A For the 2017 calendar year, or tax year beginning

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

JUL 1, 2017

Open to Public

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service

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

and ending JUN 30, 2018

Inspection

OMB No. 1545-0047

REAL SETTINGER MEDICAL CENTER, INC.   State address   Dioring business as	В	Check if applicable:	C Name of organization			D Employer ide	entificati	ion number				
Dong Dusiness as   Dong Dusiness   Dong Dusiness as   Dong Dusiness as   Dong Dusiness   Dong Dusiness as   Dong Dusiness as   Dong Dusiness as   Dong Dusiness   Dong Dusiness as   Dong Dusiness   Dong		Address	GREATER BALTIMORE MEDICAL CENTER, IN	NC.								
Number and street for P.D. Not it mails not delivered to street address)   Room/sule   E Telephone number   (44.13) 849-2000		Name change	Doing business as			52	-604965	58				
Text   Section   Sectio		Initial return	Number and street (or P.O. box if mail is not deliver	red to street address)	Room/suite	E Telephone nu	ımber					
City or town, state or province, country, and 21 of the regin postal code    City or town, state or province, country, and 21 of the regin postal code		Final return/	6701 NORTH CHARLES STREET	,				9-2000				
RALTINORB, ND 21204		termin-	City or town, state or province, country, and ZIF	P or foreign postal code		<b>G</b> Gross receipts \$		538,014,630.				
Figure   F		Amende return	. a l			H(a) Is this a gro	up retur	n				
Tax-exempts tabulated:   Soft(a)(3)   Soft(a)(4)   Soft(a)(5)   Soft(a)(6)   Sof		Applica tion	F Name and address of principal officer: JOHN.B.	. CHESSARE, M.D.		for subordi	nates?	Yes X No				
J. Webster:		pending	SAME AS C ABOVE			<b>H(b)</b> Are all subordi	nates includ	led? Yes No				
Name	ī	Tax-exe	mpt status: X 501(c)(3) 501(c) ( ) ◀	(insert no.) 4947(a)(1)	or 527							
Part   Summary	J	Website	WWW.GBMC.ORG			H(c) Group exer	n nı	umber 🕨				
Binefly describe the organization's mission or most significant activities: TO PROVIDE MEDICAL   SERVICE OF THE HIGHEST QUALITY TO EACH PATIENT LEADING TO HEADTH.	K	Form of o	organization: X Corporation Trust Assoc	ciation Other >	L Year	of formation; 196	N St	ate of legal domicile: MD				
SERVICE OF THE RIGHEST QUALITY TO EACH PATIENT LEADING TO HEALTH,   Check this box	P	art I	Summary									
SERVICE OF THE RIGHEST QUALITY TO EACH PATIENT LEADING TO HEALTH,   Check this box	0	1 E	Briefly describe the organization's mission or most sig	gnificant activities: TO PRO	VIDE MEDI	CAL (ARE IND	•					
Northor of individuals employed in calendar year 2017 (Part V, line 2a)	gu	5	SERVICE OF THE HIGHEST QUALITY TO EACH P	PATIENT LEADING TO HE	ALTH,							
Northor of independent voting flerindres of the governing goody (reart V, line 2a)   5   5   6   43356   6   6   6424   7a   7a   7a   7a   7a   7a   7a   7	š	2	Check this box 🕨 🔲 if the organization discontin	nued its operations or dispo	sed of mor	than 5% of its r	net asset	S.				
Northor of independent voting flerindres of the governing goody (reart V, line 2a)   5   5   6   43356   6   6   6424   7a   7a   7a   7a   7a   7a   7a   7	Š	3 1	lumber of voting members of the governing body (Pa	art VI, line 1a)			3	28				
B Net unrelated business taxable income from Form 990-T, line 34   Prior Year   Current Year   South State   Contributions and grants (Part VIII, line 1h)   9, 003, 314   10, 870, 749, 749   9   Program service revenue (Part VIII, line 2g)   425, 428, 415   485, 881, 304   10   Investment income (Part VIII, column (A), lines 3, 4, and 76   11   Other revenue (Part VIII, column (A), lines 5, 661, 85, 961, 861, 961, 961, 961, 961, 961, 961, 961, 9			lumber of independent voting members of the gover	rning body (Part VI, line 1b)			4	24				
B Net unrelated business taxable income from Form 990-T, line 34   Prior Year   Current Year   South State   Contributions and grants (Part VIII, line 1h)   9, 003, 314   10, 870, 749, 749   9   Program service revenue (Part VIII, line 2g)   425, 428, 415   485, 881, 304   10   Investment income (Part VIII, column (A), lines 3, 4, and 76   11   Other revenue (Part VIII, column (A), lines 5, 661, 85, 961, 861, 961, 961, 961, 961, 961, 961, 961, 9	es	5 T	otal number of individuals employed in calendar year	ar 2017 (Part V, line 2a)			5	4336				
B Net unrelated business taxable income from Form 990-T, line 34   Prior Year   Current Year   South State   Contributions and grants (Part VIII, line 1h)   9, 003, 314   10, 870, 749, 749   9   Program service revenue (Part VIII, line 2g)   425, 428, 415   485, 881, 304   10   Investment income (Part VIII, column (A), lines 3, 4, and 76   11   Other revenue (Part VIII, column (A), lines 5, 661, 85, 961, 861, 961, 961, 961, 961, 961, 961, 961, 9	ĭŧ	6 T	otal number of volunteers (estimate if necessary)				6	642				
B Net unrelated business taxable income from Form 990-T, line 34   Prior Year   Current Year   South State   Contributions and grants (Part VIII, line 1h)   9, 003, 314   10, 870, 749, 749   9   Program service revenue (Part VIII, line 2g)   425, 428, 415   485, 881, 304   10   Investment income (Part VIII, column (A), lines 3, 4, and 76   11   Other revenue (Part VIII, column (A), lines 5, 661, 85, 961, 861, 961, 961, 961, 961, 961, 961, 961, 9	Act	7 a ⊺	otal unrelated business revenue from Part VIII, colun	mn (C), line 12	<u>.</u>		7a	0.				
8   Contributions and grants (Part VIII, line 1h)   9,003,314   10,870,749.   9   Program service revenue (Part VIII, line 2g)   425,428,415   485,881,304   10   Investment income (Part VIII, column (A), lines 3, 4, and 7d   11,350,648   17,704,287   11   Other revenue (Part VIII, column (A), lines 5,6d, 8, 9d   10 and 11e)   -6,308,753   1,668,453   12   Total revenue - add lines 8 through 11 (must everal but Wurcolumn (A), line 12)   439,473,624   516,124,793   13   Grants and similar amounts paid (Part IX, column (A) lines 1-3)   91,970   90,645   14   Benefits paid to or for members (Part IX, column (A) lines 1-3)   91,970   90,645   15   Salaries, other compensation, employed benefits (Part IX, column (A), lines 5-10)   225,570,447   285,875,352   16   Professional fundraising fees (Part IX, column (A), line 1e)   0   0   0   15   Salaries, other compensation, employed benefits (Part IX, column (A), lines 5-10)   225,570,447   285,875,352   16   Professional fundraising ese (Part IX, column (A), line 1e)   0   0   0   17   Other expenses (Part IX, column (A), line 1e)   0   0   0   18   Total expenses (Part IX, column (A), line 1e)   0   0   0   19   Total fundraising expenses (Part IX, column (A), line 25)   2,936,297   19   Revenue less expenses (Part IX, column (A), line 25)   422,086,496   507,462,928   19   Revenue less expenses (Part IX, column (A), line 25)   422,086,496   507,462,928   19   Revenue less expenses (Part IX, column (A), line 25)   422,086,496   507,462,928   19   Revenue less expenses (Part IX, column (A), line 25)   422,086,496   507,462,928   19   Revenue less expenses (Part IX, column (A), line 25)   423,762,779   277,749,785   21   Total liabilities (Par IX, line 26)   283,762,779   277,749,785   22   Total liabilities (Par IX, line 26)   283,762,779   277,749,785   23   Total liabilities (Par IX, line 26)   331,114,016   347,784,986    Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements	_		let unrelated business taxable income from Form 990	0-T, line 34	<u></u>		7b					
9 Program service revenue (Part VIII, line 2g)  425, 428, 415 485, 881, 304.  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8e, 9d 10 and 11e)  12 Total revenue - add lines 8 through 11 (must energle 1g true veolumn (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A) lines 1-3)  14 Benefits paid to or for members (Part IX, column (A) lines 1-3)  15 Salaries, other compensation, employee-benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 11e)  18 Total expenses (Part IX, column (A), line 25)  19 Revenue less expenses (Part IX, column (A), line 25)  20 Total assets (Part IX, column (A), line 12  21 Total liabilities (Part IX, line 18)  22 Total assets (Part IX, column (A), line 12  21 Total liabilities (Part IX, line 26)  22 Total liabilities (Part IX, line 26)  23 Total assets (Part IX, line 26)  24 Total liabilities (Part IX, line 26)  25 Net assets or fund balances. Subtract line 21 from line 20  26 Total assets (Part IX, line 26)  27 Net assets or fund balances. Subtract line 21 from line 20  28 Signature Grifficer  29 Signature Grifficer  20 Total assets (Part IX, line 26)  29 Signature Grifficer  20 Signature Grifficer  20 Signature Grifficer  20 Signature Grifficer  20 Signature Grifficer  21 Total liabilities (Part IX, line 26)  22 Signature Grifficer  23 Signature Grifficer  24 Date  25 Signature Grifficer  26 Signature Grifficer  27 Signature Grifficer  28 Signature Grifficer  29 Signature Grifficer  20 Signature Grifficer  21 Signature Grifficer  22 Signature Grifficer  23 Signature Grifficer  24 Signature Grifficer  25 Signature Grifficer  26 Signa												
1	evenue	8 (	Contributions and grants (Part VIII, line 1h)									
1	ē	9 F										
1	ş	10 li										
13   Grants and similar amounts paid (Part IX, Column (A) lines 1-3)   91,970,   90,645.   14   Benefits paid to or for members (Part IX, column (A) lines 4)   0.   0.   0.   15   Salaries, other compensation, employes benefits (Part IX, column (A), lines 5-10)   225,570,447,   285,875,352.   16   Professional fundraising fees (Part IX, column (A), line 11e)   0.   0.   0.   17   Other expenses (Part IX, column (D), line 25)   2,936,297.   18   Total expenses. Add lines 1s 17 (Joust equal Part IX, column (A), line 25)   422,086,496.   507,462,928.   19   Revenue less expenses. Solutract line 18 from line 12   17,387,128.   8,661,865.   19   Protatil assets (Part X) line 16)   283,762,779.   277,749,785.   20   Total assets (Part X) line 26)   283,762,779.   277,749,785.   21   Total liabilities (Part X), line 26)   283,762,779.   277,749,785.   22   Net assets or fund balances. Subtract line 21 from line 20   331,114,016.   347,784,986.      Part II   Signature Block   347,784,986.	_	11 (	· · · · · · · · · · · · · · · · · · ·									
14   Benefits paid to or for members (Part IX, column (A) line 4)   0.   0.   0.	_											
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   225,570,447.   285,875,352.     16a Professional fundraising fees (Part IX, column (A), line 11e)   0.		13 (	Grants and similar amounts paid (Part IX, column (A	lines 1-3)		91,		90,645.				
16a Professional fundraising fees (Parl X, Jolumn (A), line 11e)   0.   0.   0.   0.   0.   17   Other expenses (Parl X, Jolumn (D), line 25)   2,936,297.   17   Other expenses (Parl X, Jolumn (D), line 25)   2,936,297.   18   Total expenses. Add lines 15.17 (flust equal Part IX, column (A), line 25)   422,086,496.   507,462,928.   19   Revenue less expenses. Subtract line 18 from line 12   17,387,128.   8,661,865.   17,387,128.   8,661,865.   18   Revenue less expenses. Subtract line 18 from line 12   17,387,128.   8,661,865.   18   Revenue less expenses. Subtract line 18 from line 12   17,387,128.   8,661,865.   18   Reginning of Current Year   End of Year   End of Year   End of Year   18   Reginal lines (Parl X, line 26)   283,762,779.   277,749,785.   277,749,785.   277,749,785.   283,762,779.   277,749,785.   277												
Total expenses (Part IX, Column (A), line 11-11d, T1F-24e)  18 Total expenses. Add lines 12.17 (if ust equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X ine 16)  21 Total liabilities (Part X ine 26)  22 Net assets or fund balances. Subtract line 21 from line 20  331, 114, 016.  347, 784, 986.  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Print/Type preparer's name  JOHN W. SADOFF, JR.  Print/Type preparer's name  JOHN W. SADOFF, JR.  Prim's name  DELOITTE TAX LLP  Firm's name  DELOITTE TAX LLP  Firm's sign end (714) 436-7100	es	15 8			225,570,							
Total expenses (Part IX, Column (A), line 11-11d, T1F-24e)  18 Total expenses. Add lines 12.17 (if ust equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X ine 16)  21 Total liabilities (Part X ine 26)  22 Net assets or fund balances. Subtract line 21 from line 20  331, 114, 016.  347, 784, 986.  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Print/Type preparer's name  JOHN W. SADOFF, JR.  Print/Type preparer's name  JOHN W. SADOFF, JR.  Prim's name  DELOITTE TAX LLP  Firm's name  DELOITTE TAX LLP  Firm's sign end (714) 436-7100	ens	<b>16</b> a F				0.	0.					
Total expenses (Part IX, Column (A), line S 11a-11d, T1F-24e)  18 Total expenses. Add lines 1a. 17 (ir ust equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X ine 26)  21 Total liabilities (Part X ine 26)  22 Net assets or fund balances. Subtract line 21 from line 20  331, 114, 016.  347, 748, 986.  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Print/Type preparer's name  JOHN W. SADOFF, JR.  Print/Type preparer's name  JOHN W. SADOFF, JR.  Primt's name  DELOITTE TAX LLP  Firm's name  DELOITTE TAX LLP  Firm's siddress  695 TOWN CENTER DR, STE 1000  COSTA MESA, CA 92626  Phone no.(714) 436-7100	X	·  b⊺										
19 Revenue less expenses. Soutrat line 18 from line 12   17,387,128.   8,661,865.	ш	17 (										
Beginning of Current Year   End of Year												
20 Total assets (Part X, line 16) 21 Total liabilities (Pan X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Net assets or fund balances. Subtract line 21 from line 20 25 Net assets or fund balances. Subtract line 21 from line 20 26 Net assets or fund balances. Subtract line 21 from line 20 27 Total liabilities (Pan X, line 26) 283,762,779. 277,749,785. 331,114,016. 347,784,986.  Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature of officer  LAURIE R. BEYER, EVP & CFO Type or print name and title  Print/Type preparer's name JOHN W. SADOFF, JR.  Preparer Use Only Firm's name DELOITTE TAX LLP Firm's address 695 TOWN CENTER DR, STE 1000 COSTA MESA, CA 92626 Phone no.(714) 436-7100		0	Revenue less expenses. Surtract line 18 from line 12	· · · · · · · · · · · · · · · · · · ·								
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  LAURIE R. BEYER, EVP & CFO Type or print name and title  Print/Type preparer's name JOHN W. SADOFF, JR.  Preparer  Use Only  Firm's address 695 TOWN CENTER DR, STE 1000 COSTA MESA, CA 92626  Phone no. (714) 436-7100	IS OI	3			Ве							
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  LAURIE R. BEYER, EVP & CFO Type or print name and title  Print/Type preparer's name JOHN W. SADOFF, JR.  Preparer  Use Only  Firm's address 695 TOWN CENTER DR, STE 1000 COSTA MESA, CA 92626  Phone no. (714) 436-7100	SSE	E 20 T										
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  LAURIE R. BEYER, EVP & CFO Type or print name and title  Print/Type preparer's name JOHN W. SADOFF, JR.  Preparer  Use Only  Firm's address 695 TOWN CENTER DR, STE 1000 COSTA MESA, CA 92626  Phone no. (714) 436-7100	et A	21 T	· · · · · · · · · · · · · · · · · · ·					<u></u>				
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  LAURIE R. BEYER, EVP & CFO Type or print name and title  Print/Type preparer's name JOHN W. SADOFF, JR.  Preparer  Firm's name DELOITTE TAX LLP Firm's address 695 TOWN CENTER DR, STE 1000 COSTA MESA, CA 92626  Phone no. (714) 436-7100		22 N		ie 20		331,114,	116.	347,784,986.				
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  LAURIE R. BEYER, EVP & CFO Type or print name and title  Print/Type preparer's name JOHN W. SADOFF, JR.  Preparer  Firm's name DELOITTE TAX LLP Firm's address 695 TOWN CENTER DR, STE 1000 COSTA MESA, CA 92626  Phone no. (714) 436-7100				oludina aaaamaanyina aahadula	o and atatam	anta and to the hos	t of my kn	owledge and halief it is				
Sign Here  LAURIE R. BEYER, EVP & CFO Type or print name and title  Print/Type preparer's name JOHN W. SADOFF, JR.  Preparer Use Only  Signature of officer  Date  Check Firm's signature  Preparer's signature  Preparer's signature  Preparer's signature  Print/Type preparer's name JOHN W. SADOFF, JR.  Prim's name DELOITTE TAX LLP Firm's address 695 TOWN CENTER DR, STE 1000 COSTA MESA, CA 92626  Phone no. (714) 436-7100		-					-	owieuge and belief, it is				
Here  LAURIE R. BEYER, EVP & CFO Type or print name and title  Print/Type preparer's name JOHN W. SADOFF, JR.  Preparer Use Only  Firm's address 695 TOWN CENTER DR, STE 1000 COSTA MESA, CA 92626  Proper LAURIE R. BEYER, EVP & CFO Type or print name and title  Preparer's signature  Date  Check FIRM'S EIN Firm'S EIN Firm'S EIN Firm'S EIN Phone no. (714) 436-7100	uu	, correct	, and complete. Declaration of preparer (other than officer) is	is based on an information of w	ilicii preparei	I I I I I I I I I I I I I I I I I I I	•					
Here  LAURIE R. BEYER, EVP & CFO Type or print name and title  Print/Type preparer's name JOHN W. SADOFF, JR.  Preparer Use Only  Firm's name OCOSTA MESA, CA 92626  Date  Check Firm's signature  Date  Check Firm's signature  Print/S EIN Firm's EIN Firm's EIN Phone no. (714) 436-7100	o:.		Signature of officer			I Date						
Type or print name and title  Print/Type preparer's name JOHN W. SADOFF, JR.  Preparer  Firm's name DELOITTE TAX LLP Firm's address 695 TOWN CENTER DR, STE 1000 COSTA MESA, CA 92626  Proper Type or print name and title  Preparer's signature Date  Check Firm's EIN Firm's EIN 86-1065772  Phone no. (714) 436-7100			,       -			24.0						
Print/Type preparer's name JOHN W. SADOFF, JR.  Preparer  Firm's name Date  Check  if self-employed P00540589  Firm's EIN Firm's EIN Firm's EIN Firm's Address 695 TOWN CENTER DR, STE 1000 COSTA MESA, CA 92626  Phone no.(714) 436-7100	пе	ere										
Paid JOHN W. SADOFF, JR.  Preparer Firm's name DELOITTE TAX LLP  Use Only Firm's address 695 TOWN CENTER DR, STE 1000  COSTA MESA, CA 92626  Phone no.(714) 436-7100		+	<u>'</u>	10	oate I chi	rck T	I PTIN					
Preparer Use Only Firm's address 695 Town CENTER DR, STE 1000 COSTA MESA, CA 92626  Firm's address Phone no.(714) 436-7100	P۵			opaiti o oiyilalult	[	if						
Use Only Firm's address 695 TOWN CENTER DR, STE 1000 COSTA MESA, CA 92626 Phone no.(714) 436-7100			,					L				
COSTA MESA, CA 92626 Phone no.(714) 436-7100				0.0		I IIIII 5 EII	<b>1 0</b>	<u> </u>				
	55	- 5,				Phone no	(714)	436-7100				
	Ms	IV the ID		2? (see instructions)		I HOUGH		X Yes No				

ıu	Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III		х
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		Yes X No
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.		LITES LAINO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	m services?	Yes X No
•	If "Yes," describe these changes on Schedule O.	11 3CI VICC3 :	— 103 <u></u> 110
4	Describe the organization's program service accomplishments for each of its three largest program	services, as measure	ed by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocated and some section 501(c)(4) organizations are required to report the amount of grants and allocated and some section 501(c)(4) organizations are required to report the amount of grants and allocated and some section 501(c)(4) organizations are required to report the amount of grants and allocated and some section 501(c)(4) organizations are required to report the amount of grants and allocated and some section 501(c)(4) organizations are required to report the amount of grants and allocated and some section 501(c)(4) organizations are required to report the amount of grants and allocated and some section 501(c)(4) organizations are required to report the amount of grants and allocated and some section 501(c)(4) organizations are required to report the amount of grants and allocated and some section 501(c)(4) organizations are required to report the amount of grants and allocated and some section 501(c)(4) organizations are required to report the amount of grants and allocated and some section 501(c)(4) organizations are required to report the amount of grants are required to report the section 501(c)(4) organization 501(	*	• •
	revenue, if any, for each program service reported.		•
4a	(Code: ) (Expenses \$ 187,976,935. including grants of \$	) (Revenue \$	233,225,810.)
	THE GREATER BALTIMORE MEDICAL CENTER, INC. (GBMC) IS A 260-BED MEDICAL		
	CENTER (ACUTE AND SUB-ACUTE CARE), LOCATED ON A SUBURBAN CAMPUS, WHICH		
	PROVIDED INPATIENT CARE AND OBSERVATION SERVICES TO 17,782 AND 3,252		
	PATIENTS, RESPECTIVELY. ADDITIONALLY, GBMC DELIVERED OVER 3,959 BABIES		
	IN THE FISCAL YEAR. GBMC'S DISTINCTIVE SERVICE LINES INCLUDE WOMEN'S		
	CANCER, SURGICAL AND MEDICAL SERVICES. GBMC IS A FULLY ACCREDITED		
	TEACHING HOSPITAL THAT IS AFFILIATED WITH JOHN HOPKINS UNIVERSITY		
41-	121 059 774	\ /	128,572,613.)
4b	(Code:) (Expenses \$121,068,774. including ants of \$	) (Revenue \$	120,572,013.
	SURGICAL PROCEDURES IN THE FISCAL YEAR. SPECIAL YES INCLUDE GBMC'S		
	COMPREHENSIVE OBESITY MANAGEMENT PROGRAM THE CLOST RECOGNIZED		
	AMERICAN SOCIETY OF METABOLIC AND BARLATRIX SUBJERY (ASMBS) CENTER OF		
	EXCELLENCE IN THE METROPOLITAN BALT MORE REA; JOHNS HOPKINS HEAD AND		
	NECK SURGERY AT GBMC; MINIMALLY INVASIVE AND ENDOCRINE SURGERY;		
	NEUROSURGERY; VASCULAR AND THORACIC SURERY; AND UROLOGY.		
4c	(Code: ) (Figers ) \$ 18,231,567. including grants of \$	) (Revenue \$	32,214,284.)
	THE EMERGENCY TEPTETMENT TREATED 54,662 PATIENTS IN THE FISCAL YEAR.	<u> </u>	,
	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.		
4d	Other program services (Describe in Schedule O.)	01 250	E00 \
4 :	(Expenses \$ 110,149,402. including grants of \$ 516,009.) (Revenue \$ Total program service expenses ► 437,426,678.	91,352	, 500.)
4e	Total program service expenses ► 437,426,678.		Form <b>990</b> (2017)

## Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodial for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt regulation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted encowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Solected D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, ine 10? If "Yes," complete Schedule D,		77	
	Part VI	11a	Х	
D	Did the organization report an amount for investments - other securities in and line 12 that is 5% or more of its total	446		х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part III  Did the organization report an amount for investments - program plated in Part X, line 13 that is 5% or more of its total	11b		
·	assets reported in Part X, line 16? If "Yes," complete Schedule P, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X line 15 that is 5% or more of its total assets reported in	110		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Port X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated inancial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization an erect "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain all office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have agree ate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			.,
4-7	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		х
	complete Schedule G, Part III	19		Δ

Form **990** (2017)

## Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Х	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Х	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to delect			
	any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess seneral			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified per on in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from properties to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, on disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director instee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member a 25% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one or the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee "Yes," complete Schedule L, Part IV	28a	Х	<u> </u>
	A family member of a current or former officer, director, hustor, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	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 " or inplete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art historical treasures, or other similar assets, or qualified conservation			,,
	contributions? If "Yes," complete Sc. ea. le	30		Х
31	Did the organization liquidate, terrimate, or dissolve and cease operations?			
00	If "Yes," complete Schedule N, Port I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		x
20	Schedule N, Part II	32		
33	Did the organization over 100% of an entity disregarded as separate from the organization under Regulations	22	Х	
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33	Λ	
34		34	Х	
35a	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
		SSa		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		$\vdash$
30	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		<del></del>
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	3,		<del></del>
55	Note. All Form 990 filers are required to complete Schedule O	38	х	
	receive of the second s	1 30		Ь——

52-6049658

#### Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check if Schedule O contains a response of note to any line in this part v					
			,		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	329			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r					
	(gambling) winnings to prize winners?	 I I		1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		4226			
	filed for the calendar year ending with or within the year covered by this return	2a	4336			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	Х	
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions			0-	v	
				3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b	^	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		<u> </u>	40		Х
<b>L</b>	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	11.)?	4a		
b	If "Yes," enter the name of the foreign country:  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	000110	+/ (ED D)			
E.o.	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	ccouri	(FD/ h).	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5b		X
				5c		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			30		
ou	any contributions that were not tax deductible as charitable contributions?	ic orge	a neation conoic	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions are statement that such contributions.	ions o	r aifts			
	were not tax deductible?		g	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly or goods and se	rvices p	rovided to the payor?	7a	х	
b				7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible present operty for which it w	as req	uired			
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the yea	7d				
е	Did the organization receive any funds, directly or indirectly, to lay p emiums on a personal benefit of			7e		Х
f	Did the organization, during the year, pay premiums, directly, on a personal benefit conti	ract?		7f		Х
g	If the organization received a contribution of qualified in lectual property, did the organization file February			7g	N/A	
h	If the organization received a contribution of case, boats airplanes, or other vehicles, did the organization			7h	N/A	
8	Sponsoring organizations maintaining donor a vise funds. Did a donor advised fund maintained	by the	e N/A			
				8		
9	Sponsoring organizations maintaining conor advised funds.		27/2			
а	Did the sponsoring organization many any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization pute a distribution to a donor, donor advisor, or related person?		N/A	9b		
10	Section 501(c)(7) organizations. Enter:	10a				
a b	Initiation fees and capital contributions included on Part VIII, line 12	10a				
11	Section 501(c)(12) rg inizations. Enter:	מטו				
''	Gross income from members or shareholdersN/A	11a				
	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		)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a		
	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				
С	Enter the amount of reserves on hand	13c				
	Did the consideration and in the constant of the least terminal and the constant of the consta			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b		
				Eorm	aan i	(2017

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				X				
Sec	tion A. Governing Body and Management								
				Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 2	3						
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent	1b 2	4						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other							
	officer, director, trustee, or key employee?		2	Х					
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?		3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	5		Х				
6	Did the organization have members or stockholders?		6	Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint of e or							
	more members of the governing body?		7a	X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	sto khok ers, or							
	persons other than the governing body?		7b	Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the following:							
а	The governing body?		8a	Х					
b	Each committee with authority to act on behalf of the governing body?		8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who can be re	ached at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule		9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)							
				Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х				
b	If "Yes," did the organization have written policies and procedures go erning the activities of such of								
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b						
11a	Has the organization provided a complete copy of this Form 99 to a members of its governing boo	dy before filing the form?	11a	Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a			12a	Х					
b	Were officers, directors, or trustees, and key employers required to disclose annually interests that could give ris		12b	Х					
С	Did the organization regularly and consistently monitor, and enforce compliance with the policy? If "	es," describe							
	in Schedule O how this was done		12c	Х					
13	Did the organization have a written whistle plower policy?		13	Х					
14	Did the organization have a written cock peneretention and destruction policy?		14	Х					
15	Did the process for determining compensation of the following persons include a review and approve								
	persons, comparability data, and contimporaneous substantiation of the deliberation and decision?								
	The organization's CEO, Executive Director, or top management official		15a		Х				
b	Other officers or key em, loves of the organization		15b		Х				
	If "Yes" to line 15a 17b, describe the process in Schedule O (see instructions).								
16a	Did the organization in est in, contribute assets to, or participate in a joint venture or similar arrange								
	taxable entity during the year?		16a	Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	• •							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	ınization's							
	exempt status with respect to such arrangements?		16b	X					
Sec	tion 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)	availab	le					
	for public inspection. Indicate how you made these available. Check all that apply.								
	• • •	n in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest policy, an	d finan	cial					
statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's be	ooks and records:							
	LAURIE R. BEYER - (443) 849-2000								
	6701 NORTH CHARLES STREET BALTIMORE MD 21204								

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Employees, and independent ooi	illactors	•		
0				 

Employees and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, 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.

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

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

	week (list any hours for	_		na a a		is bot or/trus		Reportable compensation	Reportable compensation	Estimated amount of
	related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-N-SC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) MR. DELBERT ADAMS	1.00									
DIRECTOR	3.00	Х						0.	0.	0.
(2) MR. HERBERT J. BELGRAD	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(3) MS. HEIDI KENNY BERMAN (BEG 7/1 DIRECTOR	1.00 3.00	х						0.	0.	0.
(4) MS. SANDRA BERMAN	1.00									
DIRECTOR	2.00	X						0.	0.	0.
(5) MS. MONIQUE BOOKER (BEG 7/17)	1 00									
DIRECTOR	2.0	λ						0.	0.	0.
(6) ROBERT K. BROOKLAND, M.D.	1.0									
DIRECTOR	3,00	Х						0.	0.	0.
(7) MR. CHARLES C. FENWICK, JR.	1.00									
DIRECTOR	3.00	Х						0.	0.	0.
(8) MR. JERRY FOCAS	1.00	1						_		_
DIRECTOR	3.00	Х	_					0.	0.	0.
(9) MR. RICHARD D. HUETHER	1.00	ł								
DIRECTOR	3.00	Х	-			_		0.	0.	0.
(10) MR. HARRY S. J. HN ON (BEG 7/17)	1.00	١							0	
DIRECTOR	2.00 1.00	Х	$\vdash$			$\vdash$		0.	0.	0.
(11) THEDA C. KONTIS, M.D. DIRECTOR	2.00	x						0.	0.	0
(12) MR. TIMOTHY L. KRONGARD	1.00	^	$\vdash$					0.	0.	0.
DIRECTOR	2.00	X						0.	0.	0.
(13) MR. FRANKLIN M. LEE	1.00	-							•••	
DIRECTOR	2.00	x						0.	0.	0.
(14) MR. THOMAS H. MADDUX	1.00							- •	- •	
DIRECTOR	2.00	х						0.	0.	0.
(15) MR. ANTHONY MILANDO	1.00									
DIRECTOR	2.00	х						0.	0.	0.
(16) MARIA PANE, M.D. (BEG 7/17)	60.00									
DIRECTOR/PHYSICIAN	2.00	x						322,786.	0.	55,011.
(17) MR. THOMAS J. O'DONNELL, JR.	1.00									
DIRECTOR	3.00	х						0.	0.	0.

732007 11-28-17

Form **990** (2017)

1 01111 000 (E011)	ALTIMORE MEDIC.	AL	CEN.	rek	<i>,</i> 1	NC.			52-6049658	Page 8
Part VII Section A. Officers, Directors,	Trustees, Key Em	ploy	ees,	, and	d Hi	ghe	st C	ompensated Employe	es (continued)	
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average	(do	not cl	Posi			one	Reportable	Reportable	Estimated
	hours per		, unles					compensation	compensation	amount of
	week (list any	-		u a u	11 0010	17 11 03	100)	from	from related	other
	hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC)	(88-2/1099-181150)	organization
	organizations	ruste	Institutional trustee		ee	mpen		(** 2/ 1000 14/100)		and related
	below	dualt	utions	r	nploy	st co	ъ			organizations
	line)	Indivi	Institi	Officer	Key employee	Highest compensated employee	Former			
(18) JOHN R. SAUNDERS, M.D.	1.00									
DIRECTOR/FORMER CMO (BEG 7/17)	2.00	Х						373,985.	0.	45,533.
(19) MELISSA SPARROW, M.D.	50.00									
CHIEF OF STAFF	10.00	Х						239,786.	0.	45,758.
(20) MS. BONNIE R. STEIN	1.00									
DIRECTOR/FORMER CHAIR	2.00	Х						0.	0.	0.
(21) MR. JAMES B. STRADTNER	1.00									
DIRECTOR	2.00	Х						0	0.	0.
(22) MS. FAITH E. THOMAS	1.00									
DIRECTOR	3.00	Х						٥.	0.	0.
(23) MR. STEVEN A. THOMAS	1.00									
DIRECTOR	2.00	Х						0.	0.	0.
(24) JOHN B. CHESSARE, M.D.	32.00							401		
DIRECTOR/CEO GBMC HEALTHCARE	28.00	Х		Х				1,178,633.	0.	41,177.
(25) MR. FREDERICK M. HUDSON	1.00						١.			
VICE CHAIR	2.00	Х		Х				0.	0.	0.
(26) MS. PATRICA J. MITCHELL	1.00									
CHAIR	3.00	Х		Х				0.	0.	0.
1b Sub-total						.).	<b>&gt;</b>	2,115,190.	0.	187,479.
c Total from continuation sheets to Pa							<b>&gt;</b>	10,421,745.	0.	978,646
d Total (add lines 1b and 1c)		_	$\overline{}$	)			<u> </u>	12,536,935.	0.	1,166,125.

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

			Yes	No
3	Did the organization list any former officer, directly or ustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3	Х	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$ 50,000? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? It Yes, complete Schedule J for such person	5		Х

Section B. Independent Contractors

1 Complete this table or your ivenighest 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	<b>(C)</b> Compensation
SODEXO USA, 9801 WASHINGTON BLVD,		
GAITHERSBURG, MD 20878	MANAGEMENT - HOTEL SERVICES	3,909,585.
JOHNS HOPKINS UNIVERSITY, 125 MEDICAL		
ADMIN RD., 720 RUTLAND AVE, BALTIMORE, MD	RESIDENCY PROGRAM	3,789,432.
EPIC SYSTEMS CORPORATION		
1979 MILKY WAY, VERONA, WI 53593	SOFTWARE ENGINEERING	3,645,690.
ADVANCED RADIOLOGY/ MEDICAL IMAGING OF BAL.		
7253 AMBASSADOR ROAD, BALTIMORE, MD 21244	RADIOLOGY SERVICES	2,475,011.
CLEARPATH		
12100 SUNSET HILLS ROAD, RESTON, VA 20190	SOFTWARE ENGINEERING	2,196,167.
2 Total number of independent contractors (including but not limited to those \$100,000 of compensation from the organization ► 156	listed above) who received more than	

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2017)

Form 990 GREATER BALTI	MORE MEDIC	AL	CEN	TER	, I	NC.			52-604965	8
Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	oyee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimated
	hours	(c	(check all that apply)					compensation	compensation	amount of
	per							from	from related	other
	week	_				loyee		the	organizations	compensation
	(list any	irecto				emp		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	ruste	nstitutional trustee		ee/	npen				organizations
	below	dualt	ntiona	L	mplo	st co	<u>~</u>			organizations
	line)	Individual trustee or director	Institu	Officer	Key employee	Highest compensated employee	Former			
(27) MR. STEPHEN T. SCOTT	1.00									
TREASURER	2.00	х		х				0.	0.	0
(28) MS. MARION G. THOMPSON	1.00									
SECRETARY	2.00	х		Х				0.	0.	0
(29) MR. GEORGE E. BAYLESS, III	36.00									
CFO HEALTHCARE (ENDED 10/17)	24.00			Х				273,531.	0.	58,155
(30) MS. LAURIE R. BEYER	36.00									
EVP & CFO GBMC HEALTHCARE (BEG 10/17	24.00			Х				78_189	0.	4,733
(31) MR. KEITH R. POISSON	35.00									
EVP & COO GBMC HEATLHCARE	25.00			Х				6 8,049.	0.	46,775
(32) HAROLD TUCKER, M.D.	50.00							<b>~</b>	_	
CHIEF MEDICAL OFFICER	10.00			Х				488,278.	0.	73,473
(33) MR. BENNETT J. BERES	45.00				l			150 150		
VP & COO GBMA	15.00				Х			469,459.	0.	28,094
(34) MS. CAROLYN L. CANDIELLO	59.00	ł			.,			406 603	0	40.000
VP QUALITY & PT SAFETY	1.00				Х			496,603.	0.	40,238
(35) MS. JENNY COLDIRON VP DEVELOPMENT GBMC HEALTHCA	10.00		•		Y	1		292,393.	0.	83,195
(36) MR. JOHN W. ELLIS	45.00							292,393.	0.	03,193
SVP STRATEGY&BUS DEV (END 4/18)	15.00				X			568,084.	0.	44,606
(37) MS. CATHERINE HAMEL	21.00							300,001.	•••	11,000
VP POST ACUTE SRVS & EXEC	39 00		D		х			376,006.	0.	51,652
(38) MR. DAVID J. HYNSON	45.0									, , , , , ,
VP & CIO	15.00				х			362,027.	0.	80,515
(39) MS. JOANN IOANNOU	45,00							,		,
SVP PATIENT SERVICES	15.00				х			320,947.	0.	90,910
(40) MS. SUSAN MARTIELLI	40.00									
VP LEGAL AFFAIRS/CHIEF COUNSEL	20.00				Х			363,515.	0.	56,275
(41) MS. STACEY L. MCGREEVY	50.00									
VP FACILITIES	10.00				Х			238,847.	0.	15,164
(42) MS. ANNA-MARIA J. PALMER	40.00									
VP HUMAN RESOURCES	20.00				Х			157,488.	0.	29,001
(43) ELIZABETH A. DOVIC, MD	60.00									
PHYSICIAN	0.00					Х		845,034.	0.	60,863
(44) NIRAJ JANI, M.D.	60.00									
MED DIRECTOR/PHYSICIAN	0.00	<u> </u>	_			Х	_	805,106.	0.	48,657
(45) VICTOR A. KHOUZAMI M.D.	60.00									
CHAIR/PHYSICIAN	0.00					Х	_	1,334,544.	0.	42,986
(46) BIMAL G. RAMI, M.D.	60.00	1						1 100 0:-	_	
MED DIRECTOR/PHYSICIAN	0.00	<u> </u>				Х		1,103,942.	0.	52,938
Total to Part VII, Section A, line 1c										

	TIMORE MEDIC	AL	CEN	TER	, II	NC.			52-604965	8
Part VII Section A. Officers, Directors, 1	rustees, Key E	mpl	oyee	s, a	nd F	ligh	est	Compensated Employ	rees (continued)	
(A)	(B)			((	C)			(D)	(E)	(F)
Name and title	Average			Pos		1		Reportable	Reportable	Estimated
	hours	(c	hecl				ly)	compensation	compensation	amount of
	per	Ė				Ϊ́	ŕ	from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				oldm		organization	(W-2/1099-MISC)	from the
	hours for	or dir	a)			ited e		(W-2/1099-MISC)		organization
	related	Individual trustee or director	Institutional trustee			Highest compensated employee				and related
	organizations	al tru	onal t		Key employee	moo				organizations
	below	ividu	tituti	Officer	/ emp	hest	Former			
	line)	Pu	lns	₩	Ş.	ijH	ъ			
(47) CLAIRE M. WEITZ, MD	60.00									
PHYSICIAN	0.00					Х		818,313.	0.	37,328
(48) MS. LISA F. GOODLETT	0.00									
FORMER EVP & CFO (ENDED 6/17)	0.00						х	197,387.	0.	12,409
(49) MR. ELLERY JOYEAU	40.00									
FORMER INTERIM VP HR (END 6/17)	0.00	1					х	164,003.	0.	20,679
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Total to Part VII, Section A, line 1c								10,421,745.		978,646

GREATER BALTIMORE MEDICAL CENTER, INC. 52-6049658 Page 9 Form 990 (2017) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Related or Unrelated Total revenue from tax under exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b 524,308. c Fundraising events 2,090,655 d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above ..... 8,255,786 g Noncash contributions included in lines 1a-1f: \$ 10,870,749 h Total. Add lines 1a-1f Business Code 2 a PATIENT SERVICE Program Service Revenue 621110 476,907,229 476,907,229 b OTHER OPERATING REV. 900099 8,458,066 8,458,066 GRANT REVENUE 541700 516,009 516.00 f All other program service revenue 485,881,304 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 5,402,645 5,402,625 other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 154,183 6 a Gross rents **b** Less: rental expenses ...... 154,183. c Rental income or (loss) 154,183. 154,183 d Net rental income or (loss) . 7 a Gross amount from sales of (i) Securities (ii O+ 33,865,615 assets other than inventory b Less: cost or other basis 21,563,9 and sales expenses 12,301,662 c Gain or (loss) 12,301,662 12,301,662. 8 a Gross income from fundraising events mot Revenue including \$ contributions reported on the 10. See Part IV, line 18 114,735 Other b Less: direct e pen es 325,884 c Net income of (loss) from fundraising events -211,149 -211,149. 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities . 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold ..... **c** Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a PARKING REVENUE 812930 1,603,520 1,603,520.

732009 11-28-17

С

19,372,740. Form **990** (2017)

121,899.

121,899

1,725,419

516,124,793.

