

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2012

<b>Prepared for</b>	Greater Baltimore Medical Center, Inc. 6701 North Charles Street Baltimore, MD 21204
<b>Prepared by</b>	DELOITTE TAX LLP 1750 TYSONS BLVD MCLEAN, VA 22102-4219
<b>Amount due or refund</b>	Not applicable
<b>Make check payable to</b>	Not applicable
<b>Mail tax return and check (if applicable) to</b>	Not applicable
<b>Return must be mailed on or before</b>	Not applicable
<b>Special Instructions</b>	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8453-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2011 calendar year, or tax year beginning** JUL 1, 2011 **and ending** JUN 30, 2012

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> Greater Baltimore Medical Center, Inc. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 6701 North Charles Street City or town, state or country, and ZIP + 4 Baltimore, MD 21204 <b>F Name and address of principal officer:</b> Eric Melchior same as C above	<b>D Employer identification number</b> 52-6049658 <b>E Telephone number</b> (443) 849-2000 <b>G Gross receipts \$</b> 444,494,895. <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ www.gbmc.org		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1960 <b>M State of legal domicile:</b> MD

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>To provide medical care and service of the highest quality to each patient (Cont. on Sch O)</u> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> 28 <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> 21 <b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a) ..... <b>5</b> 4055 <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> 694 <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> 612,485. <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 ..... <b>7b</b> 0.																									
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**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.

<b>Sign Here</b>	Signature of officer Eric Melchior, CFO Type or print name and title	Date		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name Yvette L. Woods	Preparer's signature  	Date  	Check if self-employed <input type="checkbox"/> PTIN P00364424
	Firm's name ▶ DELOITTE TAX LLP Firm's address ▶ 1750 TYSONS BLVD MCLEAN, VA 22102-4219	Firm's EIN ▶ 86-1065772 Phone no. (703) 251-1000		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

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

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

4a (Code: ) (Expenses \$ 132,832,564. including grants of \$ ) (Revenue \$ 149,878,321.) The Greater Baltimore Medical Center, Inc. (GBMC) is a 300-bed medical center...

4b (Code: ) (Expenses \$ 74,516,347. including grants of \$ ) (Revenue \$ 94,974,961.) The operating room performed over 30,600 inpatient and outpatient surgical procedures in the fiscal year...

4c (Code: ) (Expenses \$ 63,198,444. including grants of \$ ) (Revenue \$ 84,264,143.) The emergency department treated 57,300 patients in the fiscal year. The emergency services department has 3 patient care areas...

4d Other program services (Describe in Schedule O.) (Expenses \$ 80,851,598. including grants of \$ 233,500.) (Revenue \$ 67,388,603.)

4e Total program service expenses 351,398,953.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	X	
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> .....	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	X	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....	X	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		X
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		X
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

**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 to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent .....		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .....		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		X
<b>6</b>	Did the organization have members or stockholders? .....	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....	X	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	a The governing body? .....	X	
<b>8b</b>	b Each committee with authority to act on behalf of the governing body? .....	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? .....	X	
<b>10b</b>	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....	X	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	X	
<b>11b</b>	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>12b</b>	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
<b>12c</b>	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....	X	
<b>13</b>	Did the organization have a written whistleblower policy? .....	X	
<b>14</b>	Did the organization have a written document retention and destruction policy? .....	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	a The organization's CEO, Executive Director, or top management official .....	X	
<b>15b</b>	b Other officers or key employees of the organization .....	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....		X
<b>16b</b>	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....		

**Section C. Disclosure**

<b>17</b>	List the states with which a copy of this Form 990 is required to be filed <b>MD</b>
<b>18</b>	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
<b>19</b>	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
<b>20</b>	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: <b>Eric Melchior - (443) 849-2000</b> 6701 North Charles Street, Baltimore, MD 21204

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

Check if Schedule O contains a response to any question 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.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Honorable Vicki Ballou-Watts Director	1.00	X					0.	0.	0.	
(2) Mrs. Sandra Berman Director	1.00	X					0.	0.	0.	
(3) Robert K. Brookland, M.D. Director, Chairman	1.00	X					0.	0.	0.	
(4) Mr. Samuel Heffner Director	1.00	X					0.	0.	0.	
(5) Mr. Frederick M. Hudson Director	1.00	X					0.	0.	0.	
(6) Mr. Frank R. Palmer Director	1.00	X					0.	0.	0.	
(7) Mrs. Mary Stuart Rodgers Director	1.00	X					0.	0.	0.	
(8) Mr. Robert A. Shelton Director	1.00	X					0.	0.	0.	
(9) Mr. Bernard Siegel Director	1.00	X					0.	0.	0.	
(10) Mr. Stuart O. Simms Director	1.00	X					0.	0.	0.	
(11) Ms. Bonnie R. Stein Director	1.00	X					0.	0.	0.	
(12) Mr. James B. Stradtner Director	1.00	X					0.	0.	0.	
(13) Mr. Steven A. Thomas Director, Vice Chair	1.00	X					0.	0.	0.	
(14) Ms. Marion G. Thompson Director	1.00	X					0.	0.	0.	
(15) Harold Tucker, M.D. Chief of Staff	25.00	X					130,000.	0.	0.	
(16) Ronald F. Tutrone, Jr., M.D. Director	12.00	X					250,000.	0.	0.	
(17) John M. Wogan, M.D. Vice Chief of Staff	1.00	X					0.	0.	0.	



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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Mr. Charles C. Fenwick, Jr. Director	1.00	X						0.	0.	0.
(19) Ms. Kara C. King Bess Director	1.00	X						0.	0.	0.
(20) Theda C. Kontis, M.D. Director	1.00	X						0.	0.	0.
(21) Mr. Thomas H. Maddux Director	1.00	X						0.	0.	0.
(22) Mr. Anthony Milando Director	1.00	X						0.	0.	0.
(23) Mr. Herbert J. Belgrad Director	1.00	X						0.	0.	0.
(24) John B. Chessare, M.D. President & CEO	23.00	X		X				782,912.	0.	109,533.
(25) Mr. Harry S. Johnson Chair	1.00	X		X				0.	0.	0.
(26) Ms. Patricia J. Mitchell Vice Chair	1.00	X		X				0.	0.	0.
<b>1b Sub-total</b>								1,162,912.	0.	109,533.
<b>c Total from continuation sheets to Part VII, Section A</b>								9,016,354.	90,315.	871,613.
<b>d Total (add lines 1b and 1c)</b>								10,179,266.	90,315.	981,146.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **257**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
Johns Hopkins University, 125 Medical Admin Rd., 720 Rutland Ave., Baltimore, MD	Residency Program	3,974,667.
Aramark Healthcare, Support Services, P.O. Box 651009, Charlotte, NC 28265	Management - Dietary	1,483,993.
Mayflower Textile Service, 2601 W Lexington St., PO Box 20659, Baltimore, MD	Linen Services	1,436,018.
Physicians Anesthesia Associates, LLC 110 West Road, Suite 210, Towson, MD 21204	Anesthesia Services	1,202,873.
Medical Imaging of Baltimore P.O. Box 630277, Baltimore, MD 21263-0277	Radiology Services	1,104,955.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **108**

