

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2011

Prepared for	Greater Baltimore Medical Center, Inc. 6701 North Charles Street Baltimore, MD 21204
Prepared by	DELOITTE TAX LLP 1750 TYSONS BLVD MCLEAN, VA 22102-4219
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	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.

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2010, or tax year beginning JUL 1, 2010, and ending JUN 30, 2011

2010

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	416525881
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration of Officer

- 6 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 2010 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.

Sign Here	Signature of officer	Date	CFO	Title

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

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

ERO's Use Only	ERO's signature	Date	Check if also paid preparer <input 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			EIN 86-1065772
		1750 TYSONS BLVD			Phone no. (703) 251-1000
	MCLEAN, VA 22102-4219				

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.

Paid Preparer Use Only	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.

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 **2010** calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011**

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	C Name of organization Greater Baltimore Medical Center, Inc.		D Employer identification number 52-6049658
	Doing Business As		E Telephone number (443) 849-2000
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	6701 North Charles Street		G Gross receipts \$ 429,236,710.
City or town, state or country, and ZIP + 4 Baltimore, MD 21204		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: Eric Melchior same as C above		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <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			
J Website: ▶ www.gbmc.org			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1960
M State of legal domicile: MD			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>To provide medical care and service of the highest quality to each patient (Cont. on Sch O)</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	23
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	3702
	6 Total number of volunteers (estimate if necessary)	6	773
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	388,414.
b Net unrelated business taxable income from Form 990-T, line 34	7b	10.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	9,557,490.	7,520,683.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	389,965,425.	403,414,142.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-134,107.	2,351,182.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,672,291.	3,239,874.
		403,061,099.	416,525,881.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	189,104.	266,786.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	203,765,711.	205,805,191.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	178,671,973.	184,887,762.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	382,626,788.	390,959,739.	
19 Revenue less expenses. Subtract line 18 from line 12	20,434,311.	25,566,142.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	398,271,235.	439,992,741.
	22 Net assets or fund balances. Subtract line 21 from line 20	229,440,046.	244,186,353.
	168,831,189.	195,806,388.	

Part II Signature Block

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

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

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 128,200,182. including grants of \$) (Revenue \$ 154,621,580.) The Greater Baltimore Medical Center, Inc. (GBMC) is a 300-bed medical center (acute and sub-acute care) located on a suburban campus which provided inpatient care to 19,904 patients and delivered over 4,400 babies in the fiscal year. Since its founding, GBMC's accomplishments have validated the vision of its founders to combine the best of community and university-level medicine. GBMC's distinctive service lines include women's cancer, surgical and medical services. GBMC is a fully accredited teaching hospital that is affiliated with John Hopkins University.

4b (Code:) (Expenses \$ 75,761,263. including grants of \$) (Revenue \$ 94,726,921.) The operating room performed over 30,100 inpatient and outpatient surgical procedures in the fiscal year. Specialties include GBMC's comprehensive obesity management program, the oldest recognized American Society of Metabolic and Bariatric surgery (ASMBS) Center of Excellence in the Metropolitan Baltimore area; Johns Hopkins head and neck surgery at GBMC; minimally invasive and endocrine surgery; neurosurgery; vascular and thoracic surgery; and urology.

4c (Code:) (Expenses \$ 61,068,769. including grants of \$) (Revenue \$ 85,353,451.) The emergency department treated 57,400 patients in the fiscal year. The emergency services department has 3 patient care areas, designed to minimize wait & maximize service for patients & their families. Patients with minor injuries such as sprains are cared for in the Urgent Care area. Severe problems such as acute abdominal pain, chest pain or injuries from motor vehicle accidents are evaluated and treated in Emergent Care. Adjacent to the Emergent Care area is an Observational care area for adult patients who need to be monitored but not admitted. In addition to emergency services, GBMC provided other outpatient care to over 46,301 patients in specialty clinics such as Ophthalmology, wound care, anti-coagulation, radiation oncology and infusion therapy.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 80,583,056. including grants of \$ 266,786.) (Revenue \$ 68,712,191.)

4e Total program service expenses 345,613,270.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	X	
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	X	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O response

Main table with columns for question number, description, sub-questions (1a-14b), Yes, and No. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance issues.

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
1a	Enter the number of voting members of the governing body at the end of the tax year		
	1a		23
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b		16
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **MD**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **Eric Melchior - (443) 849-2000**
6701 North Charles Street, Baltimore, MD 21204