722210

Total revenue. See instructions.

b CAFETERIA INCOME

d All other revenue

e Total. Add lines 11a-11d

485,881,304

### 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).

Do n	Check if Schedule O contains a response to tinclude amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	90,645.	90,645.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			,	
	trustees, and key employees	13,638,258.		13,638,158.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	228,552,400.	205,049,785.	22 36 ,056.	1,142,55
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	6,657,245.	5,159,185	1,451,802.	46,25
9	Other employee benefits	21,246,233.	19,787,884.	1,318,888.	139,46
0	Payroll taxes	15,781,216.	14,240,503.	1,467,250.	73,36
1	Fees for services (non-employees):		10		
а	Management	1,445,689.	1,119,838.	335,851.	
	Legal	221,961.	55,114.	166,847.	
	Accounting	313,828.	49,733.	264,095.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	96-75.7.		961,517.	
	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	7 717,911.	33,836,896.	3,662,062.	218,95
2	Advertising and promotion	1.95,858.	244,197.	1,421,700.	269,96
3	Office expenses	9,747,341.	96,021,292.	1,065,823.	660,22
	Information technology	10,128,407.	8,057,978.	2,068,582.	1,84
5	Royalties				
6	Occupancy	10,343,591.	9,636,282.	707,309.	
	Travel	833,030.	575,603.	238,994.	18,43
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public opicials				
9	Conferences, conventions, and meetings	1,153,578.	973,747.	176,412.	3,41
20	Interest	6,423,085.	5,746,298.	676,787.	•
21	Payments to affiliates	·	-		
2	Depreciation, depletion, and amortization	36,134,466.	31,729,691.	4,391,613.	13,16
.3	Insurance	11,410,978.	3,555,437.	7,854,991.	55
.4	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 0.)				
а	PURCHASED SERVICES	3,852,384.	1,440,472.	2,063,807.	348,10
b	INSTITUTIONAL DUES	873,307.	65,998.	807,309.	,
c		, -	,	, 1	
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	507,462,928.	437,426,678.	67,099,953.	2,936,29
. <u>5</u> .6	Joint costs. Complete this line only if the organization	, - , - , , -	, , , = = , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,,25
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2017)

# Form 990 (2017) Part X Balance Sheet

Part	X	Balance Sheet					
		Check if Schedule O contains a response or not	te to any	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments	25,726,289.	2	21,218,185		
	3	Pledges and grants receivable, net	10,845,887.	3	14,663,057		
	4	Accounts receivable, net			53,709,678.	4	46,644,918
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compens	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	1 4958(c	)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501	(c)(9) voluntary			
ទ		employees' beneficiary organizations (see instr)				6	
Assets	7	Notes and loans receivable, net				7	
₹	8	Inventories for sale or use			4,462,125.	8	5,023,373
	9	Prepaid expenses and deferred charges			8,212,145	9	8,579,828
1	l0a	Land, buildings, and equipment: cost or other	1				
		basis. Complete Part VI of Schedule D	10a	698,276,575.			
	b	Less: accumulated depreciation	10b	450,579,456.	249,472,309.	10c	247,697,119
1	11	Investments - publicly traded securities			210,862,087.	11	231,241,228
1	2	Investments - other securities. See Part IV, line			6,387,612.	12	7,631,715
1	13	Investments - program-related. See Part IV, line	11			13	
1	14	Intangible assets		_		14	
1	15	Other assets. See Part IV, line 11			45,197,663.	15	42,835,348
_   1	16	Total assets. Add lines 1 through 15 (must equ			614,876,795.	16	625,534,771
1	17	Accounts payable and accrued expenses			58,370,951.	17	68,730,801
1	18	Grants payable				18	
1	19	Deferred revenue				19	
2	20	Tax-exempt bond liabilities			104,063,994.	20	99,681,584
2	21	Escrow or custodial account liability. Complete	Part V	Chedule D		21	
ខ្ល   2	22	Loans and other payables to current and forms	ro, ficer	directors, trustees,			
Ě		key employees, highest compensated en cloyed	es and	disqualified persons.			
		Complete Part II of Schedule L	<b></b>			22	
<b>-</b>   2	23	Secured mortgages and notes payable to unre-	ated thir	d parties	59,606,495.	23	52,710,332
2	24	Unsecured notes and loans payable to un elate	d third p	oarties		24	
2	25	Other liabilities (including federal income tax, pa	yables t	o related third			
		parties, and other liabilities colinctuded on lines	s 17-24).	Complete Part X of			
		Schedule D			61,721,339.	25	56,627,068
2	26	Total liabilities. Add lines 17 hrough 25			283,762,779.	26	277,749,785
		Organization the follow SFAS 117 (ASC 958	3), checl	k here 🕨 🗓 and			
s es		complete lines 27 through 29, and lines 33 ar	ıd 34.				
₹   2	27	Unrestricted net ssets			284,139,586.	27	295,367,918
<b> </b>   2	28	Temporarily restricted net assets			31,144,974.	28	34,372,534
2	29			<u></u>	15,829,456.	29	18,044,534
Ē		Organizations that do not follow SFAS 117 (A	SC 958	), check here ▶└─			
Net Assets of Fund balances		and complete lines 30 through 34.					
3   3	30	Capital stock or trust principal, or current funds				30	
3	31	Paid-in or capital surplus, or land, building, or ed	quipmen	t fund		31	
3   a	32	Retained earnings, endowment, accumulated in		F		32	
²  з	33	Total net assets or fund balances			331,114,016.	33	347,784,986
3	34	Total liabilities and net assets/fund balances			614,876,795.	34	625,534,771

Form **990** (2017)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1	516	,124,	793.
2	Total expenses (must equal Part IX, column (A), line 25)	2	507	,462,	928.
3	Revenue less expenses. Subtract line 2 from line 1	3		,661,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	331	,114,	016.
5	Net unrealized gains (losses) on investments	5	5	,923,	734.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2	,085,	371.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	347	,784,	986.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
		7 )		Yes	No
1	Accounting method used to prepare the Form 990:  Cash X Accrual Other	<b>—</b>	-		
	If the organization changed its method of accounting from a prior year or checked "Other," explainin S hedue	· O.			
2a	Were the organization's financial statements compiled or reviewed by an independent account int?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compled or eviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year we audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis  Consolidated basis  Both consol data and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumed esponsibility for oversight of the				
	review, or compilation of its financial statements and selection of an in tepe dent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any teps taken to undergo such audits		3b	000	(0047)
			Form	<b>990</b> (	<u>/</u> 2017)
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	Public				
	▼ · · · · · · · · · · · · · · · · · · ·				

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number GREATER BALTIMORE MEDICAL CENTER INC. 52-6049658 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the energy public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in cordunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, change tate of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from control of the support from control of the support from the activities related to its exempt functions - subject to certain exceptions, and (2) for man 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from business es acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public afer, See section 509(a)(4). An organization organized and operated exclusively for the benefit of the form the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 109 (1) r section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to recular amount or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections And B. Type II. A supporting organization super ised of controlled in connection with its supported organization(s), by having control or management of the supporting aganitation vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. ☐ Type III functionally integrated. A supprishing organization operated in connection with, and functionally integrated with, its supported organization(s) see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally image ted. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instruction). You must complete Part IV, Sections A and D, and Part V. Check this by it he regulation received a written determination from the IRS that it is a Type I, Type II, Type III, Type III functionally tegrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

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

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3							
	The portion of total contributions							
_	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
6	Public support. Subtract line 5 from line 4.							
	etion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2014	(c) 2015	(4) 2016	(a) 2017	(f) Total	
		<b>(a)</b> 2013	<b>(b)</b> 2014	(C) 20 5	<b>(d)</b> 2016	<b>(e)</b> 2017	(I) Total	
	Amounts from line 4							
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
_	and income from similar sources							
9	Net income from unrelated business							
	activities, whether or not the	•						
	business is regularly carried on							
10	Other income. Do not include gain		•					
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
	Total support. Add lines 7 through 10							
	Gross receipts from related activities,					12		
13	First five years. If the Form 990 is		s first, second, thi	rd, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	. $\square$	
2-2-	organization, check this box and top	Pere					<u></u> ▶∟⊥	
	ction C. Computation of Public							
	Public support percentag for 2017 (lir					14	%	
	Public support percentage from 2016					15	<u>%</u>	
16a	33 1/3% support test - 2017. If the or	-						
	stop here. The organization qualifies as a publicly supported organization							
b	b 33 1/3% support test - 2016. 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	'a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the "fact				=	~		
	meets the "facts-and-circumstances" t	est. The organiza	ition qualifies as a	publicly supported	d organization		▶□	
b	10% -facts-and-circumstances test	- 2016. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or	
	more, and if the organization meets the				-			
	organization meets the "facts-and-circu	umstances" test.	The organization	qualifies as a publi	cly supported org	anization	▶∐	
18	Private foundation. If the organization	ı did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s ▶Ш	

Schedule A (Form 990 or 990-EZ) 2017

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

16 Public support percentage from 2016 Schedule A, Part III, line 15     16     %       Section D. Computation of Investment Income Percentage       17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))     17     %	Sec	ction A. Public Support	siow, picase com	piete i dit ii.)				
I Giffe, grants, contributions, and membership feets received. (Do not include any "unusual grants")  Gross energhs from admission, merchandise acid or services per formed, or facilities furnished by activities that are not an unrelated trade of business under section 513  4 Tax revenues levide for the organization is trave-empt purpose  3 Gross neceipts from admission, merchandise sold or services per formation and the section 513  4 Tax revenues levide for the organization is the section 513  5 The value of services or facilities furnished by a governmental unit to the organization without charge  6 Total, Add lines 1 through 5  7 a Amounts included on lines 1, 2, and 3 received from disqualified persons  D received from disqualified persons but section 513  A received from disqualified persons that execute the posterior of the posterior of the section 515 (00 ° W of the amounts included on lines 1, 2, and 3 received from disqualified persons that execute the poster of 55,000 ° W of the amounts included on lines 1, 2, and 3 received from disqualified persons that execute the poster of 55,000 ° W of the amounts included in lines 1, 2, and 3 received from disqualified persons that execute the poster of 55,000 ° W of the amounts included in line 1, 2, and 3 received from disqualified persons that execute the poster of 55,000 ° W of the amounts from line 6  A public support 1, apparts to the poster of 55,000 ° W of the amounts from line 6  A public support 1, apparts to the poster of 1, and			(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
membership fees received. (Do not include any runsual grants?)  2. Gross receipts from admissions, merchandles sold or services per formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3. Gross receipts from activities that are not an unrelated trade or business under section 513.  4. Tax revenues levied for the organization or services or facilities furnished by a governmental unit to the organization or services or facilities furnished by a governmental unit to the organization without charge.  6. Total. Add lines 1 through 5		. ,		, ,	<u> </u>	<u> </u>	` '	`,
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2. Gross receipts from admissions, merchandiss sold or services performed, or facilities furnished in any activity that is related to the organization's tax exempt purpose 3. Gross receipts from activities that are not an unrelated trade or business under section 513.  4. Tax revenues levied for the organization is behalf		include any "unusual grants.")						
3 Gross receipts from activities that are not an unrelated trade or business under section \$13 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 3 and 3 received from disqualified persons but mounts included on lines 3 and 3 received from disqualified persons that mounts included on lines 3 and 3 received from disqualified persons that mounts included on lines 3 and 3 received from other than designation of the second seco	2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
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10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  b Unrelated business taxable income  (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated busines saxable income  (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  12 Other income, Do no included in line 10 whether or not the business is regularly carried on  12 Other income, Do no included gain assets (Explain in Part Vin.  13 Total support, (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2016 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2016 Schedule A, Part III, line 17  18 Investment income percentage from 2016 Schedule A, Part III, line 17  18 Investment income percentage from 2016 Schedule A, Part III, line 17  19 33 1/3% support tests - 2017. If the organization dion to 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 - 2016. 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 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 - 2016. 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 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a		· · · · · · · · · · · · · · · · · · ·			,	, ,	` ′	.,
(less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated busin is a activities not included in line 10 whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale or apital assets (Explain in Part Vn		Gross income from interest, dividends, payments received on securities loans, rents, royalties,						
11 Net income from unrelated business activities not included in line 10 whether or not the business is regularly carried on		(less section 511 taxes) from businesses acquired after June 30, 1975	<u></u>					
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Check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2016 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2016 Schedule A, Part III, line 17  18 %  19a 33 1/3% support tests - 2017. 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 - 2016. 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  19 June 19 Ju	13							
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Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2016 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2017. 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 - 2016. 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	15	Public support percentage for 2017 (li	ne 8, column (f) c	divided by line 13,	column (f))		15	%
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18 Investment income percentage from 2016 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2017. 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 - 2016. 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	Se	ction D. Computation of Inves	tment Incom	e Percentage	)			
19a 33 1/3% support tests - 2017. 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	17	Investment income percentage for 20	17 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	18	Investment income percentage from 2	<b>:016</b> Schedule A,	Part III, line 17			18	%
more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization							33 1/3%, and line 1	17 is not
b 33 1/3% support tests - 2016. 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								
	k	33 1/3% support tests - 2016. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
	20	· ·			•		· ·	

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Page 4

## Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(a) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such
- 4a Was any supported organization not organized in the United States ("foreign supported organication") 3 17 "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control discretion despite being controlled or supervised by or in connection with its supported organization.
- c Did the organization support any foreign supported organization that does not have an 3S determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organization during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part II, actuding (i) the names and EIN numbers of the supported organizations added, substituted, or temo ed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing decurrent sythorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing decument).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the r ling organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization pro de quant, loan, compensation, or other similar payment to a substantial contributor (defined in section 25% (c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
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	3b		
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	4a		
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	10b		
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Sche	dule A (Form 990 or 990-EZ) 2017 GREATER BALTIMORE MEDICAL CENTER, INC. 5	2-6049658	Pa	age <b>5</b>
	rt IV   Supporting Organizations (continued)			
	,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		1,,	
	Did the director to the second control of th		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	\ <u>'</u>		
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	4		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated.	•		
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	and or type is capper any organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Fart V how control			
	or management of the supporting organization was vested in the same persons that eintressor managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by me last any of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as the late of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees ther (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supposed organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did be organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tall year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yearse instr	uctions).		
a	The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
b c		(see instruction	c)	
2	Light The organization supported a governmental entity. Describe in Part VI how you supported a government entity Activities Test. Answer (a) and (b) below.	(See Instructions	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
а	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Zu		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3h		

	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	anizations	- Fage <b>6</b>
1	Check here if the organization satisfied the Integral Part Test as a qualifying			rt VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must cor			•
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets			
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater and interest)			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary refuction (see instructions)	6		
7	Check here in the current year is the organization's first as a non-functionally	integr	ated Type III supporting organ	ization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>						
Secti	on D - Distributions		, ,	Current Year					
1	Amounts paid to supported organizations to accomplish exempt purposes								
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported								
	organizations, in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns						
4	Amounts paid to acquire exempt-use assets								
5	Qualified set-aside amounts (prior IRS approval required)								
6	Other distributions (describe in <b>Part VI</b> ). See instructions.								
7	Total annual distributions. Add lines 1 through 6.								
8	Distributions to attentive supported organizations to which the	ne organization is responsive	е						
	(provide details in <b>Part VI</b> ). See instructions.								
9	Distributable amount for 2017 from Section C, line 6								
10	Line 8 amount divided by line 9 amount								
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017					
_1_	Distributable amount for 2017 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2017 (reason-								
	able cause required- explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2017								
a									
<u>b</u>	From 2013								
с	From 2014								
d	From 2015								
e	From 2016								
f	Total of lines 3a through e								
g	Applied to underdistributions of prior years								
<u>h</u>	Applied to 2017 distributable amount								
i_	Carryover from 2012 not applied (see instructions)								
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.								
4	Distributions for 2017 from Section D, line 7:	0							
а	Applied to underdistributions of prior years								
b	Applied to 2017 distributable amount								
с	Remainder. Subtract lines 4a and 4b from 4								
5	Remaining underdistributions for years pror to 1017, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in <b>Part VI.</b> See instructions.								
6	Remaining underdistributions for 2017 Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions								
7	Excess distributions carryover to 2018. Add lines 3j and 4c.								
8	Breakdown of line 7:								
	Excess from 2013								
b	Excess from 2014								
С	Excess from 2015								
d	Excess from 2016								
е	Excess from 2017								

Schedule A (Form 990 or 990-EZ) 2017

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV Section A lines 1 2 3h 3c 4h 4c 5a 6 9a 9h 9c 11a 11h and 11c Part IV Section P lines 1 and 2: Part IV Section C
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
	(and management)
	*
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	and the state of t
	• ( •
	<del></del>

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

GREATER BALTIMORE MEDICAL CENTER, INC.

**Employer identification number** 

Schedule D (Form 990) 2017

52-6049658

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		A CONTRACTOR OF THE CONTRACTOR
	for charitable purposes and not for the benefit of the donor of		
	land a marke allele and act a least of to		V N-
Pai			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e		ally important land area
	Protection of natural habitat	Preservation of certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year.	<b>40</b>	Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			2b
С	Number of conservation easements on a certified historic str	ucture included in (1)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/00, and lot on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leared, e tinguished, or terminated by the org	ganization during the tax
	year ▶	.()	
4	Number of states where property subject to conservation 2	ent is located >	
5	Does the organization have a written policy regarding the per	icalic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, specting,		
	<b>— — —</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement pooted on line 2(d) above	e satisfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes
9	In Part XIII, describe how the or an Zation reports conservation	on easements in its revenue and expense sta	tement, and balance sheet, and
	include, if applicable, the tex of the footnote to the organization	tion's financial statements that describes the	organization's accounting for
_	conservation easements.		
Pai	t III Organizations Maintaining Collections o		er Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	-	
	historical treasures, or other similar assets held for public ext		of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		in, provide
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		<b>▶</b> \$

732051 10-09-17

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

	edule D (Form 990) 2017		IMORE MEDICAL CE			011 (	52-60496		Pag	је <b>2</b>
		ns Maintaining Co								
3	Using the organization's	s acquisition, accession	i, and other records, o	check any of the	following that	are a signi	ficant use of its	collectior	ı items	
	(check all that apply):		. г	一						
а	Public exhibition		d L		nange progra	ms				
b	Scholarly researc		e L	Other						
C	Preservation for f	•					. 5			
4	Provide a description of							t XIII.		
5	During the year, did the	-						7 <b>v</b>		NI.
Dai	to be sold to raise fund:							Yes		No
Fai		Custodial Arrange ount on Form 990, Part 3		if the organization	n answered "	Yes" on Fo	m 990, Part IV,	line 9, or		
1.				v for contribution	0 0x 0th0x 000	oto not inc	ludad			
ıa	Is the organization an a							Yes		No
h	on Form 990, Part X?							J 162		NO
b	ii res, explaintile and	angement in Fart Ain ar	ia complete the follow	virig table.		ſ		Amount		_
_	Beginning balance					-	1c	Amount		
		ar					1a			
	Additions during the ye Distributions during the						iu -			
	Ending balance						1f			
	Did the organization inc					int lighility?		Yes		No
	If "Yes," explain the arra							_ 100		
Par		Funds. Complete if the								_
				(b) Prior year	(c Two years		Three years back	(e) Four	years ba	ack
1a	Beginning of year balan		30,435,387.	28,073,800.			20,282,263.		358,0	
	Contributions		1,335,910.	186,150	1,556	,091.	1,914,549.	2,	274,0	86
	Net investment earning	T T	2,907,545.	3,745,142.	-384	,455.	7,592,234.	2,	154,4	96
	Grants or scholarships									
е	Other expenditures for	facilities								
	and programs		1,836,031.	1,59,705.	1,410	,959.	1,475,923.	1,	504,4	10
f	Administrative expense	s								
g	End of year balance		32,842,811	30,435,387.	28,073	,800.	28,313,123.	20,	282,2	63
2	Provide the estimated p	percentage of the currer	nt year end balcose (l	ine 1g, column (a	i)) held as:					
а	Board designated or qu	ıasi-endowment 🕨	%	ó						
b	Permanent endowment		_%							
С	Temporarily restricted e		67.25 %							
	The percentages on line									
3а	Are there endowment for	unds not in the possess	n of the organizatio	n that are held a	nd administer	ed for the o	organization	_		
	by:									No
	(i) unrelated organizat							3a(i)		X
	(ii) related organization							3a(ii)	Х	
b	If "Yes" on line 3a(ii), are		· ·					3b	Х	
4	Describe in Part XIII ne			nent funds.						_
Pai		gs, and Equipme								
		rganization answered '								
	Description of	property	(a) Cost or othe			(c) Accur		(d) Book	value	

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		15,290,673.		15,290,673.
<b>b</b> Buildings		354,302,416.	211,088,892.	143,213,524.
c Leasehold improvements		10,005,749.	3,506,967.	6,498,782.
<b>d</b> Equipment		149,015,850.	126,393,633.	22,622,217.
e Other		169,661,887.	109,589,964.	60,071,923.
Total. Add lines 1a through 1e. (Column (d) must equa	247,697,119.			

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 GREATER BALTIMORE	MEDICAL CENTER,	INC.		52-6049658	Page (
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes" of	on Form 990, Part IV,	line 11b.	See Form 990, Part X, line	12.	
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuation: Co		et value
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes" of	on Form 990. Part IV.	line 11c.	See Form 990, Part X, line	13.	
(a) Description of investment	(b) Book value		(c) Method of valuation: C		et value
(1)					
(2)					
(3)					
(4)					
(5)			0.		
(6)			70		
(7)		1			
(8)					
(9)			<del></del>		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.					

Complete if the organization answered "Yes" on Form 992, Pat IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) INTERCOMPANY	42,770,814.
(2) DEFERRED ASSETS	20,034.
(3) DONATED TIMESHARE	44,500.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 9.0, Nart X, col. (B) line 15.)	42,835,348.

#### Part X Other Liabilities

Complete in enganization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	THIRD PARTY ADVANCES	14,452,832.
(3)	PENSION LIABILITY	11,126,614.
(4)	CAPITAL LEASES	25,231,108.
(5)	INSURANCE RESERVES	3,310,258.
(6)	OTHER LIABILITIES	1,929,113.
(7)	CHARITABLE GIFT ANNUITY	577,143.
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	56,627,068.

<sup>2.</sup> 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 X

Schedule D (Form 990) 2017

Sched	ule D (Form 990) 2017 GREATER BALTIMORE MEDICAL CENTER	, INC.	52-6049658	Page 4
Part	XI Reconciliation of Revenue per Audited Financial S	Statements With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV	/, line 12a.		
1 7	otal revenue, gains, and other support per audited financial statements		1	
<b>2</b> /	mounts included on line 1 but not on Form 990, Part VIII, line 12:			
a N	let unrealized gains (losses) on investments	2a		
<b>b</b> [	Oonated services and use of facilities	2b		
<b>c</b> F	Recoveries of prior year grants	2c		
d (	Other (Describe in Part XIII.)	2d		
	odd lines 2a through 2d			
	Subtract line <b>2e</b> from line <b>1</b>		3	
	amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
	nvestment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)	4b		
	odd lines <b>4a</b> and <b>4b</b>			
	otal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
Part	XII Reconciliation of Expenses per Audited Financial		ises per Roturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV			
	otal expenses and losses per audited financial statements		1	
	amounts included on line 1 but not on Form 990, Part IX, line 25:			
	Oonated services and use of facilities			
	Prior year adjustments			
	Other losses			
	Other (Describe in Part XIII.)			
	add lines 2a through 2d		2e	
	Subtract line <b>2e</b> from line <b>1</b>		3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	nvestment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)	4b		
	add lines 4a and 4b		<del>- 1</del>	
	otal expenses. Add lines 3 and 4c. (This must equal Form 990 art , lin	ē 18.)	5	
	XIII Supplemental Information.			
	e the descriptions required for Part II, lines 3, 5, and 9; Part II, rines 1a a		Part V, line 4; Part X, line 2; Pa	rt XI,
lines 20	d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	e any additional information.		
. שמגם	V, LINE 4:			
FARI	V, DINE 4:			
CREAT	ER BALTIMORE MEDICAL CENTER NO. JOLDS AND MANAGES TH	IE ENDOWMENT FOR		
OI(IIIII	THE CHARLES WAS CONTRACTED TO THE MANAGES THE	IL ENDOWNENT FOR		
THE P	URPOSE OF:			
1) DE	PARTMENT NEEDS OCCION, PEDIATRICS, EMERGENCY DEPAR	TMENT CHAPEL		
_,		, , , , , , , , , , , , , , , , , , , ,		
ОРНТН	ALMOLOGY, AND SALE (DOMESTIC VIOLENCE PROGRAM).			
	(201122110 110211011).			
2) RE	SEARCH - SUPPORT CLINICAL RESEARCH PERFORMED AT GREATE	R BALTIMORE		
_,				
MEDIC	AL CENTER.			
	·			
2) ED	UCATION - SUPPORT EDUCATION PROGRAMS, LECTURES AND SCE	OLARSHIPS,		
	,	,		
CENTE	R FOR NURSING EXCELLENCE.			