See Part VII, Section A Continuation sheets

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) Mr. Stephen T. Scott Treasurer	1.00	X		X				0.	0.	0.
(28) Mrs. Mary B. Wieler Secretary	1.00	X		X				0.	0.	0.
(29) Mr. Eric L. Melchior EVP & CFO	20.00			X				978,315.	0.	36,354.
(30) Mr. Keith R. Poisson EVP & COO	28.00			X				460,229.	0.	117,754.
(31) John R. Saunders, M.D. VP Medical Affairs	39.00			X				555,823.	0.	64,238.
(32) Mr. George E. Bayless VP Finance	29.00				X			261,118.	0.	61,438.
(33) Mr. John W. Ellis Sr. VP Strategy & Bus Dev	30.00				X			438,574.	0.	124,363.
(34) Mr. Michael A. Forthman VP Facilities & Support Ser	35.00				X			219,633.	0.	47,152.
(35) Mrs. Carolyn L. Candiello VP Quality & Pt Safety	39.00				X			178,666.	0.	43,550.
(36) Mrs. Catherine Hamel VP Post Acute Srvs & Exec Dir Hospic	5.00				X			125,160.	90,315.	47,389.
(37) Mrs. Joanne Porter Sr. VP Chief Nursing Exec	39.00				X			313,052.	0.	69,362.
(38) Mrs. Tressa B. Springmann VP & CIO	35.00				X			340,580.	0.	53,364.
(39) Reginald J. Davis, M.D. Med Director/Physican	40.00					X		1,412,901.	0.	36,777.
(40) Bimal G. Rami, M.D. Physican	40.00					X		1,015,414.	0.	39,183.
(41) Gary I. Cohen, M.D. Med Director/Physican	40.00					X		752,600.	0.	35,767.
(42) Neri M. Cohen, M.D. Med Director/Physican	40.00					X		691,130.	0.	38,362.
(43) Lauren A. Schnaper, M.D. Med Director/Physican	40.00					X		584,569.	0.	34,238.
(44) Mrs. Catherine Boyne Former President Hospice	0.00						X	19,293.	0.	0.
(45) Mr. Mark Thomas (Left 6/11) Former VP HR	0.00						X	149,798.	0.	8,744.
(46) Rodney Williams, M.D. Former Chief Medical Officer	0.00						X	519,499.	0.	13,578.
Total to Part VII, Section A, line 1c .....								9,016,354.	90,315.	871,613.

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	230,446.				
	<b>d</b> Related organizations	<b>1d</b>	8,011,467.				
	<b>e</b> Government grants (contributions)	<b>1e</b>	522,783.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	81,804.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f		8,846,500.				
	<b>Program Service Revenue</b>	<b>2 a</b> Patient Service	Business Code 621110	387,444,182.	387,444,182.		
<b>b</b> Other Operating Rev.		900099	9,667,152.	9,054,667.	612,485.		
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f			397,111,334.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		465,694.			465,694.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real					
		(ii) Personal					
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses					
		<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)			1,225,019.		1,225,019.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 230,446. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	129,354.				
		<b>b</b> Less: direct expenses	84,218.				
<b>c</b> Net income or (loss) from fundraising events			45,136.			45,136.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> Parking Revenue	812930	2,026,658.			2,026,658.		
<b>b</b> Cafeteria Income	722210	1,991,546.			1,991,546.		
<b>c</b> Billing Fees	561000	7,179.	7,179.				
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d		4,025,383.					
<b>12 Total revenue.</b> See instructions.		411,719,066.	396,506,028.	612,485.	5,754,053.		

**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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	233,500.	233,500.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	5,729,756.		5,729,756.	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	160,133,897.	151,014,422.	9,119,475.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	9,052,786.	7,408,532.	1,644,254.	
<b>9</b> Other employee benefits	20,928,159.	18,339,935.	2,588,224.	
<b>10</b> Payroll taxes	11,602,391.	10,705,734.	896,657.	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	3,665,531.	2,088,800.	1,576,731.	
<b>b</b> Legal	397,838.	70,414.	327,424.	
<b>c</b> Accounting	170,987.	57,925.	113,062.	
<b>d</b> Lobbying	54,834.		54,834.	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	344,483.		344,483.	
<b>g</b> Other	26,672,115.	24,341,416.	2,330,699.	
<b>12</b> Advertising and promotion	1,186,263.	153,350.	1,032,913.	
<b>13</b> Office expenses	89,706,532.	88,459,903.	1,246,629.	
<b>14</b> Information technology	4,909,598.	3,584,626.	1,324,972.	
<b>15</b> Royalties				
<b>16</b> Occupancy	2,249,958.	2,005,423.	244,535.	
<b>17</b> Travel	350,141.	291,072.	59,069.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	498,057.	436,146.	61,911.	
<b>20</b> Interest	7,183,082.	6,374,972.	808,110.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	24,054,964.	21,650,227.	2,404,737.	
<b>23</b> Insurance	9,412,415.	1,663,098.	7,749,317.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> Uncollectible Accounts	9,242,249.	9,242,249.		
<b>b</b> Purchased Services	3,073,374.	1,269,690.	1,803,684.	
<b>c</b> Residents	1,727,171.	1,727,171.		
<b>d</b> Other (Dues & Amort.)	876,667.	280,348.	596,319.	
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	393,456,748.	351,398,953.	42,057,795.	0.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

		(A)		(B)	
		Beginning of year		End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>		
	<b>2</b> Savings and temporary cash investments .....	44,002,416.	<b>2</b>	18,755,717.	
	<b>3</b> Pledges and grants receivable, net .....	3,385,348.	<b>3</b>	2,059,806.	
	<b>4</b> Accounts receivable, net .....	49,378,724.	<b>4</b>	45,007,171.	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....	3,353,319.	<b>8</b>	3,349,076.	
	<b>9</b> Prepaid expenses and deferred charges .....	7,009,111.	<b>9</b>	8,490,568.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 526,736,778.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 300,342,674.	229,826,534.	<b>10c</b>	226,394,104.
	<b>11</b> Investments - publicly traded securities .....	73,562,525.	<b>11</b>	103,347,024.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	19,269,361.	<b>12</b>	23,002,320.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	10,205,403.	<b>15</b>	46,996,130.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	439,992,741.	<b>16</b>	477,401,916.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	55,701,495.	<b>17</b>	58,112,260.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....	114,139,751.	<b>20</b>	110,516,221.	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	74,345,107.	<b>25</b>	132,231,880.		
<b>26 Total liabilities.</b> Add lines 17 through 25 .....	244,186,353.	<b>26</b>	300,860,361.		
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	165,169,584.	<b>27</b>	146,516,322.	
	<b>28</b> Temporarily restricted net assets .....	23,050,770.	<b>28</b>	21,337,976.	
	<b>29</b> Permanently restricted net assets .....	7,586,034.	<b>29</b>	8,687,257.	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
	<b>33</b> Total net assets or fund balances .....	195,806,388.	<b>33</b>	176,541,555.	
<b>34</b> Total liabilities and net assets/fund balances .....	439,992,741.	<b>34</b>	477,401,916.		

