILANDO DIRECTOR (BEG 7/21)	1.00 1.00	X		X				0.	0.	0.	
(38) MS. PATRICIA J. MITCHELL DIRECTOR	1.00 1.00	X						0.	0.	0.	
(39) JOHN R. SAUNDERS, M.D. DIRECTOR	1.00 1.00	X						0.	0.	0.	
(40) MR. STEPHEN T. SCOTT TREASURER	1.00 1.00	X		X				0.	0.	0.	
(41) DEVON SMITH, D.V.M. DIRECTOR	1.00 2.00	X						0.	0.	0.	
(42) MS. BONNIE B. STEIN DIRECTOR	1.00 2.00	X						0.	0.	0.	
(43) MR. JAMES B. STRADTNER DIRECTOR	1.00 1.00	X						0.	0.	0.	
(44) MRS. FAITH E. THOMAS VICE CHAIR	1.00 2.00	X		X				0.	0.	0.	
(45) MR. STEVEN A. THOMAS DIRECTOR	1.00 1.00	X						0.	0.	0.	
(46) MS. MARION G. THOMPSON DIRECTOR	1.00 1.00	X						0.	0.	0.	
Total to Part VII, Section A, line 1c											

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	313,273.				
	d	Related organizations	1d	2,210,556.				
	e	Government grants (contributions)	1e	3,859,030.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	12,669,984.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 214,176.				
	h	Total. Add lines 1a-1f		19,052,843.				
	Program Service Revenue	2 a	PATIENT SERVICE	Business Code	621110	551,835,780.	551,835,780.	
b		OTHER OPERATING REV.		900099	15,437,869.	15,437,869.		
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			567,273,649.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			12,557,557.		698,192.	
	4	Income from investment of tax-exempt bond proceeds					11,859,365.	
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
					24,187,750.			
	b	Less: cost or other basis and sales expenses	7b	12,751,263.				
	c	Gain or (loss)	7c	11,436,487.				
d	Net gain or (loss)			11,436,487.		11,436,487.		
8 a	Gross income from fundraising events (not including \$ 313,273. of contributions reported on line 1c). See Part IV, line 18	8a	74,305.					
b	Less: direct expenses	8b	95,691.					
c	Net income or (loss) from fundraising events			-21,386.		-21,386.		
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	PARKING REVENUE	Business Code	812930	1,186,971.		1,186,971.	
	b	CAFETERIA INCOME		722210	78,260.		78,260.	
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			1,265,231.			
12	Total revenue. See instructions			611,564,381.	567,273,649.	698,192.	24,539,697.	

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 X

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 ...	165,640.	165,640.		
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	10,070,033.		10,070,033.	
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	273,988,197.	241,288,698.	31,853,647.	845,852.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,667,454.	7,084,028.	1,540,347.	43,079.
9 Other employee benefits	21,008,029.	18,830,873.	2,103,184.	73,972.
10 Payroll taxes	18,286,590.	15,638,742.	2,578,495.	69,353.
11 Fees for services (nonemployees):				
a Management	2,455,320.	633,976.	1,821,344.	
b Legal	404,788.	19,280.	385,508.	
c Accounting	692,356.	25,248.	667,108.	
d Lobbying	7,673.		7,673.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,159,771.		1,159,771.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	66,491,689.	57,508,165.	8,587,588.	395,936.
12 Advertising and promotion	1,287,726.	58,288.	1,023,867.	205,571.
13 Office expenses	117,514,147.	111,679,311.	5,528,914.	305,922.
14 Information technology	14,704,746.	11,518,494.	3,184,876.	1,376.
15 Royalties				
16 Occupancy	12,487,849.	10,341,269.	2,146,265.	315.
17 Travel	374,107.	164,736.	194,208.	15,163.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	793,304.	331,418.	459,376.	2,510.
20 Interest	4,349,965.	2,864,212.	1,485,753.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	32,767,161.	27,140,404.	5,614,601.	12,156.
23 Insurance	15,057,789.	3,359,764.	11,698,025.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PURCHASED SERVICES	5,400,752.	4,314,269.	403,834.	682,649.
b INSTITUTIONAL DUES	1,392,004.	79,608.	1,312,296.	100.
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	609,527,090.	513,046,423.	93,826,713.	2,653,954.
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 if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	77,943,494.	2	135,961,873.
	3 Pledges and grants receivable, net	29,945,148.	3	26,697,742.
	4 Accounts receivable, net	54,042,439.	4	55,633,029.
	5 Loans and other receivables from 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	5,794,799.	8	6,220,054.
	9 Prepaid expenses and deferred charges	27,606,860.	9	14,040,157.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 711,380,884.		
	b Less: accumulated depreciation	10b 463,941,622.	234,686,158.	10c 247,439,262.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	334,578,815.	12	282,525,690.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	78,156,054.	15	72,315,179.
16 Total assets. Add lines 1 through 15 (must equal line 33)	842,753,767.	16	840,832,986.	
Liabilities	17 Accounts payable and accrued expenses	92,497,208.	17	104,438,583.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	85,707,377.	20	186,357,466.
	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	30,844,162.	23	24,021,436.
	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	152,329,499.	25	98,674,049.
	26 Total liabilities. Add lines 17 through 25	361,378,246.	26	413,491,534.
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	393,330,701.	27	345,985,861.
	28 Net assets with donor restrictions	88,044,820.	28	81,355,591.
	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	481,375,521.	32	427,341,452.
33 Total liabilities and net assets/fund balances	842,753,767.	33	840,832,986.	

Part XI Reconciliation of Net Assets

Check 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	611,564,381.
2	Total expenses (must equal Part IX, column (A), line 25)	2	609,527,090.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,037,291.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	481,375,521.
5	Net unrealized gains (losses) on investments	5	-57,467,905.
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 on Schedule O)	9	4,651,013.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	430,595,920.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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 on Schedule O.
- 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?
- 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 on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 2021 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. 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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. 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 - 2020. 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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>		
b Did one or more disqualified persons (as defined on 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>		
c Did a disqualified person (as defined on 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>		
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>		
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>		

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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
1		
2		

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>		
1		

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 on 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>		
1		
2		
3		

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 governmental 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 on line 2a, above, 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>			
2a			
2b			
3a			
3b			

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **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):		
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 0.85 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 2021 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-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990 or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2021

Name of the organization

GREATER BALTIMORE MEDICAL CENTER, INC.