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

Check if Schedule O contains a response 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 (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			
The Honorable Vicki Ballou-Watts Director	1.00	X					0.	0.	0.	
Mrs. Sandra Berman Director	1.00	X					0.	0.	0.	
Robert K. Brookland, M.D. Director	1.00	X					0.	0.	0.	
Mr. Samuel Heffner Director	1.00	X					0.	0.	0.	
Mr. Frederick M. Hudson Director	1.00	X					0.	0.	0.	
Mr. Frank R. Palmer Director	1.00	X					0.	0.	0.	
Mrs. Mary Stuart Rodgers Director	1.00	X					0.	0.	0.	
Mr. Robert A. Shelton Director	1.00	X					0.	0.	0.	
Mr. Bernard Siegel Director	1.00	X					0.	0.	0.	
Howard L. Siegel, M.D. Director (left 12/10)	1.00	X					0.	0.	0.	
Mr. Stuart O. Simms Director	1.00	X					0.	0.	0.	
Ms. Bonnie R. Stein Director	1.00	X					0.	0.	0.	
Mr. James B. Stradtner Director	1.00	X					0.	0.	0.	
Mr. Steven A. Thomas Director	1.00	X					0.	0.	0.	
Ms. Marion G. Thompson Director	1.00	X					0.	0.	0.	
Harold Tucker, M.D. Chief of Staff	1.00	X					130,000.	0.	0.	
Ronald F. Tutrone, Jr., M.D. Director	12.00	X					210,000.	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 (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			
John M. Wogan, M.D. Vice Chief of Staff	1.00	X					0.	0.	0.	
John B. Chessare, M.D. President & CEO	31.00	X		X			464,369.	0.	181,443.	
Mr. Charles C. Fenwick, Jr. Chair	1.00	X		X			0.	0.	0.	
Mr. Harry S. Johnson Chair-Elect	1.00	X		X			0.	0.	0.	
Mr. Thomas M. Kane V. Chair (left 8/10)	1.00	X		X			0.	0.	0.	
Ms. Patricia J. Mitchell Vice Chair	1.00	X		X			0.	0.	0.	
Mr. Stephen T. Scott Treasurer	1.00	X		X			0.	0.	0.	
Mrs. Mary B. Wieler Secretary	1.00	X		X			0.	0.	0.	
Mr. Eric L. Melchior EVP & CFO	31.00			X			504,353.	0.	130,184.	
1b Sub-total							1,308,722.	0.	311,627.	
c Total from continuation sheets to Part VII, Section A							8,679,257.	0.	932,489.	
d Total (add lines 1b and 1c)							9,987,979.	0.	1,244,116.	

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

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- 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 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

	Yes	No
3	X	
4	X	
5		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.

(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	2,784,671.
Medical Imaging of Baltimore P.O. Box 630277, Baltimore, MD 21263-0277	Radiology Services	2,109,026.
Mayflower Textile Service, 2601 W Lexington St., PO Box 20659, Baltimore, MD	Linen services	1,715,850.
Physicians Anesthesia Associates, LLC 110 West Road, Suite 210, Towson, MD 21204	Anesthesia Services	1,469,742.
Aramark Healthcare, Support Services, P.O. Box 651009, Charlotte, NC 28265	Management - Dietary	1,464,812.

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

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See Part VII, Section A Continuation sheets

Form 990 (2010)

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			
Mr. Keith R. Poisson EVP & COO	34.00			X				452,385.	0.	106,912.
John R. Saunders, M.D. Chief Medical Officer	35.00			X				413,984.	0.	33,703.
Mr. George E. Bayless VP Finance	33.00				X			257,058.	0.	55,159.
Mr. John Ellis Sr. VP Strategy & Bus Dev	20.00				X			410,359.	0.	114,312.
Mr. Michael A. Forthman VP Facilities & Support Ser	35.00				X			217,956.	0.	42,868.
Mrs. Joanne Porter Sr VP Chief Nursing Exec	39.00				X			302,814.	0.	57,998.
Mrs. Tressa B. Springmann VP & CIO	39.00				X			331,132.	0.	50,768.
Mr. Mark R. Thomas VP Human Resources	35.00				X			303,468.	0.	52,481.
Rodney W. Williams, M.D. EVP Medical Affairs (left 9/10)	35.00				X			956,764.	0.	75,795.
Catherine Hamel VP Post Acute Services	5.00				X			198,715.	0.	41,479.
Reginald J. Davis, M.D. Med Dir/Physican	40.00					X		1,609,829.	0.	49,362.
Gary I. Cohen, M.D. Med Dir/Physican	40.00					X		759,719.	0.	55,272.
Bimal G. Rami, M.D. Physician	40.00					X		707,902.	0.	49,613.
Neri N. Cohen, M.D. Med Dir/Physican	40.00					X		692,607.	0.	49,888.
Paul Celano, M.D. Medical Oncologist	40.00					X		595,061.	0.	49,409.
Mr. Steve Twaddle (left 9/09) Former VP GBMA	0.00						X	105,369.	0.	10,000.
Ms. Catherine J. Boyne (left 2/10) Former President Hospice	0.00						X	239,981.	0.	22,442.
Mr. Laurence Merlis (left 2/10) Former CEO & President	0.00						X	124,154.	0.	15,028.
Total to Part VII, Section A, line 1c								8,679,257.		932,489.

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	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	309,900.				
	d Related organizations	1d	6,298,058.				
	e Government grants (contributions)	1e	708,219.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	204,506.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		7,520,683.				
	Program Service Revenue	2 a Patient Service	Business Code 621110	397,042,952.	397,042,952.		
b Other Operating Rev.		900099	6,371,190.	5,982,776.	388,414.		
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			403,414,142.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		221,502.			221,502.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)			2,129,680.		2,129,680.	
	8 a Gross income from fundraising events (not including \$ 309,900. of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses					
c Net income or (loss) from fundraising events				-274,062.		-274,062.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a Cafeteria Income	722210	1,965,936.			1,965,936.		
b Parking Revenue	812930	1,525,476.			1,525,476.		
c Billing Fees	561000	22,524.	22,524.				
d All other revenue							
e Total. Add lines 11a-11d		3,513,936.					
12 Total revenue. See instructions.		416,525,881.	403,048,252.	388,414.	5,568,532.		

