

Form **990**

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

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2020** calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

<b>B</b> Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization <b>GREATER BALTIMORE MEDICAL CENTER, INC.</b>		<b>D</b> Employer identification number <b>52-6049658</b>	
	Doing business as		<b>E</b> Telephone number <b>(443) 849-2000</b>	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>653,086,075.</b>	
	<b>6701 NORTH CHARLES STREET</b>		<b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No	
City or town, state or province, country, and ZIP or foreign postal code <b>BALTIMORE, MD 21204</b>		<b>H(b)</b> Are all subordinates included? Yes No		
<b>F</b> Name and address of principal officer: <b>LAURIE R. BEYER</b> <b>SAME AS C ABOVE</b>		If "No," attach a list. See instructions		
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527		<b>H(c)</b> Group exemption number		
<b>J</b> Website: <b>WWW.GBMC.ORG</b>		<b>L</b> Year of formation: <b>1960</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other		<b>M</b> State of legal domicile: <b>MD</b>		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE MEDICAL CARE AND SERVICE OF THE HIGHEST QUALITY TO EACH PATIENT LEADING TO HEALTH,</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>28</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>25</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>4630</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>261</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>-44,761.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>23,483,359.</b>	<b>27,430,738.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>501,212,870.</b>	<b>555,187,729.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>14,497,901.</b>	<b>39,750,648.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,494,674.</b>	<b>1,091,092.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>540,688,804.</b>	<b>623,460,207.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>160,888.</b>	<b>355,061.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>301,055,634.</b>	<b>321,720,785.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>2,260,227.</b>	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>230,449,224.</b>	<b>238,560,221.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>531,665,746.</b>	<b>560,636,067.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>9,023,058.</b>	<b>62,824,140.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>707,278,041.</b>	<b>842,753,767.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>337,862,032.</b>	<b>361,378,246.</b>
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>369,416,009.</b>	<b>481,375,521.</b>	

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date		
	LAURIE R. BEYER, EVP/CFO Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	JOHN W. SADOFF, JR.	<i>John W. Sadoff, Jr.</i>	4/27/2022	<input type="checkbox"/>	P00540589
Firm's name <b>DELOITTE TAX LLP</b>			Firm's EIN <b>86-1065772</b>		
Firm's address <b>695 TOWN CENTER DR, STE 1000 COSTA MESA, CA 92626</b>			Phone no. (714) 436-7100		

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

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

(Rev. January 2020)

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

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

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

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

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

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

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

**1** I request an automatic 6-month extension of time until May 15, 20 22, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ►  calendar year 20 \_\_\_\_ or  
 ►  tax year beginning July 1, 20 20, and ending June 30, 20 21.

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

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O

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

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

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

4a (Code: ) (Expenses \$ 232,703,790. including grants of \$ ) (Revenue \$ 259,424,436. ) THE GREATER BALTIMORE MEDICAL CENTER, INC. (GBMC) IS A 284-BED MEDICAL CENTER (ACUTE AND SUB-ACUTE CARE), LOCATED ON A SUBURBAN CAMPUS, WHICH PROVIDED INPATIENT CARE AND OBSERVATION SERVICES TO 14,365 AND 3,758 PATIENTS, RESPECTIVELY. ADDITIONALLY, GBMC DELIVERED OVER 4,345 BABIES IN THE FISCAL YEAR. GBMC'S DISTINCTIVE SERVICE LINES INCLUDE WOMEN'S CANCER, SURGICAL AND MEDICAL SERVICES. GBMC IS A FULLY ACCREDITED TEACHING HOSPITAL THAT IS AFFILIATED WITH JOHNS HOPKINS UNIVERSITY.