Employer identification number

52-6049658

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 4,200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 2,528,247.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 1,400,197.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 1,330,783.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 1,145,456.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 1,038,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 754,434.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 620,470.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 523,709.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ 302,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 181,090.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ 139,023.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ 137,265.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ 100,075.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/>	\$ 97,343.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<hr/> <hr/> <hr/>	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	<hr/> <hr/> <hr/>	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<hr/> <hr/> <hr/>	\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<hr/> <hr/> <hr/>	\$ 51,757.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	<hr/> <hr/> <hr/>	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	<hr/> <hr/> <hr/>	\$ 42,775.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<hr/> <hr/> <hr/>	\$ 32,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	<hr/> <hr/> <hr/>	\$ 30,359.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	<hr/> <hr/> <hr/>	\$ 27,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	<hr/> <hr/> <hr/>	\$ 27,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	<hr/> <hr/> <hr/>	\$ 25,013.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	<hr/> <hr/> <hr/>	\$ 20,157.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
47	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	<hr/> <hr/> <hr/>	\$ 17,605.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	<hr/> <hr/> <hr/>	\$ 12,929.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
57	<hr/> <hr/> <hr/>	\$ 10,988.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	<hr/> <hr/> <hr/>	\$ 10,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	<hr/> <hr/> <hr/>	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	<hr/> <hr/> <hr/>	\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	<hr/> <hr/> <hr/>	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	<hr/> <hr/> <hr/>	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	<hr/> <hr/> <hr/>	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	<hr/> <hr/> <hr/>	\$ 6,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	<hr/> <hr/> <hr/>	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	<hr/> <hr/> <hr/>	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	<hr/> <hr/> <hr/>	\$ 5,490.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	<hr/> <hr/> <hr/>	\$ 5,175.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	<hr/> <hr/> <hr/>	\$ 5,125.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	<hr/> <hr/> <hr/>	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	<hr/> <hr/> <hr/>	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	<hr/> <hr/> <hr/>	\$ 5,060.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
126	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
128	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
129	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
130	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
131	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
132	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
134	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
135	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
136	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
137	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
138	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
140	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
141	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
142	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
14	STOCK _____ _____ _____	\$ 181,090.	12/10/21
46	STOCK _____ _____ _____	\$ 20,157.	11/19/21
56	STOCK _____ _____ _____	\$ 12,929.	10/27/21
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.**

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 organization <p style="text-align: center;">GREATER BALTIMORE MEDICAL CENTER, INC.</p>	Employer identification number <p style="text-align: center;">52-6049658</p>
---	---

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

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

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 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? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(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?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		7,673.
j Total. Add lines 1c through 1i			7,673.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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 campaign activity 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.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

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,

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

2021

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of a historically important land area, Preservation of a certified historic structure; 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year: a Total number of conservation easements, b Total acreage restricted by conservation easements, c Number of conservation easements on a certified historic structure included in (a), d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register; 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.

Table with 2 columns: Revenue, Assets. Rows include: 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

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 make 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 program
 - 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:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 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 on 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	45,212,836.	37,575,539.	36,340,739.	32,842,811.	30,435,387.
b Contributions	3,486,805.	1,488,212.	3,454,850.	1,726,910.	1,335,910.
c Net investment earnings, gains, and losses	-5,035,114.	11,549,578.	2,408,463.	4,119,628.	2,907,545.
d Grants or scholarships					
e Other expenditures for facilities and programs	5,038,547.	5,400,493.	4,628,513.	2,348,610.	1,836,031.
f Administrative expenses					
g End of year balance	38,625,980.	45,212,836.	37,575,539.	36,340,739.	32,842,811.

- 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 72.3600 %
 - c Term endowment 27.6400 %
- 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:
- | | Yes | No |
|-----------------------------|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | X | |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 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		355,925,469.	239,203,785.	116,721,684.
c Leasehold improvements		15,898,584.	6,819,212.	9,079,372.
d Equipment		151,434,403.	112,664,964.	38,769,439.
e Other		172,831,755.	105,253,661.	67,578,094.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				247,439,262.

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	10,213,073.	COST
(2) Closely held equity interests		
(3) Other		
(A) PUBLICLY TRADED INVESTMENTS	272,312,617.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	282,525,690.	

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)		
Total. (Col. (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) INTERCOMPANY RECEIVABLE	46,859,212.
(2) DEFERRED ASSETS	38,826.
(3) RIGHT OF USE LEASE ASSETS	25,372,641.
(4) DONATED TIMESHARE	44,500.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	72,315,179.

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	20,035,800.
(3) CAPITAL LEASES	50,786,373.
(4) OTHER LIABILITIES	4,599,781.
(5) CHARITABLE GIFT ANNUITY	1,354,973.
(6) INSURANCE RESERVES	2,425,285.
(7) PENSION LIABILITIES	1,921,612.
(8) OTHER THIRD PARTY ADVANCES	17,550,225.
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	98,674,049.

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 FASB 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.

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 MEDICAL CENTER.

5) UNCOMPENSATED CARE.

Part XIII Supplemental Information *(continued)*

PART X, LINE 2:

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, 2022 AND 2021 FOR UNCERTAIN TAX
POSITIONS.

Part XIII Supplemental Information *(continued)*

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, 2022, AND 2021, THE DEFERRED

TAX ASSETS CONSISTING PRIMARILY OF NET OPERATING LOSS CARRY FORWARDS WERE

FULLY OFFSET BY A RELATED VALUATION ALLOWANCE.

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.

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.

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 (add col. (a) through col. (c))
		FATHER'S DAY 5K (event type)	GBMC GOLF OUTING (event type)	3 (total number)	
Revenue	1 Gross receipts	103,856.	133,553.	150,169.	387,578.
	2 Less: Contributions	92,900.	94,618.	125,755.	313,273.
	3 Gross income (line 1 minus line 2)	10,956.	38,935.	24,414.	74,305.
Direct Expenses	4 Cash prizes	0.	0.	0.	
	5 Noncash prizes	5,926.	0.	0.	5,926.
	6 Rent/facility costs	3,685.	35,991.	0.	39,676.
	7 Food and beverages	2,262.	0.	6,628.	8,890.
	8 Entertainment	1,195.	0.	0.	1,195.
	9 Other direct expenses	30,826.	1,474.	7,704.	40,004.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				95,691.
11 Net income summary. Subtract line 10 from line 3, column (d)				-21,386.	

