

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2014

<p>Prepared for Greater Baltimore Medical Center, Inc. 6701 North Charles Street Baltimore, MD 21204</p>	<p>Prepared by DELOITTE TAX LLP 7900 TYSONS ONE PLACE SUITE 800 MCLEAN, VA 22102-5971</p>
<p>Amount due or refund</p>	<p>Not applicable</p>
<p>Make check payable to</p>	<p>Not applicable</p>
<p>Mail tax return and check (if applicable) to</p>	<p>Not applicable</p>
<p>Return must be mailed on or before</p>	<p>Not applicable</p>
<p>Special Instructions</p> <p>This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8453-E0 to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.</p>	

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public.

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

A For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, 2014

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0047  
2013  
Open to Public Inspection

**B** Check if applicable:

Address change  Name change  Initial return  Termination  City or town, state or province, and ZIP or foreign postal code  Applied for pending

**C** Name of organization: Greater Baltimore Medical Center, Inc.

**D** Employer identification number: 52-6049658

**E** Telephone number: (443) 849-2000

**F** Name and address of principal officer: Eric L. Melchior  
Room/suite: 6701 North Charles Street  
City or town, state or province, and ZIP or foreign postal code: Baltimore, MD 21204

**G** Gross receipts: \$ 431,863,243

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

**H(b)** Are all subordinates included? Yes  No

**H(c)** Group exemption number: 527

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

**J** Website: [www.gbmc.org](http://www.gbmc.org)

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: 1960

**M** State of legal domicile: MD

**Part I Summary**

1 Briefly describe the organization's mission or most significant activities: To provide medical care and service of the highest quality to each patient (Cont. on Sch O)

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

**3** Number of voting members of the governing body (Part VI, line 1a) 28

**4** Number of independent voting members of the governing body (Part VI, line 1b) 22

**5** Total number of individuals employed in calendar year 2013 (Part V, line 2a) 3790

**6** Total number of volunteers (estimate if necessary) 681

**7a** Total unrelated business revenue from Part VIII, column (C), line 12 649,102

**7b** Net unrelated business taxable income from Form 990-T, line 34 0

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
8	Contributions and grants (Part VIII, line 1h)	5,148,335	6,058,464	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	206,437	114,245
9	Program service revenue (Part VIII, line 2g)	382,793,474	387,467,057	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,142,040	16,075,166	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	203,238,152	204,405,396
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,097,821	3,909,291	16a	Professional fundraising fees (Part IX, column (A), line 1e)	0	0
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	396,181,670	413,509,978	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-12a)	176,980,335	180,418,806
13	Revenue less expenses. Subtract line 18 from line 12	15,756,746	28,571,531	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	380,424,924	384,938,447
14	Beginning of Current Year	506,563,818	536,194,663	19	Total assets (Part X, line 16)	273,383,375	270,585,278
15	End of Year	233,180,443	265,609,385	20	Total liabilities (Part X, line 26)	273,383,375	270,585,278
21	Net assets or fund balances. Subtract line 21 from line 20	0	0	22	Net assets or fund balances. Subtract line 21 from line 20	0	0

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: Eric L. Melchior, EVP & CFO

Date: \_\_\_\_\_

**Paid Preparer**

Print/type preparer's name: Yvette L. Woods

Firm's name: DELOITTE TAX LLP

Firm's address: 7900 TYSONS ONE PLACE SUITE 800  
MCLEAN, VA 22102-5971

Firm's EIN: 86-1065772

Phone no. (703) 251-1000

Preparer's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Check  if self-employed

PTIN: P00364424

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Form 990 (2013)

For calendar year 2013, or tax year beginning

2013

Department of the Treasury Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Name of exempt organization: Greater Baltimore Medical Center, Inc. Employer identification number: 52-6049658

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 2 columns: Line number (1a-5b) and Description (Total revenue, Total tax, Tax based on investment income, Balance due). Includes handwritten values for lines 1a and 1b.

Part II Declaration of Officer

I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my immediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here

Signature of officer: [Handwritten Signature]

Date: 4/24/15

Title: EVP/CEO

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-file (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's signature

[Handwritten Signature]

Date

4/24/15

Check if self-employed, Check if ERO's SSN or PTN

ERO's SSN or PTN: P00364424

Use Only

Firm's name (or your self-employed address, and ZIP code)

DELOITTE TAX LLP

7900 MYSONS ONE PLACE SUITE 800

Phone no. (703) 251-1000

EIN: 86-1065772

Paid Preparer Use Only

Print/type preparer's name

Preparer's signature

Date

Check if self-employed, Check if PTN

Firm's address, Firm's name, Firm's EIN, Phone no.

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

OMB No. 1545-1709

Department of the Treasury  
Internal Revenue Service

File a separate application for each return.  
Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

You have already been granted an automatic 3-month extension on a previously filed Form 8868. Do not complete Part II unless you need a 3-month automatic extension of time to file (6 months for a corporation or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which 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/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

Enter filer's identifying number

Type or print	Name of exempt organization or other filer, see instructions.	Greater Baltimore Medical Center, Inc.
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 Street
City, town or post office, state, and ZIP code. For a foreign address, see instructions.	Baltimore, MD 21204	

Enter the Return code for the return that this application is for (file a separate application for each return)

0	1
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Application Is For	Return Code	Application Is For
Form 990 or Form 990-EZ	01	Form 990-T (corporation)
Form 990-BL	02	Form 1041-A
Form 4720 (individual)	03	Form 4720 (other than individual)
Form 990-PF	04	Form 5227
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069
Form 990-T (trust other than above)	06	Form 8870

The books are in the care of 6701 North Charles Street - Baltimore, MD 21204  
Telephone No. (443) 849-2000 Fax No.

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  and attach a list with the names and EINs of all members the extension is for.

I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until February 16, 2015, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  calendar year or  tax year beginning JUL 1, 2013, and ending JUN 30, 2014

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-BL, 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-EO and Form 8879-EO for payment instructions.



Signature Eric Melchior Title CPA Date 2/4/2015

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

**Signature and Verification must be completed for Part II only.**

8a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
8b	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 and any amount paid previously with Form 8868.	8b	\$	0.
8c	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Additional information is required to file a complete and accurate return.

- 7 State in detail why you need the extension
- 6  Change in accounting period
- 5 If the tax year entered in line 5 is for less than 12 months, check reason: JUL 1, 2013, and ending JUN 30, 2014
- 4 I request an additional 3-month extension of time until May 15, 2015
- 3  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.
- 2  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
- 1 Telephone No. (443) 849-2000 Fax No.
- The books are in the care of Eric Melchior 6701 North Charles Street - Baltimore, MD 21204

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	02
Form 990-BL	02	Form 4720 (other than individual)	03
Form 990-PF	04	Form 5227	04
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	05
Form 990-T (trust other than above)	06	Form 8870	06

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

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

**Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).**

- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

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  No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. If "Yes," describe these changes on Schedule O.

4a revenue, if any, for each program service reported. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and

(Code: ) (Expenses \$ 130,842,410. including grants of \$ ) (Revenue \$ 140,454,154.)

The Greater Baltimore Medical Center, Inc. (GBMC) is a 255-bed medical center (acute and sub-acute care), located on a suburban campus, which provided inpatient care and observation services to 17,105 and 4,181 patients, respectively. Additionally, GBMC delivered over 3,893 babies in the fiscal year. Since its founding, GBMC's accomplishments have validated the vision of its founders to combine the best of community and university-level medicine. GBMC's distinctive service lines include women's cancer, surgical and medical services. GBMC is a fully accredited teaching hospital that is affiliated with John Hopkins University.

4b (Code: ) (Expenses \$ 71,394,663. including grants of \$ ) (Revenue \$ 94,013,771.)

The operating room performed over 27,651 inpatient and outpatient surgical procedures in the fiscal year. Specialties include GBMC's comprehensive obesity management program, the oldest recognized American Society of Metabolic and Bariatric Surgery (ASMBS) Center of Excellence in the Metropolitan Baltimore area; Johns Hopkins head and neck surgery at GBMC; minimally invasive and endocrine surgery; neurosurgery; vascular and thoracic surgery; and urology.

4c (Code: ) (Expenses \$ 63,530,362. including grants of \$ ) (Revenue \$ 86,209,872.)

The emergency services department has 3 patient care areas, designed to minimize wait & maximize service for patients & their families. Patients with minor injuries such as sprains are cared for in the Urgent Care area. Severe problems such as acute abdominal pain, chest pain or injuries from motor vehicle accidents are evaluated and treated in Emergent Care. Adjacent to the Emergent Care area is an Observational Care area for adult patients who need to be monitored but not admitted. In addition to emergency services, GBMC provided other outpatient care to over 46,454 patients in specialty clinics such as Ophthalmology, wound care, anti-coagulation, radiation oncology and infusion therapy.

4d Other program services (Describe in Schedule O) (Expenses \$ 77,547,456. including grants of \$ 114,245.) (Revenue \$ 66,140,158.)

4e Total program service expenses 343,314,891.