4b (Code: ) (Expenses \$ 120,380,379. including grants of \$ ) (Revenue \$ 146,415,034. ) THE OPERATING ROOM PERFORMED OVER 21,534 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 \$ 18,393,668. including grants of \$ ) (Revenue \$ 23,563,563. ) THE EMERGENCY DEPARTMENT TREATED 42,839 PATIENTS IN THE FISCAL YEAR. THE EMERGENCY SERVICES DEPARTMENT HAS 3 PATIENT CARE AREAS, DESIGNED TO MINIMIZE WAIT & MAXIMIZE SERVICE FOR PATIENTS & THEIR FAMILIES. PATIENTS WITH MINOR INJURIES SUCH AS SPRAINS ARE CARED FOR IN THE URGENT CARE AREA. SEVERE PROBLEMS SUCH AS ACUTE ABDOMINAL PAIN, CHEST PAIN OR INJURIES FROM MOTOR VEHICLE ACCIDENTS ARE EVALUATED AND TREATED IN EMERGENCY CARE. ADJACENT TO THE EMERGENCY CARE AREA IS AN OBSERVATIONAL CARE AREA FOR ADULT PATIENTS WHO NEED TO BE MONITORED BUT NOT ADMITTED.

4d Other program services (Describe on Schedule O.) (Expenses \$ 100,195,763. including grants of \$ 355,061. ) (Revenue \$ 125,784,696. )

4e Total program service expenses 471,673,600.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	X	
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	X	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	X	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	

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

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 28		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b 25		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **MD**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **L**  
**L**AURIE R. BEYER - (443) 849-2000  
 6701 NORTH CHARLES STREET, BALTIMORE, MD 21204

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) VICTOR A. KHOUZAMI M.D. CHAIR/PHYSICIAN	60.00 0.00					X	1,396,532.	0.	43,002.	
(2) JOHN B. CHESSARE, M.D. DIRECTOR/CEO GBMC HEALTHCARE	33.00 27.00	X		X			1,245,641.	0.	44,479.	
(3) ELIZABETH A. DOVEC, M.D. PHYSICIAN	60.00 0.00					X	969,997.	0.	60,563.	
(4) BIMAL G. RAMI, M.D. MED DIRECTOR/PHYSICIAN	60.00 0.00					X	917,487.	0.	51,863.	
(5) HAROLD TUCKER, M.D. EVP & CHIEF MEDICAL OFFICER (TO 1/21)	50.00 10.00			X			901,801.	0.	38,302.	
(6) MARK IGUCHI, M.D. PHYSICIAN	60.00 0.00					X	837,324.	0.	54,395.	
(7) GUSTAVO E. BELLO, M.D. PHYSICIAN	60.00 0.00					X	815,285.	0.	58,200.	
(9) MR. KEITH R. POISSON EVP & COO GBMC HCARE (TO 10/20)	35.00 25.00			X			655,240.	0.	44,382.	
(10) MS. CATHERINE HAMEL EXEC VP CONT. CARE & PRES. GILCHRIST	21.00 39.00				X		625,385.	0.	55,916.	
(11) MS. LAURIE R. BEYER EVP & CFO GBMC HEALTHCARE	40.00 20.00			X			522,787.	0.	117,470.	
(12) MS. JENNY COLDIRON VP DEVELOPMENT/PRES. FOUNDATION	10.00 50.00				X		569,634.	0.	53,983.	
(13) JOHN L. FLOWERS, M.D. EVP & CHIEF MED. OFFICER	50.00 10.00			X			536,533.	0.	55,863.	
(15) MS. SUSAN MARTIELLI GENERAL COUNSEL/VP LEGAL	40.00 20.00				X		457,326.	0.	65,275.	
(16) MR. DAVID J. HYNSON VP & CIO	45.00 15.00				X		418,865.	0.	81,652.	
(17) MS. JOANN IOANNOU EXEC VP OF HOSPITAL OPERATIONS & CNO	45.00 15.00				X		397,195.	0.	102,899.	
(18) MS. ERLENE WASHINGTON VP & COO HEALTH PARTNERS	50.00 10.00				X		368,489.	0.	88,248.	
(19) MS. ANNA-MARIA G. PALMER VP & CHIEF HR OFFICER	40.00 20.00				X		370,814.	0.	68,294.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(20) MARIA PANE, M.D. VICE CHIEF OF STAFF/PHYS. (TO 7/20)	59.00 1.00	X						379,705.	0.	55,911.
(21) MS. CAROLYN L. CANDIELLO VP QUALITY & PT SAFETY	59.00 1.00				X			357,245.	0.	41,595.
(22) MS. STACEY L. MCGREEVY VP SUPPORT SERVICES	50.00 10.00				X			309,350.	0.	39,996.
(23) J. CHRISTOPHER GREENAWALT, M.D. DIR./VICE CHIEF OF STAFF (FROM 7/20)	50.00 10.00	X		X				322,390.	0.	17,967.
(24) ROBIN MOTTER-MAST, D.O. DIRECTOR/CHIEF OF STAFF (FROM 7/20)	50.00 10.00	X		X				351,393.	0.	38,751.
(25) MELISSA SPARROW, M.D. FORMER CHIEF OF STAFF	50.00 10.00						X	138,844.	0.	20,923.
(26) MR. HERBERT J. BELGRAD DIRECTOR (TO 6/21)	1.00 1.00	X						0.	0.	0.
(27) MS. HEIDI KENNY BERMAN DIRECTOR	1.00 2.00	X						0.	0.	0.
(28) MR. DELBERT ADAMS DIRECTOR	1.00 2.00	X						0.	0.	0.
<b>1b Subtotal</b>								13,865,262.	0.	1,299,929.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								13,865,262.	0.	1,299,929.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 536