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	411,719,066.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	393,456,748.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	18,262,318.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	195,806,388.
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	-37,527,151.
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	176,541,555.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant?	X	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form **990** (2011)

**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. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

<b>Name of the organization</b> Greater Baltimore Medical Center, Inc.	<b>Employer identification number</b> 52-6049658
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**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 11, 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.)
  - 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
  - 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
  - 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
  - 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
  - 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
  - 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
  - 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
  - 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
  - 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
    - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
  - e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....		
(ii) A family member of a person described in (i) above? .....		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....		
  - h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2011

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2010.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (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**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2011</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2010</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2011.** 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 - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

**2011**

**Name of the organization**

Greater Baltimore Medical Center, Inc.

**Employer identification number**

52-6049658

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GBMC Foundation  6701 North Charles Street  Baltimore, MD 21204	\$ 8,011,467.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Department of Health & Mental Hygiene  5600 Fishers Lane  Rockville, MD 20857	\$ 278,912.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Kelly Benefit Strategies  301 International Circle  Hunt Valley, MD 21030	\$ 9,144.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Land Preservation Trust  P.O. Box 433  Lutherville, MD 21094	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	Blavatt Glazer Cogan Foundation  3401 Nancy Ellen Way, Ste. 300  Ownings Mills, MD 21117	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

**2011**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

▶ **See separate instructions.**

**If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <p style="text-align: center;">Greater Baltimore Medical Center, Inc.</p>	Employer identification number <p style="text-align: center;">52-6049658</p>
---	---

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

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

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2011

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1 a and 1 b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1 c and 1 d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
<b>c</b> Media advertisements? .....	X		839.
<b>d</b> Mailings to members, legislators, or the public? .....	X		3,357.
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....	X		41,404.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....	X		9,234.
<b>i</b> Other activities? .....		X	
<b>j</b> Total. Add lines 1c through 1i .....			54,834.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

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

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

Part II-B, Line 1, Lobbying Activities:

The amount for other activities includes meetings with GBMC staff,

legislative committees and contracted GBMC lobbyist, as well as amounts

incurred for general research on federal and state healthcare issues.



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

Name of the organization

Greater Baltimore Medical Center, Inc.

Employer identification number

52-6049658

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

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

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

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

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

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

	Amount
c Beginning balance	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	12,868,698.	10,391,609.	9,433,475.	10,781,157.	
b Contributions	1,101,223.	1,025,384.	2,135.	53,262.	
c Net investment earnings, gains, and losses	304,027.	1,484,905.	993,109.	-1,358,011.	
d Grants or scholarships					
e Other expenditures for facilities and programs	38,147.	33,200.	37,110.	42,933.	
f Administrative expenses					
g End of year balance	14,235,801.	12,868,698.	10,391,609.	9,433,475.	

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

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  61.02 %
- c Temporarily restricted endowment  38.98 %

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

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		15,290,673.		15,290,673.
b Buildings		282,655,377.	126,180,527.	156,474,850.
c Leasehold improvements		9,617,857.	4,721,416.	4,896,441.
d Equipment		129,661,320.	100,224,288.	29,437,032.
e Other		89,511,551.	69,216,443.	20,295,108.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				226,394,104.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

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

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Intercompany	45,609,843.
(2) Deferred Assets	1,341,728.
(3) Other Assets	44,559.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	46,996,130.

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Third Party Advances	15,204,000.
(3) Pensions Liability	50,838,693.
(4) Other Liabilities	1,997,435.
(5) Capital Leases	30,903,476.
(6) Insurance Reserve	32,474,431.
(7) Charitable Gift Annuity	813,845.
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	132,231,880.

FIN 48 (ASC 740) Footnote. In Part XIV, 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).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	411,719,066.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	393,456,748.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	18,262,318.
4	Net unrealized gains (losses) on investments	4	360,057.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-37,887,208.
9	Total adjustments (net). Add lines 4 through 8	9	-37,527,151.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-19,264,833.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	413,268,360.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	360,057.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	-344,482.
e	Add lines 2a through 2d	2e	15,575.
3	Subtract line 2e from line 1	3	413,252,785.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	-1,533,719.
c	Add lines 4a and 4b	4c	-1,533,719.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	411,719,066.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	394,015,152.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	394,015,152.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	-558,404.
c	Add lines 4a and 4b	4c	-558,404.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	393,456,748.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, line 4:

GMBC Investments holds and manages the endowment of the Hospital. Intended

uses of the organization's Endowment Funds:

1) Research - Support clinical research performed at Greater Baltimore

Medical Center.

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

3) Special Programs - Rehabilitation services for low vision and

blindness, human genetics and the Center for Nursing Excellence.

**Part XIV Supplemental Information** (continued)

4) General Support for Greater Baltimore Medical Center.

Part X, Line 2: Greater Baltimore Medical Center, Inc., as an

affiliate of GBMC Healthcare, Inc. & Subsidiaries, has accounted for

uncertain tax positions in accordance with ASC740 and has determined that

these positions, as a whole, are immaterial.

Part XI, Line 8 - Other Adjustments:

Pediatric Surgery	-152,309.
Equity in Earnings	1,549,260.
Transfer to Affiliates	-6,527,845.
Pension Expense	-32,756,314.
Total to Schedule D, Part XI, Line 8	-37,887,208.

Part XII, Line 2d - Other Adjustments:

Investment Fee reclassified to expense	-344,482.
--	-----------

Part XII, Line 4b - Other Adjustments:

Event Expense, netted from revenue	-84,218.
Pediatric Surgery (Rev - Allowance) - netted from revenue	-514,054.
Pediatric Surgery - Capital Contribution	-935,447.
Total to Schedule D, Part XII, Line 4b	-1,533,719.

Part XIII, Line 4b - Other Adjustments:

Investment Fee reclassified to expense	344,482.
Event Expense, netted from revenue	-84,218.
Pediatric Surgery	-818,668.
Total to Schedule D, Part XIII, Line 4b	-558,404.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Father's Day 5K (event type)	GBMC Golf Outing (event type)	1 (total number)	
Revenue	<b>1</b> Gross receipts .....	109,502.	188,996.	61,302.	359,800.
	<b>2</b> Less: Charitable contributions .....	51,552.	137,264.	41,630.	230,446.
	<b>3</b> Gross income (line 1 minus line 2) .....	57,950.	51,732.	19,672.	129,354.
Direct Expenses	<b>4</b> Cash prizes .....			7,505.	7,505.
	<b>5</b> Noncash prizes .....		25,288.		25,288.
	<b>6</b> Rent/facility costs .....		15,271.		15,271.
	<b>7</b> Food and beverages .....		14,415.		14,415.
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	20,126.	662.	951.	21,739.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( 84,218 )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				45,136.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				( _____ )	
<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 .....					