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))
		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: _____

**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/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

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	X	
b If "Yes," was it a written policy?	1b	X	
<p>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.</p> <p><input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities</p> <p><input type="checkbox"/> Generally tailored to individual hospital facilities</p>			
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care?	3a	X	
<p>If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:</p> <p><input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>300</u> %</p>			
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	3b		X
<p>If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:</p> <p><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %</p>			
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		X
6a Did the organization prepare a community benefit report during the tax year?	6a	X	
b If "Yes," did the organization make it available to the public?	6b		X

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			8,155,908.	6,593,584.	1,562,324.	.26%
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			8,155,908.	6,593,584.	1,562,324.	.26%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,729,979.	100.	2,729,879.	.45%
f Health professions education (from Worksheet 5)			6,879,782.		6,879,782.	1.13%
g Subsidized health services (from Worksheet 6)			131,424,749.	81,835,004.	49,589,745.	8.14%
h Research (from Worksheet 7)			616,174.		616,174.	.10%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			129,850.		129,850.	.02%
j Total. Other Benefits			141,780,534.	81,835,104.	59,945,430.	9.84%
k Total. Add lines 7d and 7j			149,936,442.	88,428,688.	61,507,754.	10.10%

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)

Name of hospital facility or letter of facility reporting group GREATER BALTIMORE MEDICAL CENTER

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

	Yes	No
Community Health Needs Assessment		
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?		X
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		X
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	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
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: <u>20 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	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
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	X	
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
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	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 20</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>HTTPS://WWW.GBMC.ORG/CHNA</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to 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)

Name of hospital facility or letter of facility reporting group GREATER BALTIMORE MEDICAL CENTER

		Yes	No
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?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300</u> % and FPG family income limit for eligibility for discounted care of <u>0</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance?	X	
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):			
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<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		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>HTTPS://WWW.GBMC.ORG/FINANCIALSUPPORT</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<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)		
f	<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)		
g	<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		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<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 Limited English Proficiency (LEP) populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group GREATER BALTIMORE MEDICAL CENTER

		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?	X	
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?		X
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?	X	
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)

Name of hospital facility or letter of facility reporting group GREATER BALTIMORE MEDICAL CENTER

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> 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.	23	X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	24	X

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

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.

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.

GREATER BALTIMORE MEDICAL CENTER:

PART V, SECTION B, LINE 6B: THE CHNA WAS CONDUCTED WITH ONE NON-HOSPITAL

FACILITY, THE BALTIMORE COUNTY DEPARTMENT OF HEALTH.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

GREATER BALTIMORE MEDICAL CENTER:

PART V, SECTION B, LINE 11: GREATER BALTIMORE MEDICAL CENTER (GBMC) HAS

MADE SIGNIFICANT STRIDES 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 ABILITY TO IMPACT IN A

MEANINGFUL WAY, WHETHER THROUGH INTERNALLY DEVELOPED STRATEGIES AND/OR

PARTNERSHIPS. GBMC HAS EXPANDED ITS COLLABORATIVE CARE MANAGEMENT AND CARE

COORDINATION MODEL WITH THE ENHANCEMENT OF THREE PROGRAMS: BEHAVIORAL

HEALTH EMBEDDED IN THE PATIENT CENTER MEDICAL HOME, ELDER MEDICAL CARE AT

HOME AND, IN UNDERSERVED COMMUNITIES, AND EXPANDING 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 THE

PATIENT CENTRICITIES.

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, INCLUDING HOME-BASED SERVICES. AN

INTERDISCIPLINARY TEAM PROVIDES CLINICAL INTERVENTIONS IN THE HOME

SETTING, INCLUDING LAB SERVICES, BEHAVIORAL HEALTH CONSULTATIONS,

COMMUNITY HEALTH COORDINATION AND INTERVENTIONS BY PHARMACISTS. THROUGH

THESE PROGRAMS, GBMC REACHED 948 HOME BOUND SENIORS WITH ITS ELDER MEDICAL

CARE AT HOME PROGRAM. DUE TO THE COVID-19 PANDEMIC, OUR LOW-INCOME HOUSING

WORK HAS BEEN ON HOLD AS THESE CLINICS WERE HELD WEEKLY IN THE FACILITIES.

ONCE ACCESS TO THE LOW-INCOME HOUSING AREAS IMPROVES, WE ANTICIPATE

PROVIDING PRE-PANDEMIC VISIT VOLUMES.

THE MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE'S PRIMARY CARE NEEDS

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

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 JURISDICTION WITH THE GREATEST NEED FOR

HEALTHCARE RESOURCES. IN ADDITION, BALTIMORE CITY ALSO HAD THE HIGHEST

INCIDENCE IN MARYLAND OF HIV, CHRONIC OBSTRUCTIVE PULMONARY DISEASE

(COPD), DIABETES WITH LONG-TERM COMPLICATIONS, HYPERTENSION.

FILLING THIS SIGNIFICANT NEED, A RELATED ENTITY OF GBMC, GILCHRIST CENTER

BALTIMORE SERVES ABOUT 160 TERMINALLY ILL INDIVIDUALS EACH YEAR, MOST OF

WHOM ARE AT-RISK AND MEDICALLY UNDERSERVED BALTIMORE CITY RESIDENTS. AS

GILCHRIST CENTER BALTIMORE IS THE ONLY HOSPICE FACILITY IN BALTIMORE CITY,

THE FACILITY GENERALLY HAS A WAITING LIST OF ELIGIBLE PATIENTS. GILCHRIST

PROVIDES A MUCH-NEEDED SERVICE TO THE BALTIMORE CITY POPULATION. THOSE

AGED 65 AND OLDER COMPRISE APPROXIMATELY 16.3% OF THE TOTAL POPULATION,

AND THE MARYLAND HEALTH CARE COMMISSION PROJECTS AN INCREASE IN CITY

RESIDENTS NEEDING HOSPICE. THIS POPULATION ALSO TENDS TO BE THOSE MOST IN

NEED. IN FISCAL YEAR 2022, GILCHRIST CENTER BALTIMORE HAD AN AVERAGE DAILY

CENSUS OF 11.57 AND OPERATED AT A \$251K ANNUAL LOSS.