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
SODEXO, INC, 9801 WASHINGTON BLVD, GAITHERSBURG, MD 20878	MANAGEMENT - HOTEL SERVICES	4,734,206.
JOHNS HOPKINS UNIVERSITY, 125 MEDICAL ADMIN RD., 720 RUTLAND AVE, BALTIMORE, MD	RESIDENCY PROGRAM	4,556,588.
CHESAPEAKE MEDICAL STAFFING 2401 YORK ROAD, LUTHERVILLE, MD 21093	MEDICAL STAFFING	4,382,935.
CLEARPATH SOLUTIONS GROUP LLC 12100 SUNSET HILLS ROAD, RESTON, VA 20190	SOFTWARE ENGINEERING	4,380,946.
EPIC SYSTEMS CORPORATION 1979 MILKY WAY, VERONA, WI 53593	SOFTWARE ENGINEERING	2,497,742.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 133

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(29) MR. ROBERT AUMILLER DIRECTOR	1.00 2.00	X						0.	0.	0.
(30) MRS. SANDRA BERMAN DIRECTOR	1.00 1.00	X						0.	0.	0.
(31) MRS. CHRISTINA M. BERZINS DIRECTOR (TO 6/21)	1.00 1.00	X						0.	0.	0.
(32) MS. MONIQUE BOOKER DIRECTOR	1.00 1.00	X						0.	0.	0.
(33) ROBERT K. BROOKLAND, M.D. DIRECTOR	1.00 2.00	X						0.	0.	0.
(34) MRS. ANN P. CROOM DIRECTOR (FROM 7/20)	1.00 1.00	X						0.	0.	0.
(35) MR. CHARLES C. FENWICK, JR. DIRECTOR	1.00 2.00	X						0.	0.	0.
(36) MRS. CHRISTINA FITTS DIRECTOR	1.00 1.00	X						0.	0.	0.
(37) MR. JERRY FOCAS DIRECTOR	1.00 2.00	X						0.	0.	0.
(38) MR. MITCHELL GOETZE DIRECTOR (TO 6/21)	1.00 2.00	X						0.	0.	0.
(39) MR. HARRY S. JOHNSON DIRECTOR	1.00 1.00	X						0.	0.	0.
(40) MR. LEON KAPLAN DIRECTOR (FROM 7/20)	1.00 1.00	X						0.	0.	0.
(41) THEDA C. KONTIS, M.D. DIRECTOR (TO 6/21)	1.00 1.00	X						0.	0.	0.
(42) MR. FRANKLIN M. LEE DIRECTOR	1.00 1.00	X						0.	0.	0.
(43) MR. THOMAS H. MADDUX, III SECRETARY	1.00 1.00	X						0.	0.	0.
(44) MS. PATRICIA J. MITCHELL DIRECTOR	1.00 2.00	X						0.	0.	0.
(45) JOHN R. SAUNDERS, M.D. DIRECTOR	1.00 2.00	X						0.	0.	0.
(46) DEVON SMITH, D.V.M. DIRECTOR (FROM 7/20)	1.00 2.00	X						0.	0.	0.
(47) MS. BONNIE B. STEIN DIRECTOR (FROM 7/20)	1.00 2.00	X						0.	0.	0.
(48) MR. JAMES B. STRADTNER DIRECTOR	1.00 1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	224,281.				
	<b>d</b> Related organizations .....	<b>1d</b>	2,731,100.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	10,149,386.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	14,325,971.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 88,632.				
	<b>h Total.</b> Add lines 1a-1f .....			27,430,738.			
	Program Service Revenue	<b>2 a</b> PATIENT SERVICE	Business Code				
		621110	542,828,749.	542,828,749.			
<b>b</b> OTHER OPERATING REV.		900099	11,951,836.	11,951,836.			
<b>c</b> GRANT REVENUE		541700	407,144.	407,144.			
<b>d</b> .....							
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....			555,187,729.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		9,354,228.		-44,761.	9,398,989.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
				60,010,285.			
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	29,613,865.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	30,396,420.				
<b>d</b> Net gain or (loss) .....			30,396,420.		30,396,420.		
<b>8 a</b> Gross income from fundraising events (not including \$ 224,281. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		39,849.				
		<b>b</b> Less: direct expenses .....	<b>8b</b>	12,003.			
		<b>c</b> Net income or (loss) from fundraising events .....			27,846.		27,846.
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
		<b>b</b> Less: direct expenses .....	<b>9b</b>				
		<b>c</b> Net income or (loss) from gaming activities .....					
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
		<b>b</b> Less: cost of goods sold .....	<b>10b</b>				
		<b>c</b> Net income or (loss) from sales of inventory .....					
Miscellaneous Revenue	<b>11 a</b> PARKING REVENUE	Business Code					
		812930	1,010,598.			1,010,598.	
	<b>b</b> CAFETERIA INCOME	722210	52,648.			52,648.	
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....			1,063,246.				