5) UNCOMPENSATED CARE.

Schedule D (Form 990) 2017

4) GENERAL SUPPORT FOR GREATER BALTIMORE MEDICAL CENTER.

Schedule D (Form 990) 2017 GREATER BALTIMORE MEDICAL CENTER, INC.	52-6049658	Page <b>5</b>
Part XIII   Supplemental Information (continued)		
PART X, LINE 2:		
·		
THE COMPANY IS A NOT-FOR-PROFIT CORPORATION EXEMPT FROM INCOME TAXES AS		
DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT		
FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF		
THE CODE. THE COMPANY IS SUBJECT TO INCOME TAX ON UNRELATED BUSINESS		
INCOME.		
INCOME TAXES ARE PROVIDED FOR EARNINGS (LOSS) OF THOSE TAXABLE	3	
SUBSIDIARIES WHICH ARE SUBJECT TO FEDERAL AND STATE INCOME TAX BASED ON	<b>X</b>	
AGENCY'S SHARE OF THE SUBSIDIARIES' TAXABLE INCOME, WHETHER OR NOT		
DISTRIBUTED. AGENCY'S SHARE OF THESE SUBSIDIARIES' NET LOSSES IS		
DEDUCTIBLE TO THE EXTENT OF AGENCY'S TAX BASIS IN THE SUBSIDIARIES		
THE FINANCIAL ACCOUNTING STANDARDS BOARD'S (FASB) GUILANCE ON ACCOUNTING		
FOR UNCERTAINITY OF INCOME TAX POSITIONS. THIS GUID NCE DEFINES THE		
TRESHOLD FOR RECOGNIZING TAX RETURN POSITIONS N THE CONSOLIDATED		
FINANCIAL STATEMENTS AS "MORE LIKELY THAN NOT" THAT THE POSITION IS		
SUSTAINABLE, BASED ON ITS TECHNICAL MERITS. THIS STANDARD ALSO PROVIDES		
GUIDANCE ON THE MEASUREMENT, CLASSIFICATION AND DISCLOSURE OF TAX RETURN		
POSITIONS IN THE CONSOLIDATED FINANCIAL STATEMENTS. THE COMPANY HAS		
ADOPTED THIS GUIDANTE AND THERE WERE NO AMOUNTS RECORDED IN THE		
CONSOLIDATED FINANCIAL STATEMENTS AS OF AND DURING THE YEARS ENDED JUNE		
30,2018 AND 2017 FOR UNCERTAIN TAX POSITIONS.		
GBMC AGENCY, INC. AND ITS SUBSIDIARIES ARE TAXABLE ENTITIES. AN OPERATING		
LOSS CARRY FORWARD OF APPROXIMATELY \$125,644 IS AVAILABLE TO OFFSET FUTURE		
TAXABLE INCOME THROUGH THE YEAR 2038. EFFECTIVE FOR TAX YEARS AFTER		
DECEMBER 31,2017, THE NET OPERATING LOSS CARRYFORWARD IS INDEFINITE. AS OF		
· · ·	Schedule D (For	m 990) 2017

#### SCHEDULE F (Form 990)

## Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization **Employer identification number** GREATER BALTIMORE MEDICAL CENTER, INC. 52-6049658

Pa	rt I	General Infor	rmation on A	Activities Ou	tside the United States. Complet	e if the organization answered	"Yes" on
		Form 990, Part IV	/, line 14b.				
1	For g	r <b>antmakers.</b> Does	the organization	n maintain recor	ds to substantiate the amount of its grar	nts and other assistance,	
	the gr	antees' eligibility fo	or the grants or a	assistance, and	the selection criteria used to award the	grants or assistance? X	Yes No
2	For g	r <b>antmakers.</b> Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and other assistance ou	itside the
	United	d States.					
3	Activit	ties per Region. (TI	he following Par	I, line 3 table c	an be duplicated if additional space is ne	eeded.)	
	(a	<b>)</b> Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
			offices	employees, agents, and independent contractors	(by type) (such as, fundraising, pro-	is a program er ice,	expenditures for and
			in the region	independent	gram services, investments, grants to	describe specific type	investments
				in the region	recipients located in the region)	of service(s) in the region	in the region
CENT	rral a	MERICA &					
PHE	CARIB	BEAN	1		PROGRAM SERVICES	NSURANCE PREMIUMS	11,233,676.
					1		
							+
		Y					
							+
	0 1 :						11 222 676
		otal	1	0			11,233,676.
b		from continuation	_	_			
		s to Part I	0	0			0.
С		s (add lines 3a		_			14 000 50
	and 3	b)	1	. 0			11,233,676.

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

Schedule F (Form 990) 2017

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FM\ appraisal, other)
					4		
				CC			
			. •	&   			
			5				
		-0	<b>O</b>				
		OIS.					
	•	C <sup>V</sup>					
	10/						
	<b>V</b>						
	(b) IRS code section and EIN (if applicable)		I (C) Region I	I (c) Region I	I (c) Region I	(c) Region (d) Alberta (d) Alb	(c) Region (c) Region (noncash of noncash

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Bycott Report (see

Foreign Partnerships (see Instructions for Form 8865)

Instructions for Form 5713; don't file with Form 990)

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the	
organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign	
Corporation (see Instructions for Form 926)	es No
2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization	
may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign	
Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign	
	es X No
3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"	
the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To	
Certain Foreign Corporations (see Instructions for Form 5471)	es No
4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a	
qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,	
Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund	
( )   ( )	es X No
(see Instructions for Form 8621)	62 [11] 110
5 Did the organization have an ownership interest in a foreign partnership during the tax year?	
the organization may be required to file Form 8865. Return of U.S. Persons With Respect to Certain	

Schedule F (Form 990) 2017

Yes X No

6

Scriedule		raye 3
Part V	Supplemental Information	
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of	
	investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)	
	(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.	
D3D# T	TIME 2	
PART I,	LINE Z:	
GRMC RIIX	TON PROVIDES MONTHLY FINANCIAL REPORTS, WHICH ARE REVIEWED BY	
- CDITC ITOI	IN THOUSE HOME I THE MOTOR OF MILES AND THE PERSON OF THE	
GBMC ACC	OUNTING EMPLOYEES.	
-		
	401	
	<u> </u>	
-		

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization  GREATER BALT	IMORE MEDICAL CENTER	INC.		52-6049658	ntification number
<b>Part I</b> Fundraising Activities. Corequired to complete this part.			n Form 990, Part IV, I	ine 17. Form 990-E2	I filers are not
<ul> <li>Indicate whether the organization raised a Mail solicitations</li> <li>Mail solicitations</li> <li>Internet and email solicitations</li> <li>Phone solicitations</li> <li>In-person solicitations</li> <li>Did the organization have a written or okey employees listed in Form 990, Part</li> <li>If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the organization</li> </ul>	e So f So g Sp  oral agreement with any indivit VII) or entity in connection with some some some some some some some some	licitation of non-g licitation of gover ecial fundraising idual (including o vith professional	overnment grants rnment grants events officers, directors, trus fundraising services?	itees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from a tivity	(v An ount paid to or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes No	0		
		C			
		0			
		)			
	<u>(),</u>				
	10				
Total  3 List all states in which the organization or licensing.	is registered or licensed to so		s or has been notified	l it is exempt from re	egistration
LHA For Paperwork Reduction Act Notice	e, see the Instructions for F	orm 990 or 990-	EZ. S	chedule G (Form 9	990 or 990-EZ) 2017

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events (add col. (a) through STEEPLE CHASE GOLF OUTING col. (c)) (event type) (event type) (total number) 355,794 140,172. 143,077. 639,043. 1 Gross receipts 2 Less: Contributions 119,566 299,743 104,999 524,308. Gross income (line 1 minus line 2) 56,051 35,173 23,511 114,735. 4 Cash prizes 0 5 Noncash prizes Direct Expenses 6 Rent/facility costs 226,838. 3,000 234,088. 30,088 37,510. 1,766 5 656 **7** Food and beverages 6,602 760 7,362. 8 Entertainment 23,816 22,022 46,924. Other direct expenses ..... 325,884. **10** Direct expense summary. Add lines 4 through 9 in column (d) -211,149. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV ine 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pall tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bilgo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor Direct expense similary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? No **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain: \_

Sch	edule G (Form 990 or 990-EZ) 2017 GREATER BALTIMORE MEDICAL CENTER, INC.	52-6049	-6049658 Page <b>3</b>		Page 3
11	Does the organization conduct gaming activities with nonmembers?		Y	es	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?	Г		es	☐ No
40				CS	140
	Indicate the percentage of gaming activity conducted in:	ı			
	ı The organization's facility		13a		<u>%</u>
	An outside facility	·····	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ds:			
	Name				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[	Y	es	☐ No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amou	<b></b>			
•	of gaming revenue retained by the third party >\$	"			
		7			
•	s If "Yes," enter name and address of the third party:				
	Name				
	Address >				
16	Gaming manager information:				
	Name				
	Gaming manager compensation ▶ \$				
	Description of services provided				
	Booking to the contract provided p				
	☐ Director/officer ☐ Employee ☐ Independent contractor				
17	Mandatory distributions:				
	s the organization required under state law to make charitable distributions from the gaming proceeds to				
•		Γ		es	□ No
	retain the state gaming license?			CS	NO
r	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	n tne			
	organization's own exempt activities during the tax year > \$				
Pa	Supplemental Information. Povide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, line	s 9, 9	b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				

Schedule G (Form 990 or 990-EZ)

## SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

Part I

## **Hospitals**

➤ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

GREATER BALTIMORE MEDICAL CENTER, INC. 52-6049658

Financial Assistance and Certain Other Community Benefits at Cost

							V I	NI-
	<b>5</b>		0.16    1.1    1.		ı		Yes	No
	Did the organization have a financial assistance policy of	,				1a	X	
b	If the organization had multiple hospital facilities, indicate which of the foll	lowing best describes a	application of the financia	Il assistance policy to its	various hospital	1b	Х	
2	facilities during the tax year.  X Applied uniformly to all hospital facilities							
	The production of the control of the	Арріїє	ed uniformly to mos	st nospital facilities	•			
2	Generally tailored to individual hospital facilities							
3	Answer the following based on the financial assistance eligibility criteria the		•	,	•			
а	Did the organization use Federal Poverty Guidelines (FF If "Yes," indicate which of the following was the FPG fa	,	0 0	,	ee care	3a	х	
		1	on w	e care.		Sa	25	
h	Did the organization use FPG as a factor in determining	-	<del>_</del> ^-	eare? If "Vec "	cate which			
b	of the following was the family income limit for eligibility	, , ,	· ·		Se Willon	3b		Х
	200% 250% 300%			ther	6	OD.		
С	If the organization used factors other than FPG in deter				or determining			
Ī	eligibility for free or discounted care. Include in the desc	0 0 ,,			•			
	threshold, regardless of income, as a factor in determin							
4	Did the organization's financial assistance policy that applied to the larges "medically indigent"?		- I	ride or discounte	d care to the	4	х	
5a	Did the organization budget amounts for free or discounted car		A .	policy during the tax	year?	5a	Х	
b	If "Yes," did the organization's financial assistance expe	enses exceed the	e budgen d amount	t?		5b		Х
	If "Yes" to line 5b, as a result of budget considerations,							
	care to a patient who was eligible for free or discounted	d care?				5с		
6a	Did the organization prepare a community benefit report	rt during the tally	ear			6a	Х	
b	If "Yes," did the organization make it available to the pu	ublic?				6b	Х	
	Complete the following table using the worksheets provided in the Schedu	ule H instructions. Do n	not submit these workshe	ets with the Schedule H				
7	Financial Assistance and Certain Other Community Ber		(a) Total community	(d) Direct offeetting	(a) Not community	/4	I Davaan	
	rinancial Assistance and activities of	(D) Posons Served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	•	Percen of total expense	ı
	ans-rested dovernment Frograms	optional)					схрензе	
а	Financial Assistance at cost (from		10 065 222	0 507 100	1 550 140		21	Q.
	Worksheet 1)		10,065,332.	8,507,192.	1,558,140.		.31	. *
D	Medicaid (from Worksheet 3,							
_	column a)							
C	Costs of other means-tested government programs (from							
	Worksheet 3, column b)							
d	Total Financial Assistance and							
_	Means-Tested Governmen, Programs		10,065,332.	8,507,192.	1,558,140.		.31	.8
	Other Benefits		, ,					
е	Community health							
	improvement services and							
	community benefit operations							
	(from Worksheet 4)		1,001,441.	720.	1,000,721.		.20	४
f	Health professions education							
	(from Worksheet 5)		6,230,063.		6,230,063.		1.23	8
g	Subsidized health services							
	(from Worksheet 6)		101,622,945.	70,209,708.	31,413,237.		6.19	
	Research (from Worksheet 7)		520,841.		520,841.		.10	*
i	Cash and in-kind contributions							
	for community benefit (from		144 104		144 104		0.0	•
	Worksheet 8)		144,184.	70 210 420	144,184.		.03	
j	Total Add lines 7d and 7i		109,519,474. 119 584 806.	70,210,428. 78 717 620.	39,309,046. 40 867 186.		7.75 8.06	
Ľ	iniai And lines /d and /l I I		1 110 POC CTT	10 111 020	#U UU / IUU I		u.un	

Schedule H (Form 990) 2017 GREATER BALTIMORE MEDICAL CENTER, INC. 52-6049658 Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves (a) Number of (b) Persons (c) Total (d) Direct served (optional) community activities or programs total expense (optional) building expense building expense Physical improvements and housing Economic development 41,763 41,763 .01% 3 Community support Environmental improvements Leadership development and training for community members Coalition building Community health improvement advocacy Workforce development 8 9 Other Total 41,763 763 01% Part III **Bad Debt, Medicare, & Collection Practices** Yes No Section A. Bad Debt Expense Did the organization report bad debt expense in accordance with Healthcare Financial Management Statement No. 15? Х 1 Enter the amount of the organization's bad debt expense. Explain in Part VI the 2 12,043,405 methodology used by the organization to estimate this amount 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 Withe methodology used by the organization to estimate this amount and the rationale, in any for including this portion of bad debt as community benefit 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 acceptance financial statements. Section B. Medicare Enter total revenue received from Medicare (including DSH and ME) Enter Medicare allowable costs of care relating to payments or line 6 6 Subtract line 6 from line 5. This is the surplus (or shortfall) Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or soluce used to determine the amount reported on line 6. Check the box that describes the method used: ☐ Cost accounting system X Cost to charge ratio Other Section C. Collection Practices 9a Did the organization have a written cept olicetion policy during the tax year? Х 9a b If "Yes," did the organization's collection, collection provisions on the collection practices to be followed for patients 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 Management Con paries and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions) (a) Name of stity (b) Description of primary (c) Organization's (d) Officers, direct-(e) Physicians' profit % or stock ors, trustees, or profit % or activity of entity key employees' ownership % stock profit % or stock ownership % ownership %

Part V Facility Information										
Section A. Hospital Facilities					ital					
(list in order of size, from largest to smallest)	l_	jica	۳ ا	l_	gs					
How many hospital facilities did the organization operate	)ita	Surg	pii.	)ita	۱ ۲	Ē				
during the tax year?	los 	8	los Los	l ost	es.	acil	ω			
Name, address, primary website address, and state license number	icensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	آص	<u></u>		Facility
(and if a group return, the name and EIN of the subordinate hospital	l Sc	me	le l	Ϊ̈́Ε	g	ärc	4 h	ţ		reporting
organization that operates the hospital facility)	ice	en.	≝	eac	ΙĘ	ese	R-2	ER-other	Other (describe)	group
1 GREATER BALTIMORE MEDICAL CENTER	-	Ğ	0	۱Ě	0	ш.	Э	Ш	Other (describe)	
6701 NORTH CHARLES STREET	1									
	-								G03773 T37G T TG737G7D	
BALTIMORE, MD 21204	-								CONTAINS LICENSED	
WWW.GBMC.ORG									SKILLED NURSING	
MARYLAND STATE LICENSE NUMBER: 03-015	Х	Х		Х			Х		FACILITY BEDS	
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Page 4

Part V   Facility Information (continue	Part V	Facility	Information	(continue
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### **Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group  $\underline{ \text{GREATER} \ \text{BALTIMORE} \ \text{MEDICAL} \ \text{CENTER} }$ 

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

			Yes	No
С	ommunity Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the			
	current tax year or the immediately preceding tax year?	1		Х
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or			
	the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		Х
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a			
	community health needs assessment (CHNA)? If "No," skip to line 12	3	Х	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
á	A definition of the community served by the hospital facility			
ŀ	Demographics of the community			
•	Existing health care facilities and resources within the community that are available to respond to the health needs			
	of the community			
•	How data was obtained			
•	The significant health needs of the community			
1	Primary and chronic disease needs and other health issues of uninsured persons, and minority			
	groups			
9	The process for identifying and prioritizing community health needs and services to meet the community health needs			
	The process for consulting with persons representing the community's referests			
'	The impact of any actions taken to address the significant health medadentified in the hospital facility's prior CHNA(s)			
J	Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA:  20 16			
9	5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad			
	interests of the community served by the hospital facility, including those with special knowledge of or expertise in public			
	health? If "Yes," describe in Section C how the hospital recility took into account input from persons who represent the	5	х	
6.	community, and identify the persons the hospita facility consulted	-	Λ	
Oc	hospital facilities in Section C	6a		x
	b Was the hospital facility's CHNA conducte with one or more organizations other than hospital facilities? If "Yes,"	0a		
•		6b		x
7	Did the hospital facility make its CHMA report widely available to the public?	7	Х	
•	If "Yes," indicate how the CHNA yourt was made widely available (check all that apply):			
	Hospital facility's websit. (listurl): HTTPS://WWW.GBMC.ORG/CHNA			
	Other websity (list urr)			
-	Made a paper copy available for public inspection without charge at the hospital facility			
	Other (describe a Section C)			
8				
	identified through its most recently conducted CHNA? If "No," skip to line 11	8	х	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 16			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	х	
	a If "Yes," (list url): SEE PART V, SECTION C			
ŀ	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most			
	recently conducted CHNA and any such needs that are not being addressed together with the reasons why			
	such needs are not being addressed.			
12	a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a			
	CHNA as required by section 501(r)(3)?	12a		х
ŀ	o If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
(	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720			
	for all of its hospital facilities? \$			

732094 11-28-17

Part V	Facility Information (continued)	
Financial A	Assistance Policy (FAP)	

Nar	ne of ho	pospital facility or letter of facility reporting group GREATER BALTIMORE MEDICAL CENTER			
				Yes	No
	Did the	e hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explair	ned eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Х	
		," indicate the eligibility criteria explained in the FAP:			
á		Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of %			
		and FPG family income limit for eligibility for discounted care of %			
k	x	Income level other than FPG (describe in Section C)			
(	x	Asset level			
(	Х	Medical indigency			
•	X	Insurance status			
f		Underinsurance status			
ç		Residency			
ŀ		Other (describe in Section C)			
14		ned the basis for calculating amounts charged to patients?	14	Х	
15		ned the method for applying for financial assistance?	15	Х	
		" indicate how the hospital facility's FAP or FAP application form (including accompanyir ) instructions)			
		ned the method for applying for financial assistance (check all that apply):			
á		Described the information the hospital facility may require an individual to provide as part of his or her application			
k		Described the supporting documentation the hospital facility may require an individual to submit as part of his			
		or her application			
	X	Provided the contact information of hospital facility staff who can provide an inolaidual with information			
		about the FAP and FAP application process			
	X	Provided the contact information of nonprofit organizations or gove are agencies that may be sources			
		of assistance with FAP applications			
•		Other (describe in Section C)			
		idely publicized within the community served by the hospitar factity?	16	Х	
		" indicate how the hospital facility publicized the policy (check all that apply):			
á		The FAP was widely available on a website (list url)   HTTPS://WWW.GBMC.ORG/FINANCIALSUPPORT			
k	F 1	The FAP application form was widely available only website (list url): SEE PART V, PAGE 8			
		A plain language summary of the FAP w s widel available on a website (list url): SEE PART V, PAGE 8			
		The FAP was available upon request and Without charge (in public locations in the hospital facility and by mail)			
		The FAP application form was available upon request and without charge (in public locations in the hospital			
Ì		facility and by mail)			
f	X	A plain language summary on the CAP was available upon request and without charge (in public locations in			
·		the hospital facility and by mil)			
ç	Х	Individuals were notified a pout the FAP by being offered a paper copy of the plain language summary of the FAP,			
•	, —	by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public			
		displays or of ler nearure's reasonably calculated to attract patients' attention			
		and a second of the second of			
ł	Х	Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	X	The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s)			
•		spoken by LEP populations			
i	X	Other (describe in Section C)			