**Part IV Checklist of Required Schedules**

Line No.	Yes	No
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20b	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules (continued)	
Yes	No
	X
21	X
22	X
23	X
24a	X
24b	X
24c	X
24d	X
25a	X
25b	X
26	X
27	X
28	X
28a	X
28b	X
28c	X
29	X
30	X
31	X
32	X
33	X
34	X
35a	X
35b	X
36	X
37	X
38	X

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

- 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II
- 22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and II
- 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J
- 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a
- 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
- 24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?
- 24d Did the organization act as an "issuer for bonds outstanding at any time during the year?
- 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I
- 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
- 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II
- 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III
- 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):
  - a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
  - b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
  - c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV
- 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M
- 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M
- 31 Did the organization liquidate, terminate, or dissolve and cease operations?
- 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II
- 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I
- 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1
- 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
- 35b Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2
- 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2
- 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI
- 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 1b and 19? 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

		1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		1a	407
		b Enter the number of Forms W-2g included in line 1a. Enter -0- if not applicable		1b	0
		c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X
		2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	3790
		b At least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X
		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
		3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	X
		b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		3b	X
		4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	X
		b If "Yes," enter the name of the foreign country: <span style="border: 1px solid black; padding: 2px;">▶</span>			
		See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
		5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	X
		b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	X
		c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
		6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	X
		b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
		7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	X
		a Did the organization notify the donor of the value of the goods or services provided?		7b	
		c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822?		7c	X
		d If "Yes," indicate the number of Forms 8822 filed during the year		7d	0
		e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	X
		f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	X
		g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
		h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
		8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8	
		9 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?		9a	N/A
		b Did the organization make a distribution to a donor, donor advisor, or related person?		9b	N/A
		10 Section 501(c)(7) organizations. Enter:			
		a Initiation fees and capital contributions included on Part VIII, line 12		10a	N/A
		b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b	
		11 Section 501(c)(12) organizations. Enter:			
		a Gross income from members or shareholders		11a	N/A
		b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		11b	
		12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
		b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b	N/A
		13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
		a Is the organization licensed to issue qualified health plans in more than one state?		13a	N/A
		Note. See the instructions for additional information the organization must report on Schedule O.			
		b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b	
		c Enter the amount of reserves on hand		13c	
		14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	X
		b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

1a	Enter the number of voting members of the governing body at the end of the tax year	28
1b	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	22
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, or 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
7b	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 in Schedule O	X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code)

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?	X
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 in Schedule O the process, if any, used by the organization to review this Form 990.	X
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 in 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?	X
a	The organization's CEO, Executive Director, or top management official	X
b	Other officers or key employees of the organization	X
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 (or 1024 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 in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

6701 North Charles Street, Baltimore, MD 21204  
 Eric L. Melchior - (443) 849-2000

**Part VIII 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. List all of the organization's current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

List all of the organization's former officers, key employees, 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.

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

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

(A) Name and Title	(B) Average hours per week (do not check more than one box, unless person is both an officer and a director/trustee)	(C) Position (do not check more than one box)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated compensation from the organization and related organizations
(1) Honorable Vicki Ballou-Watts	1.00	Individual trustee or director	0.00	0.00	0.00
(2) Mr. Herbert J. Belgrad	1.00	Individual trustee or director	0.00	0.00	0.00
(3) Ms. Sandra Berman	2.00	Individual trustee or director	0.00	0.00	0.00
(4) Ms. Kara C. King Bess	1.00	Individual trustee or director	0.00	0.00	0.00
(5) Robert K. Brookland, M.D.	2.00	Individual trustee or director	0.00	0.00	0.00
(6) Mr. Samuel Heffner	3.00	Individual trustee or director	0.00	0.00	0.00
(7) Mr. Frederick M. Hudson	1.00	Individual trustee or director	0.00	0.00	0.00
(8) Theda C. Kontis, M.D.	2.00	Individual trustee or director	0.00	0.00	0.00
(9) Mr. Timothy L. Krongard	1.00	Individual trustee or director	0.00	0.00	0.00
(10) Mr. Benjamin F. Lucas, II	3.00	Individual trustee or director	0.00	0.00	0.00
(11) Mr. Thomas H. Maddux	1.00	Individual trustee or director	0.00	0.00	0.00
(12) Mr. Anthony Milano	3.00	Individual trustee or director	0.00	0.00	0.00
(13) Ms. Jeannette M. Mills	1.00	Individual trustee or director	0.00	0.00	0.00
(14) Mr. Thomas J. O'Donnell, Jr.	2.00	Individual trustee or director	0.00	0.00	0.00
(15) Mr. Frank R. Palmer	1.00	Individual trustee or director	0.00	0.00	0.00
(16) Mr. Robert A. Shelton	3.00	Individual trustee or director	0.00	0.00	0.00
(17) Mr. Stuart O. Simms	1.00	Individual trustee or director	0.00	0.00	0.00
Director	2.00	Individual trustee or director	0.00	0.00	0.00

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

(A) Name and title	(B) Average hours per week (do not check more than one box, unless person is both an officer and a director/trustee)	(C) Position	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of compensation from the organization and related organizations
(18) Mr. James B. Stradtner	1.00	Individual trustee or director	0.	0.	0.
(19) Mr. Steven A. Thomas	2.00	Individual trustee or director	0.	0.	0.
(20) Ms. Marion G. Thompson	1.00	Individual trustee or director	0.	0.	0.
(21) Harold Tucker, M.D.	2.00	Individual trustee or director	0.	0.	0.
(22) John M. Wogan, M.D.	2.00	Individual trustee or director	130,000.	0.	0.
(23) John B. Chessare, M.D.	2.00	Individual trustee or director	20,000.	0.	0.
(24) Mr. Harry S. Johnson	1.00	Individual trustee or director	787,462.	0.	199,214.
(25) Ms. Patricia J. Mitchell	2.00	Individual trustee or director	0.	0.	0.
(26) Mr. Stephen T. Scott	2.00	Individual trustee or director	0.	0.	0.
(27) Treasurer	2.00	Individual trustee or director	0.	0.	0.
<b>1b Sub-total</b>			937,462.	0.	199,214.
<b>c Total from continuation sheets to Part VII, Section A</b>			10,190,044.	0.	935,633.
<b>d Total (add lines 1b and 1c)</b>			11,127,506.	0.	1,134,847.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **280**

3	4	5
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule J for such individual	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

(A) Name and business address	(B) Description of services	(C) Compensation
Johns Hopkins University, 125 Medical Admin Rd., 720 Rutland Ave., Baltimore, MD	Residency Program	5,067,682.
Advanced Radiology/Medical Imaging of Balt. 7253 Ambassador Road, Baltimore, MD 21244	Radiology Services	2,381,908.
Aramark Healthcare, Support Services, P.O. Box 651009, Charlotte, NC 28265	Management - Dietary	1,587,403.
Chapel Valley Landscaping, 3275 Jennings Chapel Road, Woodbine, MD 21797	Landscaping & Snow Removal Services	1,254,072.
Mayflower Textile Service P.O. Box 20659, Baltimore, MD 21223	Linens Services	1,244,448.
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 <b>157</b>		



(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) Ms. Bonnie R. Stein Chair Elect	1.00	X		X				0.	0.
(28) Ms. Mary B. Wieler Secretary	1.00			X				0.	0.
(29) Mr. Eric L. Melchior EVP & CFO	22.00			X				659,084.	41,644.
(30) Mr. Keith R. Poisson EVP & COO	18.00			X				1,062,888.	123,575.
(31) John R. Saunders, M.D. VP Medical Affairs & CMO	27.00		X					611,337.	100,040.
(32) Mr. George R. Bayless, III VP Finance	6.00			X				442,148.	61,541.
(33) Ms. Carolyn L. Candelillo VP Quality & Pt Safety	39.00			X				192,557.	51,753.
(34) Ms. Jenny Coldiron VP Development	5.00			X				219,880.	70,951.
(35) Mr. John W. Ellis Sr. VP Strategy & Bus Dev	35.00			X				951,894.	126,016.
(36) Mr. Michael A. Portman VP Facilities & Support Ser	10.00			X				224,469.	53,745.
(37) Ms. Catherine Hamel VP Post Acute Svcs & Exec Dir Hospic	35.00			X				225,103.	55,103.
(38) Ms. Joanne Porter Sr. VP Chief Nursing Exec	21.00			X				584,002.	30,385.
(39) Ms. Deloris S. Tuggle VP Human Resources	5.00			X				296,996.	40,559.
(40) Gary I. Cohen, M.D. Med Director/Physician	39.00			X				691,006.	32,470.
(41) Reginald J. Davis, M.D. Med Director/Physician	40.00			X				1,386,244.	30,995.
(42) Nitraj Jani, M.D. Med Director/Physician	40.00			X				845,720.	38,415.
(43) Bimal G. Ramji, M.D. Med Director/Physician	40.00			X				755,399.	39,348.
(44) Neri M. Cohen, M.D. Med Director/Physician	40.00			X				741,317.	39,093.
(45) Ronald F. Trutone, Jr., M.D. Former Director/GBMC Research Chair	29.00					X		300,000.	0.
	0.00								0.
Total to Part VII, Section A, line 1c									
								10,190,044.	935,633.

**Part VIII Statement of Revenue**

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

(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
6,058,464.			
1a Federated campaigns			
1b Membership dues			
1c Fundraising events	364,515.		
1d Related organizations	5,398,095.		
1e Government grants (contributions)	295,854.		
1f All other contributions, gifts, grants, and similar amounts not included above			
1g Noncash contributions included in lines 1a-1f \$			
h Total. Add lines 1a-1f	6,058,464.		

2 a Patient Service	Business Code	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Other Operating Rev.	900099	8,402,120.	7,753,018.	649,102.	
2 a Patient Service	62110	379,064,937.	379,064,937.		
i All other program service revenue					
j Total. Add lines 2a-i		387,467,057.			