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_





**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

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

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .....	X	
<b>b</b> If "Yes," was it a written policy? .....	X	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. <b>a</b> Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ..... <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>300</u> %	X	
<b>b</b> Did the organization use FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ..... <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>300</u> %	X	
<b>c</b> If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? .....	X	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? .....		X
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? .....		
<b>6a</b> Did the organization prepare a community benefit report during the tax year? .....	X	
<b>b</b> If "Yes," did the organization make it available to the public? .....	X	

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

<b>7 Financial Assistance and Certain Other Community Benefits at Cost</b>	<b>(a)</b> Number of activities or programs (optional)	<b>(b)</b> Persons served (optional)	<b>(c)</b> Total community benefit expense	<b>(d)</b> Direct offsetting revenue	<b>(e)</b> Net community benefit expense	<b>(f)</b> Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) .....			15,092,027.	9,741,055.	5,350,972.	1.39%
<b>b</b> Medicaid (from Worksheet 3, column a) .....						
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs .....			15,092,027.	9,741,055.	5,350,972.	1.39%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....			884,163.	2,959.	881,204.	.23%
<b>f</b> Health professions education (from Worksheet 5) .....			10,679,079.	59,875.	10,619,204.	2.76%
<b>g</b> Subsidized health services (from Worksheet 6) .....			732,197.	167,367.	564,830.	.15%
<b>h</b> Research (from Worksheet 7) .....			499,280.		499,280.	.13%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....			38,375.		38,375.	.01%
<b>j Total.</b> Other Benefits .....			12,833,094.	230,201.	12,602,893.	3.28%
<b>k Total.</b> Add lines 7d and 7j .....			27,925,121.	9,971,256.	17,953,865.	4.67%



Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 1

Name and address

1 Greater Baltimore Medical Center
6701 North Charles Street
Baltimore, MD 21204

Table with 8 columns: Licensed hospital, General medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, and Other (describe). Row 1 contains 'X' marks and 'Skilled Nursing Facility'.

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: Greater Baltimore Medical Center

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 7 are optional for tax year 2011)		
<b>1</b> During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8		X
If "Yes," indicate what the Needs Assessment describes (check all that apply):		
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
<b>2</b> Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 _____		
<b>3</b> In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted		
<b>4</b> Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		
<b>5</b> Did the hospital facility make its Needs Assessment widely available to the public?		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
<b>6</b> If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in its community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
<b>7</b> Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		
<b>Financial Assistance Policy</b>		
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>8</b> Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
<b>9</b> Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>300</u> %		
If "No," explain in Part VI the criteria the hospital facility used.		

**Part V Facility Information** (continued) Greater Baltimore Medical Center

	Yes	No
<b>10</b> Used FPG to determine eligibility for providing <i>discounted care</i> ? ..... If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>300</u> % If "No," explain in Part VI the criteria the hospital facility used.	X	
<b>11</b> Explained the basis for calculating amounts charged to patients? ..... If "Yes," indicate the factors used in determining such amounts (check all that apply): a <input checked="" type="checkbox"/> Income level b <input checked="" type="checkbox"/> Asset level c <input checked="" type="checkbox"/> Medical indigency d <input checked="" type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input checked="" type="checkbox"/> Medicaid/Medicare g <input checked="" type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	X	
<b>12</b> Explained the method for applying for financial assistance? .....	X	
<b>13</b> Included measures to publicize the policy within the community served by the hospital facility? ..... If "Yes," indicate how the hospital facility publicized the policy (check all that apply): a <input type="checkbox"/> The policy was posted on the hospital facility's website b <input type="checkbox"/> The policy was attached to billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility f <input type="checkbox"/> The policy was available on request g <input checked="" type="checkbox"/> Other (describe in Part VI)	X	

**Billing and Collections**

<b>14</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? .....	X	
<b>15</b> 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 patient's eligibility under the facility's FAP: a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input checked="" type="checkbox"/> Other similar actions (describe in Part VI)		
<b>16</b> Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? ..... If "Yes," check all actions in which the hospital facility or a third party engaged: a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input checked="" type="checkbox"/> Other similar actions (describe in Part VI)	X	
<b>17</b> Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply): ..... a <input checked="" type="checkbox"/> Notified patients of the financial assistance policy on admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input checked="" type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input checked="" type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Part VI)		

**Part V Facility Information** (continued) Greater Baltimore Medical Center

**Policy Relating to Emergency Medical Care**

		Yes	No
<b>18</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....	X	
If "No," indicate why:			
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
<b>d</b>	<input type="checkbox"/> Other (describe in Part VI)		

**Individuals Eligible for Financial Assistance**

<b>19</b>	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.		
<b>a</b>	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
<b>b</b>	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
<b>c</b>	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Part VI)		
<b>20</b>	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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? .....		X
If "Yes," explain in Part VI.			
<b>21</b>	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient? .....		X
If "Yes," explain in Part VI.			



**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Part I, Line 7: Cost of Charity Care was calculated using the

cost-to-charge ratio prescribed in the instructions to Worksheet 2.

Maryland's regulatory system creates a unique process for hospital payment

that differs from the rest of the nation. The Health Services Cost Review

Commission (HSCRC) determines payment through a rate setting process and

all payors, including governmental payors, pay the same amount for the

same services delivered at the same hospital. Maryland's unique all payor

system includes a method for referencing Uncompensated Care in each

payors' rates, which does not enable Maryland hospitals to breakout any

offsetting revenue related to Uncompensated Care.

Part I, Line 7f, Column c: The amount of bad debt expense excluded from

the calculation of the percentage of total expenses is \$9,242,249.

Part I, Line 7g: GBMC supports coverage of specialty services

(orthopedics, anesthesia, general surgery, etc.) provided in the emergency

room to Medicaid and uninsured patient populations by ensuring payment of

the physician professional fees for surgical related cases. GBMC also

employs a full-time Geriatric Nurse Practitioner whose sole responsibility



**Part VI Supplemental Information**

is to provide education and primary care services at Towson area low income senior living facilities. During FY12, GBMC opened a OB Clinic designed specifically to ensure that adequate prenatal care is available to Medicaid and uninsured patients.

Part II: GBMC's has contributed \$500,000 over a 5-year period to a statewide Maryland initiative that is investing in nursing by ensuring the anticipated future demand and need for nursing care is adequately met. In addition, GBMC partners with the Christo Rey organization through a \$25,000 annual sponsorship that allows for practical job skills to be gained by at-risk high-school students through sponsorship of a student in an on-site work/study role. GBMC has also committed \$35,000 to Baltimore County to help fund the start-up costs of the State Health Improvement Process (SHIP) initiative, with the ultimate hope that better data will become available that assists both the County and individual hospitals in meeting unmet community healthcare needs.

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 GBMC's Assumptive Financial Assistance Program. The Program is run in partnership with TransUnion credit reporting agency. All self pay accounts and those previously identified as charity care are referred to TransUnion, who utilizes a proprietary credit scoring system to determine likelihood of ability to pay based on estimated income and family size. The results from the TransUnion credit scoring are compared to GBMC's Financial Assistance eligibility criteria and a decision is made to write off or to pursue collection.

**Part VI Supplemental Information**

Greater Baltimore Medical Center:

Part V, Section B, Line 13g: The hospital provides a Permission & Acknowledgements document, which among other things, summarizes the hospital's financial assistance policy. The document is provided to patients at the time of admission and included within the invoice billing. In addition, each invoice notes the availability of financial assistance to patients that believe they are unable to pay. The existence of financial assistance is also visibly displayed within areas of patient flow, such as the emergency department, registration kiosks, surgical service areas, etc.