GBMC HAS INVESTED SIGNIFICANTLY, \$43.5 MILLION IN FY22, IN ITS PHYSICIAN

SERVICES. IN FY20, GBMC, EARNED RECOGNITION OF THE NATIONAL COMMITTEE FOR

QUALITY ASSURANCE, AS A LEVEL 3 PHYSICIAN PRACTICE

CONNECTIONS-PATIENT-CENTERED MEDICAL HOME (PPC-PCMH). 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 MANAGEMENT OF CHRONIC DISEASE. CARE OUTSIDE OF THE ACUTE

CARE SETTING SIGNIFICANTLY REDUCED TOTAL COST OF CARE AND ENHANCED PATIENT

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

ACCESS. OVER A TWO-YEAR PERIOD, GBMC'S COVERED LIVES REMAINED RELATIVELY

FLAT.

THE COLLABORATIVE CARE MODEL (COCM) PROGRAM BEGAN IN JULY OF 2020, ADAPTED

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. THE

TEAM OF BEHAVIORAL HEALTH CARE MANAGERS (PRIMARILY SOCIAL WORKERS) HAS NOW

TREATED OVER 2,647 PATIENTS TO HELP THEM TO TARGET SYMPTOMS RANGING FROM

ANXIETY AND DEPRESSION TO ALCOHOL USE AND POST-TRAUMATIC STRESS.

EVALUATION DATA SHOWS IMPROVEMENT IN DEPRESSION AND ANXIETY SYMPTOMS AND

REDUCED UTILIZATION OF THE EMERGENCY DEPARTMENT.

ADDITIONAL NOTABLE PROGRAMS INCLUDE GBMC'S SAFE & DOMESTIC VIOLENCE

PROGRAM STAFF, WHICH PARTNERS WITH BALTIMORE COUNTY LAW ENFORCEMENT (SVU &

CACU), BALTIMORE COUNTY CHILD ADVOCACY CENTER, BALTIMORE COUNTY STATE'S

ATTORNEY'S OFFICE, MARYLAND CENTER FOR SCHOOL SAFETY, AND OTHER COMMUNITY

SERVICE PROVIDERS TO IMPROVE VICTIMS' SAFETY AND WELL-BEING BY PROVIDING

HIGH QUALITY COMPREHENSIVE DIRECT SERVICES TO VICTIMS OF SEXUAL ASSAULT,

DOMESTIC VIOLENCE, CHILD ABUSE AND HUMAN TRAFFICKING. GBMC PROVIDES

365-DAYS-A-YEAR COVERAGE OF A FORENSIC NURSE AND AN ADVOCATE. OFTEN TWO

FORENSIC NURSES ARE ON-CALL, WITH ONE DESIGNATED FOR PEDIATRIC PATIENTS.

GBMC SAFE HAS ADDITIONALLY ADDED A CHILD PROTECTION PROGRAM UNDER ITS

UMBRELLA. THE CPP ASSISTS WITH ALL SUSPECTED AND CONFIRMED CASES OF CHILD

MALTREATMENT THAT COME THROUGH THE HOSPITAL. ONE CRITICAL COMPONENT OF

THIS OBJECTIVE IS TO IMPROVE COURT OUTCOMES FOR VICTIMS. ANOTHER CRITICAL

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

OUTCOME IS ENSURING A SMOOTH HANDOFF AND CONNECTION WITH VITAL RESOURCES

WITHIN THE COMMUNITY. THE SAFE PROGRAM CONTINUES TO PROVIDE COMPREHENSIVE

MEDICAL-FORENSIC SERVICES AND CONDUCTED OVER 265 SAFE EXAMINATIONS AND

ENCOUNTERS, 90 NON-FATAL STRANGULATION EXAMINATIONS, AND 8 SUSPECT

EXAMINATIONS. IN ADDITION TO FORENSIC NURSING SERVICES, OUR VICTIM

ADVOCATES PROVIDED ADVOCACY AND CRISIS INTERVENTIONS TO NEARLY 300

INDIVIDUALS. THE PANDEMIC CERTAINLY AFFECTED OUR OUTREACH EFFORTS, AS WE

HAD TO SHIFT TO OFFERING PRESENTATIONS VIA VIRTUAL PLATFORMS. AS

RESTRICTIONS FOR THE PANDEMIC WERE LIFTED AND ORGANIZATIONS RETURNING IN

PERSON, THE SAFE PROGRAM PROVIDED PRESENTATIONS TO OVER 6,000 COMMUNITY

MEMBERS THROUGH BOTH IN PERSON AND VIRTUAL PLATFORMS. THE PROGRAM

CONTINUED EXPANSION OF ITS SERVICE TO CARE FOR PEDIATRIC SEXUAL ABUSE,

HUMAN TRAFFICKING, AND VICTIMS WHOM ENGLISH IS A SECOND LANGUAGE, ALL ARE

AN UNDERSERVED POPULATION IN BALTIMORE COUNTY.

GBMC HAS A COMPREHENSIVE OBESITY MANAGEMENT PROGRAM (COMP), WHOSE GOAL IS

TO GET PATIENTS ENGAGED IN HEALTHIER LIFESTYLE CHANGES. THIS PROGRAM

PROVIDES THESE PATIENTS WITH THE NECESSARY TOOLS AND EDUCATION TO START A

JOURNEY TO LOSE WEIGHT AND GAIN A BETTER HEALTH STATUS. IN FY21, THIS

PROGRAM WAS LED BY DR. TIMOTHEE FRIESEN AND MANAGED TO ACHIEVE AN AVERAGE

WEIGHT LOSS OF 88 POUNDS PER PARTICIPANT. COMP CONTINUES TO TREAT A HIGH

VOLUME OF BARIATRIC PATIENTS THROUGH SURGICAL INTERVENTION.

THE GOALS OF TREATMENT FOR DIABETES ARE TO PREVENT OR DELAY COMPLICATIONS

AND MAINTAIN QUALITY OF LIFE. IT IS IMPORTANT TO UNDERSTAND WHAT RESOURCES

ARE AVAILABLE IN YOUR COMMUNITY AND WORK TO CREATE PARTNERSHIPS WITH THESE

RESOURCES TO FACILITATE HAND OFFS AND TRANSITIONS OF CARE. THE PRODUCE IN

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

A SNAP INITIATIVE HAS ADDED TO OUR PROGRAMS 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 THESE MARKET BACK UP AND RUNNING SPRING 2023.