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	266,786.	266,786.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	11,486,398.		11,486,398.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	154,068,668.	149,563,914.	4,504,754.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	10,940,756.	8,764,153.	2,176,603.	
9 Other employee benefits	17,855,211.	14,820,639.	3,034,572.	
10 Payroll taxes	11,454,158.	10,519,986.	934,172.	
11 Fees for services (non-employees):				
a Management	3,864,299.	2,190,873.	1,673,426.	
b Legal	725,777.	96,964.	628,813.	
c Accounting	216,703.	45,844.	170,859.	
d Lobbying	54,667.		54,667.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	151,988.		151,988.	
g Other	25,403,974.	23,042,522.	2,361,452.	
12 Advertising and promotion	1,280,768.	162,556.	1,118,212.	
13 Office expenses	90,575,201.	89,174,498.	1,400,703.	
14 Information technology	4,430,752.	3,412,476.	1,018,276.	
15 Royalties				
16 Occupancy	2,183,373.	1,662,979.	520,394.	
17 Travel	325,347.	219,295.	106,052.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	536,690.	432,141.	104,549.	
20 Interest	6,382,377.	5,397,944.	984,433.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	23,678,489.	20,791,537.	2,886,952.	
23 Insurance	9,089,520.	1,647,707.	7,441,813.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a Uncollectible Accounts	9,507,370.	9,506,184.	1,186.	
b Purchased Services	3,991,225.	1,966,131.	2,025,094.	
c Residents	1,745,799.	1,745,799.		
d Other (Dues & Amort.)	743,443.	182,342.	561,101.	
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	390,959,739.	345,613,270.	45,346,469.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing		1		
	2 Savings and temporary cash investments	30,989,986.	2	44,002,416.	
	3 Pledges and grants receivable, net	1,974,530.	3	3,385,348.	
	4 Accounts receivable, net	50,940,403.	4	49,378,724.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 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)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	3,292,075.	8	3,353,319.	
	9 Prepaid expenses and deferred charges	9,277,536.	9	7,009,111.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 506,452,534.			
	b Less: accumulated depreciation	10b 276,626,000.	206,253,283.	10c	229,826,534.
	11 Investments - publicly traded securities	59,506,442.	11	73,562,525.	
	12 Investments - other securities. See Part IV, line 11	16,134,012.	12	19,269,361.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	19,902,968.	15	10,205,403.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	398,271,235.	16	439,992,741.		
Liabilities	17 Accounts payable and accrued expenses	55,445,898.	17	55,701,495.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities	119,590,603.	20	114,139,751.	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	54,403,545.	25	74,345,107.	
	26 Total liabilities. Add lines 17 through 25	229,440,046.	26	244,186,353.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	139,905,590.	27	165,169,584.	
	28 Temporarily restricted net assets	22,364,949.	28	23,050,770.	
	29 Permanently restricted net assets	6,560,650.	29	7,586,034.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	168,831,189.	33	195,806,388.	
34 Total liabilities and net assets/fund balances	398,271,235.	34	439,992,741.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	416,525,881.
2	Total expenses (must equal Part IX, column (A), line 25)	2	390,959,739.
3	Revenue less expenses. Subtract line 2 from line 1	3	25,566,142.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	168,831,189.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,409,057.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	195,806,388.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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	
d	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		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	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** (2010)

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

2010

Open to Public Inspection

Name of the organization Greater Baltimore Medical Center, Inc.	Employer identification number 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?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- 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	
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. 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 - 2009. 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, 990-EZ, or 990-PF.**

OMB No. 1545-0047

2010

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, aggregate 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 aggregate 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 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) (2010)

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

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	GBMC Foundation 6701 North Charles Street Baltimore, MD 21204	\$ 6,298,058.	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	\$ 448,855.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Ms. Kasey Ramsey 8736 Belair Road Baltimore, MD 21236	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Horatio B. Ebert Charitable Foundation P.O. Box 830 Mooresville, NC 28115	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	Valley Motors, Inc. 9800 York Road Cockeysville, MD 21030	\$ 15,000.	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)

(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 aggregating 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. See instructions.) ▶ \$

(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

2010

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 35a (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-.

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2010

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
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		836.
e Publications, or published or broadcast statements?	X		3,347.
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		41,278.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities? If "Yes," describe in Part IV	X		9,205.
j Total. Add lines 1c through 1i			54,666.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover 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) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

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

Part IV Supplemental Information

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

Part II-B, Line 1(i), Other Lobbying Activities:

The amount for other activities includes meeting with GBMC staff,

legislative committees and contracted GBMC lobbyists, 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, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

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 | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? 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	10,391,609.	9,433,475.	10,781,157.		
b Contributions	1,025,384.	2,135.	53,262.		
c Net investment earnings, gains, and losses	1,484,905.	993,109.	-1,358,011.		
d Grants or scholarships					
e Other expenditures for facilities and programs	33,200.	37,110.	42,933.		
f Administrative expenses					
g End of year balance	12,868,698.	10,391,609.	9,433,475.		

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 58.95 %
 - c Term endowment 41.05 %

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | X |
| (ii) related organizations | 3a(ii) | X |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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 investment	(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		268,378,249.	115,413,595.	152,964,654.
c Leasehold improvements		7,748,493.	4,604,318.	3,144,175.
d Equipment		119,650,772.	93,122,651.	26,528,121.
e Other		95,384,347.	63,485,436.	31,898,911.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				229,826,534.

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)		
Total. (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)		
Total. (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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) Third Party Advances	14,030,556.
(3) Pensions Liability	26,447,774.
(4) Other Liabilities	1,517,442.
(5) Capital Leases	32,349,335.
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	74,345,107.

2. 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	416,525,881.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	390,959,739.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	25,566,142.
4	Net unrealized gains (losses) on investments	4	2,360,886.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	-5,794,497.
8	Other (Describe in Part XIV.)	8	4,842,668.
9	Total adjustments (net). Add lines 4 through 8	9	1,409,057.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	26,975,199.

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	419,790,900.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	2,360,886.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	-151,987.
e	Add lines 2a through 2d	2e	2,208,899.
3	Subtract line 2e from line 1	3	417,582,001.
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	-1,056,120.
c	Add lines 4a and 4b	4c	-1,056,120.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	416,525,881.