Greater Baltimore Medical Center:

Part V, Section B, Line 15e: Three invoices are sent to the patient and two follow-up phone calls are made. Patients are provided with information regarding the financial assistance application process. Primary collection agencies do not credit report.

Greater Baltimore Medical Center:

Part V, Section B, Line 16e: Three invoices are sent to the patient and two follow-up phone calls are made. Patients are provided with information regarding the financial assistance application process. Primary collection agencies do not credit report.

Greater Baltimore Medical Center:

**Part VI Supplemental Information**

Part V, Section B, Line 19d: GBMC uses objective criteria in accordance

with the Maryland State Uniform Financial Assistance application to

determine the eligible charity care reduction from the Maryland Health

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

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

generally eligible for 100% financial assistance. Applicants with income

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

utilizing criteria outlined in the policy which considers net income

relative to monthly expenses.

Part VI, Line 2: Greater Baltimore Medical Center (GBMC) completes a

GAP 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. GBMC maintains an inter-disciplinary Community Needs Advisory

Committee, with representation from the Board of Directors, Outreach

Services, Compliance, Finance, Legal, Spiritual Support, and other clinic

based areas, which meets monthly to evaluate, debate and approve community

based initiatives. In addition, the Committee reports directly to the

President and Chief Executive Officer. Refer to Exhibit 1 for a GBMC

publication highlighting recent community benefit activities.

Part VI, Line 3: GBMC educates patients about their eligibility for

governmental assistance and organization charity care assistance in many

ways, starting with the intake process. A summary of the financial

**Part VI Supplemental Information**

assistance policy is posted, along with contact information at all registration areas, the emergency room, and the billing office. When patients are registered, they are provided with a financial assistance brochure and are handed a "Permissions/Acknowledgment" (signed by the patient). This form explains the hospital's financial assistance policy and provides GBMC phone numbers and a website. Also stated on the form is information for how GBMC representatives can assist with applying for Maryland Medical Assistance. GBMC also contracts with outside agencies to help with the medical assistance eligibility process. Lastly, a statement about financial assistance and a copy of GBMC's policy accompanies all bills to patients.

Part VI, Line 4: Greater Baltimore Medical Center, Inc. ("GBMC") is a private, not-for-profit, 285 bed, regional medical center. It is located in Towson, Maryland, a suburban Baltimore County community two miles north of Baltimore City. GBMC's primary service area includes all of Baltimore County, the northern portion of Baltimore City, and portions of Carroll and Harford Counties. The population in GBMC's service area has traditionally been affluent. In 2009, Baltimore County had a poverty level of 8.3%. In FY2009, GBMC's service area patients were 1.47% self-pay and 5.26% Medicaid. GBMC's patients for that same period were 1.9% self-pay and 5.1% Medicaid.

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

**Part VI Supplemental Information**

intern and resident education programs in Internal Medicine, Gynecology,  
 Ophthalmology, Otolaryngology, and Colo-Rectal surgery. Most recently,  
 GBMC has invested in a geriatric nurse practitioner program whose sole  
 responsibility is to provide education and primary care services to  
 low-income senior living facilities in the local service area. GBMC  
 continues to fund anesthesia, obstetrical, and orthopedic services to  
 Medicaid and uninsured patient populations. GBMC has generally covered  
 this by agreeing to provide physician payment for surgical cases coming  
 through the emergency department where the patient is considered to be  
 indigent.

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

MD

**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" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.**

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Cristo Rey Internship Program, Inc. - 420 South Chester - Baltimore, MD 21231	20-5300491	501(c)(3)	0.	25,000.			See Part IV
Maryland Healthcare Education Institute - 6820 Deerpath Road - Elkridge, MD 21075-6234	04-3511768	501(c)(3)	0.	108,500.			See Part IV
American Heart Association 415 North Charles Street Baltimore, MD 21297	13-5613797	501(c)(3)	0.	7,500.			See Part IV
GBMC Healthcare, Inc. 6701 North Charles Street Baltimore, MD 21204	52-1484872	501(c)(3)	0.	50,000.			See Part IV
Maryland Hospital Association 6820 Deerpath Road Elkridge, MD 21075-6234	52-0647639	501(c)(6)	0.	35,000.			See Part IV

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **4.**
- 3** Enter total number of other organizations listed in the line 1 table **1.**

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

Schedule I (Form 990) (2011)

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

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

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Schedule I, Part I, Line 2:

The organization's procedures for monitoring the use of grant funds in

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

Advisory Committee and are based on unique and identified needs.

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

grantors. Additionally, field visits are conducted.

Part II, line 1, Column (h):

Name of Organization or Government: Cristo Rey Internship Program, Inc.

**Part IV Supplemental Information**

(h) Purpose of Grant or Assistance: To make a private, college - preparatory education affordable to urban young people from Baltimore.

Name of Organization or Government: Maryland Healthcare Education Institute

(h) Purpose of Grant or Assistance: MHA assistance in partnership with other organizations throughout the state to end Maryland's chronic nursing shortages.

Name of Organization or Government: American Heart Association

(h) General support

Name of Organization or Government: GBMC Healthcare, Inc.

(h) General support for GBMC Healthcare, Inc.

Name of Organization or Government: Maryland Hospital Association

(h) Participation in the State Health Improvement Initiative.



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public Inspection

Name of the organization

Greater Baltimore Medical Center, Inc.

Employer identification number

52-6049658

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</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		X
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	X	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <b>a</b> Receive a severance payment or change-of-control payment? <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	X X X	
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <b>a</b> The organization? <b>b</b> Any related organization? If "Yes" to line 5a or 5b, describe in Part III.		X X
<b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <b>a</b> The organization? <b>b</b> Any related organization? If "Yes" to line 6a or 6b, describe in Part III.		X X
<b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		X
<b>8</b> Were any amounts reported in 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		X
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