THE GECKLE DIABETES AND NUTRITION CENTER AT GBMC OFFERS A COMPREHENSIVE APPROACH TO DIABETES EDUCATION AND TREATMENT FOR ALL TYPES OF DIABETES. THE DIABETES EDUCATION TEAM CONSISTS 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 AVAILABLE TO HELP MANAGE THEIR DIABETES. DIABETES NUTRITION, MEAL PLANNING, AND PHYSICAL ACTIVITY ARE KEY COMPONENTS OF THE PROGRAM. GBMC HAS STARTED TO EXTEND THIS PROGRAM TO VARIOUS GBMC PRIMARY CARE OFFICES TO BRING THE SERVICES TO THE PATIENT. WITH DIABETES SELF-MANAGEMENT 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 IDENTIFIED SEVERAL SERVICE BARRIERS AS THE ORGANIZATION HAS WORKED TO IMPLEMENT ITS CHNA WORK. THESE INCLUDE ISOLATION AND STIGMA RELATED TO MENTAL HEALTH ISSUES, SHORTAGE OF PSYCHIATRIC PHYSICIANS IN THE COMMUNITY AND TRANSPORTATION CHALLENGES FOR PATIENTS. THESE HAVE BEEN EXACERBATED BY THE COVID-19 PANDEMIC. WHILE NOT FULLY ADDRESSED, SIGNIFICANT STRIDES HAVE BEEN MADE IN BREAKING DOWN THESE BARRIERS. THE ORGANIZATION CONTINUES TO IMPLEMENT SYSTEM-WIDE WORKFLOWS TO ASSESS AND

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

ADDRESS SOCIAL DETERMINANTS OF HEALTH. GBMC HAS ALSO ESTABLISHED A

RELATIONSHIP WITH MOVEABLE FEAST TO DELIVER MEDICALLY TAILORED MEALS TO

PATIENTS WITH FOOD INSECURITY. FINALLY, IN PARTNERSHIP WITH SHEPPARD

PRATT, GBMC'S COLLABORATIVE CARE PROGRAM PROVIDES PATIENTS WITH THE

ABILITY TO ACCESS BEHAVIORAL HEALTH SERVICES.

GREATER BALTIMORE MEDICAL CENTER

PART V, LINE 16B, FAP APPLICATION WEBSITE:

[HTTPS://WWW.GBMC.ORG/FINANCIALSUPPORT](https://www.gbmc.org/financialsupport)

GREATER BALTIMORE MEDICAL CENTER

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

[HTTPS://WWW.GBMC.ORG/FINANCIALSUPPORT](https://www.gbmc.org/financialsupport)

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.

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.

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, \$43.5 MILLION IN FY22, 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

Part VI Supplemental Information (Continuation)

CARE AND ENHANCED PATIENT ACCESS. OVER THE LAST TWELVE MONTHS, GBMC'S

COVERED LIVES DECREASED 0.4%.

PART II, COMMUNITY BUILDING ACTIVITIES:

GBMC, INC. IS COMMITTED TO BUILDING THE COMMUNITY IN WHICH IT OPERATES BY

PROMOTING HEALTHY LIFE CHOICES AND THROUGH LEADERSHIP DEVELOPMENT. GBMC,

INC. INVESTED IN A HEALTH AWARENESS CAMPAIGN THROUGH PRINT ADVERTISEMENTS

AND TELEVISION SEGMENTS. TOPICS INCLUDED EATING WELL AND THE IMPORTANCE OF

EXERCISE FOR A HEALTHY LIFESTYLE, HEALTH SCREENINGS, AND MENTAL HEALTH

ISSUES.

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.

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

2,773,000. THIS REFLECTS THE WRITE-OFF OF PATIENT ACCOUNTS DEEMED

UNCOLLECTIBLE.

PART III, LINE 4:

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

Part VI Supplemental Information (Continuation)

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

Part VI Supplemental Information (Continuation)

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, 2022 AND

2021 WAS NOT SIGNIFICANT TO THE CONSOLIDATED FINANCIAL STATEMENTS.

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.

Part VI Supplemental Information (Continuation)

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.

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,

Part VI Supplemental Information (Continuation)

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 MEDIAN
HOUSEHOLD INCOME IN THE PRIMARY SERVICE AREA WAS \$81,846, HIGHER THAN THE
NATIONAL MEDIAN OF \$70,784.

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.

Part VI Supplemental Information (Continuation)

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

MD

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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

2021

**Open to Public
Inspection**

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CRISTO REY INTERNSHIP PROGRAM, INC. - 420 SOUTH CHESTER STREET - BALTIMORE, MD 21231	36-4067306	501(C)(3)	34,542.	0.			TO MAKE A PRIVATE, COLLEGE-PREPARATORY EDUCATION AFFORDABLE TO URBAN YOUNG PEOPLE FROM
ASSOCIATED BLACK CHARITIES, INC. 2 HAMILL ROAD, STE 272 BALTIMORE, MD 21210	52-1427774	501(C)(3)	25,000.	0.			GENERAL SUPPORT
ULMAN CANCER FUND 1215 E FORT AVENUE #104 BALTIMORE, MD 21230	52-2057636	501(C)(3)	6,000.	0.			SUPPORTING YOUNG ADULTS IMPACTED BY CANCER.
ALZHEIMER'S ASSOCIATION 225 N. MICHIGAN AVE., FLOOR 17 CHICAGO, IL 60601	13-3039601	501(C)(3)	15,000.	0.			SUPPORT ALZHEIMER'S ASSOCIATION ANNUAL MEMORY BALL FUNDRAISER.
MARYLAND VOLUNTEER LAWYERS SERVICE 201 NORTH CHARLES STREET, SUITE 140 BALTIMORE, MD 21201	52-1225979	501(C)(3)	25,000.	0.			FUND AN EXTENSIVE EDUCATION CAMPAIGN IN BALTIMORE CITY TO SUPPORT OLDER ADULT RESIDENTS ON

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **5.**

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2021

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

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

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

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.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: CRISTO REY INTERNSHIP PROGRAM, INC.