Pa	art V Facility Information (continued)			
Bill	ing and Collections			
Naı	me of hospital facility or letter of facility reporting group GREATER BALTIMORE MEDICAL CENTER			
			Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial			
	assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon			
	nonpayment?	17	Х	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the			
	tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
6	Reporting to credit agency(ies)			
ı	b Selling an individual's debt to another party			
(	c Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a			
	previous bill for care covered under the hospital facility's FAP			
(	d Actions that require a legal or judicial process			
(	e U Other similar actions (describe in Section C)			
1	None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making			
	reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		Х
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
	Reporting to credit agency(ies)			
ı	b Selling an individual's debt to another party			
(	c Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a			
	previous bill for care covered under the hospital facility's FAP			
(	d Actions that require a legal or judicial process			
•	e    Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or			
	not checked) in line 19 (check all that apply):			
6	a X Provided a written notice about upcoming ECAs (Extraordinary conection Action) and a plain language summary of the			
	FAP at least 30 days before initiating those ECAs			
ı	b X Made a reasonable effort to orally notify individuals about the AP and FAP application process			
(	c Processed incomplete and complete FAP applications			
(	d X Made presumptive eligibility determinations			
•	e Under (describe in Section C)			
	f None of these efforts were made			
	licy Relating to Emergency Medical Care			
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care			
	that required the hospital facility to provide without discrimination, care for emergency medical conditions to		_	
	individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Х	
	If "No," indicate why:			
	The hospital facility did not provide care for any emergency medical conditions			
	b			
	The hospital aciny limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
	d U Other (describe Section C)			

Part V Facility Information (continued)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)			
Name of hospital facility or letter of facility reporting group  GREATER BALTIMORE MEDICAL CENTER			
		Yes	No
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.			
a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
<b>b</b> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private			
health insurers that pay claims to the hospital facility during a prior 12-month period			
c  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior			
12-month period  d X  The hospital facility used a prospective Medicare or Medicaid method			
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?	23		X
If "Yes," explain in Section C.			
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the great scharge for any			
service provided to that individual?	. 24		X
If "Yes," explain in Section C.			
Schedul Colonia (Colonia Colonia Colon			
Quiolic V			

Page 8

### Part V Facility Information (continued)

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

GREATER BALTIMORE MEDICAL CENTER:

PART V, SECTION B, LINE 5: AS PART OF THE COMMUNITY HEALTHCARE NEEDS

ASSESSMENT (CHNA), SELECT INDIVIDUALS THROUGHOUT THE COMMUNITY

REPRESENTING A VARIETY OF UNIQUE SERVICES, INCLUDING PUBLIC HEALTH,

MEDICAL SERVICES, SOCIAL ORGANIZATIONS, CHILD & YOUTH SERVICES AND

FAITH-BASED ORGANIZATIONS WERE CHOSEN TO PARTICIPATE IN DIRECTLY

RESPONDING TO A SURVEY REGARDING WHAT EACH INDIVIDUAL BELIEVED TO BE THE

MOST SIGNIFICANT SOCIAL AND HEALTHCARE ISSUES FACING THE COMMUNITY

AT-LARGE. THESE SURVEY RESPONSES BECAME AN OFFICIAL COMPONENT OF THE

OVERALL CHNA REPORT.

NAME AGENCY

GREGORY BRANCH BALTIMORE COUNTY HEALTH DEPARTMENT

SHINO BROWN LIFEBRIDGE HEALTH

CAMILLE BURKE BALTIMORE CLY HEALTH DEPARTMENT

JACQUELYN CORNISH BALTMON COUNTY DEPARTMENT OF PLANNING

DONNA COX, PHD TOWSON UNIVERSITY

SHONDA DESHILEDS BALTIMORE CITY HEALTH DEPARTMENT

KRISTINE DUNKERTON COMMUNITY LAW CENTER

CYRUS ENGINEER TOWSON UNIVERSITY

EMILIE GILDE BALTIMORE CITY HEALTH DEPARTMENT

STACY HEINZE VETERANS AFFAIRS (BALTIMORE)

ROBIN JACOBS COMMUNITY LAW CENTER

JULIE LYNN BYKOTA SENIOR CENTER

MARY MCSWEENEY-FIELD TOWSON UNIVERSITY

COLLEEN MERCIER HOLLY HILL NURSING AND REHABILITATION

### Part V | Facility Information (continued)

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

BARRY PAGE	BEHAVIORAL HEALTH ADMINISTRATION -	
	CLINICAL SERVICES	
MICHELLE PROSER	BALTIMORE COUNTY SCHOOL SYSTEM	
KATHLEEN WESTCOAT	BEHAVIORAL HEALTH SYSTEM BALTIMORE	
JOANNE WILLIAMS	BALTIMORE COUNTY DEPARTMENT OF AGING	
UNIDENTIFIED RESPONDENT	BALTIMORE COUNTY HEALTH DEPARTMENT -	
	HEALTH AND HUMAN SERVICES	

GREATER BALTIMORE MEDICAL CENTER:

PART V, SECTION B, LINE 11: GREATER BALTIMORE MEDICAL CENTER (GBC) AS

MADE SIGNIFICANT STRIDES IN ITS IMPLEMENTATION OF PROGRAMS RESPONSE TO

THE NEEDS IDENTIFIED IN THE CHNA. SPECIFICALLY, GBMC CUSED ON THE

IDENTIFIED COMMUNITY HEALTH ISSUES IT HAS THE MOST BLLITY TO IMPACT IN A

MEANINGFUL WAY, WHETHER THROUGH INTERNALAY DEVELOPED STRATEGIES AND/OR

PARTNERSHIPS. GBMC HAS EXPANDED ITS COLLABORATIVE CARE MANAGEMENT AND CARE

COORDINATION MODEL WITH THE ADD TIN THREE PROGRAMS: BEHAVIORAL HEALTH

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

AND EXPANDING CARE CONDINATION/CARE MANAGEMENT. THE GOAL OF PROVIDING

SERVICES OUTSIDE OF THE ACUTE CARE SETTING AND WITHIN THE COMMUNITY AND

PRIMARY CARE PHYSICIANS IS ONE OF PATIENT CENTRICITY. THESE PROGRAMS

DESCRIBED MORE FULLY BELOW, HAVE CONTRIBUTED TO GBMC ACHIEVING A 9.46%

READMISSION RATE, THE LOWEST IN THE STATE. AS WITH GBMC'S OTHER SERVICES,

INVESTMENT IN SENIOR LOW-INCOME HOUSING, BEHAVIORAL HEALTH IN OUR PCMH AND

IMPLEMENTATION OF GBMC'S ELDER MEDICAL CARE PROGRAM HAS SIGNIFICANTLY

IMPROVED SENIOR'S ACCESS TO CARE INCLUDING HOME-BASED SERVICES. AN

INTERDISCIPLINARY TEAM PROVIDES CLINICAL INTERVENTIONS IN THE HOME

Page 8

### Part V Facility Information (continued)

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

SETTING, INCLUDING LAB SERVICES, BEHAVIORAL HEALTH CONSULTATIONS

COMMUNITY HEALTH COORDINATION, AND INTERVENTIONS BY PHARMACISTS. THROUGH

THESE PROGRAMS, GBMC ASSISTED 1,444 LOW INCOME AND/OR HOME BOUND SENIORS.

A DESIGNATED NURSE PRACTITIONER MADE 836 VISITS TO SENIORS THROUGHOUT THE

COMMUNITY, PROVIDING VACCINATIONS AND GLUCOSE SCREENINGS.

GBMC HAS INVESTED SIGNIFICANTLY, \$33 MILLION IN FY18,

SERVICES. AND IN THE PROCESS. EARNED RECOGNITION OF THE NATIONAL COMMITTEE

FOR QUALITY ASSURANCE, AS A LEVEL 3 PHYSICIAN PRACTICE

CONNECTIONS-PATIENT-CENTERED MEDICAL HOME (PPC-PCMH)), GBMC'S INTEGRATE

MULTI-SPECIALTY MEDICAL GROUP MANAGES PATIENT'S HEALTH ACROSS GEC'S

SYSTEM OF CARE, WITH A FOCUS ON PREVENTION & WELLNESS EV

CARE, AND ACTIVE MANAGEMENT OF CHRONIC DISEASE. CARE U'L'IDE OF THE ACUTE

CARE SETTING SIGNIFICANTLY REDUCED TOTAL COST OF CARE AND ENHANCED PATIENT

ACCESS OVER A TWO YEAR PERIOD, GBMC'S COVERED VIVES INCREASED 17%.

ADDITIONAL INVESTMENT IN GBMC PHYSICIAN SERVICES, INCLUDESD \$6.2 MILLION

FOR FY18 IN HEALTH PROFESSIONAL ED

REGARDING THE EXPANSION 01 CARE MANAGEMENT, GBMC'S EFFORTS ARE REFLECTED

BY THE 217 HIGH RISK PATIENT INTERVENTIONS IN THE EMEREGENCY

ROOM, WHICH REDUCED UTILIZATION AND AIDED IN THE TRANSITION TO OUTPATIENT

SETTINGS.

REGARDING BEHAVIORAL HEALTH, GBMC HAS PARTNERED WITH SHEPPARD PRATT TO

STAFF BEHAVIOR HEALTH CONSULTANTS, A SUBSTANCE ABUSE SPECIALIST, AND A

PSYCHIATRIST IN ALL GBMC'S PRIMARY CARE PRACTICES. THROUGH THIS

INITIATIVE GBMC BELIEVES THAT MANY MORE PATIENTS WILL ACCESS MENTAL

### Facility Information (continued)

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

HEALTH SERVICES EARLY ON, AS THE STIGMA IS REMOVED; THIS WILL LEAD TO

EARLY IDENTIFICATION AND MORE EFFECTIVE MANAGEMENT OF CHRONIC MEDICAL

CONDITIONS WHICH WILL REDUCE THE NEED FOR HOSPITAL SERVICES

ADDITIONAL NOTEABLE PROGRAMS INCLUDE GBMC'S SAFE & DOMESTIC VIOLENCE

PROGRAM STAFF, WHICH PARTNERS WITH BALTIMORE LAW ENFORCEMENT TO IMPROVE

VICTIMS' SAFETY AND WELL-BEING BY PROVIDING HIGH QUALITY COMPREHENSIVE

DIRECT SERVICES TO VICTIMS OF SEXUAL ASSAULT, DOMESTIC VIOLENCE.

ABUSE AND HUMAN TRAFFICKING. ONE CRITICAL COMPONENT OF THIS OBJECTIVE IS

TO IMPROVE COURT OUTCOMES FOR VICTIMS. OVER 200 PATIENTS WERE SEEN

SAFE PROGRAM, AND THE PROGRAM SUCCESSFULLY EXPANDED ITS SERVICE TO CRE

FOR PEDIATRIC SEXUAL ABUSE VICTIMS, AN UNDERSERVED POPULA IN BALTIMORE

ENTFITED FROM COUNTY. ADDITIONALLY, MORE THAN 300 VICTIMS OF ABUSE

ADVOCACY AND SAFETY PLANNING

GBMC HAS A COMPREHENSIVE OBESITY MANAGEMENT PROGRAM. RUN GBMC, WHOSE GOAL

IS TO GET PATIENTS ENGAGED IN H. AL. HI LIFESTYLES, WITH THE GOAL OF

GBMC'S ANNUAL FALTER DAY 5K. RUN GBMC GIVES PATIENTS THE

OPPORTUNITY TO GAIN NE CELSAPY TOOLS AND EDUCATION ON PHYSICAL ACTIVITY

ALLOWED FOR THESE PAT ENTS TO START A JOURNEY TO LOSE WEIGHT AND GAIN A

BETTER HEALTH STATUS IN GENERAL. IN FY18, THIS INITIATIVE REACHED 100

OBESE INDIVIDUALS.

THE GECKLE DIABETES AND NUTRITION CENTER AT GBMC OFFERS A COMPREHENSIVE

APPROACH TO DIABETES EDUCATION AND TREATMENT FOR ALL TYPES OF DIABETES.

THE DIABETES EDUCATION TEAM CONSISTS OF REGISTERED DIETITIANS AND

REGISTERED NURSES, AND ALL ARE CERTIFIED DIABETES EDUCATORS. THE CENTER

### Part V Facility Information (continued)

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

TEACHES ABOUT DIABETES SELF-MANAGEMENT AND TOOLS AVAILABLE TO HELP MANAGE

THEIR DIABETES. DIABETES NUTRITION AND MEAL PLANNING AND PHYSICAL ACTIVITY

ARE KEY COMPONENTS OF THE PROGRAM. GBMC HAS STARTED TO EXTEND THIS PROGRAM

TO VARIOUS GBMC PRIMARY CARE OFFICES TO BRING THE SERVICES TO THE PATIENT.

WITH DIABETES SELF-MANAGEMENT SKILLS AND IMPROVED BLOOD GLUCOSE (SUGAR)

LEVELS, GBMC IS HELPING TO REDUCE THE RISK OF COMPLICATIONS AND

SIGNIFICANTLY IMPROVE THE QUALITY OF THE PATIENTS LIVES. IN FY18, GBMC'S

DIABETES CENTER HAD 1.801 VISITS. WHICH IS 11% HIGHER THAN THE PRIOR YEAR

GREATER BALTIMORE MEDICAL CENTER

PART V, LINE 16B, FAP APPLICATION WEBSITE:

HTTPS://WWW.GBMC.ORG/FINANCIALSUPPORT

GREATER BALTIMORE MEDICAL CENTER

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

HTTPS://WWW.GBMC.ORG/FINANCIALS PP

GREATER BALTIMORE MED CAL CENTER:

PART V, SECTION B, LINE 16J: THE HOSPITAL PROVIDES A PERMISSION &

ACKNOWLEDGMENTS DOCUMENT, WHICH AMONG OTHER THINGS, SUMMARIZES THE

HOSPITAL'S FINANCIAL ASSISTANCE POLICY. THE DOCUMENT IS PROVIDED TO

PATIENTS AT THE TIME OF ADMISSION AND INCLUDED WITHIN THE INVOICE BILLING.

IN ADDITION, EACH INVOICE NOTES THE AVAILABILITY OF FINANCIAL ASSISTANCE

TO PATIENTS THAT BELIEVE THEY ARE UNABLE TO PAY. THE EXISTENCE OF

FINANCIAL ASSISTANCE IS ALSO VISIBLY DISPLAYED WITHIN AREAS OF PATIENT

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13b, 15a, 16a, 18a, 19a, 20a, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each bospital facility in a facility reporting
13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.
FLOW, SUCH AS THE EMERGENCY DEPARTMENT, REGISTRATION KIOSKS, SURGICAL
SERVICE AREAS, ETC.
PART V, SECTION B, LINE 10
THE HOSPITAL'S MOST RECENTLY ADOPTED IMPLEMENTATION STRATEGY IS POSTED
ON THE FOLLOWING WEBSITE:
HTTPS://WWW.GBMC.ORG/CHNA
PART V, SECTION B, LINE 3C
THE KEY INFORMANT REPORT, A COMPONENT OF THE COMMUNITY NEED, ASSESSMENT
REPORT, DESCRIBES THE RESOURCES AVAILABLE THAT ADDRECT THE KEY "AREA OF
NEEDS".

Part V Facility Information (continued)	
Section D. Other Health Care Facilities That Are Not Licensed, Registered, o	r 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	ne tax year?0
Name and address	Type of Facility (describe)
	CO,
	40
	Schedule H (Form 990) 2017

### Part VI Supplemental Information

Provide the following information.

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

PART I, LINE 7:
COST OF CHARITY CARE WAS CALCULATED USING THE COST-TO-CHARGE RATEO
PRESCRIBED IN THE INSTRUCTIONS TO WORKSHEET 2. MARYLAND'S TO GULL ORY
SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT, HAY 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. MALVILLE'S UNIQUE ALL PAYOR SYSTEM
INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS'
RATES, WHICH DOES NOT EVALUE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING
REVENUE RELATED TO UNIOMPENSATED CARE.
PART I, LINE 7G:
HOSPITAL BASED PHYSICIANS- GBMC EMPLOYS SELECT HOSPITAL BASED PHYSICIAN
GROUPS (I.E. NEUROLOGY, INFECTIOUS DISEASE, GENETICS) TO BETTER SERVE THE
CLINICAL NEEDS OF THE REGION THAT MAY NOT BE AVAILABLE OR AS EASILY
ACCESSIBLE THROUGH COMMUNITY BASED PHYSICIANS. NON-RESIDENT HOUSE STAFF
AND HOSPITALIST - GBMC EMPLOYS SELECT HOSPITALIST GROUPS (OB, NICU,