Schedule J (Form 990) 2011

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Ronald F. Tutrone, Jr., M.D.	(i)	250,000.	0.	0.	0.	0.	250,000.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 John B. Chessare, M.D.	(i)	623,200.	132,750.	26,962.	84,856.	24,677.	892,445.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 Mr. Eric L. Melchior	(i)	387,620.	558,817.	31,878.	15,687.	20,667.	1,014,669.	376,475.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 Mr. Keith R. Poisson	(i)	361,114.	66,472.	32,643.	90,561.	27,193.	577,983.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 John R. Saunders, M.D.	(i)	476,585.	43,636.	35,602.	45,600.	18,638.	620,061.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 Mr. George E. Bayless	(i)	221,615.	34,544.	4,959.	34,516.	26,922.	322,556.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 Mr. John W. Ellis	(i)	343,368.	68,230.	26,976.	105,025.	19,338.	562,937.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 Mr. Michael A. Forthman	(i)	185,305.	24,597.	9,731.	21,039.	26,113.	266,785.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 Mrs. Carolyn L. Candiello	(i)	146,993.	18,291.	13,382.	24,998.	18,552.	222,216.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 Mrs. Catherine Hamel	(i)	76,546.	44,587.	4,027.	12,277.	13,662.	151,099.	0.
	(ii)	90,017.	0.	298.	2,890.	18,560.	111,765.	0.
11 Mrs. Joanne Porter	(i)	242,762.	38,157.	32,133.	57,770.	11,592.	382,414.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 Mrs. Tressa B. Springmann	(i)	284,672.	43,834.	12,074.	42,721.	10,643.	393,944.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 Reginald J. Davis, M.D.	(i)	1,293,685.	118,700.	516.	13,150.	23,627.	1,449,678.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 Bimal G. Rami, M.D.	(i)	594,643.	420,663.	108.	12,375.	26,808.	1,054,597.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 Gary I. Cohen, M.D.	(i)	519,177.	232,631.	792.	15,600.	20,167.	788,367.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16 Neri M. Cohen, M.D.	(i)	590,782.	100,000.	348.	12,205.	26,157.	729,492.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Lauren A. Schnaper, M.D.	(i)	521,277.	62,500.	792.	15,600.	18,638.	618,807.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 Mrs. Catherine Boyne	(i)	0.	0.	19,293.	0.	0.	19,293.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 Mr. Mark Thomas (Left 6/11)	(i)	114,152.	0.	35,646.	0.	8,744.	158,542.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 Rodney Williams, M.D.	(i)	0.	0.	519,499.	0.	13,578.	533,077.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

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

Part I, Line 1a: The executives of the organization have a limited

accountable plan (expenses have to be supported with receipts) for the

following expenses: financial and legal counseling, club memberships,

tuition, health equipment, and medical expenses not covered by an insurance

plan. The reimbursements range from \$3,000 to \$5,000 per year and are

grossed-up for income tax purposes.

Part I, Line 1b: Although not all the benefits identified in Schedule

J, Part I, Line 1a are set forth in written policies, the Compensation

Committee of Greater Baltimore Medical Center, Inc.'s parent organization,

GBMC Healthcare, Inc. periodically reviews all benefits provided to

executives, including those benefits specifically identified.

Part I, Lines 4a-b: Part I, Line 4a: The following individuals received

severance payments during the year:

- Former Sr. Vice President Medical Affairs received severance payments

totaling \$522,210 in calendar year 2011.

- Former President Gilchrist Hospice Care, Inc., a subsidiary of GBMC

Healthcare, Inc. received severance payments totaling \$18,832 for the

**Part III Supplemental Information**

Complete this part to 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.

calendar year ending 2011.

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

supplemental retirement plan. GBMC Healthcare has a non-qualified

supplemental retirement plan. This plan was approved by the Compensation

Committee of the GBMC Healthcare Board of Directors to supplement the

executive's retirement income. The supplemental retirement plan was

developed based on an independent consultant report on market-based

practices for supplemental retirement plans. The percentage of final

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

provisions were established, reviewed, and approved by the compensation

committee. The contributions to the supplemental non-qualified retirement

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

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

individuals participated in this supplemental non-qualified retirement

plan:

John R. Chessare, M.D. - \$84,375 Earned, \$0 Paid

Mr. George E. Bayless - \$22,726 Earned, \$0 Paid

**Part III Supplemental Information**

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

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

Mr. John W. Ellis - \$91,875 Earned, \$0 Paid

Mr. Michael A. Forthman - \$10,637 Earned, \$0 Paid

Mrs. Catherine Hamel - \$4,306 Earned, \$0 Paid

Mr. Eric L. Melchior - \$0 Earned, \$376,475 Paid

Mr. Keith Poisson - \$77,411 Earned, \$0 Paid

Mrs. Joanne Porter - \$42,479 Earned, \$0 Paid

John R. Saunders, M.D. - \$30,000 Earned, \$0 Paid

Mrs. Tressa B. Springmann - \$27,129 Earned, \$0 Paid

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

relied on its parent, GBMC Healthcare, Inc., to set compensation for

Greater Baltimore Medical Center, Inc.'s president. GBMC Healthcare, Inc.

used a Compensation Committee, an independent compensation consultant, a

written employment contract, a compensation survey or study, and an

approval by a board or Compensation Committee to establish the top

management official's compensation.

**Supplemental Information on Tax-Exempt Bonds**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

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

**Part I Bond Issues** See Part VI for Column (f) Continuations

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> MD Health & Higher Ed. Fac. Auth	52-0936091	574218BX0	04/20/11	67,785,219.	Building Renovation and Refund Series 2009.		X		X		X
<b>B</b> MD Health & Higher Ed. Fac. Auth	52-0936091	574218EY5	04/11/12	36,317,095.	Building Renovation and Refund Series 2001.		X		X		X
<b>C</b>											
<b>D</b>											

**Part II Proceeds**

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

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property?	X		X					

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

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....	X		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? .....	X		X					
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		X		X				
<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? .....								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		1.74 %		.72 %		%		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....		.00 %		.00 %		%		%
<b>6</b> Total of lines 4 and 5 .....		1.74 %		.72 %		%		%
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? .....	X		X					

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? .....		X		X				
<b>2</b> Is the bond issue a variable rate issue? .....		X		X				
<b>3a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		X		X				
<b>b</b> Name of provider .....								
<b>c</b> Term of hedge .....								
<b>d</b> Was the hedge superintergrated? .....								
<b>e</b> Was the hedge terminated? .....								
<b>4a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X		X				
<b>b</b> Name of provider .....								
<b>c</b> Term of GIC .....								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....								
<b>5</b> Were any gross proceeds invested beyond an available temporary period? .....								
<b>6</b> Did the bond issue qualify for an exception to rebate? .....		X		X				

**Part V Procedures To Undertake Corrective Action**

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations  Yes  No

**Part VI Supplemental Information.** Complete this part to provide additional information for responses to questions on Schedule K.

See Part VI Supplemental Explanation sheet



**Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K.**

Schedule K, Part I, Bond Issues:

(a) Issuer Name: MD Health & Higher Ed. Fac. Auth

(f) Description of Purpose: Building Renovation and Refund Series 2009.

(a) Issuer Name: MD Health & Higher Ed. Fac. Auth

(f) Description of Purpose: Building Renovation and Refund Series 2001.



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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Ms. Bonnie Stein	Board Member	142,000.	See Part V		X
Howard Siegel, M.D.	Former Board Member	518,653.	See Part V		X
Mr. Herbert Belgrad	Board Member	105,665.	See Part V		X
John Wogan, M.D.	Vice Chief of Staff	89,089.	See Part V		X
Ronald Tutrone, M.D.	Board Member	300,000.	See Part V		X

**Part V Supplemental Information**

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

Ms. Bonnie Stein is an EVP at PNC Bank, which is the trustee for many of GBMC's investments.

Howard Siegel, M.D. is a partner in a PA that provides pathology services to GBMC.

Mr. Herbert Belgrad is a partner in Tydings & Rosenberg LLP that provides legal services to GBMC.

John Wogan, M.D. is a partner in a PA that provides educational services to GBMC.