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO MAKE A PRIVATE,
COLLEGE-PREPARATORY EDUCATION AFFORDABLE TO URBAN YOUNG PEOPLE FROM
BALTIMORE.

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN HEART ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDS CARDIOVASCULAR MEDICAL
RESEARCH, EDUCATES CONSUMERS ON HEALTHY LIVING AND FOSTERS APPROPRIATE
CARDIAC CARE IN AN EFFORT TO REDUCE DISABILITY AND DEATHS CAUSED BY
CARDIOVASCULAR DISEASE AND STROKE.

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN SOLUTIONS FOR BUSINESS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ENGAGE COMMUNITIES OF COLOR WITH
EDUCATIONAL MATERIALS ON HOSPICE CARE TO SPREAD AWARENESS AND BUILD TRUST
WITH THE MEDICAL COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: CASA OF BALTIMORE COUNTY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PAY FOR PUBLIC SERVICE
ANNOUNCEMENTS & AWARENESS MATERIALS WITH THE GOAL OF REDUCING HUMAN
TRAFFICKING THROUGHOUT BALTIMORE COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT: MARYLAND PHILANTHROPY NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE PROGRAMMING TO ADDRESS
PHYSICAL AND MENTAL HEALTH DISPARITIES AMONG DIFFERENT DEMOGRAPHICS IN
THE LOCAL COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: MARYLAND VOLUNTEER LAWYERS SERVICE

(H) PURPOSE OF GRANT OR ASSISTANCE: FUND AN EXTENSIVE EDUCATION CAMPAIGN
IN BALTIMORE CITY TO SUPPORT OLDER ADULT RESIDENTS ON PROPER LEGAL

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
GREATER BALTIMORE MEDICAL CENTER, INC.

Employer identification number
52-6049658

Part I Questions Regarding Compensation

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 indemnification 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 (such as 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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 type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input 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?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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 on lines 5 and 6? If "Yes," describe in Part III

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC 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				
(1) VICTOR A. KHOUZAMI, M.D. CHAIR/PHYSICIAN	(i)	1,228,618.	318,647.	618.	15,350.	27,799.	1,591,032.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOHN B. CHESSARE, M.D. DIRECTOR/CEO GBMC HEALTHCARE	(i)	888,565.	215,000.	262,355.	15,350.	28,092.	1,409,362.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ELIZABETH A. DOVEC, M.D. PHYSICIAN	(i)	448,370.	551,838.	61.	9,317.	24,239.	1,033,825.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) BIMAL G. RAMI, M.D. MED DIRECTOR/PHYSICIAN	(i)	870,181.	63,928.	180.	13,075.	38,741.	986,105.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MARK IGUCHI, M.D. PHYSICIAN	(i)	775,642.	105,492.	104.	12,550.	42,103.	935,891.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) NIRAJ JANI, M.D. MED DIRECTOR/PHYSICIAN	(i)	663,268.	203,903.	180.	15,350.	39,690.	922,391.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JOHN L. FLOWERS, M.D. EVP & CHIEF MED. OFFICER	(i)	516,470.	104,148.	1,481.	94,100.	47,590.	763,789.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MS. LAURIE R. BEYER EVP & CFO GBMC HEALTHCARE	(i)	454,863.	93,967.	87,598.	80,629.	40,709.	757,766.	87,598.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MS. JOANN IOANNOU EXEC VP OF HOSPITAL OPERATIONS & CNC	(i)	380,364.	75,124.	60,684.	70,300.	50,583.	637,055.	60,684.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MS. CATHERINE HAMEL EXEC VP CONT. CARE & PRES. GILCHRIST	(i)	412,054.	75,908.	68,230.	13,587.	40,333.	610,112.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MS. SUSAN MARTIELLI GENERAL COUNSEL/VP LEGAL SERVICES	(i)	387,691.	85,096.	47,928.	53,253.	15,104.	589,072.	47,928.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) MR. DAVID J. HYNSON VP & CIO	(i)	343,005.	108,012.	40,875.	49,300.	25,710.	566,902.	40,875.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) MS. ANNA-MARIA G. PALMER VP & CHIEF HUMAN RESOURCES OFFICER	(i)	324,576.	62,607.	35,792.	44,009.	15,029.	482,013.	35,791.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) MS. ERLENE WASHINGTON VP & COO HEALTH PARTNERS	(i)	325,567.	49,972.	5,397.	44,439.	51,693.	477,068.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) MS. JENNY COLDIRON VP DEVELOPMENT/PRESIDENT FOUNDATION	(i)	298,646.	77,597.	40,707.	11,047.	33,699.	461,696.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) MS. CAROLYN L. CANDIELLO VP QUALITY & PT SAFETY	(i)	283,613.	64,304.	34,073.	14,739.	28,594.	425,323.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC 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				
(17) MS. STACEY L. MCGREEVY EVP & COO HOSPITAL	(i)	278,826.	47,628.	24,715.	41,219.	10,741.	403,129.	24,715.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) ROBIN MOTTER-MAST, D.O. DIRECTOR/CHIEF OF STAFF	(i)	329,709.	15,000.	5,136.	15,350.	37,186.	402,381.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) J. CHRISTOPHER GREENAWALT, M.D. DIRECTOR/VICE CHIEF OF STAFF	(i)	355,509.	0.	180.	15,350.	22,631.	393,670.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) HAROLD TUCKER, M.D. FORMER EVP & CHIEF MED. OFFICER	(i)	118,226.	80,000.	705.	2,800.	2,638.	204,369.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

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.; JOHN FLOWERS, M.D.; 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; AND MS. ERLENE WASHINGTON PARTICIPATED IN THIS SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN. THE AMOUNTS PAID OUT OF THIS PLAN IN 2021 WERE AS FOLLOWS:

JOHN B. CHESSARE, M.D. - \$244,718

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.

MS. CATHERINE HAMEL - \$60,605

MS. CAROLYN L. CANDIELLO - \$28,906

MS. JENNY COLDIRON - \$34,175

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, 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.**

Name of the organization
GREATER BALTIMORE MEDICAL CENTER, INC.