3 Investment income (including dividends, interest, and other similar amounts)	4 Income from investment of tax-exempt bond proceeds	5 Royalties	6 a Gross rents	6 b Less: rental expenses	6 c Rental income or (loss)	6 d Net rental income or (loss)	7 a Gross amount from sales of	7 b Less: cost or other basis	7 c Gain or (loss)	7 d Net gain or (loss)	8 a Gross income from fundraising events (not including \$ 364,515. of contributions reported on line 1c). See Part IV, line 18	8 b Less: direct expenses	8 c Net income or (loss) from fundraising events	9 a Gross income from gaming activities. See Part IV, line 19	9 b Less: direct expenses	9 c Net income or (loss) from gaming activities	10 a Gross sales of inventory, less returns and allowances	10 b Less: cost of goods sold	10 c Net income or (loss) from sales of inventory	
3,907,334.							(i) Securities	30,034,947.	18,011,020.	12,167,832.	92,490.	342,245.	-249,755.							
(ii) Other							(ii) Other	143,905.	0.	12,167,832.										

11 a Cateeria Income	Business Code	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Parking Revenue	812930	1,782,665.			
11 a Cateeria Income	722210	2,376,381.			
i All other revenue					
j Total. Add lines 11a-i		4,159,046.			

12 Total revenue. See instructions.	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
12 Total revenue. See instructions.	413,509,978.	386,817,955.	649,102.	19,984,457.

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A)	(B)	(C)	(D)
Total expenses		Program service expenses	Management and general expenses	Fundraising expenses	
1	grants and other assistance to governments and organizations in the United States. See Part IV, line 21	114,245.	114,245.		
2	grants and other assistance to individuals in the United States. See Part IV, line 22				
3	grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	benefits paid to or for members				
5	compensation of current officers, directors, trustees, and key employees	7,494,762.		7,494,762.	
6	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	other salaries and wages	160,468,391.	151,008,251.	9,460,140.	
8	pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,245,502.	6,752,780.	1,492,722.	
9	other employee benefits	16,669,339.	14,865,977.	1,803,362.	
10	payroll taxes	11,527,402.	10,500,389.	1,027,013.	
11	fees for services (non-employees):				
a	management	2,496,462.	2,142,376.	354,086.	
b	legal	218,839.	40,962.	177,877.	
c	accounting	159,215.	7,064.	152,151.	
d	lobbying	65,370.		65,370.	
e	professional fundraising services. See Part IV, line 17				
f	investment management fees	592,324.		592,324.	
g	other: (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	28,786,483.	25,681,438.	3,105,045.	
12	advertising and promotion	1,311,167.	339,614.	971,553.	
13	office expenses	91,314,792.	89,939,331.	1,375,461.	
14	information technology	5,348,690.	3,720,841.	1,627,849.	
15	royalties				
16	occupancy	6,638,397.	5,914,683.	723,714.	
17	travel	427,352.	325,214.	102,138.	
18	payments of travel or entertainment expenses for any federal, state, or local public officials				
19	conferences, conventions, and meetings	735,472.	603,697.	131,775.	
20	interest	6,513,591.	5,880,960.	632,631.	
21	payments to affiliates				
22	depreciation, depletion, and amortization	26,155,174.	23,547,564.	2,607,610.	
23	insurance	8,492,427.	1,367,874.	7,124,553.	
24	other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	purchased services	1,163,051.	561,631.	601,420.	
b					
c					
d					
e	all other expenses				
25	total functional expenses. Add lines 1 through 24e	384,938,447.	343,314,891.	41,623,556.	0.
26	joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)	(B)
		Beginning of year	End of year
1	Cash - non-interest-bearing	7,543,479	29,431,160
2	Savings and temporary cash investments	214,242	218,466
3	Pledges and grants receivable, net	44,077,103	47,108,360
4	Accounts receivable, net		
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		
7	Notes and loans receivable, net	3,322,140	3,696,331
8	Inventories for sale or use	9,013,489	9,407,286
9	Prepaid expenses and deferred charges		
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	555,365,589	
b	Less: accumulated depreciation	333,326,725	
10b			
11	Investments - publicly traded securities	139,290,553	166,047,805
12	Investments - other securities. See Part IV, line 11	33,009,699	10,991,858
13	Investments - program-related. See Part IV, line 11		
14	Intangible assets		
15	Other assets. See Part IV, line 11	48,008,377	47,254,533
16	Total assets. Add lines 1 through 15 (must equal line 34)	506,563,818	536,194,663
17	Accounts payable and accrued expenses	64,060,917	62,064,340
18	Grants payable		
19	Deferred revenue		
20	Tax-exempt bond liabilities	107,969,247	105,292,273
21	Escrow or custodial account liability. Complete Part IV of Schedule D		
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		
23	Secured mortgages and notes payable to unrelated third parties		
24	Unsecured notes and loans payable to unrelated third parties		
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	101,353,211	103,228,665
26	Total liabilities. Add lines 17 through 25	273,383,375	270,585,278
27	Unrestricted net assets	197,041,373	224,067,445
28	Temporarily restricted net assets	25,948,808	29,075,632
29	Permanently restricted net assets	10,190,262	12,466,308
30	Capital stock or trust principal, or current funds and complete lines 30 through 34.		
31	Paid-in or capital surplus, or land, building, or equipment fund		
32	Retained earnings, endowment, accumulated income, or other funds		
33	Total net assets or fund balances	233,180,443	265,609,385
34	Total liabilities and net assets/fund balances	506,563,818	536,194,663

Form 990 (2013)

Form 990 (2013)

1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2a		
b	Were the organization's financial statements audited by an independent accountant? <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b		
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? <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2c		
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

**Part XIII Financial Statements and Reporting**

1	Total revenue (must equal Part VIII, column (A), line 12)	413,509,978.
2	Total expenses (must equal Part IX, column (A), line 25)	384,938,447.
3	Revenue less expenses. Subtract line 2 from line 1	28,571,531.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	233,180,443.
5	Net unrealized gains (losses) on investments	4,255,190.
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain in Schedule O)	-397,779.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	265,609,385.

**Part XI Reconciliation of Net Assets**

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ. Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2013 Open to Public Inspection

Name of the organization: Greater Baltimore Medical Center, Inc. Employer identification number: 52-6049658

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

- 1 The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)
2 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
3 A school described in section 170(b)(1)(A)(iii). (Attach Schedule E.)
4 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
5 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
6 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
7 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
8 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
10 An organization that normally receives in section 170(b)(1)(A)(vi). (Complete Part II.)
11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
13 a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
14 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
15 If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
16 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
17 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
18 (ii) A family member of a person described in (i) above?
19 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
20 Provide the following information about the supported organization(s).

Table with 2 columns: Yes, No. Rows for questions 17(i), 17(ii), 17(iii).

h Provide the following information about the supported organization(s).

Main table with columns: (i) Name of supported organization, (iii) EIN, (iiii) Type of organization, (v) Is the organization in col. (i) listed in your governing documents?, (v) Did you notify the organization in col. (i) of your support?, (vi) Is the organization in col. (i) organized in the U.S., (vii) Amount of monetary support.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

**Part III 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1						
2						
3						
4						
5						
6						
<b>Public support. Subtract line 5 from line 4.</b>						

Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7						
8						
9						
10						
11						
12						
13						

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

14	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15	Public support percentage from 2012 Schedule A, Part II, line 14	15	%

16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, 16a, or 17a, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2012. 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

17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 17a, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test.

b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1						
2						
3						
4						
5						
6						
7a						
7b						
8						

Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9						
10a						
10b						
11						
12						
13						

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

15	Public support percentage for 2013 (line 8, column (f)) divided by line 13, column (f))	15	%
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	%

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

17	Investment income percentage for 2013 (line 10c, column (f)) divided by line 13, column (f))	17	%
18	Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. 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.





LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 3 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution 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.

Special Rules

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

General Rule

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.

Form 990-PF

501(c)(3) taxable private foundation

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

501(c)(3) exempt private foundation

527 political organization

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

501(c) 3 (enter number) organization

Filers of:

Section:

Organization type (check one):

Name of the organization

Greater Baltimore Medical Center, Inc.

52-6049658

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Schedule of Contributors

2013

OMB No. 1545-0047

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	GBMC Foundation 6701 North Charles Street Baltimore, MD 21204	\$ 5,762,610.	(Complete Part II for noncash contributions.) Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
2	Frontier Science & Technology Research Foundation, Inc. 4033 Maple Road #6 Amherst, NY 14226	\$ 25,300.	(Complete Part II for noncash contributions.) Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
3	National Surgical Adjuvant Breast & Bowel Foundation, Inc. 2 Allegheny Suite 1200 Pittsburgh, PA 15212	\$ 49,910.	(Complete Part II for noncash contributions.) Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
4	Gynecologic Oncology Group 4 Penn Cntr 1600 JFK Blvd Suite 1020 Philadelphia, PA 19103	\$ 41,505.	(Complete Part II for noncash contributions.) Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
5	Maryland Hospital Association 6820 Deerpath Road Elkridge, MD 21075	\$ 40,000.	(Complete Part II for noncash contributions.) Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
6	Foundation Fighting Blindness 7168 Columbia Gateway Drive, Suite 100 Columbia, MD 21046	\$ 25,630.	(Complete Part II for noncash contributions.) Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>

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	National Institute on Aging NIH Biomedical Research Center 251 Bayview Blvd Ste 100 Baltimore, MD 21224	\$ 10,535.	(Complete Part II for noncash contributions.) Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
8	Department of Health and Human Services 6100 Executive Boulevard Rockville, MD 20852	\$ 34,502.	(Complete Part II for noncash contributions.) Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
9	Government Office of Crime Control Prevention 300 E. Joppa Road, Suite 1105 Baltimore, MD 21286	\$ 59,677.	(Complete Part II for noncash contributions.) 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.) Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>

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
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization: Greater Baltimore Medical Center, Inc.  
 Employer identification number: 52-6049658

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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 information 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

(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

(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

(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



Schedule C (Form 990 or 990-EZ) 2013

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(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					

Lobbying Expenditures During 4-Year Averaging Period

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

4-Year Averaging Period Under Section 501(h)

reporting section 4911 tax for this year?  Yes  No

i If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

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-													
<table border="1"> <thead> <tr> <th>The lobbying nontaxable amount is:</th> <th>(a) or (b) 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>		The lobbying nontaxable amount is:	(a) or (b) 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.
The lobbying nontaxable amount is:	(a) or (b) 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.												
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.													
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)													
b Total lobbying expenditures to influence a legislative body (direct lobbying)													
c Total lobbying expenditures (add lines 1a and 1b)													
d Other exempt purpose expenditures													
e Total exempt purpose expenditures (add lines 1c and 1d)													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.													