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

1	Total expenses and losses per audited financial statements	1	392,667,399.
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	392,667,399.
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	-1,707,660.
c	Add lines 4a and 4b	4c	-1,707,660.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	390,959,739.

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 (783,141 less FY11 net Inc.)	-20,387.
Equity in Earnings	6,561,409.
Transfer to Affiliates	-10,999,970.
Pension Expense	9,301,616.
Total to Schedule D, Part XI, Line 8	4,842,668.

Part XII, Line 2d - Other Adjustments:

Investment Fee reclassified to expense	-151,987.
--	-----------

Part XII, Line 4b - Other Adjustments:

Event Expense, netted from revenue	-294,456.
Pediatric Surgery (Rev - Allowance) - netted from revenue	-761,666.
Misc	2.
Total to Schedule D, Part XII, Line 4b	-1,056,120.

Part XIII, Line 4b - Other Adjustments:

Investment Fee reclassified to expense	151,987.
Event Expense, netted from revenue	-294,456.
Pediatric Surgery	-1,565,191.
Total to Schedule D, Part XIII, Line 4b	-1,707,660.

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	1 Gross receipts	106,086.	222,808.	1,400.	330,294.
	2 Less: Charitable contributions	106,086.	203,814.		309,900.
	3 Gross income (line 1 minus line 2)		18,994.	1,400.	20,394.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	9,406.	66,343.		75,749.
	6 Rent/facility costs		23,294.	65,000.	88,294.
	7 Food and beverages	1,476.	46,130.	53,921.	101,527.
	8 Entertainment	400.			400.
	9 Other direct expenses	24,876.	871.	2,740.	28,487.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(294,457)
	11 Net income summary. Combine line 3, column (d), and line 10				-274,063.

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))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				()	
8 Net gaming income summary. 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

2010

**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
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	X	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>300</u> %		
b Did the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	X	
<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> %		
c 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.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
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.

7 Financial Assistance and Certain Other Community Benefits at Cost	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheets 1 and 2)			7,510,449.	2,812,244.	4,698,205.	1.20%
b Unreimbursed Medicaid (from Worksheet 3, column a)						
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			7,510,449.	2,812,244.	4,698,205.	1.20%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			610,977.	3,750.	607,227.	.16%
f Health professions education (from Worksheet 5)			10,929,475.	44,300.	10,885,175.	2.78%
g Subsidized health services (from Worksheet 6)			287,827.		287,827.	.07%
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			66,263.		66,263.	.02%
j Total. Other Benefits			11,894,542.	48,050.	11,846,492.	3.03%
k Total. Add lines 7d and 7j			19,404,991.	2,860,294.	16,544,697.	4.23%

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: N/A

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

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		
1 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	1	
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 all of the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 _____		
3 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	3	
4 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	4	
5 Did the hospital facility make its Needs Assessment widely available to the public?	5	
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)		
6 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)		
7 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	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
8 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9	
If "Yes," indicate the FPG family income limit for eligibility for free care: _____ %		

Part V Facility Information (continued) N/A

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?		
If "Yes," indicate the FPG family income limit for eligibility for discounted care: _____ %		
11 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 type="checkbox"/> Income level		
b <input type="checkbox"/> Asset level		
c <input type="checkbox"/> Medical indigency		
d <input type="checkbox"/> Insurance status		
e <input type="checkbox"/> Uninsured discount		
f <input type="checkbox"/> Medicaid/Medicare		
g <input type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
12 Explained the method for applying for financial assistance?		
13 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 type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?		
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year:		
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 type="checkbox"/> Other actions (describe in Part VI)		
16 Did the hospital facility engage in or authorize a third party to perform any of the following collection actions during the tax year?		
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply):		
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 type="checkbox"/> Other actions (describe in Part VI)		
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in line 16 (check all that apply):		
a <input 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 type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance		
e <input type="checkbox"/> Other (describe in Part VI)		

Part V Facility Information (continued) N/A

Policy Relating to Emergency Medical Care

18 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?

	Yes	No
18		

If "No," indicate the reasons why (check all that apply):

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility did not have a policy relating to emergency medical care
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** Other (describe in Part VI)

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply):

- a** The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility
- b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility
- c** The hospital facility used the Medicare rate for those services
- d** Other (describe in Part VI)

20 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?

If "Yes," explain in Part VI.

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for any service provided to that patient?

If "Yes," explain in Part VI.

20		
21		

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, 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.

Additionally, line 7 also includes the cost to the hospital of Maryland's

Medicaid assessment, which represents funding by Maryland hospitals to

cover recent budget shortfalls experienced by the Medicaid program in

Maryland. Specifically, the hospital has had \$2,812,244 placed into its

rates structure (offsetting revenue), but paid \$3,808,124, or a net cost

of \$995,880, as its share of the Medicaid assessment program in FY 2011.

Part I, Line 7b: Maryland's regulatory system creates a unique process for

Part VI Supplemental Information

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 directed offsetting revenue related to Uncompensated Care. Community benefit expenses are equal to Medicaid revenues in Maryland, as such, the net effect is zero. The exception to this is the impact on the hospital of its share of the Medicaid assessment. In recent years, the state of Maryland has closed fiscal gaps in the state Medicaid budget by assessing hospitals through the rate setting system. The value of the Medicaid assessment is included on line 7 and reported as a Medicaid Provider tax.

Part I, Line 7f, Column c: 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 d: Maryland's regulatory system creates a unique process for hospital payment that differs from the rest of the nation. The Health Services Cost Revenue Commission (HSCRC) determines payment through

Part VI Supplemental Information

a rate setting process and all payors, including governmental payors, pay

the same amount for the same services delivered at the same hospital.