Ronald Tutrone, M.D. is a partner in Chesapeake Urology Associates that provides research services to GBMC.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization Greater Baltimore Medical Center, Inc.	Employer identification number 52-6049658
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Form 990, Part I, Line 1, Description of Organization Mission:

leading to health, healing and hope.

Form 990, Part III, Line 1

Description of Organization Mission:

Greater Baltimore Medical Center's primary exempt purpose is as

follows:

(1) To organize, build, erect, equip, manage and operate exclusively for charitable purposes, a non-profit general hospital and medical center for the care of the sick, and to furnish medical and surgical attendance therein in any form in the care of sick, afflicted, infirm or injured persons; provided, however, the operations are not to be exclusively for those who are able and expected to pay but to the extent of financial ability are to be for those not able to pay for the services rendered, and the facilities are not to be restricted to a particular group of physicians and surgeons except to the extent that discretionary authority in the management may impose limitations based upon the qualifications of those applying or upon the size and nature of the facilities, and no part of its net earnings are to inure directly or indirectly to the benefit of any private shareholder or individual.

(2) To organize, build, erect, equip, manage and operate a school or schools for training physicians, surgeons, nurses and others, and to educate and train any such persons in the care of sick, afflicted, infirm, or injured persons by teaching medicine, hygiene, surgery and everything having to do with the physical well-being of individuals.

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

Schedule O (Form 990 or 990-EZ) (2011)

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(3) To engage in any activity and to do anything and everything that may be necessary, expedient or incidental to the purposes stated in paragraphs (1) and (2).

(4) To have and to exercise to the extent necessary or desirable for the accomplishment of any of the aforesaid purposes, and to the extent that they are not inconsistent with the charitable purposes of the corporation, and the limitations imposed by section 501(c)(3) of the Internal Revenue Code, any and all powers conferred upon corporations by the Maryland General Corporation law.

Form 990, Part III, Line 4d, Other Program Services:

Laboratory Service; Radiology - Therapeutic; Residency Program; Magnetic Resonance Imaging; Physician Practices; Cardiac Catherization; Other Program Services  
Expenses \$ 80,851,598. incl grants of \$ 233,500. Revenue \$ 67,388,603.

Form 990, Part VI, Section A, line 6: The Board of Directors of GBMC

Healthcare, Inc. is the governing body for the organization. GBMC Healthcare, Inc. is the parent corporation and sole stockholder of the organization. The business and affairs of the organization are managed under the direction of its Board of Directors except as reserved to the stockholder, GBMC Healthcare, Inc. in accordance with the bylaws such as:

- A) To change the mission, purpose, philosophy or objectives of the organization
- B) To amend the bylaws of the organization
- C) To dissolve, to consolidate or to merge the organization
- D) To ratify the election of the president or other officers of the

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

organization

E) To remove the president or other officers of the organization

F) To elect members of the Board of Directors of the organization

G) To remove members of the Board of Directors of the organization

H) To purchase, sell or encumber with debt

I) To sell all or substantially all of the organization's assets, or to

undertake major expansion projects

J) To approve the annual operating and capital budgets of the organization

K) To appoint general counsel to and the fiscal auditor of the organization

L) To set the fiscal year of the organization

M) To issue additional stock, following the initial issuance of stock

Form 990, Part VI, Section A, line 7a: See Form 990, Part VI, Section A,

Line 6 Description

Form 990, Part VI, Section A, line 7b: See Form 990, Part VI, Section A,

Line 6 Description

Form 990, Part VI, Section B, line 11: The Audit committee of Greater

Baltimore Medical Center, Inc.'s supported parent organization, GBMC

Healthcare, Inc., reviews this Form 990. A copy of the Form 990 is provided

to the full Board of Directors of the Hospital and GBMC Healthcare prior to

filing.

Form 990, Part VI, Section B, Line 12c: Annually, every board member,

physician, advanced practitioner and manager (which includes key employees)

must complete a comprehensive questionnaire that provides for the

disclosure of potential conflicts. All disclosures are reviewed by the

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Name of the organization Greater Baltimore Medical Center, Inc.	Employer identification number 52-6049658
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Compliance Officer. Those disclosures that are questionable or may rise to the level of a conflict are discussed with the Chief Legal Officer and appropriate action is taken, if necessary. A summary of disclosures is provided to the Audit Committee (for management) and to the Governance Committee (for Board members) annually.

Form 990, Part VI, Section B, Line 15: The compensation of GBMC's president and key employees is determined by a subcommittee of its parent organization, GBMC Healthcare's, Board of Directors. The Compensation Committee of the Board of Directors is chartered with the responsibility to assure GBMC pays competitive salaries to the executives. The approach that is taken is based on current market "best practices" for non-profit organizations. The committee meets at least 6 times annually to review and discuss executive's salaries and benefits. The steps taken are as follows:

- 1) An independent executive compensation consultant was selected based on an RFP process and face-to-face interviews were conducted.
- 2) Once selected, the compensation consultant compiled, independently, salary survey data of similar size organizations from throughout the country.
- 3) The survey data is presented to the Compensation Committee with the national survey data; various surveys are categorized by size of organization, academic and non-academic, system and community-based hospitals.
- 4) The data is categorized by executive position, and a salary range is recommended by the compensation specialist.
- 5) Base salary of an individual executive is based on survey results, years of experience and performance.

Name of the organization Greater Baltimore Medical Center, Inc.	Employer identification number 52-6049658
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- 6) A recommendation is made to the Compensation Committee by the CEO for salary rates for the vice presidents.
- 7) The Compensation Committee either accepts or modifies the recommendation from the CEO for base salary adjustments.
- 8) The Compensation Committee determines the salary adjustment for the CEO based on national salary survey data, years of experience and performance.
- 9) The incentive bonus is determined based on actual results compared with the plan document and recommendation is made to the Compensation Committee for approval or modification.
- 10) The amount of bonus is determined by the criteria stated in the incentive plan document and is also based on current market practices from national surveys.
- 11) Survey of executive benefits is also reviewed by the compensation consultants to assure reasonableness.
- 12) The compensation consultant provides a written document on the reasonableness of the salaries being paid.
- 13) The Board of Directors reviews and approves the decisions of the Compensation Committee.

Form 990, Part VI, Section C, Line 19: The governing documents are located on the State of Maryland Department of Taxation's website. Financial statements are made public through the State of Maryland Charitable Registration. Financial statements for GBMC Healthcare, Inc. are also available through the Electronic Municipal Market Access (EMMA) website via the continuing disclosure document. The Conflict of Interest policy is not available to the public.