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals  
(b) Affiliated group totals

B Check  if the filing organization checked box A and "limited control" provisions apply.

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).

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



**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 to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)	(b)
		Yes	No
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	0.
d	Mailings to members, legislators, or the public?	X	1,000.
e	Publications, or published or broadcast statements?	X	4,002.
f	Grants to other organizations for lobbying purposes?	X	0.
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X	49,360.
h	Fallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X	0.
i	Other activities?	X	11,008.
j	Total. Add lines 1c through 1i		65,370.
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).**

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

**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."**

Supplemental Information		1	2a	2b	2c	3	4	5
1	Dues, assessments and similar amounts from members							
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							
b	Carryover from last year							
c	Total							
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues							
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?							
5	Taxable amount of lobbying and political expenditures (see instructions)							

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, line 2; and Part II-B, line 1. Also, complete this part for any additional information. Part II-B, line 1, Lobbying Activities:

The amount for other activities includes meetings with

GBMC staff, legislative committees, and contracted GBMC lobbyist, as

well as amounts incurred for general research on federal and state

healthcare issues.

**SCHEDULE D**

Department of the Treasury  
Internal Revenue Service

(Form 990)

**Supplemental Financial Statement, its**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 12a, or 12b. Attach to Form 990.

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

Open to Public Inspection

**2013**

OMB No. 1545-0047

Name of the organization

Greater Baltimore Medical Center, Inc.

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 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" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply):  
 Preservation of land for public use (e.g., recreation or education)  
 Preservation of an historically important land area  
 Protection of natural habitat  
 Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Held at the End of the Tax Year	Number of conservation easements	
	2a	2d
a Total number of conservation easements		
b Total acreage restricted by conservation easements		
c Number of conservation easements on a certified historic structure included in (a)		
d Number of conservation easements included in (c) acquired after 8/17/06, 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, and enforcing conservation easements during the year
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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 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.**

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

Schedule D (Form 990) 2013

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.		15,290,673.
b Buildings	304,221,929.	151,467,361.	152,754,568.	152,754,568.
c Leasehold improvements	9,162,682.	5,372,661.	3,790,021.	3,790,021.
d Equipment	124,155,976.	101,542,775.	22,613,201.	22,613,201.
e Other	102,534,329.	74,943,928.	27,590,401.	27,590,401.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				222,038,864.

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

Part VI Land, Buildings, and Equipment

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

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

(iii) related organizations

(i) unrelated organizations

by:

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization

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

c Temporarily restricted endowment  38.54 %

b Permanent endowment  61.46 %

a Board designated or quasi-endowment  %

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

g End of year balance	f Administrative expenses and programs	e Other expenditures for facilities	d Grants or scholarships	c Net investment earnings, gains, and losses	b Contributions	1a Beginning of year balance
20,282,263.	1,504,410.	40,542.	38,147.	2,154,496.	2,274,086.	17,358,091.
17,358,091.	1,503,005.	1,101,223.	1,101,223.	1,559,827.	1,503,005.	14,235,801.
14,235,801.	1,503,005.	1,101,223.	1,101,223.	1,559,827.	1,503,005.	12,868,698.
12,868,698.	1,503,005.	1,101,223.	1,101,223.	1,559,827.	1,503,005.	10,391,609.
10,391,609.	1,503,005.	1,101,223.	1,101,223.	1,559,827.	1,503,005.	9,433,475.
9,433,475.	1,503,005.	1,101,223.	1,101,223.	1,559,827.	1,503,005.	2,135.
2,135.	1,503,005.	1,101,223.	1,101,223.	1,559,827.	1,503,005.	993,109.
993,109.	1,503,005.	1,101,223.	1,101,223.	1,559,827.	1,503,005.	37,110.
37,110.	1,503,005.	1,101,223.	1,101,223.	1,559,827.	1,503,005.	10,391,609.

Part V Endowment Funds

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

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

2a Did the organization include an amount on Form 990, Part X, line 21?

f Ending balance

e Distributions during the year

d Additions during the year

c Beginning balance

1c	1d	1e	1f
Amount			

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

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

Yes  No

Part IV Escrow and Custodial Arrangements

reported an amount on Form 990, Part X, line 21.

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or

to be sold to raise funds rather than to be maintained as part of the organization's collection?

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets?

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

a  Public exhibition

b  Scholarly research

c  Preservation for future generations

d  Loan or exchange programs

e  Other

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

Schedule D (Form 990) 2013

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	13,175,318.
(2) Third Party Advances	25,263,381.
(3) Pensions Liability	1,920,596.
(4) Other Liabilities	29,796,547.
(5) Capital Leases	32,410,796.
(6) Insurance Reserve	662,027.
(7) Charitable Gift Annuity	
(8)	
(9)	
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)</b>	<b>103,228,665.</b>

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

**Part X Other Liabilities.** Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

(a) Description	(b) Book value
(1) Intercompany	46,001,652.
(2) Deferred Assets	1,189,573.
(3) Other Assets	63,308.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)</b>	<b>47,254,533.</b>

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

**Part IX Other Assets.** Total. (Col. (b) must equal Form 990, Part X, col. (B) 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)		
<b>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)</b>	<b>10,991,858.</b>	

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

**Part VIII Investments - Program Related.** Total. (Col. (b) must equal Form 990, Part X, col. (B) 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		
(2) Closely-held equity interests		
(3) Other		
(A) Interest in Net Assets of Affiliate	8,550,946.	Cost
(B) Investment-Fiduciary Company	795,623.	Cost
(C) Investment in PP West Ltd	447,450.	Cost
(D) Investment in Premier	1,197,839.	Cost
(E)		
(F)		
(G)		
(H)		
<b>Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)</b>	<b>10,991,858.</b>	

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	427,746,576.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	4,255,190.
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	9,673,068.
e	Add lines 2a through 2d	
3	Subtract line 2e from line 1	413,818,318.
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	
b	Other (Describe in Part XIII.)	
c	Add lines 4a and 4b	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	413,509,978.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	381,697,549.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	
b	Prior year adjustments	
c	Other losses	
d	Other (Describe in Part XIII.)	-2,956,913.
e	Add lines 2a through 2d	
3	Subtract line 2e from line 1	-2,956,913.
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	
b	Other (Describe in Part XIII.)	
c	Add lines 4a and 4b	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	384,938,447.

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 - Rehabilitation services for low vision and

blindness, human genetics.

2) Research - Support clinical research performed at Greater Baltimore

Medical Center.

2) Education - Support education programs, lectures and scholarships,

Center for Nursing Excellence.

4) General Support for Greater Baltimore Medical Center.

5) Uncompensated Care.

Part X, line 2:	
The Medical Center is a not-for-profit corporation as	
described in Section 501(c)(3) of the Internal Revenue Code and is exempt	
from federal income taxes on related income pursuant to Section 501(a) of	
the Code. The Financial Accounting Standards Board's (FASB) guidance on	
accounting for uncertainty in income taxes clarifies the accounting for	
uncertainty of income tax positions. This guidance defines the threshold	
for recognizing tax return positions in the financial statements as "more	
likely than not" that the position is sustainable, based on its technical	
merits. This standard also provides guidance on the measurement,	
classification and disclosure of tax return positions in the consolidated	
financial statements. The Medical Center has adopted this guidance, and	
there were no amounts recorded in the consolidated financial statements as	
of and during the years ended June 30, 2014 and 2013 for uncertain tax	
positions.	
Part XI, line 2d - Other Adjustments:	
Investment fee reclassified to expense	-592,324.
RCL to expense	-57.
Ruxton	4,197,002.
Net asset released	5,770,093.
Equity in unrestricted assets from affiliate	298,354.
Total to Schedule D, Part XI, line 2d	9,673,068.
Part XI, line 4b - Other Adjustments:	
Event Expense, netted from revenue	-342,245.
Depreciation Reclass	33,905.
Total to Schedule D, Part XI, line 4b	-308,340.

Part XII, line 2d - Other Adjustments:

RCT from Revenue -57.

Ruxton -2,956,856.

Total to Schedule D, Part XII, line 2d -2,956,913.

Part XII, line 4b - Other Adjustments:

Investment Fee reclassified to expense 592,324.

Event Expense, netted from revenue -342,244.

Depreciation Reclass 33,905.

Total to Schedule D, Part XII, line 4b 283,985.

Lined area for supplemental information, currently blank.