Maryland's unique all payor system includes a method for referencing

Uncompensated Care in each payors' rates, which does not enable Maryland

hospitals to breakout any offsetting revenue related to Uncompensated

Care.

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

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

room to Medicaid and uninsured patient populations by ensuring payment of

the physician professional fees for surgical related cases. GBMC also

employs a full-time Geriatric Nurse Practitioner whose sole responsibility

is to provide education and primary care services at Towson area low

income senior living facilities. GBMC began a partnership with Catholic

Charities and hired a pediatrician to provide on-site physician coverage

at a residential mental health treatment for children (Villa Maria).

Part III, Line 9b: Until final approval of the account as charity care,

patients receive bills similar to non-charity care patients. Once charity

care is approved, the account is written off. No further bills are sent

and any refunds necessary are made to the patients. Even if the account is

in collection and a patient presents a hardship, the patient can qualify

for charity care up to the point of a judgment made on the account.

Part VI, Line 2: GBMC complete 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

Part VI Supplemental Information

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 clinical 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.

Part VI, Line 3: GBMC educates patients about their eligibility for governmental assistance and organization charity care assistance in many ways, starting with the intake process. A summary of the financial assistance policy is posted, along with contact information at all registration areas, the emergency room, and the billing office. When patients are registered, they are provided with a financial assistance brochure and are handed a "Permissions/Acknowledgment" (signed by the patient). This form explains the hospital's financial assistance policy and provides GBMC phone numbers and a website. Also stated on the form is information for how GBMC representatives can assist with applying for Maryland Medical Assistance. GBMC also contracts with outside agencies to help with the medical assistance eligibility process. Lastly, a statement about financial assistance and a copy of GBMC's policy accompanies all bills to patients.

Part VI, Line 4: Greater Baltimore Medical Center, Inc. ("GBMC") is a private, not-for-profit, 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

Part VI Supplemental Information

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. Baltimore County ranked 2nd among MD counties for the highest income per capita in 2007. The 2007 per capita income in Baltimore County was 34% higher than the nation. 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 and reinvests its operating margin into improvements in patient care and research. GBMC provides teaching through accredited intern and resident education programs in Internal Medicine, Gynecology, Ophthalmology, Otolaryngology, and Colo-Rectal surgery.

GBMC supports numerous community building activities and other initiatives designed to improve the health and meet the unmet healthcare needs of the community it serves, including the following:

An alliance with Cristo Rey High School - The Cristo Rey program has demonstrated a high level of success by providing an intensive education experience for inner city youth who frequently are faced with a variety of challenging circumstances. GBMC's direct financial support provides an opportunity for Baltimore City students to work at GBMC and gain practical experience with an organization through work-study/internship.

Part VI Supplemental Information

Partnership with the American Diabetes Association "Reverse the Trend"

Program - Clinical research has overwhelmingly identified the adverse

consequences that occur when diabetes is developed. The statistics

documenting the increasing incidence of type two diabetes, particularly in

adolescents, is staggering, with "One out of every three children born

after the year 2000 developing diabetes in their lifetime" (source:

American Diabetes Association (ADA)). Unlike many global efforts to educate

at-risk patients regarding diabetes, the "Reverse the Trend" program is a

hands-on initiative that works in specific high-risk communities directly

with individuals through Head-Start programs. Additionally, through its

Geckle Diabetes and Nutrition Center, GBMC directly helps patients with

diabetes address and manage the daily and lifelong issues associated with

this crippling disease.

Baltimore County Department of Aging - GBMC funded the start-up costs for

the Baltimore County Community Care program, a service where registered

residents (qualified based on age criteria) in Baltimore County can

receive daily phone calls through an automated system to check on their

safety and well-being. Individuals that do not respond to the call are

immediately identified as in need of assistance and attempts through

designated emergency contacts are subsequently made.

Maryland Hospital Association "Who Will Care" Campaign - GBMC, through its

state hospital association, has committed \$500,000 over a 5-year period to

address the current and pending critical shortage in nursing identified as

needed to care for patients during the next 20 years. The program invests

heavily in area colleges and universities and ensures programs are

available to meet the needs of nurse students and ensure an adequate

number of qualified nurses are available.

Part VI Supplemental Information

Baltimore County Safety Center - GBMC partnered with Baltimore County government to provide emergency preparedness through a dedicated Emergency Management facility that can be used by the community to stage disaster drills, provide mass vaccinations, etc. This facility will serve the community by enhancing public safety and promoting wellness among all citizens.

Pediatric Support - Operated by Catholic Charities, the Villa Maria and St. Vincent's Centers in Timonium offer residential mental health treatment for nearly 160 children between the ages of five to fourteen. Owing to a variety of complex socio-economic issues, this highly at-risk population tends to have a variety of associated medical conditions. When Catholic Charities noted the difficulty in finding adequate physician coverage to provide primary and preventive care, GBMC's Department of Pediatric Care Chairman, Timothy Doran, MD, quickly understood the critical need to provide these essential services at the facility's site to continue mental health treatments in the least disruptive manner possible. As a result, in fiscal year 2009, GBMC hired Rachel Bergen, M.D., and began partnering with Catholic Charities to provide a GBMC-employed pediatrician on-site at the treatment centers to deliver assessments and treatment, review medical reports and coordinate specialized care and dietary needs as necessary.