<b>12 Total revenue.</b> See instructions .....			623,460,207.	555,187,729.	-44,761.	40,886,501.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	355,061.	355,061.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	9,770,661.		9,770,661.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	261,289,237.	231,335,459.	28,998,357.	955,421.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,904,304.	6,611,632.	1,253,345.	39,327.
<b>9</b> Other employee benefits .....	25,446,252.	20,953,329.	4,426,423.	66,500.
<b>10</b> Payroll taxes .....	17,310,331.	14,760,828.	2,483,641.	65,862.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....	2,510,025.	634,678.	1,875,347.	
<b>b</b> Legal .....	416,322.	15,263.	401,059.	
<b>c</b> Accounting .....	596,651.	34,006.	562,645.	
<b>d</b> Lobbying .....	7,375.		7,375.	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	1,082,086.		1,082,086.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	40,258,260.	30,462,073.	9,467,754.	328,433.
<b>12</b> Advertising and promotion .....	1,166,647.	71,966.	852,359.	242,322.
<b>13</b> Office expenses .....	107,555,181.	104,930,190.	2,360,936.	264,055.
<b>14</b> Information technology .....	14,250,597.	11,063,622.	3,184,628.	2,347.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	13,926,280.	11,577,959.	2,347,493.	828.
<b>17</b> Travel .....	271,698.	88,031.	157,391.	26,276.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	889,522.	289,943.	597,720.	1,859.
<b>20</b> Interest .....	4,303,586.	2,481,852.	1,821,734.	
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	32,867,045.	28,572,878.	4,282,011.	12,156.
<b>23</b> Insurance .....	13,074,102.	3,645,940.	9,428,162.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> PURCHASED SERVICES	4,062,726.	3,716,423.	91,462.	254,841.
<b>b</b> INSTITUTIONAL DUES	1,322,118.	72,467.	1,249,651.	
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	560,636,067.	471,673,600.	86,702,240.	2,260,227.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	70,906,388.	<b>2</b>	77,943,494.
	<b>3</b> Pledges and grants receivable, net .....	22,302,489.	<b>3</b>	29,945,148.
	<b>4</b> Accounts receivable, net .....	49,684,123.	<b>4</b>	54,042,439.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	4,909,962.	<b>8</b>	5,794,799.
	<b>9</b> Prepaid expenses and deferred charges .....	11,027,147.	<b>9</b>	27,606,860.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 675,302,391.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 440,616,233.	224,147,323.	<b>10c</b> 234,686,158.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	273,823,182.	<b>12</b>	334,578,815.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	50,477,427.	<b>15</b>	78,156,054.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	707,278,041.	<b>16</b>	842,753,767.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	64,571,433.	<b>17</b>	92,497,208.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....	90,562,113.	<b>20</b>	85,707,377.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	38,379,505.	<b>23</b>	30,844,162.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	144,348,981.	<b>25</b>	152,329,499.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	337,862,032.	<b>26</b>	361,378,246.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	300,883,483.	<b>27</b>	393,330,701.
	<b>28</b> Net assets with donor restrictions .....	68,532,526.	<b>28</b>	88,044,820.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	369,416,009.	<b>32</b>	481,375,521.
<b>33</b> Total liabilities and net assets/fund balances .....	707,278,041.	<b>33</b>	842,753,767.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	623,460,207.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	560,636,067.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	62,824,140.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	369,416,009.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	24,089,617.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	25,045,755.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	481,375,521.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		