**Supplemental Information Regarding Fundraising or Gaining Activities**  
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

Name of the organization **Greater Baltimore Medical Center, Inc.**  
Employer identification number **52-6049658**

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
  - a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entry in connection with professional fundraising services?  Yes  No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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





\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part IV**

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

**17** Mandatory distributions: **a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year  $\$$   Yes  No

Director/officer  Employee  Independent contractor

Description of services provided  $\blacktriangleright$

Gaming manager compensation  $\$$   $\blacktriangleright$

Name  $\blacktriangleright$

**16** Gaming manager information:

Address  $\blacktriangleright$

Name  $\blacktriangleright$

**b** If "Yes," enter the amount of gaming revenue received by the organization  $\$$  and the amount of gaming revenue retained by the third party  $\$$  **c** If "Yes," enter name and address of the third party:

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

Address  $\blacktriangleright$

Name  $\blacktriangleright$

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

	<b>13b</b>	%
	<b>13a</b>	%
<b>13</b> Indicate the percentage of gaming activity operated in:		
to administer charitable gaming? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>12</b> Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to operate gaming activities with nonmembers? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Complete if the organization answered "Yes" to Form 990, Part IV, question 20.  
 Attach to Form 990. See separate instructions.  
 Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047  
 2013  
 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**

1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a.  Yes  No

1b If "Yes," was it a written policy?  Yes  No

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.  
 Applied uniformly to all hospital facilities  
 Applied uniformly to most hospital facilities  
 Generally tailored to individual hospital facilities

3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.  
 a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care?  Yes  No  
 If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:  
 100%  150%  200%  Other 300%  
 b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:  
 200%  250%  300%  350%  400%  Other 300%

c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria 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"?  Yes  No

5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?  Yes  No

b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?  Yes  No

c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?  Yes  No

6a Did the organization prepare a community benefit report during the tax year?  Yes  No

b If "Yes," did the organization make it available to the public?  Yes  No

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

Financial Assistance and Means-Tested Government Programs	(a) Number of programs (optional) or activities served (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense	
						a	b
Financial Assistance at cost (from Worksheet 1)	13,816,695.	9,055,849.	4,760,846.	1.24%			
Medical (from Worksheet 3, column a)							
Costs of other means-tested government programs (from Worksheet 3, column b)							
Total Financial Assistance and Means-Tested Government Programs	13,816,695.	9,055,849.	4,760,846.	1.24%			
Community health improvement services and community benefit operations (from Worksheet 4)	1,063,744.	45.	1,063,699.	.28%			
Health professions education (from Worksheet 5)	9,917,211.	64,625.	9,852,586.	2.56%			
Subsidized health services (from Worksheet 6)	1,400,803.	483,656.	917,147.	.24%			
Research (from Worksheet 7)	560,076.	14,000.	546,076.	.14%			
Cash and in-kind contributions for community benefit (from Worksheet 8)	44,234.		44,234.	.01%			
Total Other Benefits	12,986,068.	562,326.	12,423,742.	3.23%			
Total, Add lines 7d and 7i	26,802,763.	9,618,175.	17,184,588.	4.47%			

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			25,000.		25,000.	.01%
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			25,000.		25,000.	.01%

**Part III Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense		Section B. Medicare	
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? <input checked="" type="checkbox"/>	2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount 8,490,001.	3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any.	4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.
5 Enter total revenue received from Medicare (including DSH and IME)	6 Enter Medicare allowable costs of care relating to payments on line 5	7 Subtract line 6 from line 5. This is the surplus (or shortfall)	8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit.

**Section C. Collection Practices**  
 Check the box that describes the method used:  
 Cost accounting system  
 Cost to charge ratio  
 Other

9a Did the organization have a written debt collection policy during the tax year?  
 b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %

Part V Facility Information

Section A. Hospital Facilities

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

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

1

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

1 Greater Baltimore Medical Center  
6701 North Charles Street  
Baltimore, MD 21204  
www.gbmc.org  
Maryland State License Number: 03-015

Contains Licensed Skilled Nursing Facility beds

Licensed hospital

Gen. medical & surgical

Children's hospital

Teaching hospital

Critical access hospital

Research facility

ER-24 hours

ER-other

Other (describe)

Facility reporting group

Table with multiple empty rows for reporting hospital facilities.

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 facility reporting group Greater Baltimore Medical Center

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A)

1

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

1 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 9

If "Yes," indicate what the CHNA report describes (check all that apply):  
 a  A definition of the community served by the hospital facility  
 b  Demographics of the community  
 c  Existing health care facilities and resources within the community that are available to respond to the health needs of the community  
 d  How data was obtained  
 e  The health needs of the community  
 f  Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups  
 g  The process for identifying and prioritizing community health needs and services to meet the community health needs  
 h  The process for consulting with persons representing the community's interests  
 i  Information gaps that limit the hospital facility's ability to assess the community's health needs  
 j  Other (describe in Section C)

2 Indicate the tax year the hospital facility last conducted a CHNA: 20 12

3 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 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

4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C

5 Did the hospital facility make its CHNA report widely available to the public?  
 If "Yes," indicate how the CHNA report was made widely available (check all that apply):  
 a  Hospital facility's website (list url): <http://www.gbmcc.org/communityoutreach>  
 b  Other website (list url):  
 c  Available upon request from the hospital facility  
 d  Other (describe in Section C)

6 If the hospital facility addressed needs identified in its most recent CHNA, indicate how (check all that apply as of the end of the tax year):  
 a  Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA  
 b  Execution of the implementation strategy  
 c  Participation in the development of a community-wide plan  
 d  Participation in the execution of a community-wide plan  
 e  Inclusion of a community benefit section in operational plans  
 f  Adoption of a budget for provision of services that address the needs identified in the CHNA  
 g  Prioritization of health needs in its community  
 h  Prioritization of services that the hospital facility will undertake to meet health needs in its community  
 i  Other (describe in Section C)

7 Did the hospital facility address all of the needs identified in its most recent CHNA? If "No," explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs

8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?

b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?  
 c If "Yes" to line 8b, 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) Greater Baltimore Medical Center

Financial Assistance Policy

9 Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?  Yes  No

10 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?  Yes, indicate the FPG family income limit for eligibility for free care: 300 %  No, explain in Section C the criteria the hospital facility used.

11 Used FPG to determine eligibility for providing discounted care?  Yes, indicate the FPG family income limit for eligibility for discounted care: 300 %  No, explain in Section C the criteria the hospital facility used.

12 Explained the basis for calculating amounts charged to patients?  Yes, indicate the factors used in determining such amounts (check all that apply):  a Income level  b Asset level  c Medical indigency  d Insurance status  e Uninsured discount  f Medicaid/Medicare  g State regulation  h Residency  i Other (describe in Section C)

13 Explained the method for applying for financial assistance?  Yes, indicate how the hospital facility publicized the policy (check all that apply):  a The policy was posted on the hospital facility's website  b The policy was attached to billing invoices  c The policy was posted in the hospital facility's emergency rooms or waiting rooms  d The policy was posted in the hospital facility's admissions offices  e The policy was provided, in writing, to patients on admission to the hospital facility  f The policy was available on request  g Other (describe in Section C)

14 Included measures to publicize the policy within the community served by the hospital facility?  Yes, indicate how the hospital facility publicized the policy (check all that apply):  a The policy was posted on the hospital facility's website  b The policy was attached to billing invoices  c The policy was posted in the hospital facility's emergency rooms or waiting rooms  d The policy was posted in the hospital facility's admissions offices  e The policy was provided, in writing, to patients on admission to the hospital facility  f The policy was available on request  g Other (describe in Section C)

15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?  Yes  No

16 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 Reporting to credit agency  b Lawsuits  c Liens on residences  d Body attachments  e Other similar actions (describe in Section C)

17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?  a Reporting to credit agency  b Lawsuits  c Liens on residences  d Body attachments  e Other similar actions (describe in Section C)

18 If "Yes," check all actions in which the hospital facility or a third party engaged:  a Reporting to credit agency  b Lawsuits  c Liens on residences  d Body attachments  e Other similar actions (describe in Section C)

19 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?  Yes  No

20 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?  Yes, indicate the FPG family income limit for eligibility for free care: 300 %  No, explain in Section C the criteria the hospital facility used.

21 Used FPG to determine eligibility for providing discounted care?  Yes, indicate the FPG family income limit for eligibility for discounted care: 300 %  No, explain in Section C the criteria the hospital facility used.

22 Explained the basis for calculating amounts charged to patients?  Yes, indicate the factors used in determining such amounts (check all that apply):  a Income level  b Asset level  c Medical indigency  d Insurance status  e Uninsured discount  f Medicaid/Medicare  g State regulation  h Residency  i Other (describe in Section C)

23 Explained the method for applying for financial assistance?  Yes, indicate how the hospital facility publicized the policy (check all that apply):  a The policy was posted on the hospital facility's website  b The policy was attached to billing invoices  c The policy was posted in the hospital facility's emergency rooms or waiting rooms  d The policy was posted in the hospital facility's admissions offices  e The policy was provided, in writing, to patients on admission to the hospital facility  f The policy was available on request  g Other (describe in Section C)

24 Included measures to publicize the policy within the community served by the hospital facility?  Yes, indicate how the hospital facility publicized the policy (check all that apply):  a The policy was posted on the hospital facility's website  b The policy was attached to billing invoices  c The policy was posted in the hospital facility's emergency rooms or waiting rooms  d The policy was posted in the hospital facility's admissions offices  e The policy was provided, in writing, to patients on admission to the hospital facility  f The policy was available on request  g Other (describe in Section C)

25 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?  Yes  No

26 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 Reporting to credit agency  b Lawsuits  c Liens on residences  d Body attachments  e Other similar actions (describe in Section C)

27 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?  a Reporting to credit agency  b Lawsuits  c Liens on residences  d Body attachments  e Other similar actions (describe in Section C)

28 If "Yes," check all actions in which the hospital facility or a third party engaged:  a Reporting to credit agency  b Lawsuits  c Liens on residences  d Body attachments  e Other similar actions (describe in Section C)

29 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?  Yes  No

30 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?  Yes, indicate the FPG family income limit for eligibility for free care: 300 %  No, explain in Section C the criteria the hospital facility used.