YOGA for Stroke Survivors - GBMC began offering YOGA classes to patients recovering from stroke who have exhausted insured rehabilitation services. The premise is that through extended therapy, many patients can continue to realize improvements in range-of-motion (flexibility), walking

Part VI Supplemental Information

stability and posture. The 8-week classes are offered at a nominal fee of \$75 to cover only the initial physical therapy evaluation and are provided by a certified YOGA instructor. The program has been cited as a "best practice" as part of The Joint Commission's recertification of the Primary Stroke Center in August 2010.

Health Partnerships with Seniors - In the beginning of fiscal year 2008, GBMC created a partnership of community outreach with the Assistance Center for Towson Churches and five senior income-restricted housing facilities to provide healthcare services to improve the health of the underserved population in neighborhoods surrounding the hospital's campus. This was a service that had at one-time been provided by Baltimore County, but was discontinued several years ago.

Specifically, a nurse practitioner specializing in geriatrics visits the apartment buildings one to two times per week, providing primary health care services, including health screenings, exercise classes and basic health services such as blood pressure and glucose monitoring, immunizations and medication review.

The nurse practitioner also offers an assessment of acute medical problems and provides monthly education on topics such as fall prevention, memory loss, depression and osteoporosis. Since the program was launched, the nurse practitioner has made more than 400 medical visits, administered more than 100 flu-pneumonia vaccines, has made numerous referrals to other medical providers and initiated weekly exercise classes in several of the facilities. The response to the service has been overwhelmingly positive, and GBMC believes that this has proven to be an invaluable service to the

Part VI Supplemental Information

community members.

Serving Those in Need Through Financial Assistance - GBMC has long

understood the need to provide the highest quality medical care to all

patients regardless of ability to pay. Accordingly, GBMC uses financial

criteria well in excess of nationally recognized Federal Poverty

Guidelines and State of Maryland required standards in order to provide

free care. In addition, GBMC also works with patients not qualifying under

the Financial Assistance Policy in determining potential insurance

eligibility, as well as establishing reasonable and affordable payment

plans.

GBMC continues to ensure access to specialty services through its funding

of 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.

Medical Education - A core component of the GBMC vision is to provide

physicians, nurses and staff with medical sophistication through clinical

education and research. Because of the critical importance of primary care

services as well as core services, GBMC annually trains more than 60

interns, residents and fellows in the fields of Internal Medicine,

Gynecology, Ophthalmology, Otolaryngology, Colo-rectal Surgery and GYN

Oncology. Our physicians partner with the interns, residents and fellows

to provide comprehensive and thorough training and education to ensure

that the next generation of physicians is exceptionally prepared to serve

the patients and communities in which they will serve. In addition to its

intern and resident programs, GBMC also offers vital nurse training and

Part VI Supplemental Information

operates an allied health professionals program for approximately 20

radiology technician students a year.

Part VI, Line 6: GBMC affiliate, Gilchrist Hospice Care has entered

into a entered into a new partnership with Nkoaranga Lutheran Hospital in

the Arusha Region of Tanzania.

The pairing allows Gilchrist to share its wealth of knowledge about how

best to provide quality, compassionate end-of-life care with a hospice

program in Sub-Saharan Africa that struggles every day to care for

hundreds of patients, more than 95 percent of whom suffer from HIV/AIDS,

with limited staff and resources. Through regular e-mails and phone calls

and bi-annual visits between partners, Gilchrist hopes to share its

expertise with Nkoaranga while also learning valuable lessons about how to

do more with less and how to better care for patients in the last stages

of HIV/AIDS. The partnership, sponsored by the Foundations for Hospices in

Sub-Saharan Africa, is part of a program that serves 16 countries in

Africa through collaborations with hospice and palliative care programs in

28 states.

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

2010

**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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Towson University 8000 York Road Towson, MD 21252	52-0939453	501(c)(3)	8,000.	0.			See Part IV
Cristo Rey Internship Program, Inc. - 420 South Charles Street - Baltimore, MD 21231	20-5300491	501(c)(3)	25,000.	0.			See Part IV
Body Harmony Yoga 10 Fila Way, Suite D #392 Sparks, MD 21152	27-0877377	N/A	16,380.	0.			See Part IV
Maryland Healthcare Education Institute - 6820 Deerpath Road - Elkridge, MD 21075-6234	04-3511768	501(c)(3)	100,000.	0.			See Part IV
American Diabetes Association P.O. Box 91560 Washington, DC 20077	13-5613797	501(c)(3)	15,000.	0.			See Part IV
American Heart Association 415 North Charles Street Baltimore, MD 21297	13-1623888	501(c)(3)	8,000.	0.			See Part IV

- 2** Enter total number of section 501(c)(3) and government organizations **6.**
- 3** Enter total number of other organizations **1.**

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

Schedule I (Form 990) (2010)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GBMC Healthcare, Inc. 6701 North Charles Street Baltimore, MD 21204	52-1484872	501(c)(3)	50,000.	0.			See Part IV

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 others annually) are required by grantors. Additionally, field visits are conducted.

Part II, line 1, Column (h):

Name of Organization or Government: Towson University

(h) Sponsorship of training program for healthcare students.

Part IV Supplemental Information

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

(h) Purpose of Grant or Assistance: Sponsorship of Baltimore urban youth college preparatory program.

Name of Organization or Government: Body Harmony Yoga

(h) Purpose of Grant or Assistance: Yoga for stroke survivors, provided to them at no charge.

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 Diabetes Association

(h) Sponsorship work to end youth diabetes.

Name of Organization or Government: American Heart Association

(h) General support for American Heart Association.

Name of Organization or Government: GBMC Healthcare, Inc.

(h) General support for GBMC Healthcare, Inc.