**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ►

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in line 11a above?		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

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

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). **See instructions.**  
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	<b>5</b>
<b>6</b>	Other distributions (describe in Part VI). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			



# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2020

Name of the organization

GREATER BALTIMORE MEDICAL CENTER, INC.

Employer identification number

52-6049658

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization  GREATER BALTIMORE MEDICAL CENTER, INC.	Employer identification number  52-6049658
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 7,560,323.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 5,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 2,589,063.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 2,250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 1,696,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 1,020,988.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  GREATER BALTIMORE MEDICAL CENTER, INC.	Employer identification number  52-6049658
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 1,003,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 425,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  GREATER BALTIMORE MEDICAL CENTER, INC.	Employer identification number  52-6049658
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 225,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  GREATER BALTIMORE MEDICAL CENTER, INC.	Employer identification number  52-6049658
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

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

Name of organization  GREATER BALTIMORE MEDICAL CENTER, INC.	Employer identification number  52-6049658
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	<hr/> <hr/> <hr/>	\$ 64,369.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<hr/> <hr/> <hr/>	\$ 55,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<hr/> <hr/> <hr/>	\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	<hr/> <hr/> <hr/>	\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	<hr/> <hr/> <hr/>	\$ 52,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
30	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  GREATER BALTIMORE MEDICAL CENTER, INC.	Employer identification number  52-6049658
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	<hr/> <hr/> <hr/>	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	<hr/> <hr/> <hr/>	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	<hr/> <hr/> <hr/>	\$ 34,096.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  GREATER BALTIMORE MEDICAL CENTER, INC.	Employer identification number  52-6049658
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	<hr/> <hr/> <hr/>	\$ 30,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	<hr/> <hr/> <hr/>	\$ 28,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	<hr/> <hr/> <hr/>	\$ 28,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	<hr/> <hr/> <hr/>	\$ 27,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	<hr/> <hr/> <hr/>	\$ 27,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	<hr/> <hr/> <hr/>	\$ 25,178.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  GREATER BALTIMORE MEDICAL CENTER, INC.	Employer identification number  52-6049658
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