31 Used FPG to determine eligibility for providing discounted care?  Yes, indicate the FPG family income limit for eligibility for discounted care: 300 %  No, explain in Section C the criteria the hospital facility used.

32 Explained the basis for calculating amounts charged to patients?  Yes, indicate the factors used in determining such amounts (check all that apply):  a Income level  b Asset level  c Medical indigency  d Insurance status  e Uninsured discount  f Medicaid/Medicare  g State regulation  h Residency  i Other (describe in Section C)

33 Explained the method for applying for financial assistance?  Yes, indicate how the hospital facility publicized the policy (check all that apply):  a The policy was posted on the hospital facility's website  b The policy was attached to billing invoices  c The policy was posted in the hospital facility's emergency rooms or waiting rooms  d The policy was posted in the hospital facility's admissions offices  e The policy was provided, in writing, to patients on admission to the hospital facility  f The policy was available on request  g Other (describe in Section C)

34 Included measures to publicize the policy within the community served by the hospital facility?  Yes, indicate how the hospital facility publicized the policy (check all that apply):  a The policy was posted on the hospital facility's website  b The policy was attached to billing invoices  c The policy was posted in the hospital facility's emergency rooms or waiting rooms  d The policy was posted in the hospital facility's admissions offices  e The policy was provided, in writing, to patients on admission to the hospital facility  f The policy was available on request  g Other (describe in Section C)

35 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?  Yes  No

36 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 Reporting to credit agency  b Lawsuits  c Liens on residences  d Body attachments  e Other similar actions (describe in Section C)

37 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?  a Reporting to credit agency  b Lawsuits  c Liens on residences  d Body attachments  e Other similar actions (describe in Section C)

38 If "Yes," check all actions in which the hospital facility or a third party engaged:  a Reporting to credit agency  b Lawsuits  c Liens on residences  d Body attachments  e Other similar actions (describe in Section C)

Schedule H (Form 990) 2013

22		<p>22 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.</p>	X	
21		<p>21 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.</p> <p>20 Indicate how the hospital facility determined, during the tax year, the maximum amount that can be charged to FAP-eligible individuals for emergency or other medically necessary care.</p> <p>a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amount that can be charged</p> <p>b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amount that can be charged</p> <p>c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amount that can be charged</p> <p>d <input checked="" type="checkbox"/> Other (describe in Section C)</p>	X	

19	X	<p>19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why:</p> <p>a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p>b <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p>c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</p> <p>d <input type="checkbox"/> Other (describe in Section C)</p>	Yes	No
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18		<p>18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):</p> <p>a <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission</p> <p>b <input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge</p> <p>c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills</p> <p>d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p>
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Part V Facility Information (continued)

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

Greater Baltimore Medical Center:

Part V, Section B, line 3: 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.

Greater Baltimore Medical Center:

Part V, Section B, line 4: University of Maryland - St. Joseph Medical

Center and Shepard Pratt Health System.

Part V, Section B, line 7: Greater Baltimore Medical Center (GBMC)

continues to define and put into operations work around its implementation

strategy in response to the needs identified in CHNA. The implementation

plan for the CHNA was in process for this tax return year. 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. However, the GBMC implementation

strategy has a very limited focus on the identified need of mental health

Part V Facility Information (continued)

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

designated by "Facility A," "Facility B," etc.

services, a service which it is not designated to provide within its acute

care spectrum of services. Instead, it is believed that much of this need

identified community need will be the primary focus of the Shepard Pratt

Health System, a dedicated psychiatric hospital located adjacent to GBMC.

GBMC's strategy during this fiscal year has focused on diabetes,

geriatrics, access to care and population health.

Greater Baltimore Medical Center:

Part V, Section B, line 14g: 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.

Greater Baltimore Medical Center:

Part V, Section B, line 16e: Three invoices are sent to the patient and

two follow-up phone calls are made. Patients are provided with information

regarding the financial assistance application process. Primary collection

agencies do not credit report.

Part V Facility Information (continued)

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

Greater Baltimore Medical Center:

Part V, Section B, line 17e: Three invoices are sent to the patient and

two follow-up phone calls are made. Patients are provided with information

regarding the financial assistance application process. Primary collection

agencies do not credit report.

Greater Baltimore Medical Center:

Part V, Section B, line 20d: GBMC uses objective criteria in accordance

with the Maryland State Uniform Financial Assistance application to

determine the eligible charity care reduction from the Maryland Health

Services Cost Review Commission's approved rates. Patients with combined

gross household income of less than 300% of the poverty guidelines are

generally eligible for 100% financial assistance. Applicants with income

over 300% of the poverty guidelines are reviewed on a case by case basis

utilizing criteria outlined in the policy which considers net income

relative to monthly expenses.

**Part V Facility Information (continued)**

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 0

Name and address	Type of facility (describe)

Schedule H (Form 990) 2013

Part VII 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 payors'

rates, which does not enable Maryland hospitals to breakout any offsetting

revenue related to Uncompensated Care.

Part I, Line 7g:

GBMC supports coverage of specialty services (orthopedics,

anesthesia, general surgery, etc.) provided in the emergency room to

Medicaid and uninsured patient populations by ensuring payment of the

physician professional fees for surgical related cases. GBMC also employs

a full-time Geriatric Nurse Practitioner whose sole responsibility is to

Part VI Supplemental Information (Continuation)

provide education and primary care services at Towson area low-income senior living facilities. GBMC partners with Catholic Charities to provide on-site physician coverage at a residential mental health treatment for children (Villa Maria).

Part I, Ln 7 Col(F):

GBMC adopted the guidance of ASU 2011-7, which required the reclassification of the provision for bad debts associated with patient service revenue from an operating expense to a deduction from patient service revenue. As such \$11.3 million for provision of bad debt was recorded as a reduction of patient service revenue.

Part II, Community Building Activities:

GBMC partners with the Christo Rey organization through a \$25,000 annual sponsorship that allows for practical job skills to be gained by at-risk high-school students through sponsorship of a student in an on-site work/study role.

Part III, Line 4:

Part III, line 2: GBMC uses a calculated cost ratio of 74.39%. This makes the reporting of bad debt consistent with the reporting of charity care.

Part III, line 4: Please see page 10 Note 2 (m) Allowance for Bad Debt of the attached June 30, 2014 Audited Financial Statements.

Part III, line 9b:

Patients who have been previously screened for charity care.

Part VI Supplemental Information (Continuation)

are not Medical Assistance eligible and have no insurance do not receive

invoices. They are automatically referred to GMC'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 GMC's Financial Assistance

eligibility criteria and a decision is made to write off or to pursue

collection.

Part VI, Line 2:

Greater Baltimore Medical Center (GMC) completes a Community

Health Needs Assessment designed to evaluate and understand the unmet

healthcare needs of the GMC community, and how GMC, given its service

orientation, might be best served to assist in meeting the identified

unmet needs. GMC 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:

GMC 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

medical staff privileges to all qualified physicians in its community.

who reside in the organization's primary service area. GBMC extends

A majority of GBMC's governing body is comprised of persons

Part VI, line 5:

Baltimore County and the State of Maryland respectively.

population of 5.26%, compared to Medicaid averages of 13% and 15% for

National average of 13.2%. GBMC's immediate service area has a Medicaid

its immediate service area, compared to 12.0% for Baltimore County and a

Nation respectively. However, GBMC's percentage of uninsured is 1.47% for

area was \$78,627, compared to \$85,098 and \$62,982 for Maryland and the

the Nation. The 2010 Median Family Income for GBMC's immediate service

traditionally been affluent when compared to that of Baltimore County and

and Harford Counties. The population in GBMC's service area has

County, the northern portion of Baltimore City, and portions of Carroll

Baltimore city, GBMC's primary service area includes all of Baltimore

Maryland, a suburban Baltimore County community two miles north of

not-for-profit, 255 bed, regional medical center. It is located in Towson,

Greater Baltimore Medical Center, Inc. ("GBMC") is a private,

Part VI, line 4:

bills to patients.

about financial assistance and a copy of GBMC's policy accompanies all

help with the medical assistance eligibility process. Lastly, a statement

Maryland Medical Assistance. GBMC also contracts with outside agencies to

information for how GBMC representatives can assist with applying for

and provides GBMC phone numbers and a website. Also stated on the form is

patient). This form explains the hospital's financial assistance policy

Part VI Supplemental Information (Continuation)



Part VI Supplemental Information (Continuation)

GBMC reinvests its operating margin into improvements in patient care and

research. GBMC provides teaching through accredited intern and resident

education programs in Internal Medicine, Gynecology, Ophthalmology,

Otolaryngology, and Colo-Rectal surgery. Most recently, GBMC has invested

in a geriatric nurse practitioner program whose sole responsibility is to

provide education and primary care services to low-income senior living

facilities in the local service area. GBMC continues to fund anesthesia,

obstetrical, and orthopedic services to Medicaid and uninsured patient

populations. GBMC has generally covered this by agreeing to provide

physician payment for surgical cases coming through the emergency

department where the patient is considered to be indigent.