Employer identification number
52-6049658

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A MD HEALTH & HIGHER ED. FAC. AUTH	52-0936091	000000000	03/08/17	73,720,000.	TO REFUND BONDS ISSUED 4/20/11 AND 4/11/12		X		X		X
B MD HEALTH & HIGHER ED. FAC. AUTH	52-0936091	57421CCW2	09/01/21	139,417,204.	TO FUND CONSTRUCTION OF PROMISE PROJECT		X		X		X
C											
D											

Part II Proceeds										
	A		B		C		D			
1 Amount of bonds retired	3,795,000.									
2 Amount of bonds legally defeased										
3 Total proceeds of issue	73,720,000.		139,545,666.							
4 Gross proceeds in reserve funds										
5 Capitalized interest from proceeds			2,838,416.							
6 Proceeds in refunding escrows	32,906,259.									
7 Issuance costs from proceeds	22,274.									
8 Credit enhancement from proceeds										
9 Working capital expenditures from proceeds										
10 Capital expenditures from proceeds			11,578,146.							
11 Other spent proceeds	44,631,284.									
12 Other unspent proceeds			125,129,104.							
13 Year of substantial completion										
	Yes	No	Yes	No	Yes	No	Yes	No		
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		X						
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X			X						
16 Has the final allocation of proceeds been made?	X			X						
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X							

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

Part III Private Business Use								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X			X				
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X			X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X						
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government17 %		.00 %		%		%
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 517 %		.00 %		%		%
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X	X					
b Exception to rebate?		X		X				
c No rebate due?	X			X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X					

Part IV Arbitrage (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

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

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:

(A) ISSUER NAME: MD HEALTH & HIGHER ED. FAC. AUTH

DATE THE REBATE COMPUTATION WAS PERFORMED: 09/23/2022

PART II, LINE 3, COLUMN B

DIFFERENCES BETWEEN THE ISSUE PRICE (PART I) AND TOTAL PROCEEDS (PART II, LINE 3) ARE DUE TO INVESTMENT EARNINGS.

PART IV, LINE 6, COLUMN A

THIS QUESTION IS BEING ANSWERED WITHOUT REGARD TO A YIELD-RESTRICTED ADVANCE REFUNDING ESCROW FINANCED WITH PROCEEDS OF THE BONDS.

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
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIB	5,890,729.	HOTEL MANAG		X
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIB	5,741,508.	SOFTWARE SE		X
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIB	2,633,762.	SOFTWARE SE		X
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIB	533,924.	AUDIT/CONSU		X
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIB	490,020.	PRINTING SE		X
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIB	469,375.	ENGINEERING		X
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIB	231,088.	BANKING SER		X

Part V Supplemental Information.

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SUBSTANTIAL CONTRIBUTOR

(C) AMOUNT OF TRANSACTION \$ 5,890,729.

(D) DESCRIPTION OF TRANSACTION: HOTEL MANAGEMENT SERVICES

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SUBSTANTIAL CONTRIBUTOR

(C) AMOUNT OF TRANSACTION \$ 5,741,508.

(D) DESCRIPTION OF TRANSACTION: SOFTWARE SERVICES

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SUBSTANTIAL CONTRIBUTOR

(C) AMOUNT OF TRANSACTION \$ 2,633,762.

(D) DESCRIPTION OF TRANSACTION: SOFTWARE SERVICES

Part V Supplemental Information

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SUBSTANTIAL CONTRIBUTOR

(C) AMOUNT OF TRANSACTION \$ 533,924.

(D) DESCRIPTION OF TRANSACTION: AUDIT/CONSULTING SERVICES

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SUBSTANTIAL CONTRIBUTOR

(C) AMOUNT OF TRANSACTION \$ 490,020.

(D) DESCRIPTION OF TRANSACTION: PRINTING SERVICES

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SUBSTANTIAL CONTRIBUTOR

(C) AMOUNT OF TRANSACTION \$ 469,375.

(D) DESCRIPTION OF TRANSACTION: ENGINEERING

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SUBSTANTIAL CONTRIBUTOR

(C) AMOUNT OF TRANSACTION \$ 231,088.

(D) DESCRIPTION OF TRANSACTION: BANKING SERVICES

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ 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 instructions and the latest information.

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	3	214,176.	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 V, Donee Acknowledgement **29**

	Yes	No
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?		X
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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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.		

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

GREATER BALTIMORE MEDICAL CENTER, INC.

Employer identification number

52-6049658

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HEALING, AND HOPE.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

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

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.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

AMBULATORY, POST ACUTE, & PRIMARY CARE SERVICES

EXPENSES \$ 112,684,008. INCL GRANTS OF \$ 165,640. REVENUE \$ 162,766,172.

FORM 990, PART VI, SECTION A, LINE 2:

MS. HEIDI KENNY BERMAN AND MRS. SANDRA BERMAN HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 6:

THE BOARD OF DIRECTORS OF GBMC HEALTHCARE, INC. IS THE GOVERNING BODY FOR

THE ORGANIZATION. GBMC HEALTHCARE, INC. IS THE PARENT CORPORATION AND SOLE

STOCKHOLDER OF THE ORGANIZATION. THE BUSINESS AND AFFAIRS OF THE

ORGANIZATION ARE MANAGED UNDER THE DIRECTION OF ITS BOARD OF DIRECTORS

EXCEPT AS RESERVED TO THE STOCKHOLDER, GBMC HEALTHCARE, INC. IN ACCORDANCE

WITH THE BYLAWS SUCH AS:

A) TO CHANGE THE MISSION, PURPOSE, PHILOSOPHY OR OBJECTIVES OF THE

ORGANIZATION

B) TO AMEND THE BYLAWS OF THE ORGANIZATION

C) TO DISSOLVE, TO CONSOLIDATE OR TO MERGE THE ORGANIZATION

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

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

FORM 990, PART VI, SECTION A, LINE 7A:

SEE FORM 990, PART VI, SECTION A, LINE 6 DESCRIPTION

FORM 990, PART VI, SECTION A, LINE 7B:

SEE FORM 990, PART VI, SECTION A, LINE 6 DESCRIPTION

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.

FORM 990, PART VI, SECTION B, LINE 12C:

GREATER BALTIMORE MEDICAL CENTER, INC. IS GOVERNED BY THE POLICIES OF ITS

PARENT ORGANIZATION, GBMC HEALTHCARE, INC. THESE POLICIES INCLUDE A WRITTEN

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

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.