**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

2010

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
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </p>		
<p>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</p>		X
<p>2 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?</p>	X	
<p>3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <p> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee </p>		
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment from the organization or a related organization?</p>	X	
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	X	
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		X
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p>		
<p>5 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:</p> <p>a The organization?</p>		X
<p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>		X
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p>		X
<p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>		X
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>		X
<p>8 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</p>		X
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>		

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

Schedule J (Form 990) 2010

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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(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 in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Ronald F. Tutrone, Jr., M.D.	(i)	210,000.	0.	0.	0.	0.	210,000.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 John B. Chessare, M.D.	(i)	354,068.	40,000.	70,301.	168,750.	12,693.	645,812.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 Mr. Eric L. Melchior	(i)	360,757.	88,593.	55,003.	111,753.	18,431.	634,537.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 Mr. Keith R. Poisson	(i)	332,145.	66,383.	53,857.	83,038.	23,874.	559,297.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 John R. Saunders, M.D.	(i)	349,335.	36,585.	28,064.	23,140.	10,563.	447,687.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 Mr. George E. Bayless	(i)	204,629.	35,413.	17,016.	32,322.	22,837.	312,217.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 Mr. John Ellis	(i)	334,790.	48,470.	27,099.	97,474.	16,838.	524,671.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 Mr. Michael A. Forthman	(i)	179,307.	30,135.	8,514.	20,580.	22,288.	260,824.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 Mrs. Joanne Porter	(i)	233,849.	35,698.	33,267.	46,836.	11,162.	360,812.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 Mrs. Tressa B. Springmann	(i)	265,685.	46,506.	18,941.	41,375.	9,393.	381,900.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 Mr. Mark R. Thomas	(i)	249,256.	38,123.	16,089.	31,368.	21,113.	355,949.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 Rodney W. Williams, M.D.	(i)	265,290.	404,236.	287,238.	61,457.	14,338.	1,032,559.	393,767.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 Catherine Hamel	(i)	154,033.	44,146.	536.	12,317.	29,162.	240,194.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 Reginald J. Davis, M.D.	(i)	1,346,954.	262,359.	516.	34,050.	15,312.	1,659,191.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 Gary I. Cohen, M.D.	(i)	503,633.	238,794.	17,292.	37,600.	17,672.	814,991.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16 Bimal G. Rami, M.D.	(i)	335,545.	372,247.	110.	27,325.	22,288.	757,515.	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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(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 in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Neri N. Cohen, M.D.	(i)	591,547.	100,800.	260.	26,815.	23,073.	742,495.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 Paul Celano, M.D.	(i)	539,659.	54,886.	516.	31,316.	18,093.	644,470.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 Mr. Steve Twaddle (left 9/09)	(i)	0.	0.	105,369.	0.	10,000.	115,369.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 Ms. Catherine J. Boyne (left 2/10)	(i)	33,374.	26,023.	180,584.	20,298.	2,144.	262,423.	42,966.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 Mr. Laurence Merlis (left 2/10)	(i)	60,518.	0.	63,636.	12,443.	2,585.	139,182.	66,922.
	(ii)	0.	0.	0.	0.	0.	0.	0.
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, 4c, 5a, 5b, 6a, 6b, 7, and 8. 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 \$232,093 in calendar year 2010.

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

Healthcare, Inc. received severance payments totaling \$170,211 for the

Part III Supplemental Information

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

calendar year ending 2010.

- Former Vice President of GBMA, received severance payments totaling

\$102,375 for the calendar year 2010.

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:

Part III Supplemental Information

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

John R. Chessare, M.D. - \$168,750 Earned, \$0 Paid

Mr. George E. Bayless - \$22,064 Earned, \$0 Paid

Mr. John W. Ellis - \$84,392 Earned, \$0 Paid

Mr. Michael A. Forthman - \$10,228 Earned, \$0 Paid

Mr. Eric L. Melchior - \$96,153 Earned, \$0 Paid

Mr. Keith Poisson - \$69,889 Earned, \$0 Paid

Ms. Joanne Porter - \$35,927 Earned, \$0 Paid

John Saunders, M.D. - \$10,926 Earned, \$0 Paid

Ms. Tressa B. Springmann - \$25,837 Earned, \$0 Paid

Mr. Mark R. Thomas - \$20,600 Earned, \$0 Paid

Rodney W. Williams, M.D. - \$58,333 Earned, \$393,767 Paid.

Part I, Line 6: see line 6a above

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

Part III Supplemental Information

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

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 V.**
▶ **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 V 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
A	MD Health & Higher Ed. Fac. Auth	52-0936091	574218BX0	04/20/11	67,785,219.	Building Renovation and Refund Series 2009.		X		X		X
B												
C												
D												

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

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b Are there any research agreements that may result in private business use of bond-financed property?		X						
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X							
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		1.74 %		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government00 %		%		%		%
6 Total of lines 4 and 5		1.74 %		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 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						
2 Is the bond issue a variable rate issue?		X						
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintergrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a GIC?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?								
6 Did the bond issue qualify for an exception to rebate?		X						

Part V 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.

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
Bonnie Stein	Board Member	142,000.	See Part V		X
Howard Siegel	Former Board Member	518,653.	See Part V		X
Herbert Belgrad	Former Board Member	291,299.	See Part V		X
Harry Johnson	Chair Elect Member	67,641.	See Part V		X
John Wogan, M.D.	Vice Chief of Staff	73,190.	See Part V		X
Ronald Tutrone, Jr. M.D.	Board Member	210,000.	See Part V		X

Part V Supplemental Information

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

Schedule L, Part IV, Column d:

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

Mr. Howard Siegel, 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.

Mr. Harry Johnson is a partner in the law firm Whiting, Taylor & Preston LLP that provides legal services to GBMC.