Name of the organization Greater Baltimore Medical Center, Inc.	Employer identification number 52-6049658
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During the fiscal year, these individuals devoted the following

estimated hours each week to a related organization:

The Honorable Vicki Ballou-Watts: 3

Mr. Herbert J. Belgrad: 2

Mrs. Sandra Berman: 2

Ms. Kara C. King Bess: 2

Robert K. Brookland, M.D.: 3

John B. Chessare, M.D.: 17

Mr. Charles C. Fenwick, Jr.: 3

Mr. Samuel Heffner: 2

Mr. Frederick M. Hudson: 2

Mr. Harry S. Johnson: 2

Theda C. Kontis, M.D.: 2

Mr. Thomas H. Maddux: 2

Mr. Anthony Milando: 2

Ms. Patricia J. Mitchell: 2

Mr. Frank R. Palmer: 2

Mrs. Mary Stuart Rodgers: 2

Mr. Stephen T. Scott: 2

Mr. Robert A. Shelton: 2

Mr. Bernard Siegel: 2

Mr. Stuart O. Simms: 2

Ms. Bonnie R. Stein: 1

Mr. James B. Stradtner: 2

Mr. Steven A. Thomas: 3

Ms. Marion G. Thompson: 2

Harold Tucker, M.D.: 2

Ronald F. Tutrone, Jr., M.D.: 2

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Name of the organization Greater Baltimore Medical Center, Inc.	Employer identification number 52-6049658
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- Mrs. Mary B. Wieler: 2

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- John M. Wogan, M.D.: 2

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- Mr. George E. Bayless: 11

---

- Mrs. Carolyn L. Candiello: 1

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- Mr. John W. Ellis: 10

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- Mr. Michael A. Forthman: 5

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- Mrs. Catherine Hamel: 35

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- Mr. Eric L. Melchior: 20

---

- Mr. Keith R. Poisson: 12

---

- Mrs. Joanne Porter: 1

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- John R. Saunders, M.D.: 1

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- Mrs. Tressa B. Springmann: 5

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Form 990, Part XI, line 5, Changes in Net Assets:

Net unrealized gains on investments:	360,057.
Pediatric Surgery	-152,309.
Equity in Earnings	1,549,260.
Transfer to Affiliates	-6,527,845.
Pension Expense	-32,756,314.
Total to Form 990, Part XI, Line 5	-37,527,151.

**Related Organizations and Unrelated Partnerships**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

**2011**  
**Open to Public**  
**Inspection**

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

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Finney Trimble Surgical Associates, LLC - 27-0277242, 6535 North Charles Street, Suite 510, Towson, MD 21204	Surgical physician practice	Maryland	-413,223.	408,997.	Greater Baltimore Medical Center, Inc.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
GBMC Foundation, Inc. - 52-1411935 6701 North Charles Street Baltimore, MD 21204	Fundraising	Maryland	501(c)(3)	Line 7: 170(b)(1)(a)	GBMC Healthcare, Inc.		X
Gilchrist Hospice Care, Inc. - 52-1851251 11311 McCormick Road No. 350 Hunt Valley, MD 21031	Hospice Service	Maryland	501(c)(3)	Line 3: 170(b)(1)(a)	GBMC Healthcare, Inc.		X
GBMC Investments, Inc. - 52-1040300 6701 North Charles Street Baltimore, MD 21204	Investment Management	Maryland	501(c)(3)	Line 11, Type II:	GBMC Healthcare, Inc.		X
Diversified Health Enterprises, Inc. - 52-1725005, 6701 North Charles Street, Baltimore, MD 21204	Health Services	Maryland	501(c)(3)	Line 11, Type II:	GBMC Healthcare, Inc.		X

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

Schedule R (Form 990) 2011

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
Diversified Nurses, Inc. - 52-1305904 6701 North Charles Street Baltimore, MD 21204	Nursing Services	Maryland	501(c)(3)	Line 9: 509(a)(2)	GBMC Healthcare, Inc.		X
Diversified Health Services, Inc. - 52-1331933, 6701 North Charles Street, Baltimore, MD 21204	Health Services	Maryland	501(c)(3)	Line 9: 509(a)(2)	GBMC Healthcare, Inc.		X
GBMC Land, Inc. - 52-1413360 6701 North Charles Street Baltimore, MD 21204	Real Estate Property	Maryland	501(c)(3)	Line 11, Type I:	GBMC Healthcare, Inc.		X
GBMC Healthcare, Inc. - 52-1484872 6701 North Charles Street Baltimore, MD 21204	Real Estate Property	Maryland	501(c)(3)	Line 7: 170(b)(1)(a)	N/A		X
Presbyterian Eye, Ear, and Throat Charity Hospital - 52-0449990, 2639 Queensland Drive, Ellicott City, MD 21093	Fundraising	Maryland	501(c)(3)	Line 11, Type III-FI:	Greater Baltimore Medical Center, Inc.		X
Milton J. Dance, Jr. Endowment, Inc. - 52-1104173, 409 Washington Avenue, Baltimore, MD 21204	Fundraising	Maryland	501(c)(3)	Line 11, Type III-FI:	Greater Baltimore Medical Center, Inc..		X
Women's Hospital Foundation, Inc. - 52-0591609, P.O. Box 166, Riderwood, MD 21139	Fundraising	Maryland	501(c)(3)	Line 11, Type III-FI:	Greater Baltimore Medical Center, Inc.		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
GBMC Medical Arts, LP - 52-1412751, 6701 North Charles Street, Baltimore, MD 21204	Real Estate Mgt	MD	N/A	N/A				X	N/A		X	
GBMC Medical Arts Pavilion West, LP - 52-1899034, 6701 North Charles Street, Baltimore, MD 21204	Real Estate Mgt	MD	N/A	N/A				X	N/A		X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
GBMC Agency, Inc. - 52-1411931 6701 North Charles Street Baltimore, MD 21204	Investments	MD	N/A	C CORP			.00%
GBMC Management, Inc. - 52-1411974 6701 North Charles Street Baltimore, MD 21204	Management Co.	MD	N/A	C CORP			.00%
GBMC Finance Corporation - 52-1863069 6701 North Charles Street Baltimore, MD 21204	Financing Agent	MD	N/A	C CORP			.00%
GBMC Finance Corporation II - 52-1836142 6701 North Charles Street Baltimore, MD 21204	Financing Agent	MD	N/A	C CORP			.00%
GBMC Finance Corporation III - 52-1836144 6701 North Charles Street Baltimore, MD 21204	Financing Agent	MD	N/A	C CORP			.00%



**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			







**Exempt Organization Declaration and Signature for Electronic Filing**

For calendar year 2011, or tax year beginning JUL 1, 2011, and ending JUN 30, 20 12

**2011**

Department of the Treasury  
Internal Revenue Service

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

▶ **See instructions.**

Name of exempt organization <p style="text-align: center;">Greater Baltimore Medical Center, Inc.</p>	Employer identification number <p style="text-align: center;">52-6049658</p>
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**Part I Type of Return and Return Information** (Whole Dollars Only)

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

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b>	411719066
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b>	
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b>	
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b>	
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance due</b> (Form 8868, Part I, line 3c or Part II, line 8c) .....	<b>5b</b>	

**Part II Declaration of Officer**

- I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

<b>Sign Here</b> ▶			<b>CFO</b> Title
	Signature of officer	Date	

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

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

<b>ERO's Use Only</b>	ERO's signature ▶	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN P00364424
	Firm's name (or yours if self-employed), address, and ZIP code ▶	DELOITTE TAX LLP 1750 TYSONS BLVD MCLEAN, VA 22102-4219			EIN 86-1065772 Phone no. (703) 251-1000

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no.