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

Name of organization  GREATER BALTIMORE MEDICAL CENTER, INC.	Employer identification number  52-6049658
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	<hr/> <hr/> <hr/>	\$ 24,886.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
50	<hr/> <hr/> <hr/>	\$ 20,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	<hr/> <hr/> <hr/>	\$ 17,832.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	<hr/> <hr/> <hr/>	\$ 17,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  GREATER BALTIMORE MEDICAL CENTER, INC.	Employer identification number  52-6049658
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	<hr/> <hr/> <hr/>	\$ 15,852.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	<hr/> <hr/> <hr/>	\$ 15,768.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	<hr/> <hr/> <hr/>	\$ 15,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	<hr/> <hr/> <hr/>	\$ 15,560.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  GREATER BALTIMORE MEDICAL CENTER, INC.	Employer identification number  52-6049658
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	<hr/> <hr/> <hr/>	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	<hr/> <hr/> <hr/>	\$ 11,530.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
63	<hr/> <hr/> <hr/>	\$ 11,301.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	<hr/> <hr/> <hr/>	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	<hr/> <hr/> <hr/>	\$ 10,630.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	<hr/> <hr/> <hr/>	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  GREATER BALTIMORE MEDICAL CENTER, INC.	Employer identification number  52-6049658
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	<hr/> <hr/> <hr/>	\$ 10,498.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
68	<hr/> <hr/> <hr/>	\$ 10,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	<hr/> <hr/> <hr/>	\$ 10,010.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  GREATER BALTIMORE MEDICAL CENTER, INC.	Employer identification number  52-6049658
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

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

Name of organization  GREATER BALTIMORE MEDICAL CENTER, INC.	Employer identification number  52-6049658
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	<hr/> <hr/> <hr/>	\$ 8,590.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	<hr/> <hr/> <hr/>	\$ 8,238.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	<hr/> <hr/> <hr/>	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	<hr/> <hr/> <hr/>	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  GREATER BALTIMORE MEDICAL CENTER, INC.	Employer identification number  52-6049658
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	<hr/> <hr/> <hr/>	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	<hr/> <hr/> <hr/>	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	<hr/> <hr/> <hr/>	\$ 5,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  GREATER BALTIMORE MEDICAL CENTER, INC.	Employer identification number  52-6049658
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	<hr/> <hr/> <hr/>	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	<hr/> <hr/> <hr/>	\$ 5,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	<hr/> <hr/> <hr/>	\$ 5,290.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	<hr/> <hr/> <hr/>	\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	<hr/> <hr/> <hr/>	\$ 5,103.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  GREATER BALTIMORE MEDICAL CENTER, INC.	Employer identification number  52-6049658
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

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

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

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

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

Name of organization  GREATER BALTIMORE MEDICAL CENTER, INC.	Employer identification number  52-6049658
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

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

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

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

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

Name of organization  GREATER BALTIMORE MEDICAL CENTER, INC.	Employer identification number  52-6049658
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

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

Name of organization  GREATER BALTIMORE MEDICAL CENTER, INC.	Employer identification number  52-6049658
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

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

Name of organization  GREATER BALTIMORE MEDICAL CENTER, INC.	Employer identification number  52-6049658
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
29	STOCK _____ _____ _____	\$ 16,540.	12/03/20
42	STOCK _____ _____ _____	\$ 25,178.	11/20/20
49	STOCK _____ _____ _____	\$ 24,886.	12/15/20
62	STOCK _____ _____ _____	\$ 11,530.	10/16/20
67	STOCK _____ _____ _____	\$ 10,498.	12/10/20
	_____ _____ _____	\$ _____	_____

Name of organization  GREATER BALTIMORE MEDICAL CENTER, INC.	Employer identification number  52-6049658
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

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

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

Name of organization <p style="text-align: center;">GREATER BALTIMORE MEDICAL CENTER, INC.</p>	Employer identification number <p style="text-align: center;">52-6049658</p>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

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

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

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

Yes  No

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		7,375.
<b>j</b> Total. Add lines 1c through 1i .....			7,375.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