NAMED AND A SECONDARION OF PARTIES EMERGENCY DEPARTMENT - GENC EMPLOYS  MERGENCY MEDICINE PROVIDERS TO MEST THE EMERGENT CLINICAL NEEDS OF THE  COMMUNITY THAT CANNOT BE MET BY COMMUNITY PHYSICIANS AND UNGENT CARE  VACILITIES BASED ON CLINICAL NEED AND/ OR HOURS OF OPERATION.  PART I, LM 7 COL(F):  SENCE ADOPTED THE GUIDANCE OF ASU 2011-7, WHICH REQUIRED THE  PROVICE REVENUE FROM AN OPERATING EXPENSE TO A DEDUCTION FROM PATIENT  MERVICE REVENUE. AS SUCH \$14.6 MILLION FOR PROVISION OF BAD DEBT WAS  RECORDED AS A REDUCTION OF PATIENT SERVICE REVENUE.  PART IZ, COMMUNITY SUILDING ACTIVITIES:  SENCERAL SURGERY, ETC.) PROVIDED IN THE EMERGENY MOOM TO MEDICALD AND  NINISURED PATIENT DOSULATIONS BY EMERLENGE WORSES. GENC ALSO EMPLOYS A  PUBL-TIME GENIATRIC NURSE EXACUTABLES WHOSE SOLE RESPONSIBILITY IS TO  PROPESSIONAL PRES POR SURGICAL PRIVATE SHYLES AT TOMSON AREA LOW-INCOME  SENDING LIVING PACIFICIPS. GENC PARTHERS WITH CATHOLIC CHARITTES TO PROVIDS  NO. SITE PRYSICIAN COVERAGE AT A RESIDENTIAL MENTAL HEALTH TREATMENT FOR  DESIGNATION OF PRACTICAL DID SKILLS TO BE GAINED BY AT-RISK  LIGH-SCHOOL STUDENTS THROUGH SPONSORSHIP OF A STUDENT IN AN ON-SITE  FORNORSHIP THAT ALLOWS FOR FRACTICAL JOB SKILLS TO BE GAINED BY AT-RISK  LIGH-SCHOOL STUDENTS THROUGH SPONSORSHIP OF A STUDENT IN AN ON-SITE  FORNORSHIP THAT ALLOWS FOR FRACTICAL JOB SKILLS TO BE GAINED BY AT-RISK  LIGH-SCHOOL STUDENTS THROUGH SPONSORSHIP OF A STUDENT IN AN ON-SITE	Part VI   Supplemental Information (Continuation)
MERGENCY MEDICINE PROVIDERS TO MEST THE EMERGENT CLINICAL MEEDS OF THE  COMMUNITY THAT CANNOT BE MET BY COMMUNITY PRISICIANS AND UNGENT CARE  PACILITIES BASED ON CLINICAL NEED AND/ OR HOURS OF OPERATION.  PART I, LN 7 COL(F):  BENC ADOPTED THE GUIDANCE OF ASU 2011-7, WHICH REQUIRED THE  BENCLESSIFICATION OF THE PROVISION FOR BAD DEBTS ASSOCIATED WITH PATIENT  BENCICE REVENUE FROM AN OPERATING EXPENSE TO A DEDUCTION FROM PATIENT  BENCICE REVENUE, AS SUCK \$14.6 MILLION FOR PROVISION OF BAD DEBT WAS  BENCEDED AS A REDUCTION OF PATIENT SERVICE REVENUE.  PART II, COMMUNITY SUILDING ACTIVITIES:  BENCE SUPPORTS COVERAGE OF SPECIALTY SERVICES (ORTHODEOUS, AMESTHESIA,  BENCEAL SURGERY, ETC.) PROVIDED IN THE EMERGENY MOSE TO MEDICALD AND  MINISURED PATIENT POPULATIONS BY ENSURINGRAYMENT OF THE PHYSICIAN  PROPERSIONAL FRES FOR SURGICAL RULATED QUESS, GBMC ALSO EMELOYS A  FULL-TIME GERIATRIC NURSE READSACTABLES WHOSE SOLE RESPONSIBILITY IS TO  PROVIDE EQUCATION AND PRIMAR OR'S SERVICES AT TOMSON AREA LOW-INCOME  BENICR LUTING FACINETYSES. GBMC PARTNERS WITH CATHOLIC CHARITIES TO PROVIDE  UNISHED PHYSICIAN COURRAGE AT A RESIDENTIAL MENTAL HEALTH TREATMENT FOR  BENICR LUTING FACINETYSES. GBMC PARTNERS WITH CATHOLIC CHARITIES TO PROVIDE  UNISHED PHYSICIAN COURRAGE AT A RESIDENTIAL MENTAL HEALTH TREATMENT FOR  BENICR LUTING FACINETYSES. GBMC PARTNERS WITH CATHOLIC CHARITIES TO PROVIDE  UNISHED PHYSICIAN COURRAGE AT A RESIDENTIAL MENTAL HEALTH TREATMENT FOR  BENECORDSHIP THAT ALLOWS FOR FRACTICAL JOB SKILLS TO BE GAINED BY AT-RISK  HIGH SCHOOL STUDENTS THROUGH SPONSONSKHIF OF A STUDENT IN AN ON SITE	MEDICINE & INTENSIVIST) TO SERVE THE INPATIENT CLINICAL NEEDS THROUGH
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FULL-TIME GERIATRIC NURSE PRACTITIONER WHOSE SOLE RESPONSIBILITY IS TO  PROVIDE EDUCATION AND PRIMARY CARE SERVICES AT TOWSON AREA LOW-INCOME  SENIOR LIVING FACILITIES. GEMC PARTNERS WITH CATHOLIC CHARITIES TO PROVIDE  ON-SITE PHYSICIAN COVERAGE AT A RESIDENTIAL MENTAL HEALTH TREATMENT FOR  CHILDREN (VILLA MARIA).  SEMC PARTNERS WITH THE CHRISTO REY ORGANIZATION THROUGH AN ANNUAL  SPONSORSHIP THAT ALLOWS FOR PRACTICAL JOB SKILLS TO BE GAINED BY AT-RISK  HIGH-SCHOOL STUDENTS THROUGH SPONSORSHIP OF A STUDENT IN AN ON-SITE	UNINSURED PATIENT POPULATIONS BY ENSURING PAYMENT OF THE PHYSICIAN
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).  SEMC PARTNERS WITH THE CHRISTO REY ORGANIZATION THROUGH AN ANNUAL  SPONSORSHIP THAT ALLOWS FOR PRACTICAL JOB SKILLS TO BE GAINED BY AT-RISK  HIGH-SCHOOL STUDENTS THROUGH SPONSORSHIP OF A STUDENT IN AN ON-SITE	PROFESSIONAL FEES FOR SURGICAL RELATED CASES. GBMC ALSO EMPLOYS A
SENIOR LIVING FACILITIES. GBMC PARTNERS WITH CATHOLIC CHARITIES TO PROVIDE  ON-SITE PHYSICIAN COVERAGE AT A RESIDENTIAL MENTAL HEALTH TREATMENT FOR  CHILDREN (VILLA MARIA).  SEMC PARTNERS WITH THE CHRISTO REY ORGANIZATION THROUGH AN ANNUAL  SPONSORSHIP THAT ALLOWS FOR PRACTICAL JOB SKILLS TO BE GAINED BY AT-RISK  HIGH-SCHOOL STUDENTS THROUGH SPONSORSHIP OF A STUDENT IN AN ON-SITE  WORK/STUDY ROLE.	FULL-TIME GERIATRIC NURSE PRACTITIONER WHOSE SOLE RESPONSIBILITY IS TO
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CHILDREN (VILLA MARIA).  SEMC PARTNERS WITH THE CHRISTO REY ORGANIZATION THROUGH AN ANNUAL  SPONSORSHIP THAT ALLOWS FOR PRACTICAL JOB SKILLS TO BE GAINED BY AT-RISK  HIGH-SCHOOL STUDENTS THROUGH SPONSORSHIP OF A STUDENT IN AN ON-SITE  NORK/STUDY ROLE.	SENIOR LIVING FACILITIES. GBMC PARTNERS WITH CATHOLIC CHARITIES TO PROVIDE
SEMIC PARTNERS WITH THE CHRISTO REY ORGANIZATION THROUGH AN ANNUAL SPONSORSHIP THAT ALLOWS FOR PRACTICAL JOB SKILLS TO BE GAINED BY AT-RISK HIGH-SCHOOL STUDENTS THROUGH SPONSORSHIP OF A STUDENT IN AN ON-SITE WORK/STUDY ROLE.	ON-SITE PHYSICIAN COVERAGE AT A RESIDENTIAL MENTAL HEALTH TREATMENT FOR
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.	CHILDREN (VILLA MARIA).
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.	
HIGH-SCHOOL STUDENTS THROUGH SPONSORSHIP OF A STUDENT IN AN ON-SITE	GBMC PARTNERS WITH THE CHRISTO REY ORGANIZATION THROUGH AN ANNUAL
WORK/STUDY ROLE.	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 VI Supplemental Information (Continuation)
, community
PART II, COMMUNITY BUILDING ACTIVITIES:
GBMC SUPPORTS COVERAGE OF SPECIALTY SERVICES (ORTHOPEDICS, ANESTHESIA,
GENERAL SURGERY, ETC.) PROVIDED IN THE EMERGENCY ROOM TO MEDICAID AND
UNINSURED PATIENT POPULATIONS BY ENSURING PAYMENT OF THE PHYSICIAN
PROFESSIONAL FEES FOR SURGICAL RELATED CASES. GBMC ALSO EMPLOYS A
FULL-TIME GERIATRIC NURSE PRACTITIONER WHOSE SOLE RESPONSIBILITY IS TO
PROVIDE EDUCATION AND PRIMARY CARE SERVICES AT TOWSON AREA LOW-INCOME
SENIOR LIVING FACILITIES. GBMC PARTNERS WITH CATHOLIC CHARITIES TO PROVIDE
ON-SITE PHYSICIAN COVERAGE AT A RESIDENTIAL MENTAL HEALTH TREATMENT FOR
CHILDREN (VILLA MARIA).
GBMC PARTNERS WITH THE CHRISTO REY ORGANIZATION THROUGH AN A NULL
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 2:
GBMC ADOPTED THE GUIDANCE OF ACT 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 \$12.0 MILLION FOR PROVISION OF BAD DEBT WAS
RECORDED AS A REDUCTION OF PATIENT SERVICE REVENUE.
PART III, LINE 3:
AS PART OF THE COMPANY'S MISSION, IT PROVIDES MEDICAL CARE WITHOUT
DISCRIMINATION, INCLUDING THE ABILITY OF A PATIENT TO PAY FOR SERVICES.
UNDER THE COMPANY'S FINANCIAL ASSISTANCE POLICY, PATIENTS WHO MEET CERTAIN  Schedule H (Form 990
Schedule n (Form 990

Schedule H (Form 990) GREATER BALLIMORE MEDICAL CENTER, INC.	32-0049030	Page IU
Part VI Supplemental Information (Continuation)		
FINANCIAL BASED CRITERIA CAN QUALIFY FOR FREE CARE ON ALL OR A PORTION OF		
THE TOTAL PATIENT BILL. THE COMPANY RECORDED \$1,643,000 AND \$1,684,000 OF		
FINANCIAL ASSISTANCE DURING THE YEARS ENDED JUNE 30, 2018 AND 2017,		
RESPECTIVELY. THE TOTAL DIRECT AND INDIRECT COST OF PROVIDING FINANCIAL		
ASSISTANCE WAS APPROXIMATELY \$1,222,000 AND \$1,253,000 DURING THE FISCAL		
YEARS ENDED JUNE 30, 2018 AND 2017, RESPECTIVELY. IN ADDITION TO ITS		
FINANCIAL ASSISTANCE POLICY, THE COMPANY HAS A LONG STANDING COMMITMENT OF		
SUPPORTING THE COMMUNITY THROUGH THE PROVISION OF OUTREACH SERVICES	$\mathcal{O}_{\mathcal{O}}}}}}}}}}$	
DESIGNED TO ADDRESS IDENTIFIED HEALTH AND SOCIAL ISSUES. SPECIFICALLY, THE	X	
COMPANY PROVIDES A VARIETY OF SCREENING AND EARLY DETECTION TESTS,		
WELLNESS ACTIVITIES, SOCIAL SUPPORT SERVICES AND EDUCATIONAL SEMINARS.		
MAJORITY OF THESE SERVICES ARE PROVIDED AT EITHER NOMINAL OR NO COLUMN		
COMMUNITY MEMBERS.		
PART III, LINE 4:		
PATIENT ACCOUNTS RECEIVABLE ARE REDUCED BY ALL WANCES FOR BAD DEBTS. IN		
EVALUATING THE COLLECTABILITY OF ACCOUNTS RECE VABLE, THE COMPANY ANALYZES		
HISTORICAL COLLECTIONS AND WRITE OFFS AND IDENTIFIES TRENDS FOR EACH OF		
ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE		
FOR BAD DEBTS AND PROVISION TOR UNCOLLECTIBLE ACCOUNTS. MANAGEMENT		
REGULARLY REVIEWS 135 ESTIMATE AND EVALUATES THE SUFFICIENCY OF THE		
ALLOWANCE FOR BAD DEBTS. THE COMPANY ANALYZES CONTRACTUAL AMOUNTS DUE FROM		
PATIENTS WHO HAVE THIRD PARTY COVERAGE AND PROVIDES AN ALLOWANCE FOR		
DOUBTFUL ACCOUNTS AND A PROVISION FOR BAD DEBTS. FOR PATIENT ACCOUNTS		
RECEIVABLE ASSOCIATED WITH SELF PAY PATIENTS, WHICH INCLUDES THOSE		
PATIENTS WITHOUT EXISTING INSURANCE COVERAGE FOR A PORTION OF THE BILL,		
THE COMPANY RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS FOR PATIENTS		
THAT ARE UNABLE OR UNWILLING TO PAY FOR THE PORTION OF THE BILL		J (Form 000)

REPRESENTING THEIR FINANCIAL RESPONSIBILITY. ACCOUNT BALANCES ARE CHARGED

OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS AFTER ALL MEANS OF

COLLECTION HAVE BEEN EXHAUSTED.

THE COMPANY'S ALLOWANCE FOR DOUBTFUL ACCOUNTS SLIGHTLY DECLINED FROM 19%

OF GROSS ACCOUNTS RECEIVABLE AT JUNE 30, 2017 TO 18% AT JUNE 30, 2018.

PART III, LINE 9B:

PATIENTS WHO HAVE BEEN PREVIOUSLY SCREENED FOR CHARITY CARE, ARE NOT

MEDICAL ASSISTANCE ELIGIBLE AND HAVE NO INSURANCE DO NOT RECEIVE INVOICES.

THEY ARE AUTOMATICALLY REFERRED TO GBMC'S ASSUMPTIVE FINANCIAL ASSISTANCE

PROGRAM. THE PROGRAM IS RUN IN PARTNERSHIP WITH TRANSUNION CREDIT

REPORTING AGENCY. ALL SELF PAY ACCOUNTS AND THOSE PREVIOUSLY IDENTIFIED AS

CHARITY CARE ARE REFERRED TO TRANSUNION, WHO UTILIZES A PROP(IFTERY CREDIT

SCORING SYSTEM TO DETERMINE LIKELIHOOD OF ABILITY TO AY BASED ON

ESTIMATED INCOME AND FAMILY SIZE. THE RESULTS FROM THE TRANSUNION CREDIT

SCORING ARE COMPARED TO GBMC'S FINANCIAL ASSIS ANCE ELIGIBILITY CRITERIA

AND A DECISION IS MADE TO WRITE OFF OR TO PURSE COLLECTION.

PART VI, LINE 2:

GREATER BALTIMORE MEDICAL CL. T. (GBMC) COMPLETES A COMMUNITY HEALTH NEEDS

ASSESSMENT DESIGNED TO EVALUATE AND UNDERSTAND THE UNMET HEALTHCARE NEEDS

OF THE GBMC COMMUNITY, AND HOW GBMC, GIVEN ITS SERVICE ORIENTATION, MIGHT

BE BEST SERVED TO ASSIST IN MEETING THE IDENTIFIED UNMET NEEDS. GBMC USES

STATISTICAL AND MEDICAL INCIDENCE DATA FROM LOCAL COUNTY HEALTH

DEPARTMENTS THAT COLLECT SUCH DATA, AS WELL AS OTHER VARIOUS NATIONAL

DATA.

PART VI, LINE 3:

Dest VI Complemental Information		r age 10
Part VI Supplemental Information (Continuation)		
GBMC EDUCATES PATIENTS ABOUT THEIR ELIGIBILITY FOR GOVERNMENTAL ASSISTANCE		
AND ORGANIZATION CHARITY CARE ASSISTANCE IN MANY WAYS, STARTING WITH THE		
INTAKE PROCESS. A SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS POSTED,		
ALONG WITH CONTACT INFORMATION AT ALL REGISTRATION AREAS, THE EMERGENCY		
ROOM, AND THE BILLING OFFICE. WHEN PATIENTS ARE REGISTERED, THEY ARE		
PROVIDED WITH A FINANCIAL ASSISTANCE BROCHURE AND ARE HANDED A		
"PERMISSIONS/ACKNOWLEDGMENT" (SIGNED BY THE PATIENT). THIS FORM EXPLAINS		
THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY AND PROVIDES GBMC PHONE NUMBERS	77	
AND A WEBSITE, ALSO STATED ON THE FORM IS INFORMATION FOR HOW GBMC	<u> </u>	
REPRESENTATIVES CAN ASSIST WITH APPLYING FOR MARYLAND MEDICAL ASSISTANCE.		
GBMC ALSO CONTRACTS WITH OUTSIDE AGENCIES TO HELP WITH THE MEDICAL		
ASSISTANCE ELIGIBILITY PROCESS. LASTLY, A STATEMENT ABOUT FINANCIAL		
ASSISTANCE AND A COPY OF GBMC'S POLICY ACCOMPANIES ALL BILLS TO PATIENTS.		
PART VI, LINE 4:		
GREATER BALTIMORE MEDICAL CENTER, INC. ("GPMC") IS PRIVATE,		
NOT-FOR-PROFIT, 260 BED, REGIONAL MEDICAL CENTUR. IT IS LOCATED IN TOWSON,		
MARYLAND, A SUBURBAN BALTIMORE COUNTY COMMUNITY TWO MILES NORTH OF		
BALTIMORE CITY. GBMC'S PRIMARY CENTICE AREA INCLUDES ALL OF BALTIMORE		
COUNTY, THE NORTHERN PORTION OF BALTIMORE CITY, AND PORTIONS OF CARROLL		
AND HARFORD COUNTIES. HE POPULATION IN GBMC'S SERVICE AREA HAS		
TRADITIONALLY BEEN AFFLUENT WHEN COMPARED TO THAT OF BALTIMORE COUNTY AND		
THE NATION. THE 2010 MEDIAN FAMILY INCOME FOR GBMC'S IMMEDIATE SERVICE		
AREA WAS \$78,627, COMPARED TO \$85,098 AND \$62,982 FOR MARYLAND AND THE		
NATION RESPECTIVELY. HOWEVER, GBMC'S PERCENTAGE OF UNINSURED IS 1.47% FOR		
ITS IMMEDIATE SERVICE AREA, COMPARED TO 12.0% FOR BALTIMORE COUNTY AND A		
NATIONAL AVERAGE OF 13.2%. GBMC'S IMMEDIATE SERVICE AREA HAS A MEDICAID		
POPULATION OF 5.26%, COMPARED TO MEDICAID AVERAGES OF 13% AND 15% FOR		
	Schedule I	H (Form 990)

Part VI Supplemental Information (Continuation)
BALTIMORE COUNTY AND THE STATE OF MARYLAND RESPECTIVELY.
PART VI, LINE 5:
A MAJORITY OF GBMC'S GOVERNING BODY IS COMPRISED OF PERSONS WHO RESIDE IN
THE ORGANIZATION'S PRIMARY SERVICE AREA. GBMC EXTENDS MEDICAL STAFF
PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY. GBMC REINVESTS
ITS OPERATING MARGIN INTO IMPROVEMENTS IN PATIENT CARE AND RESEARCH. GBMC
PROVIDES TEACHING THROUGH ACCREDITED INTERN AND RESIDENT EDUCATION
PROGRAMS IN INTERNAL, GYNECOLOGY, OPHTHALMOLOGY, OTOLARYNGOLOGY, AND
COLO-RECTAL SURGERY. MOST RECENTLY, GBMC HAS INVESTED IN A GERIATRIC NURSE
PRACTITIONER PROGRAM WHOSE SOLE RESPONSIBILITY IS TO PROVIDE EDUCATION AND
PRIMARY CARE SERVICES TO LOW-INCOME SENIOR LIVING FACILITIES IN THE LOCAL
SERVICE AREA. THE ORGANIZATION HAS PROVIDED A PEDIATRICIAN TO CATHOLIC
CHARITIES SERVING AT RISK ADOLESCENTS TO PERFORM PRIMARY CARE
ASSESSMENTS AND TREATMENTS AS WELL AS HELPING TO COURDINATE FURTHER
SPECIALIZED CARE, GBMC DONATES A PORTION OF IT. SPACE TO COMMUNITY
PARTNERS TO HOST CLASSES TO HELP STROKE V CTIM REGAIN FULL MOBILITY AND
FUNCTIONALITY. GBMC CONTINUES TO FUI D ANESTHESIA, OBSTETRICAL, AND
ORTHOPEDIC SERVICES TO MEDICAL AND UNINSURED PATIENT POPULATIONS. GBMC
HAS GENERALLY COVERED THIS BY AGREEING TO PROVIDE PHYSICIAN PAYMENT FOR
SURGICAL CASES COMING THE EMERGENCY DEPARTMENT WHERE THE PATIENT
IS CONSIDERED TO BE INDIGENT.
PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:
MD

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047 **2017** 

Open to Public Inspection

Name of the organization  GREATER BALTII	MORE MEDICAL (	CENTER INC.					Employer identification number 52-6049658
Part I General Information on Grants a		,				•	
<ol> <li>Does the organization maintain records criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's pro</li> </ol>	stance?					sist nce, and the selec	tion X Yes No
Part II Grants and Other Assistance to					anization a iswe ed "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than	\$5,000. Part II cai	be duplicated if addit	tional space is nee	ded.			
Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Me hod of aluation (book, Five, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CRISTO REY INTERNSHIP PROGRAM, INC 420 SOUTH CHESTER STREET - BALTIMORE, MD 21231	36-4067306	501(C)(3)	30,250.	0.	)		TO MAKE A PRIVATE, COLLEGE-PREPARATORY EDUCATION AFFORDABLE TO URBAN YOUNG PEOPLE FROM
SHEPPARD & ENOCH PRATT FOUNDATION 6501 N. CHARLES STREET TOWSON, MD 21204	52-1357109	501(C)(3)	5,000.	0.			MENTAL HEALTH CARE OTHER INSTRUCTION & TRAINING MHA ASSISTANCE IN PARTNERSHIP WITH OTHER
GBMC HEALTHCARE 6545 N. CHARLES STREET TOWSON, MD 21204	52-1484872	501(C)(3)	50,000.	0.			GENERAL SUPPORT FOR HEALTHCARE.
GRANTS LESS THAN \$5,000		iic	5,395.	0.			
	OS	<b>O</b> ,					
2 Enter total number of section 501(c)(3) a	and government o	rganizations listed in th	ne line 1 table				
3 Enter total number of other organizations	s listed in the line	1 table					<b>)</b>

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Schedule I (Form 990) (2017) GREATER BALTIMORE MEDI	CAL CENTER, I	INC.			52-6049658	Page 2
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	s. Complete if the	organization ansv	vered "Yes" on Form 9	990, Part IV, line 22.		
(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 nonca	ısh assistance
				07		
				$C_{O}$		
			.01			
		\(				
		<u> </u>				
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	2, art II, colum	n (b); and any other a	dditional information.		
PART I, LINE 2:		) `				
THE ORGANIZATION'S PROCEDURES FOR MONITORING THE U	SE OF GRANT F	UNDS IN THE				
U.S. ARE EVALUATED AND SELECTED THROUGH A FORMAL	MMC VITY NEEDS	S ADVISORY				
COMMITTEE AND ARE BASED ON UNIQUE AND IDENTIFYED N	EDS. PERIODI	C REPORTS				
(SOME QUARTERLY AND OTHERS ANNUALLY) ARE LEQUERED 1	BY GRANTORS.					
ADDITIONALLY, FIELD VISITS ARE CONDUCTED						
,						
PART II, LINE 1, COLUMN (H):						
NAME OF ORGANIZATION OR GOVERNMENT: CRISTO REY INT	ERNSHIP PROGR	AM, INC.				

Part IV Supplemental Information
(H) PURPOSE OF GRANT OR ASSISTANCE: TO MAKE A PRIVATE,
COLLEGE-PREPARATORY EDUCATION AFFORDABLE TO URBAN YOUNG PEOPLE FROM
BALTIMORE
NAME OF ORGANIZATION OR GOVERNMENT: SHEPPARD & ENOCH PRATT FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: MENTAL HEALTH CARE OTHER INSTRUCTION
& TRAINING MHA ASSISTANCE IN PARTNERSHIP WITH OTHER ORGANIZATIONS
THROUGHOUT THE STATE TO END MARYLAND'S CHRONIC NURSING SHORTAGES.

GREATER BALTIMORE MEDICAL CENTER, INC.

## **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

GREATER BALTIMORE MEDICAL CENTER, INC.