Part VI, Line 7, List of States Receiving Community Benefit Report:

MD

Lined area for supplemental information, currently blank.

**SCHEDULE I**  
**(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047  
**2013**  
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.  Yes  No

**Part II** Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cristo Rey Internship Program, Inc. - 420 South Chester Street - Baltimore, MD 21231	36-4067306	501(c)(3)	25,000.	0.			See Part IV
GBMC Healthcare, Inc. 6701 North Charles Street Baltimore, MD 21204	04-3511768	501(c)(3)	50,000.	0.			See Part IV.

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

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. Schedule I (Form 990) (2013)

Part III

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.					

Part I, Line 2:

The organization's procedures for monitoring the use of grant

funds in the U.S. are evaluated and selected through a formal Community

Needs Advisory Committee and are based on unique and identified needs.

Periodic reports (some quarterly and other annually) are required by

grantors. Additionally, field visits are conducted.

Part II, line 1, Column (h):

Name of Organization or Government: Cristo Rey Internship



Part I Questions Regarding Compensation

Greater Baltimore Medical Center, Inc.  
 Employer identification number 52-6049658

Name of the organization		Employer identification number	
Information about Schedule J (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. ▶ See separate instructions. Department of the Treasury Internal Revenue Service			
For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees "Yes" on Form 990, Part IV, line 23. Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule J (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>			
Open to Public Inspection 2013 OMB No. 1545-0047			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)
2	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 in line 1a?	<input type="checkbox"/> CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement?		
5	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization?		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization?		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III. 7 Were any amounts reported in Form 990, Part VII, Section A, line 1a, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		
8	8b Were any amounts reported in Form 990, Part VII, Section A, line 1a, 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. 8c If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		
9	9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) John B. Chessare, M.D. President & CEO GBMC Healthcare	(i) 645,209. 0.	(ii) 117,218. 0.	(iii) 25,035. 0.	169,454. 0.	29,760. 0.	986,676. 0.	0. 0.
(2) Mr. Eric L. Melchior EVP & CFO	(i) 397,335. 0.	(ii) 227,756. 0.	(iii) 33,993. 0.	16,400. 0.	25,244. 0.	700,728. 0.	44,965. 0.
(3) Mr. Keith R. Poisson EVP & COO	(i) 377,570. 0.	(ii) 661,993. 0.	(iii) 23,325. 0.	94,015. 0.	29,560. 0.	1,186,463. 0.	585,212. 0.
(4) John R. Saunders, M.D. VP Medical Affairs & CMO	(i) 387,141. 0.	(ii) 196,856. 0.	(iii) 27,340. 0.	46,400. 0.	53,640. 0.	711,377. 0.	118,821. 0.
(5) Mr. George E. Bayless, III VP Finance	(i) 224,878. 0.	(ii) 212,311. 0.	(iii) 4,959. 0.	30,440. 0.	31,101. 0.	503,689. 0.	179,445. 0.
(6) Ms. Carolyn L. Candelillo VP Quality & Pt Safety	(i) 156,149. 0.	(ii) 29,937. 0.	(iii) 6,471. 0.	29,533. 0.	22,220. 0.	244,310. 0.	0. 0.
(7) Ms. Jenny Coldiron VP Development	(i) 182,930. 0.	(ii) 32,801. 0.	(iii) 4,149. 0.	32,964. 0.	37,987. 0.	290,831. 0.	0. 0.
(8) Mr. John W. Ellis Sr. VP Strategy & Bus Dev	(i) 345,298. 0.	(ii) 584,001. 0.	(iii) 22,595. 0.	101,696. 0.	24,320. 0.	1,077,910. 0.	508,932. 0.
(9) Mr. Michael A. Forthman VP Facilities & Support Ser	(i) 191,335. 0.	(ii) 28,096. 0.	(iii) 5,038. 0.	22,671. 0.	31,074. 0.	278,214. 0.	0. 0.
(10) Ms. Catherine Hamel VP Post Acute Svcs & Exec Dir Hospic	(i) 179,526. 0.	(ii) 34,607. 0.	(iii) 10,970. 0.	18,030. 0.	37,073. 0.	280,206. 0.	0. 0.
(11) Ms. Joanne Porter Sr. VP Chief Nursing Exec	(i) 254,735. 0.	(ii) 300,487. 0.	(iii) 28,780. 0.	16,400. 0.	13,985. 0.	614,387. 0.	224,115. 0.
(12) Ms. Deloris S. Ruggie VP Human Resources	(i) 241,061. 0.	(ii) 38,347. 0.	(iii) 17,588. 0.	32,807. 0.	7,752. 0.	337,555. 0.	0. 0.
(13) Gary I. Cohen, M.D. Med Director/Physician	(i) 580,181. 0.	(ii) 110,033. 0.	(iii) 792. 0.	8,750. 0.	23,720. 0.	723,476. 0.	0. 0.
(14) Reginald J. Davis, M.D. Med Director/Physician	(i) 1,331,734. 0.	(ii) 53,994. 0.	(iii) 516. 0.	8,750. 0.	22,245. 0.	1,417,239. 0.	0. 0.
(15) Nirej Jant, M.D. Med Director/Physician	(i) 494,044. 0.	(ii) 351,568. 0.	(iii) 108. 0.	8,586. 0.	29,829. 0.	884,135. 0.	0. 0.
(16) Bimal G. Rami, M.D. Med Director/Physician	(i) 593,625. 0.	(ii) 161,654. 0.	(iii) 120. 0.	7,475. 0.	31,873. 0.	794,747. 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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation				
(17) Neri M. Cohen, M.D. Med Director/Physician	(i) 740,900. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 417. (ii) 0. (iii) 0.	(i) 7,305. (ii) 0. (iii) 0.	(i) 31,788. (ii) 0. (iii) 0.	(i) 780,410. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.
(18) Ronald F. Trulone, Jr., M.D. Former Director/GBMC Research Chair	(i) 300,000. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 300,000. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.
	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.
	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.
	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.
	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.
	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.
	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.
	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.
	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.
	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.
	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.
	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.	(i) 0. (ii) 0. (iii) 0.

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:

Part II, Line 4b: The following individuals participate in a

non-qualified supplemental retirement plan, GBMC Healthcare has a

non-qualified supplemental retirement plan. This plan was approved by the

Compensation Committee of the GBMC Healthcare Board of Directors to

supplement the executive's retirement income. The supplemental retirement

plan was developed based on an independent consultant report on

market-based practices for supplemental retirement plans. The percentage of

final average pay, the requirements for vesting, participants, and pay-out

provisions were established, reviewed, and approved by the compensation

committee. The contributions to the supplemental non-qualified retirement

plan are included in schedule J, Part II, column C or in schedule J, Part

I, column B(III) as part of deferred compensation. The following

individuals participated in this supplemental non-qualified retirement

plan:

John B. Chessare, M.D. - \$168,128 Earned, \$0 Paid

Mr. George E. Bayless, III - \$23,074 Earned, \$179,445 Paid

Mrs. Carolyn L. Candiello - \$20,000 Earned, \$0 Paid



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.

Mrs. Jenny Coldiron - \$21,543 Earned, \$0 Paid

Mr. John W. Ellis - \$87,846 Earned, \$508,932 Paid

Mr. Michael A. Porthman - \$11,835 Earned, \$0 Paid

Mrs. Catherine Hamel - \$6,082 Earned, \$0 Paid

Mr. Eric Melchior - \$0 Earned, \$44,969 Paid

Mr. Keith R. Polsson - \$80,165 Earned, \$585,212 Paid

Mrs. Joanne Porter - \$0 Earned, \$224,115 Paid

John R. Saunders, MD - \$30,000 Earned, \$118,821 Paid

Mrs. Deloris Tuggle - \$20,000 Earned, \$0 Paid.

Part I, Line 3: Greater Baltimore Medical Center, Inc. relied on its

parent, GBMC Healthcare, Inc., to set compensation for Greater Baltimore

Medical Center, Inc.'s president. GBMC Healthcare, Inc. used a compensation

committee, an independent compensation consultant, a written employment

contract, a compensation survey or study, and an approval by a board or

compensation committee to establish the top management official's

compensation.

**SCHEDULE K**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Greater Baltimore Medical Center, Inc.

Employer identification number  
52-6049658

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

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**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	574218BX0	04/20/11	67,785,219	Building Renovation and Refund Series 2009.		X			X	X
B MD Health & Higher Ed, Fac, Auth	52-0936091	574218EY5	04/11/12	36,317,095	Building Renovation and Refund Series 2001.		X			X	X
<b>C</b>											
<b>D</b>											

**Part II Proceeds**

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

**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?	Yes X	No	Yes X	No	Yes X	No	Yes X	No
2 Are there any lease arrangements that may result in private business use of bond-financed property?	Yes X	No	Yes X	No	Yes X	No	Yes X	No

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**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c Are there any research agreements that may result in private business use of bond-financed property?								
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		1.74 %		.72 %		%		%
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		.00 %		.00 %		%		%
6 Total of lines 4 and 5		1.74 %		.72 %		%		%
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?								
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 you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X				
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D		
	Yes	No	Yes	No	Yes	No	Yes	No	
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?									
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?									
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X						
<b>Part V : Procedures To Undertake Corrective Action</b>									
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?									
	A		B		C		D		
	Yes	No	Yes	No	Yes	No	Yes	No	
	X		X						
<b>Part VI : Supplemental Information.</b> Provide additional information for responses to questions on Schedule K (see instructions).									