Mr. John Wogan is a partner in a PA that provides educational services to GBMC.

Dr. Ronald Tutrone is an Independent Contractor who 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

2010

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) (2010)

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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; Cardiac Catherization; Other Program Services
Expenses \$ 80,583,056. incl grants of \$ 266,786. Revenue \$ 68,712,191.

Laboratory Service; Radiology - Therapeutic; Residency Program;
Magnetic Resonance Imaging; Physician Practices; Cardiac Catherization;
Other Program Services

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

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

B) To amend the bylaws of the organization

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

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

organization

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

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

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

H) To purchase, sell or encumber with debt

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

undertake major expansion projects

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

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

L) To set the fiscal year of the organization

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

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 and approves this Form 990. A copy of the Form

990 is provided to the Board of Directors of GBMC Healthcare, Inc. prior to

filing.

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

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

5) Base salary of an individual executive is based on survey results, years of experience and performance.

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

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

Form 990, Part VII, Section A

During the fiscal year, these individuals devoted the following

estimated hours each week to a related organization:

The Honorable Vicki Ballou-Watts: 1

Mrs. Sandra Berman: 1

Robert K. Brookland, M.D.: 1

John B. Chessare, M.D.: 31

Mr. Charles C. Fenwick, Jr.: 1

Mr. Samuel Heffner: 1

Mr. Frederick M. Hudson: 1

Mr. Harry S. Johnson: 1

Mr. Thomas M. Kane: 1

Ms. Patricia J. Mitchell: 1

Mr. Frank R. Plamer: 1

Mrs. Mary Stuart Rodgers: 1

Mr. Stephen T. Scott: 1

Mr. Robert A. Shelton: 1

Mr. Bernard Siegel: 1

Mr. Stuart O. Simms: 1

Ms. Bonnie R. Stein: 1

Mr. James B. Stradtner: 1

Mr. Steven A. Thomas: 1

Ms. Marion G. Thompson: 1

Harold Tucker, M.D.: 1

Ronald F. Trutone, Jr., M.D.: 12

Mrs. Mary B. Wieler: 1

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John M. Wogan, M.D.: 1

Mr. Eric L. Melchior: 31

Mr. Keith R. Poisson: 34

Mr. Rodney M. Williams: 35

Mr. John W. Ellis: 20

Ms. Joanne Porter: 39

Ms. Tressa B. Springmann: 39

Mr. Mark R. Thomas: 35

Mr. George E. Bayless: 33

Mr. Michael A. Forthman: 35

Mr. Steve Twaddle: 39

Ms. Catherine J. Boyne: 21

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

Net unrealized gains on investments: 2,360,886.

Prior period adjustments: -5,794,497.

Pediatric Surgery (783,141 less FY11 net Inc.) -20,387.

Equity in Earnings 6,561,409.

Transfer to Affiliates -10,999,970.

Pension Expense 9,301,616.

Total to Form 990, Part XI, Line 5 1,409,057.

Form 990, Part XI, Line 5:

Other Adjustments to net assets or fund balances:

During 2011, GBMC determined that a prior year lease transaction

accounted for as an operating lease met the criteria for

capitalization. Accordingly, management recorded an unrestricted net

Name of the organization
Greater Baltimore Medical Center, Inc.

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asset adjustment of \$5,355,534.

Multiple horizontal lines for additional information or continuation.

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.**

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	-253,590.	475,329.	N/A

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 21204	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.

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
Diversified Nurses, Inc. - 52-1305904 6701 North Charles Street Baltimore, MD 21204	Nursing Services	Maryland	501(c)(3)	Line 9: 509(a)(2)	GBMC Healthcare, Inc.		X
Diversified Health Services, Inc. - 52-1331933, 6701 North Charles Street, Baltimore, MD 21204	Health Services	Maryland	501(c)(3)	Line 9: 509(a)(2)	GBMC Healthcare, Inc.		X
GBMC Land, Inc. - 52-1413360 6701 North Charles Street Baltimore, MD 21204	Real Estate Property	Maryland	501(c)(3)	Line 11, Type I:	GBMC Healthcare, Inc.		X
GBMC Healthcare, Inc. - 52-1413360 6701 North Charles Street Baltimore, MD 21204	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	GBMC Agency, Inc.	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	GBMC Agency, Inc.	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	GBMC Investments, Inc.	C CORP			.00%
GBMC Management, Inc. - 52-1411974 6701 North Charles Street Baltimore, MD 21204	Management Company	MD	GBMC Agency, Inc.	C CORP			.00%
GBMC Finance Corporation - 52-1863069 6701 North Charles Street Baltimore, MD 21204	Financing Agent	MD	GBMC Agency, Inc.	C CORP			.00%
GBMC Finance Corporation II - 52-1836142 6701 North Charles Street Baltimore, MD 21204	Financing Agent	MD	GBMC Agency, Inc.	C CORP			.00%
GBMC Finance Corporation III - 52-1836144 6701 North Charles Street Baltimore, MD 21204	Financing Agent	MD	GBMC Agency, Inc.	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
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to other organization(s)	X	
c Gift, grant, or capital contribution from other organization(s)	X	
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)	X	
j Lease of facilities, equipment, or other assets from other organization(s)	X	
k Performance of services or membership or fundraising solicitations for other organization(s)	X	
l Performance of services or membership or fundraising solicitations by other organization(s)	X	
m Sharing of facilities, equipment, mailing lists, or other assets	X	
n Sharing of paid employees	X	
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses	X	
q Other transfer of cash or property to other organization(s)	X	
r Other transfer of cash or property from other 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)			

Part VII Supplemental Information

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

Multiple horizontal lines for supplemental information.