**Employer identification number** 52-6049658

Schedule J (Form 990) 2017

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

732111 10-17-17

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

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Delivitis	(13)(1)-(12)	reported as deferred on prior Form 990
(1) MARIA PANE, M.D. (BEG 7/17)	(i)	322,509.	0.	277.	14,937.	40,074.	377,797.	0.
DIRECTOR/PHYSICIAN	(ii)	0.	0.	0.	0.	0.	. 0.	0.
(2) JOHN R. SAUNDERS, M.D.	(i)	280,876.	80,898.	12,211.	14,897	30,636.	419,518.	0.
DIRECTOR/FORMER CMO (BEG 7/17)	(ii)	0.	0.	0.	<b>.</b>	0.	. 0.	0.
(3) MELISSA SPARROW, M.D.	(i)	239,369.	0.	417.	7,619.	38,139.	. 285,544.	0.
CHIEF OF STAFF	(ii)	0.	0.	0.	0.	0.	. 0.	0.
(4) JOHN B. CHESSARE, M.D.	(i)	771,731.	388,727.	18,175,	14,300.	26,877.	1,219,810.	0.
DIRECTOR/CEO GBMC HEALTHCARE	(ii)	0.	0.	. 0 .	0.	0.	. 0.	0.
(5) MR. GEORGE E. BAYLESS, III	(i)	183,926.	84,214.	5, 91.	14,468.	43,687.	. 331,686.	0.
CFO HEALTHCARE (ENDED 10/17)	(ii)	0.	0.		0.	0.	. 0.	0.
(6) MR. KEITH R. POISSON	(i)	446,330.	198,065.	2.,654.	14,300.	32,475.	714,824.	0.
EVP & COO GBMC HEATLHCARE	(ii)	0.	0.	0.	0.	0.	. 0.	0.
(7) HAROLD TUCKER, M.D.	(i)	487,546.	0.	732.	49,669.	23,804.	. 561,751.	0.
CHIEF MEDICAL OFFICER	(ii)	0.	<b>/</b>	0.	0.	0.	. 0.	0.
(8) MR. BENNETT J. BERES	(i)	308,719.	150.35.	10,373.	14,300.	13,794.	497,553.	111,783.
VP & COO GBMA	(ii)	0.	0.	0.	0.	0.	. 0.	0.
(9) MS. CAROLYN L. CANDIELLO	(i)	251,386.	235 375.	9,842.	13,675.	26,563.	536,841.	196,577.
VP QUALITY & PT SAFETY	(ii)	0.	0.	0.	0.	0.	. 0.	0.
(10) MS. JENNY COLDIRON	(i)	238,416.	48,476.	5,501.	42,148.	41,047.	375,588.	0.
VP DEVELOPMENT GBMC HEALTHCA	(ii)	0.	0.	0.	0.	0.	. 0.	0.
(11) MR. JOHN W. ELLIS	(i)	383, 18.	161,736.	22,430.	16,950.	27,656.	612,690.	0.
SVP STRATEGY&BUS DEV (END 4/18)	(ii)	0.	0.	0.	0.	0.	. 0.	0.
(12) MS. CATHERINE HAMEL	(i)	25 5 54.	72,460.	6,952.	12,758.	38,894.	427,658.	0.
VP POST ACUTE SRVS & EXEC	(ii)	0.	0.	0.	0.	0.	. 0.	0.
(13) MR. DAVID J. HYNSON	1)	282,754.	71,906.	7,367.	43,002.	37,513.	442,542.	0.
VP & CIO	(ii)	0.	0.	0.	0.	0.	. 0.	0.
(14) MS. JOANN IOANNOU	(i)	269,243.	48,269.	3,435.	50,373.	40,537.	411,857.	0.
SVP PATIENT SERVICES	(ii)	0.	0.	0.	0.	0.	. 0.	0.
(15) MS. SUSAN MARTIELLI	(i)	315,013.	42,103.	6,399.	44,212.	12,063.	419,790.	0.
VP LEGAL AFFAIRS/CHIEF COUNSEL	(ii)	0.	0.	0.	0.	0.	. 0.	0.
(16) MS. STACEY L. MCGREEVY	(i)	223,139.	15,339.	369.	13,674.	1,490.	254,011.	0.
VP FACILITIES	(ii)	0.	0.	0.	0.	0.	. 0.	0.

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Delivitis	(5)(1)(5)	reported as deferred on prior Form 990		
(17) MS. ANNA-MARIA G. PALMER	(i)	157,248.	0.	240.	22,937	6,064.	186,489.	0.		
VP HUMAN RESOURCES	(ii)	0.	0.	0.	0.	0.	0.	0.		
(18) ELIZABETH A. DOVEC, MD	(i)	707,309.	137,617.	108.	14,300	46,563.	905,897.	0.		
PHYSICIAN	(ii)	0.	0.	0.	<b>.</b>	0,	0.	0.		
(19) NIRAJ JANI, M.D.	(i)	653,289.	151,697.	120.	14,062.	34,595.	853,763.	0.		
MED DIRECTOR/PHYSICIAN	(ii)	0.	0.	0.	0.	0,	0.	0.		
(20) VICTOR A. KHOUZAMI M.D.	(i)	1,272,562.	61,250.	732,	16,950.	26,036.	1,377,530.	0.		
CHAIR/PHYSICIAN	(ii)	0.	0.	<b>.</b> 0.	0.	0.	0.	0.		
(21) BIMAL G. RAMI, M.D.	(i)	821,728.	282,036.	278.	15,425.	37,513.	1,156,880.	0.		
MED DIRECTOR/PHYSICIAN	(ii)	0.	0.		0.	0.	0.	0.		
(22) CLAIRE M. WEITZ, MD	(i)	817,521.	0.	792.	11,039.	26,289.	855,641.	0.		
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.		
(23) MS. LISA F. GOODLETT	(i)	196,327.	0.	1,060.	2,777.	9,632.	209,796.	0.		
FORMER EVP & CFO (ENDED 6/17)	(ii)	0.	<i></i> .	0.	0.	0.	0.	0.		
(24) MR. ELLERY JOYEAU	(i)	149,384.	13.6	950.	7,811.	12,868.	184,682.	0.		
FORMER INTERIM VP HR (END 6/17)	(ii)	0.	0.	0.	0.	0.	0.	0.		
	(i)									
	(ii)									
	(i)									
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	(i)									
	(ii)									

### Part III Supplemental Information

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

PART I, LINES 4A-B:

GREATER BALTIMORE MEDICAL CENTER, INC. A NON-QUALIFIED SUPPLEMENTAL

RETIREMENT PLAN. THIS PLAN WAS APPROVED BY THE COMPENSATION COMMITTEE OF

THE GBMC HEALTHCARE BOARD OF DIRECTORS TO SUPPLEMENT THE EXECUTIVE'S

RETIREMENT INCOME. THE SUPPLEMENTAL RETIREMENT PLAN WAS DEVELOPED BASED ON

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 DEFERE

COMPENSATION. THE FOLLOWING INDIVIDUALS PARTICIPATED IN THIS SUP LEMENTAL

NON-OUALIFIED RETIREMENT PLAN:

MR. JOHN B. CHESSARE M.D. \$204,274 EARNED, \$204,274 PAID

MR. BENNETT BERES \$0 EARNED, \$0 PAIL

MS. CAROLYN L. CANDIELLO \$0 EARNED, \$0 PAID

MS. JENNY COLDIRON \$27,948 EARNED, \$0 PAID

MS. CATHERINE HAMEL \$25,856 EARNED, \$25,856 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.

MR. DAVID J. HYNSON \$28,760 EARNED, \$0 PAID

MS. JOANN Z. IOANNOU \$41,373 EARNED, \$0 PAID

MS. LISA F. GOODLETT \$0 EARNED, \$0 PAID

MS. SUSAN MARTIELLI \$31,514 EARNED, \$0 PAID

MS. ANNA-MARIA PALMER \$25,000 EARNED, \$0 PAID

MS. LAURIE R. BEYER \$0 EARNED, \$0 PAID

MR. GEORGE E.S. BAYLESS \$19,206 EARNED, \$19,206 PAID

MR. KEITH POISSON \$95,829 EARNED, \$95,829 PAID

MR. JOHN W. ELLIS \$96,795 EARNED, \$96,795 PAID

MR. BENNETT J. BERES \$31,116 EARNED, \$0 PAID.

MS. CAROLYN L. CANDIELLO \$25,925 EARNED, \$0 PAID.

### SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2017 Open to Public Inspection

Name of the organization

GREATER BALTIMORE MEDICAL CENTER, INC.

Employer identification number 52-6049658

(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issu	e price	(f) Description	on of purpose	( <b>g</b> ) De	feased			(i) Po	oled
									of is	suer	finar	icing
						<u> </u>	Yes	No	Yes	No	Yes	No
						•						
52-0936091	574218BX0	04/20/11	67,7					Х		Х		Х
						ISSUED						
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10		Yes	No	Yes	No	Yes	No		Yes		No	
refrading iss >?		Х		Х			Х					
e refunding issue?			Х		Х	Х						
nau ?		Х		Х		Х						
rds to support the final allocat	ion of proceeds?	Х		Х		Х						
		A			В	C				D		
• *	•	Yes	No	Yes	No	Yes	No		Yes		No	
			Х		Х		Х					
		X		X		Х			dule K			
	t refracting issue? terest inding issue? trest inding issue? trest support the final allocates to support the final allocate	52-0936091 574218BX0  52-0936091 574218EY5  52-0936091 000000000  52-0936091 0000000000  53-0936091 00000000000000000000000000000000000	S2-0936091   574218BX0   04/20/11	52-0936091 574218BX0 04/20/11 67,7  52-0936091 574218EY5 04/11/12 36,3  52-0936091 000000000 03/08/17 73,  52-0936091 000000000 03/08/17 73,  67,940,000.  32,480,000.  67,785,379.  723,328.  ds  4,999,718. 62,062,333.  2011  Yes No  tref pding iss o?  X  retroducting issue?  X  x  rds to sapport the final allocation of proceeds?  X  x  rship, or a member of an LLC,  mpt bonds?  x result in private business use of  X	52-0936091 574218BX0 04/20/11 67,785,219.  52-0936091 574218EY5 04/11/12 36,317,095.  52-0936091 000000000 03/08/17 73,700,000.  52,480,000. 67,785,379.  723,328.  723,328.  38.  4,999,718. 62,062,333.  2011  Yes No Yes refinding issue?  X X X X X X X X X X X X X X X X X X X	S2-0936091   574218BX0   04/20/11   67,785,219   SE3 PRT VI	52-0936091   574218BX0   04/20/11   67,785,219. SEE PART VI	Yes   S2-0936091   574218BX0   04/20/11   67,785,219.SBS PAXI-VI   RE UNIT BONDS ISSUED   S2-0936091   574218BY5   04/11/12   36,317,095. 12 6/2001   S2-0936091   00000000   03/08/17   73.00,000.4/20/11 AND 4/11/12   S2-0936091   000000000   03/08/17   73.00,000.4/20/11 AND 4/11/12   S2-0936091   0000000000   03/08/17   73.00,000.4/20/11 AND 4/11/12   S2-0936091   00000000000000   03/08/17   73.00,000.4/20/11 AND 4/11/12   S2-0936091   000000000000000   03/08/17   73.00,000.4/20/11 AND 4/11/12   S2-0936091   00000000000000000000   03/08/17   73.00,000.4/20/11 AND 4/11/12   00000000000000000000000000000000000	Yes   No   Yes   Y	State   Stat	Total State   Total State	Section   Sect

Part III Private Business Use (Continued)	i						i		
		A		В	С		D		
3a Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes No		
business use of bond-financed property?	X		Х		X				
<b>b</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			Х		X				
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property	?	Х		Х		Х			
<b>d</b> 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	<u> </u>	.45 %		.5 %		.97 %	%		
5 Enter the percentage of financed property used in a private business use as a result of									
unrelated trade or business activity carried on by your organization, another									
section 501(c)(3) organization, or a state or local government	•	/0		%		%		%	
6 Total of lines 4 and 5		.45		.45 %		.97 %		%	
7 Does the bond issue meet the private security or payment test?		λ		Х		Х			
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?				Х		Х			
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed		7							
of		%		%		%		<u>%</u>	
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	$oldsymbol{\psi}$								
bonds of the issue are remediated in accordance with the requirements under									
Regulations sections 1.141-12 and 1.145-2?	Х		X		X				
Part IV Arbitrage	-								
		Ą		В		D		)	
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No	
Penalty in Lieu of Arbitrage Rebate?		Х		Х		Х			
2 If "No" to line 1, did the following apply?		_							
a Rebate not due yet?		Х		Х	X				
<b>b</b> Exception to rebate?	Х		X			Х			
c No rebate due?		Х		Х		Х			
If "Yes" to line 2c, provide in Part VI the date the ebate computation was									
performed									
3 Is the bond issue a variable rate issue?		Х		Х	X				
4a Has the organization or the governmental issuer entered into a qualified									
hedge with respect to the bond issue?		X		Х		X			
b Name of provider									
c Term of hedge									
d Was the hedge superintegrated?									
e Was the hedge terminated?									

Part IV Arbitrage (Continued)					1			
	Α		B		C		-	D 
	Yes	No	Yes	No 	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х	-	Х		Х		
<b>b</b> Name of provider								
c Term of GIC		_				1		
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?		Х				Х		
7 Has the organization established written procedures to monitor the requirements of section 148?	x		x	<b>1</b>	х			
Part V Procedures To Undertake Corrective Action								,
		A		В		C		D
	Yes	No		No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of								
federal tax requirements are timely identified and corrected through the voluntary		40	1)					
closing agreement program if self-remediation isn't available under applicable								
regulations?	Х		x		х			
Part VI Supplemental Information. Provide additional information for responses to questions	s on Sch	le l' See inst	ructions					
PART I, COLUMN (F), LINE A		10000000						
DESCRIPTION OF PURPOSE: BUILDING RENOVATIONS AND TO REFUND BONDS ISSUED.								
8/10/1993, 12/6/2001, 3/17/2009, AND 4/1/2009	<del>\</del>							
(1)								
PART II, LINE 3, COLUMN A	<del>)                                    </del>							
DIFFERENCES BETWEEN THE ISSUE PRICE (PART I) AND TOTAL PROCEEDS (F. T.)								
II LINE 3) ARE DUE TO INVESTMENT EARNINGS.								
22, 2212 0, 1112 502 10 111 2511212 21121205.								
PART IV, LINE 6, COLUMN C								
THIS OUESTION IS BEING ANSWERED WITHOUT REGARD TO A YILLD-RESTRICTED								
ADVANCE REFUNDING ESCROW FINANCED WITH PROCEEDS OF THE BONDS.								
INVINCE REPORDING EDGROW PRINCED WITH PROCEEDS AT THEOGRAP.								

### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

## **Transactions With Interested Persons**

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open To Public** Inspection

Name of the organization								Emp	oloyer	ident	ificati	on nu	mber
GREATER BALTIMORE MEDICAL CENTER, INC. 52-6049658													
Part I Excess Bene	efit Transacti	ons (section 50	01(c)(3)	, secti	on 501(c)(4), and 50	01(c)(29) org	anizatior	ns only	/).				
Complete if the o	organization ansv	vered "Yes" on l	Form 9	90, Pa	art IV, line 25a or 25l	b, or Form 9	90-EZ, P	art V, I	ine 40	)b.			
1 (a) Name of disqualified p	(b) F	Relationship bety	ified						(d) Corrected?				
(a) Name of disqualified p	Derson	person and organization (c) Description of transaction								Y	es	No	
									_				
									1				
									4				
2 Enter the amount of tax i	incurred by the o	rganization man	agers (	or disc	qualified persons du	ring the yea	r under		•				
section 4958									<b>\$</b>				
3 Enter the amount of tax,	if any, on line 2,	above, reimburs	ed by t	the or	ganization				<b>&gt;</b> \$				
	.,						_						
	d/or From Int												
Complete if the o	organization ansv	vered "Yes" on I	Form 9	90-EZ	, Part V, line 38a or l	Form 990, P	art IV, lir	ie 26;	or if th	ie orga	ınizati	on	
reported an amo			<del></del>							VI V An	oround		
(a) Name of	(b) Relationship	(c) Purpose	(d) Loa from		(e) Original	Original (g) In (h) Ap					oroved ard or	d or agreement?	
interested person	with organization	of loan	organiz		principal amount	default? com				cómm	ittee?	agree	ment?
			То	From				Yes	No	Yes	No	Yes	No
					<u> </u>								
		•											
										igsquare			
										$oxed{oxed}$			
Total					<b>&gt;</b> \$								
Part III Grants or As													
Complete if the o		ered "Yes" on I	Form 9	90, Pa	art IV, line 27.								
(a) Name of interested p	person	(b) Relationship			(c) Amount of		(d) Type				) Purp		f
		interested pers		7	assistance		assistan	ce		è	assista	ance	
									_				
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2017

Page 2

### Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (e) Sharing of (b) Relationship between interested (d) Description of (a) Name of interested person (c) Amount of òrganization's person and the organization transaction transaction revenues? Yes No SUBSTANTIAL CONTRIBUTOR SUBSTANTIAL CONTRIB 3,909,585.MANAGEMENT X SUBSTANTIAL CONTRIBUTOR SUBSTANTIAL CONTRIB 3,645,690.SOFTWARE EN Х SUBSTANTIAL CONTRIBUTOR SUBSTANTIAL CONTRIB X 2,475,011. RADIOLOGY S SUBSTANTIAL CONTRIBUTOR SUBSTANTIAL CONTRIB Х 2,196,167.SOFTWARE EN SUBSTANTIAL CONTRIBUTOR 1,108,232. SUBSTANTIAL CONTRIB BROKER SERV Х SUBSTANTIAL CONTRIBUTOR SUBSTANTIAL CONTRIB 643,631, BEHAVIORAL Х SUBSTANTIAL CONTRIBUTOR SUBSTANTIAL CONTRIB 565,653. CONSULTING Х SUBSTANTIAL CONTRIBUTOR SUBSTANTIAL CONTRIB 496,716. AMBULANCE/P Х SUBSTANTIAL CONTRIBUTOR SUBSTANTIAL CONTRIB 483,148. AUDIT SERVI Х SUBSTANTIAL CONTRIBUTOR SUBSTANTIAL CONTRIB 325,072.WASTE MNAG Х

#### Part V Supplemental Information

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

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

- (A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR
- (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SUBSTANTIAL CONTRIBUTOR

- (C) AMOUNT OF TRANSACTION \$ 3,909,585.
- (D) DESCRIPTION OF TRANSACTION: MANAGEMENT HOTEL SELVI ES
- (E) SHARING OF ORGANIZATION REVENUES? = NO
- (A) NAME OF PERSON: SUBSTANTIAL CONTRIBUT
- (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SUBSTANTIAL CONTRIBUTOR

- (C) AMOUNT OF TRANSACTION 5 690 Š
- SACTION: SOFTWARE ENGINEERING (D) DESCRIPTION OF R₽
- (E) SHARING OF ORGANIZATION REVENUES? = NO
- (A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR
- (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SUBSTANTIAL CONTRIBUTOR

- (C) AMOUNT OF TRANSACTION \$ 2,475,011.
- (D) DESCRIPTION OF TRANSACTION: RADIOLOGY SERVICES

Schedule L (Form 990 or 990-EZ) 2017

Part V Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule L (see instructions).
(E) SHARING OF ORGANIZATION REVENUES? = NO
(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
SUBSTANTIAL CONTRIBUTOR
(C) AMOUNT OF TRANSACTION \$ 2,196,167.
(D) DESCRIPTION OF TRANSACTION: SOFTWARE ENGINEERING
(E) SHARING OF ORGANIZATION REVENUES? = NO
(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
SUBSTANTIAL CONTRIBUTOR
(C) AMOUNT OF TRANSACTION \$ 1,108,232.
(D) DESCRIPTION OF TRANSACTION: BROKER SERVICES
(E) SHARING OF ORGANIZATION REVENUES? = NO
(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR
(B) RELATIONSHIP BETWEEN INTERECTED PLOSON AND ORGANIZATION:
SUBSTANTIAL CONTRIBUTOR
(C) AMOUNT OF TRANSACTION & 643,631.
(D) DESCRIPTION OF TR. NSACTION: BEHAVIORAL HEALTH SERVICES
(E) SHARING OF ORGANIZATION REVENUES? = NO
(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
SUBSTANTIAL CONTRIBUTOR
(C) AMOUNT OF TRANSACTION \$ 565,653.
(D) DESCRIPTION OF TRANSACTION: CONSULTING

Schedule L (Form 990 or 990-EZ) GREATER BALTIMORE MEDICAL CENTER, INC.	52-6049658	Page 2
Part V Supplemental Information		
Complete this part to provide additional information for responses to questions on Schedule L (see inst	ructions).	
(E) SHARING OF ORGANIZATION REVENUES? = NO		
(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR		
(II) MALL OF FEMOUR. SOMETIME CONTRIBUTOR		
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:		
GUD GUANWITAL GONWID I DUWOD		
SUBSTANTIAL CONTRIBUTOR		
(C) AMOUNT OF TRANSACTION \$ 496,716.		
(D) DESCRIPTION OF TRANSACTION: AMBULANCE/PATIENT TRANSPORTATION	$\rightarrow$	
(E) SHARING OF ORGANIZATION REVENUES? = NO	<b>J</b> ,	
(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR		
401		
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:		
SUBSTANTIAL CONTRIBUTOR		
(C) AMOUNT OF TRANSACTION \$ 483,148.		
(D) DESCRIPTION OF TRANSACTION: AUDIT SERVICES		
(B) BESCRITTON OF INMERCION. NOBIT BERVICES		
(E) SHARING OF ORGANIZATION REVENUES? = NO		
(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR		
(B) RELATIONSHIP BETWEEN INTERE TEL PLUSON AND ORGANIZATION:		
SUBSTANTIAL CONTRIBUTOR		
(C) AMOUNT OF TRANSACTION * 325,072.		
(D) DESCRIPTION OF TRANSACTION: WASTE MANAGEMENT		
(E) SHARING OF ORGANIZATION REVENUES? = NO		
(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR		
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:		
(2) ADMITOROUIT DEFINER INTERESTED TERROUN RAD ORGANIZATION:		
SUBSTANTIAL CONTRIBUTOR		
(G) MOTIVE OF EDINGLOSE A 254 155		
(C) AMOUNT OF TRANSACTION \$ 264,155.		

(D) DESCRIPTION OF TRANSACTION: PRINTING SERVICES

### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

**Open To Public** Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

GREATER BALTIMORE MEDICAL CENTER, INC.

Attach to Form 990.