FORM 990, PART VI, SECTION B, LINE 15:

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

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

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.

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

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

OF INTEREST POLICY IS NOT AVAILABLE TO THE PUBLIC.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONTRACT LABOR:

PROGRAM SERVICE EXPENSES	48,354,458.
MANAGEMENT AND GENERAL EXPENSES	3,048,916.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	51,403,374.

CONSULTANTS:

PROGRAM SERVICE EXPENSES	7,640,234.
MANAGEMENT AND GENERAL EXPENSES	4,062,705.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	11,702,939.

OTHER SERVICES:

PROGRAM SERVICE EXPENSES	1,513,473.
MANAGEMENT AND GENERAL EXPENSES	1,475,967.
FUNDRAISING EXPENSES	395,936.
TOTAL EXPENSES	3,385,376.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	66,491,689.
--	-------------

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PENSION EXPENSE	3,023,779.
LOSSES ON UNCOLLECTIBLE PLEDGES	1,627,234.
TOTAL TO FORM 990, PART XI, LINE 9	4,651,013.

**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

2021

**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
GBMC HEALTH PARTNERS AT HELPING UP MISSION, LLC - 83-3101128, 6545 N. CHARLES ST., TOWSON, MD 21204	HEALTHCARE	MARYLAND	739,741.	256,315.	GREATER BALTIMORE MEDICAL CENTER, INC.
GBMC HOSPITAL BASED SERVICES, LLC - 88-1423038, 6701 N. CHARLES ST., TOWSON, MD 21204	HEALTHCARE	MARYLAND	0.	0.	GREATER BALTIMORE MEDICAL CENTER, INC.
GBMC OPTICAL CENTER, LLC - 88-2319666 8625 PLEASANT PLAINS RD TOWSON, MD 21286	HEALTHCARE	MARYLAND	0.	0.	GREATER BALTIMORE MEDICAL CENTER, INC.

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
GBMC FOUNDATION, INC. - 52-1411935 6701 NORTH CHARLES STREET BALTIMORE, MD 21204	FUNDRAISING	MARYLAND	501(C)(3)	LINE 12, TYPE II	GBMC HEALTHCARE, INC.		X
GILCHRIST HOSPICE CARE, INC. - 52-1851251 11311 MCCORMICK ROAD NO. 350 HUNT VALLEY, MD 21031	HOSPICE SERVICE	MARYLAND	501(C)(3)	LINE 3	GBMC HEALTHCARE, INC.		X
GBMC LAND, INC. - 52-1413360 6701 NORTH CHARLES STREET BALTIMORE, MD 21204	REAL ESTATE PROPERTY	MARYLAND	501(C)(3)	LINE 12, TYPE I	GBMC HEALTHCARE, INC.		X
GBMC HEALTHCARE, INC. - 52-1484872 6701 NORTH CHARLES STREET BALTIMORE, MD 21204	HEALTH SERVICES	MARYLAND	501(C)(3)	LINE 12, TYPE III FI	N/A		X

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

Schedule R (Form 990) 2021

Part II Continuation of 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 organization?	
						Yes	No
PRESBYTERIAN EYE, EAR, AND THROAT CHARITY HOSPITAL - 52-0449990, 320 MORRIS AVE, LUTHERVILLE, MD 21093	SUPPORTING	MARYLAND	501(C)(3)	LINE 12, TYPE III FI	N/A		X
MILTON J. DANCE, JR. ENDOWMENT, INC. - 52-1104173, 409 WASHINGTON AVENUE, BALTIMORE, MD 21204	SUPPORTING	MARYLAND	501(C)(3)	LINE 12, TYPE III FI	N/A		X
WOMEN'S HOSPITAL FOUNDATION, INC. - 52-0591609, P.O. BOX 166, RIDERWOOD, MD 21139	FUNDRAISING	MARYLAND	501(C)(3)	LINE 12, TYPE III NFI	N/A		X
JOSEPH RICHEY HOUSE, INC. - 52-1184960 838 NORTH EUTAW STREET BALTIMORE, MD 21201	HOSPICE SERVICE	MARYLAND	501(C)(3)	LINE 3	GILCHRIST HOSPICE CARE, INC.		X
BROWNLOW BYRON HOMES - 52-2019909 838 NORTH EUTAW STREET BALTIMORE, MD 21201	HOUSING FOR LOW INCOME TENANTS	MARYLAND	501(C)(3)	LINE 12, TYPE II	GILCHRIST HOSPICE CARE, INC.		X
PRESBYTERIAN EYE EAR & THROAT CHARITY HOSP INC BOARD LADY MGRS - 52-6052408, 20 INDIAN LANE, BALTIMORE, MD 21210	SUPPORTING	MARYLAND	501(C)(3)	LINE 12, TYPE III FI	N/A		X
GILCHRIST BALTIMORE CENTER SUPPORT CORPORATION - 85-4086504, 11311 MCCORMICK ROAD, SUITE 100, HUNT VALLEY, MD 21031	SUPPORTING	MARYLAND	501(C)(3)	LINE 12, TYPE III FI	N/A		X

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	
GBMC MEDICAL ARTS PAVILION WEST, LLC - 52-1899034, 6701 NORTH CHARLES STREET, BALTIMORE, MD 21204	REAL ESTATE MGT	MD	GBMC AGENCY, INC.	EXCLUDED	119,334.	1,844,148.		X	N/A		X	37.90%
GBMC-WP-PT, LLC - 81-2388743 1447 YORK ROAD, STE 401 LUTHERVILLE, MD 21093	PHYSICAL THERAPY	MD	N/A	N/A	N/A	N/A		X	N/A		X	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
GBMC AGENCY, INC. - 52-1411931 6701 NORTH CHARLES STREET BALTIMORE, MD 21204	INVESTMENTS	MD	N/A	C CORP	N/A	N/A	N/A		X
RUXTON INSURANCE COMPANY, LTD. - 98-0413102 3 GORHAM ROAD HAMILTON, HM 08 HAMILTON, BERMUDA	INSURANCE CAPTIVE	BERMUDA	N/A	C CORP	2,366,387.	97,844,543.	100%		X

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)	X	

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	3,014,411.	COST
(2) RUXTON INSURANCE COMPANY, LTD.	M	14,002,720.	COST
(3)			
(4)			
(5)			
(6)			