Ronald F. Tutrone, Jr., M.D. provides urology research to GBMC.

services to GBMC.

Dr. John Wogan, M.D. is a partner in a PA that provides educational

Preston LLP that provides legal services to GBMC.

Mr. Harry Johnson is a partner in the law firm Whiting, Taylor &

provides legal services to GBMC.

Mr. Herbert Belgrad is a partner in Tydings & Rosenberg LLP that

services to GBMC.

Mr. Howard Siegel, MD is a partner in a PA that provides pathology

of GBMC's investments.

Ms. Bonnie Stein is an EVP at PNC Bank, which is the trustee for many

Schedule L, Part IV:

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

**Part V Supplemental Information**

(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
Ms. Bonnie Stein	Board Member	160,673	See part V	X	
Howard Siegel, MD	Former Board Member	518,653	See part V	X	
Mr. Herbert Belgrad	Board Member	60,769	See part V	X	
Mr. Harry Johnson	Chairman	3,150	See part V	X	
John Wogan, MD	Vice Chief of Staff	76,213	See part V	X	
Ronald F. Tutrone, Jr., MD	Former Board Member	288,000	See part V	X	

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

**Part IV Business Transactions Involving Interested Persons.**

Schedule O (Form 990 or 990-EZ) (2013)

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

(3) To engage in any activity and to do anything and everything that

everything having to do with the physical well-being of individuals.

infirm, or injured persons by teaching medicine, hygiene, surgery and

educate and train any such persons in the care of sick, afflicted,

schools for training physicians, nurses and others, and to

(2) To organize, build, erect, equip, manage and operate a school or

individual.

directly or indirectly to the benefit of any private shareholder or

of the facilities, and no part of its net earnings are to inure

upon the qualifications of those applying or upon the size and nature

discretionary authority in the management may impose limitations based

particular group of physicians and surgeons except to the extent that

services rendered and the facilities are not to be restricted to a

extent of financial ability are to be for those not able to pay for the

exclusively for those who are able and expected to pay but to the

injured persons; provided, however, the operations are not to be

attendance therein in any form in the care of sick, afflicted infirm or

center for the care of the sick, and to furnish medical and surgical

for charitable purposes, a non-profit general hospital and medical

(1) To organize, build, erect, equip, manage and operate exclusively

is as follows:

Greater Baltimore Medical Center's primary exempt purpose

Form 990, Part III, line 1

Leading to health, healing and hope.

Form 990, Part I, line 1, Description of Organization Mission:

Name of the organization

Greater Baltimore Medical Center, Inc.

Employer identification number 52-6049658

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

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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:

Laboratory Service; Radiology - Therapeutic; Residency Program;

Magnetic Resonance Imaging; Physician Practices; Cardiac

Catherization; Other Program Services

Expenses \$ 77,547,456. Incl grants of \$ 114,245. Revenue \$ 66,140,158.

Form 990, Part VI, Section A, line 6:

The Board of Directors of GMC Healthcare, Inc. is the

governing body for the organization. GMC 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, GMC Healthcare, Inc. in

accordance with the bylaws such as:

A) To change the mission, purpose, philosophy or objectives of the

organization

B) To amend the bylaws of the organization

C) To dissolve, to consolidate or to merge the organization

D) To ratify the election of the president or other officers of the

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09-04-13



Name of the organization  
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Employer identification number  
52-6049658

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 11:

The Audit committee of Greater Baltimore Medical Center,

Inc.'s supported parent organization, GBMC Healthcare, Inc., reviews this

Form 990. A copy of the Form 990 is provided to the full Board of Directors

of the Hospital and GBMC Healthcare prior to filing.

Form 990, Part VI, Section B, line 12c:

Annually, every board member, physician, advanced practitioner

and manager (which includes key employees) must complete a comprehensive

questionnaire that provides for the disclosure of potential conflicts. All

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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 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

Name of the organization  
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Employer identification number  
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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 of interest policy is not available to the public.

Form 990, Part XI, line 9, Changes in Net Assets:

Equity in Earnings 6,264,228.

Transfer to Affiliates -3,370,400.

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09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

15110512 792831 GREHA9658MCI 2013.05080 Greater Baltimore Medical C GREHA9651



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

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**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	(g) Section 512(b)(13) controlled entity?
Finney Trimble Surgical Associates, LLC - 27-0277242, 6535 North Charles Street, Suite 510, Towson, MD 21204	Surgical physician practice	Maryland	0.	0.	Greater Baltimore Medical Center, Inc.	X

**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 7: 170(b)(1)(a)	GBMC Healthcare, Inc.		X
Galichrist Hospice Care, Inc. - 52-1851251 11311 McCormick Road No. 350 Hunt Valley, MD 21031	Hospice Service	Maryland	501(c)(3)	Line 3: 170(b)(1)(a)	GBMC Healthcare, Inc.		X
GBMC Investments, Inc. - 52-1040300 6701 North Charles Street Baltimore, MD 21204	Investment Management	Maryland	501(c)(3)	Line 11, Type II:	GBMC Healthcare, Inc.		X
Diversified Health Enterprises, Inc. - 52-1725005, 6701 North Charles Street, Baltimore, MD 21204	Health Services	Maryland	501(c)(3)	Line 11, Type II:	GBMC Healthcare, Inc.		X

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

Schedule R (Form 990) 2013

**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
Diversified Nurses, Inc. - 52-1305904 6701 North Charles Street Baltimore, MD 21204	Nursing Services	Maryland	501(c)(3)	Line 9: 509(a)(2)	GBMC Healthcare, Inc.		X
Diversified Health Services, Inc. - 52-1331933, 6701 North Charles Street, Baltimore, MD 21204	Health Services	Maryland	501(c)(3)	Line 9: 509(a)(2)	GBMC Healthcare, Inc.		X
GBMC Land, Inc. - 52-1413360 6701 North Charles Street Baltimore, MD 21204	Real Estate Property	Maryland	501(c)(3)	Line 11, Type I:	GBMC Healthcare, Inc.		X
GBMC Healthcare, Inc. - 52-1413360 6701 North Charles Street Baltimore, MD 21204	Health Services	Maryland	501(c)(3)	Line 7: 170(b)(1)(a)	N/A		X
Presbyterian Eye, Ear, and Throat Charity Hospital - 52-0449990, 2639 Queensland Drive, Ellicott City, MD 21093	Supporting	Maryland	501(c)(3)	Line 11, Type III-FI:	Greater Baltimore Medical Center, Inc.		X
Milton J. Dance, Jr. Endowment, Inc. - 52-1104173, 409 Washington Avenue, Baltimore, MD 21204	Supporting	Maryland	501(c)(3)	Line 11, Type III-FI:	Greater Baltimore Medical Center, Inc.		X
Women's Hospital Foundation, Inc. - 52-0591609, P.O. Box 166, Riderwood, MD 21139	Fundraising	Maryland	501(c)(3)	Line 11, Type III-FI:	Greater Baltimore Medical Center, Inc.		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, LP - 52-1412751, 6701 North Charles Street, Baltimore, MD 21204	Real Estate Mgt	MD	N/A	N/A				X	N/A	X		
GBMC Medical Arts Pavilion West, LP - 52-1899034, 6701 North Charles Street, Baltimore, MD 21204	Real Estate Mgt	MD	N/A	N/A				X	N/A	X		
Greater Baltimore Diagnostic Imaging Partnership - 52-1561640, 6701 North Charles Street, Baltimore, MD	Imaging Services	MD	N/A	N/A				X	N/A	X		

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 513(b)(3) controlled entity?	
								Yes	No
GBMC Agency, Inc. - 52-1411931 6701 North Charles Street Baltimore, MD 21204	Investments	MD	N/A	C CORP			.00%		X
GBMC Management, Inc. - 52-1411974 6701 North Charles Street Baltimore, MD 21204	Management Co.	MD	N/A	C CORP			.00%		X
GBMC Finance Corporation - 52-1863069 6701 North Charles Street Baltimore, MD 21204	Financing Agent	MD	N/A	C CORP			.00%		X
GBMC Finance Corporation II - 52-1836142 6701 North Charles Street Baltimore, MD 21204	Financing Agent	MD	N/A	C CORP			.00%		X
GBMC Finance Corporation III - 52-1836144 6701 North Charles Street Baltimore, MD 21204	Financing Agent	MD	N/A	C CORP			.00%		X

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
Ruxton Insurance Company, Ltd. - 98-0413102 3 Gorham Road Hamilton, HM 08 Hamilton, BERMUDA	Insurance Captive	Bermuda	N/A	C CORP			.00%		X
GBMD, Inc. - 52-1914558 6701 North Charles Street Baltimore, MD 21204	Healthcare	MD	N/A	C CORP			.00%		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?

- a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

	Yes	No
1a	X	
1b	X	
1c	X	
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j	X	
1k	X	
1l	X	
1m	X	
1n	X	
1o	X	
1p		X
1q	X	
1r	X	
1s	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) Rukton Insurance Company, Ltd	B	9,835,000. Cost	
(2) Rukton Insurance Company, Ltd	Q	8,973,133. Cost	
(3)			
(4)			
(5)			
(6)	73		

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec. 301(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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		Yes	No	

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

Part III, Identification of Related Organizations Taxable as Partnership:

Name, Address, and EIN of Related Organization:

Greater Baltimore Diagnostic Imaging Partnership

EIN: 52-1561640

6701 North Charles Street

Baltimore, MD 21204

Lined area for providing additional information for responses to questions on Schedule R.