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

**Employer identification number** 52-6049658

Part I Types of Property (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1q Art - Works of art Art - Historical treasures Art - Fractional interests ..... 3 Books and publications ..... 4 Clothing and household goods 5 Cars and other vehicles ..... 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded ..... 9 10 Securities - Closely held stock Securities - Partnership, LLC, or trust interests Securities - Miscellaneous X 20,074.COST OR SELLING PRICE 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 Food inventory 19 Drugs and medical supplies \_\_\_\_\_ 20 21 Taxidermy Historical artifacts 22 23 Scientific specimens Archeological artifacts 24 25 Other 26 Other 27 Other 28 Other 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization competed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes." describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a **b** If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2017

is reportii	emental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization ng in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete for any additional information.
SCHEDULE M, PART	I, COLUMN (B):
SECURITIES - PUBI	LICLY TRADED - NO. OF CONTRIBUTIONS
	COX
	$Q_{1}$
	. ( )

#### SCHEDULE O

(Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Inspection

Department of the Treasury ▶ Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization **Employer identification number** GREATER BALTIMORE MEDICAL CENTER, INC. 52-6049658 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: HEALING AND HOPE. FORM 990 PART III, LINE 1 GREATER BALTIMORE MEDICAL CENTER'S PRIMARY EXEMPT PURPOSE IS AS FOLLOWS: (1) TO ORGANIZE, BUILD, ERECT, EQUIP, MANAGE AND OPERATE EXCLUSIVELY FOR CHARITABLE PURPOSES, A NON-PROFIT GENERAL HOSPITAL AND MEDICAL CENTER FOR THE CARE OF THE SICK, AND TO FURNISH MEDICAL AND SURGICAL ATTENDANCE THEREIN IN ANY FORM IN THE CARE OF SICK, AFFLICTED INFINM INJURED PERSONS; PROVIDED, HOWEVER, THE OPERATIONS ARE NOT TO BE EXCLUSIVELY FOR THOSE WHO ARE ABLE AND EXPECTED TO PA TC THE EXTENT OF FINANCIAL ABILITY ARE TO BE FOR THOSE NOT ABLE TO PAY FOR THE SERVICES RENDERED AND THE FACILITIES ARE NOT 1 BE DESTRICTED TO A PARTICULAR GROUP OF PHYSICIANS AND SURGEOUS EXCEPT TO THE EXTENT THAT DISCRETIONARY AUTHORITY IN THE MANACEMENT MAY IMPOSE LIMITATIONS BASED T APPLYING OR UPON THE SIZE AND NATURE UPON THE QUALIFICATIONS OF THO OF THE FACILITIES, AND NO PART F ITS NET EARNINGS ARE TO INURE DIRECTLY OR INDIRECTLY TO THE BENEFIT OF ANY PRIVATE SHAREHOLDER OR INDIVIDUAL (2) TO ORGANIZE, BUILD, ERECT, EQUIP, MANAGE AND OPERATE A SCHOOL OR SCHOOLS FOR TRAINING PHYSICIANS, SURGEONS, NURSES AND OTHERS, AND TO EDUCATE AND TRAIN ANY SUCH PERSONS IN THE CARE OF SICK, AFFLICTED INFIRM. OR INJURED PERSONS BY TEACHING MEDICINE, HYGIENE, SURGERY AND EVERYTHING HAVING TO DO WITH THE PHYSICAL WELL-BEING OF INDIVIDUALS.

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

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization **Employer identification number** GREATER BALTIMORE MEDICAL CENTER, INC. 52-6049658 MAY BE NECESSARY. EXPEDIENT OR INCIDENTAL TO THE PURPOSES STATED IN PARAGRAPHS (1) AND (2). (4) TO HAVE AND TO EXERCISE TO THE EXTENT NECESSARY OR DESIRABLE FOR THE ACCOMPLISHMENT OF ANY OF THE AFORESAID PURPOSES, AND TO THE EXTENT THAT THEY ARE NOT INCONSISTENT WITH THE CHARITABLE PURPOSES OF THE CORPORATION, AND THE LIMITATIONS IMPOSED BY SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, ANY AND ALL POWERS CONFERRED UPON CORPORATIONS BY THE MARYLAND GENERAL CORPORATION LAW. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: AMBULATORY, POST ACUTE, & PRIMARY CARE SERVICES EXPENSES \$ 110,149,402. INCL GRANTS OF \$ 516,009. REVE .352.588. FORM 990, PART VI, SECTION A, LINE 2: MS. HEIDI KENNY BERMAN AND MS. SANDRA BERMAN AVI. A FAMILY RELATIONSHIP. FORM 990, PART VI, SECTION A, LINE 6 THE BOARD OF DIRECTORS OF GBR HE LTHCARE, INC. IS THE GOVERNING BODY FOR THE ORGANIZATION. GP.IC VEALTH CARE, INC. IS THE PARENT CORPORATION AND SOLE STOCKHOLDER OF THE OR ANIZATION. THE BUSINESS AND AFFAIRS OF THE ORGANIZATION ARE MANAGED UNDER THE DIRECTION OF ITS BOARD OF DIRECTORS EXCEPT AS RESERVED TO THE STOCKHOLDER, GBMC HEALTHCARE, INC. IN ACCORDANCE WITH THE BYLAWS SUCH AS: A) TO CHANGE THE MISSION, PURPOSE, PHILOSOPHY OR OBJECTIVES OF THE ORGANIZATION B) TO AMEND THE BYLAWS OF THE ORGANIZATION C) TO DISSOLVE, TO CONSOLIDATE OR TO MERGE THE ORGANIZATION

Name of the organization  GREATER BALTIMORE MEDICAL CENTER, INC.	Employer identification number 52-6049658
D) TO RATIFY THE ELECTION OF THE PRESIDENT OR OTHER OFFICERS OF THE	•
ORGANIZATION	
E) TO REMOVE THE PRESIDENT OR OTHER OFFICERS OF THE ORGANIZATION	
F) TO ELECT MEMBERS OF THE BOARD OF DIRECTORS OF THE ORGANIZATION	
G) TO REMOVE MEMBERS OF THE BOARD OF DIRECTORS OF THE ORGANIZATION	
H) TO PURCHASE, SELL OR ENCUMBER WITH DEBT	
I) TO SELL ALL OR SUBSTANTIALLY ALL OF THE ORGANIZATION'S ASSETS, OR TO	
UNDERTAKE MAJOR EXPANSION PROJECTS	$\overline{O}$ ,
J) TO APPROVE THE ANNUAL OPERATING AND CAPITAL BUDGETS OF THE ORGANIZATION	<u> </u>
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 TOCK	
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 . LINE DESCRIPTION	
FORM 990, PART VI, 9201 OR B LINE 11B:	
THE AUDIT COMMITTEE OF GREATER BALTIMORE MEDICAL CENTER, INC.'S SUPPORTED	
PARENT ORGANIZATION, GBMC HEALTHCARE, INC., REVIEWS THIS FORM 990. A COPY	
OF THE FORM 990 IS PROVIDED TO THE FULL BOARD OF DIRECTORS OF THE HOSPITAL	
AND GBMC HEALTHCARE PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
GREATER BALTIMORE MEDICAL CENTER, INC IS GOVERNED BY THE POLICIES OF ITS	
PARENT ORGANIZATION, GBMC HEALTHCARE, INC. THESE POLICIES INCLUDE A WRITTEN	dula 0 (Faura 000 au 000 FZ) (0047

Name of the organization  GREATER BALTIMORE MEDICAL CENTER, INC.	Employer identification number 52-6049658
·	32 0043030
CONFLICT OF INTEREST POLICY ATTESTED TO ANNUALLY, A WRITTEN WHISTLEBLOWER	
POLICY, AND A WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY. ANNUALLY,	
EVERY BOARD MEMBER, EMPLOYED AND CONTRACTED PHYSICIAN, ADVANCED	
PRACTITIONER, AND MANAGER (WHICH INCLUDES KEY EMPLOYEES) MUST COMPLETE A	
COMPREHENSIVE QUESTIONNAIRE THAT PROVIDES FOR THE DISCLOSURE OF POTENTIAL	
CONFLICTS. ALL DISCLOSURES ARE REVIEWED BY THE COMPLIANCE OFFICER. THOSE	
DISCLOSURES THAT ARE QUESTIONABLE OR MAY RISE TO THE LEVEL OF A CONFLICT	
ARE DISCUSSED WITH THE GENERAL IN-HOUSE COUNSEL AND APPROPRIATE ACTION IS	O,
TAKEN, IF NECESSARY. A SUMMARY OF POTENTIAL CONFLICTS AND PROPOSED ACTIONS	<u> </u>
IS PROVIDED TO THE PRESIDENT (FOR MANAGEMENT) AND TO THE GOVERNANCE AND	
BOARD DEVELOPMENT 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 AUTHOPIZED 10 OVERSEE THE ORGANIZATION'S	_
EXECUTIVE COMPENSATION PROGRAM. THE COMMITTEE REVIEWS AND APPROVES THE	
COMPENSATION PROVIDED TO THE OR AN VALUEN'S PRESIDENT AND CHIEF EXECUTIVE	_
OFFICER AND EACH OFFICER, KEY EMPLOYEE AND SENIOR LEADER, WHETHER OR NOT	
THESE INDIVIDUALS WOOLD BE CONSIDERED "DISQUALIFIED PERSONS" UNDER THE	
INTERMEDIATE SANCTION, 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	_

Name of the organization  GREATER BALTIMORE MEDICAL CENTER, INC.	Employer identification number 52-6049658
COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED TO	
ENSURE THAT THE "TOTAL COMPENSATION" IS REASONABLE.	
ENSURE THAT THE TOTAL COMPENSATION IS REASONABLE.	
THE COMMITTEE ENGAGED AN INDEPENDENT EXECUTIVE COMPENSATION CONSULTANT THAT	
SPECIALIZES IN THE REVIEW OF HOSPITAL AND HEALTH SYSTEM EXECUTIVE	
COMPENSATION AND BENEFITS TO COMPILE MARKET COMPENSATION DATA OF SIMILARLY	
SIZED HEALTH CARE ORGANIZATIONS THROUGHOUT THE COUNTRY AS WELL AS THE SAME	
GEOGRAPHIC REGION. NO DATA FROM ANY FOR-PROFIT ENTITIES WERE USED. THE DATA	$\lambda$
WERE CATEGORIZED BY EXECUTIVE POSITION, AND A SALARY RANGE WAS DEVELOPED	<u> </u>
WITH THE ASSISTANCE OF THE INDEPENDENT COMPENSATION CONSULTANT. THE	
COMMITTEE RELIED UPON THIS DATA, RELEVANT BUSINESS JUDGMENT FACTORS, E.	
EXPERIENCE, PERFORMANCE, RECRUITMENT AND RETENTION FACTORS AND THE UNIQUE	
DEMANDS OF THE POSITION), THE GUIDANCE PROVIDED BY THE STATE COMPENSATION	
PHILOSOPHY AND THE WRITTEN OPINION OF THE INDEPENDENT EXTOUTIVE	
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 LASIS 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	a dula O (Farra 000 as 000 F7) (0047

Name of the organization GREATER BALTIMORE MEDICAL CENTER, INC.		Employer identification number 52-6049658
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:		
PENSION EXPENSE	1,117,887.	
TRANSFER TO AFFILIATES	967,484.	
TOTAL TO FORM 990, PART XI, LINE 9	2,085,371.	
		O,
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### SCHEDULE R (Form 990)

# **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.

2017
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number 52-6049658

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (a) (b) (c) (d) (e) (f) Name, address, and EIN (if applicable) Legal domicile (state or Primary activity Total income End-of-year assets Direct controlling of disregarded entity entity foreign country) FINNEY TRIMBLE SURGICAL ASSOCIATES, LLC 27-0277242, 6535 NORTH CHARLES STREET, SUITE GREATER BALTIMORE 510 TOWSON MD 21204 SURGICAL PHYSICIAN PRACTICE MARYLAND 0.MEDICAL CENTER, INC. Identification of Related Tax-Exempt Organizations. Complete if the organization wered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	1	g) 512(b)(13) rolled :ity?
				501(c)(3))		Yes	No
GBMC FOUNDATION, INC 52-1411935							
6701 NORTH CHARLES STREET				LINE 7:	GBMC HEALTHCARE,		
BALTIMORE, MD 21204	WADE ISING	MARYLAND	501(C)(3)	170(B)(1)(A)	INC.		Х
GILCHRIST HOSPICE CARE, INC - 52-1851251							
11311 MCCORMICK ROAD NO. 350				LINE 3:	GBMC HEALTHCARE,		
HUNT VALLEY, MD 21031	SPICE SERVICE	MARYLAND	501(C)(3)	170(B)(1)(A)	INC.		Х
GBMC INVESTMENTS, INC 52-1040300							
6701 NORTH CHARLES STREET	1			LINE 12,	GBMC HEALTHCARE,		
BALTIMORE, MD 21204	INVESTMENT MANAGEMENT	MARYLAND	501(C)(3)	TYPE II:	INC.		Х
GBMC LAND, INC 52-1413360							
6701 NORTH CHARLES STREET	]			LINE 12,	GBMC HEALTHCARE,		
BALTIMORE, MD 21204	REAL ESTATE PROPERTY	MARYLAND	501(C)(3)	TYPE I:	INC.		Х

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

GREATER BALTIMORE MEDICAL CENTER INC.

Schedule R (Form 990) 2017

## Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr organiz	olled
		,,,		501(c)(3))		Yes	No
GBMC HEALTHCARE, INC 52-1413360				•			
6701 NORTH CHARLES STREET				LIN' 7:			
BALTIMORE, MD 21204	HEALTH SERVICES	MARYLAND	501(C)(3)	170( )(1)(A)	N/A		X
PRESBYTERIAN EYE, EAR, AND THROAT CHARITY				) •			
HOSPITAL - 52-0449990, 2639 QUEENSLAND				LINE 3:			
DRIVE, ELLICOTT CITY, MD 21093	HOSPITAL	MARYLAND	5J1(C)(°)	170(B)(1)(A)	N/A		Х
MILTON J. DANCE, JR. ENDOWMENT, INC							
52-1104173, 409 WASHINGTON AVENUE,	7			LINE 12C,			
BALTIMORE, MD 21204	SUPPORTING	MARYLAND	501(C)(3)	TYPE III-FI	N/A		Х
WOMEN'S HOSPITAL FOUNDATION, INC							
52-0591609, P.O. BOX 166, RIDERWOOD, MD	7		1	LINE 12D,			
21139	FUNDRAISING	MARYLAND	501(C)(3)	TYPE III-FI	N/A		Х
JOSEPH RICHEY HOUSE, INC 52-1184960							
838 NORTH EUTAW STREET				LINE 3:	GILCHRIST HOSPICE		
BALTIMORE MD 21201	HOSPITAL SERVICES	MAJ YLAL D	501(C)(3)	170(B)(1)(A)	CARE		х
BROWNLOW BYRON HOMES - 52-2019909							
838 NORTH EUTAW STREET	HOUSING FOR LOW INCOME				GILCHRIST HOSPICE		
BALTIMORE MD 21201	TENANTS	MRYLAND	501(C)(3)	LINE 12B, II	CARE		х
PRESBYTERIAN EYE, EAR, & THROAT CHARITY HOSE	• • •	T		<i>'</i>			
INC. BOARD OF LADY MGRS - 52-60, 20 INDIAN				LINE 12C,			
LANE, BALTIMORE, MD 21210	SUPPORTING	MARYLAND	501(C)(3)	TYPE III-FI	N/A		х
DIVERSIFIED HEALTH ENTERPRISES, INC							
52-1725005, 6701 NORTH CHARLES STREET,	<b>-</b>			LINE 12,	GBMC HEALTHCARE,		
BALTIMORE, MD 21204	HEALTH SE VICES	MARYLAND	501(C)(3)	TYPE II:	INC.		Х
DIVERSIFIED NURSES, INC 52-1305904					•		
6701 NORTH CHARLES STREET				LINE 10:	GBMC HEALTHCARE.		
BALTIMORE MD 21204	NURSING SERVICES	MARYLAND	501(C)(3)	509(A)(2)	INC.		Х
DIVERSIFIED HEALTH SERVICES, INC	0.000 52.00252			(11) (1)			
52-1331933, 6701 NORTH CHARLES STREET.				LINE 10:	GBMC HEALTHCARE,		
BALTIMORE, MD 21204	HEALTH SERVICES	MARYLAND	501(C)(3)	509(A)(2)	INC.		Х
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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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	d-of-year		Code V-UBI amount in box 20 of Schedule	managin partner	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	<u> </u>
GBMC MEDICAL ARTS, LLC -	]					•					
52-1412751, 6701 NORTH											
CHARLES STREET, BALTIMORE, MD											
21204	REAL ESTATE MGT	MD	N/A	N/A	N/A	I/A	N/A		N/A	N/A	N/A
GBMC PAVILION WEST MEDICAL											
ARTS, LLC - 52-1899034, 6701	]										
NORTH CHARLES STREET,			GBMC AGENCY,								
BALTIMORE, MD 21204	REAL ESTATE MGT	MD	INC	EXCLUDED	154, . 22.	726,512.		x	N/A	x	37.90%
GREATER BALTIMORE DIAGNOSTIC											
IMAGING PARTNERSHIP -	1										
52-1561640, 6701 NORTH	IMAGING										
CHARLES STREET, BALTIMORE, MD	SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
GBMC-WP-PT, LLC - 81-2388743	1										
1447 YORK ROAD, SUITE 401	PHYSICAL										
LUTHERVILLE, MD 21093	THERAPY	MD	N/A	1/2	N/A	N/A	N/A		N/A	N/A	N/A

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete in 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>(b)</b> Primary act√ity	Legal domicile (state or foreign	(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	512(l contr	tion b)(13) rolled ity?
		country)		S. 1. 25.y		455515		Yes	No
GBMC AGENCY, INC 52-1411931									
6701 NORTH CHARLES STREET									
BALTIMORE, MD 21204	INVESTMENTS	MD	N/A	C CORP	N/A	N/A	N/A		х
GBMC MANAGEMENT, INC 52-1411974									
6701 NORTH CHARLES STREET									
BALTIMORE, MD 21204	MA TAGEMENT CO.	MD	N/A	C CORP	N/A	N/A	N/A		Х
GBMC FINANCE CORPORATION - 52-186306	<del>-</del>								
6701 NORTH CHARLES STREET	7								
BALTIMORE, MD 21204	FINANCING AGENT	MD	N/A	C CORP	N/A	N/A	N/A		Х
GBMC FINANCE CORPORATION II - 52-1836142									
6701 NORTH CHARLES STREET	7								
BALTIMORE, MD 21204	FINANCING AGENT	MD	N/A	C CORP	N/A	N/A	N/A		Х
GBMC FINANCE CORPORATION III - 52-1836144									
6701 NORTH CHARLES STREET	7								
BALTIMORE, MD 21204	FINANCING AGENT	MD	N/A	C CORP	N/A	N/A	N/A		Х

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

(a) Name, address, and EIN of related organization  Name, address, and EIN Of related organization  RUXTON INSURANCE COMPANY, LTD, - 98-9613102  RUXTON INSURANCE CAPTIVE  REALTHCARE  MD  N/A  C CORP  PA\$2,183, 82,985,564, 100,00 x X  N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/		-		1		1		1		
Country   Country   Yes   No	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec.	i) tion
Country   Yes   No	Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Type of entity	Share of total	Share of	Percentage	512(l	b)(13)
Yes   No	or related organization		foreign	entity	or trust)	lincome	assets	Ownership		
3 GORHAM ROAD HAMILTON, HM 08  HAMILTON, BERMUDA			Country)						Yes	No
HAMILTON, BERMUDA INSURANCE CAPTIVE BERMUDA N/A C CORP 9,52,183. 82,985,564. 100.00% X  GBMD, INC 52-1914558  6701 NORTH CHARLES STREET	·	1				<b>\</b>				
GBMD, INC 52-1914558 6701 NORTH CHARLES STREET		1								
6701 NORTH CHARLES STREET		INSURANCE CAPTIVE	BERMUDA	N/A	C CORP	9, 52,183.	82,985,564.	100.00%		Х
		_								
BALTHORE, MD 21204 HEALTHCARE MD N/A C ONF N/A N/A N/A X										
	BALTIMORE, MD 21204	HEALTHCARE	MD	N/A	C ORP	N/A	N/A	N/A		Х
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### 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?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity					
	Gift, grant, or capital contribution to related organization(s)	1b	Х			
С	Gift, grant, or capital contribution from related organization(s)	1c	Х			
	Loans or loan guarantees to or for related organization(s)	1d		Х		
	Loans or loan guarantees by related organization(s)	1e		Х		
f	Dividends from related organization(s)	1f		Х		
g	Sale of assets to related organization(s)	1g		Х		
	Purchase of assets from related organization(s)	1h		Х		
i	Exchange of assets with related organization(s)	1i		Х		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	Х			
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Х			
1	Performance of services or membership or fundraising solicitations for related organization(s)	11	Х			
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Х			
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х			
0	Sharing of paid employees with related organization(s)	10	Х			
р	Reimbursement paid to related organization(s) for expenses	1p	Х			
q	Reimbursement paid by related organization(s) for expenses	1q	Х			
r	Other transfer of cash or property to related organization(s)	1r	Х			
	Other transfer of cash or property from related organization(s)	1s		Х		
2	If the answer to any of the above is "Yes," see the instructions for information who must complete this line, including covered relationships and transaction thresholds.					

(a) Name of related organization	(b) Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) RUXTON INSURANCE COMPANY, LTD.	Q	8,550,199.	COST
(2) RUXTON INSURANCE COMPANY, LTD.	М	11,233,676.	COST
(3) GREATER BALTIMORE DIAGNOSTIC IMAGING LARTNERSHIP	М	2,475,011.	COST
(4)			
<u>(5)</u>			
<u>(6)</u>	111		

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)	(b)	(c)	(d)	(e) Are all partners sec 501(c)(3) orgs.?	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec	Share of	Share of	Disprop	or- amount in box 29 of Schedule K-1 (Form 1065)	General o	Percentag
of entity		(state or foreign	related, unrelated, lexcluded from tax under	501(c)(3) orgs.?	total	end-o year	allocation	s? amount in box 20	partner?	ownershi
		country)		Yes No		ass 1 s	Yes N	(Form 1065)	Yes NO	
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732165 09-11-17 Schedule R (Form 990) 2017