GOVERNMENT RELATIONS IS A FUNCTION WITHIN THE MARKETING AND

COMMUNICATIONS DEPARTMENT OF GBMC HEALTHCARE. IN THIS ROLE, A STAFF

MEMBER DEVOTES A PORTION OF HIS TIME SERVING ON THE LEGISLATIVE

COMMITTEE OF THE MARYLAND HOSPITAL ASSOCIATION AND ATTENDS REGULAR

COMMITTEE MEETINGS DURING THE STATE LEGISLATIVE SESSION. ADDITIONALLY,



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and acquired after 7/25/06), and questions 3-9 regarding monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, and 2 regarding reporting requirements for art and historical treasures.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	37,575,539.	36,340,739.	32,842,811.	30,435,387.	28,073,800.
b Contributions	1,488,212.	3,454,850.	1,726,910.	1,335,910.	186,150.
c Net investment earnings, gains, and losses	11,549,578.	2,408,463.	4,119,628.	2,907,545.	3,745,142.
d Grants or scholarships					
e Other expenditures for facilities and programs	5,400,493.	4,628,513.	2,348,610.	1,836,031.	1,569,705.
f Administrative expenses					
g End of year balance	45,212,836.	37,575,539.	36,340,739.	32,842,811.	30,435,387.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  61.7300 %
  - c Term endowment  38.2700 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   |     | X  |
| (ii) Related organizations  | X   |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | X   |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		15,290,673.		15,290,673.
b Buildings		346,510,478.	225,410,475.	121,100,003.
c Leasehold improvements		15,691,159.	5,590,039.	10,101,120.
d Equipment		146,617,597.	105,074,588.	41,543,009.
e Other		151,192,484.	104,541,131.	46,651,353.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				234,686,158.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....	10,025,659.	COST
(2) Closely held equity interests .....		
(3) Other .....		
(A) PUBLICLY TRADED INVESTMENTS	324,553,156.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	334,578,815.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) RIGHT OF USE LEASE ASSETS	28,494,389.
(2) INTERCOMPANY RECEIVABLE	49,498,342.
(3) DEFERRED ASSETS	45,183.
(4) DONATED TIMESHARE	44,500.
(5) WORKER'S COMPENSATION REINSURANCE RECEIVABLE	73,640.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	78,156,054.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) COVID-19 RELATED MEDICARE ADVANCES	77,323,272.
(3) PENSION LIABILITY	12,089,651.
(4) OTHER LIABILITIES	3,020,869.
(5) CAPITAL LEASES	53,111,671.
(6) INSURANCE RESERVES	3,716,390.
(7) CHARITABLE GIFT ANNUITY	1,129,685.
(8) OTHER THIRD PARTY ADVANCES	1,937,961.
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	152,329,499.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>

**Part XIII Supplemental Information.**

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

PART V, LINE 4:

GREATER BALTIMORE MEDICAL CENTER, INC. HOLDS AND MANAGES THE ENDOWMENT FOR

THE PURPOSE OF:

1) DEPARTMENT NEEDS - ONCOLOGY, PEDIATRICS, EMERGENCY DEPARTMENT, CHAPEL,

OPHTHALMOLOGY, AND SAFE (DOMESTIC VIOLENCE PROGRAM).

2) RESEARCH - SUPPORT CLINICAL RESEARCH PERFORMED AT GREATER BALTIMORE

MEDICAL CENTER.

3) EDUCATION - SUPPORT EDUCATION PROGRAMS, LECTURES AND SCHOLARSHIPS,

CENTER FOR NURSING EXCELLENCE.

4) GENERAL SUPPORT FOR GREATER BALTIMORE MEDICAL CENTER.

5) UNCOMPENSATED CARE.

**Part XIII** Supplemental Information *(continued)*

PART X, LINE 2:

GREATER BALTIMORE MEDICAL CENTER, INC. IS INCLUDED IN THE CONSOLIDATED  
AUDITED FINANCIAL STATEMENTS FOR GBMC HEALTHCARE, INC. AND SUBSIDIARIES,  
WHICH INCLUDES BOTH TAXABLE AND TAX-EXEMPT AFFILIATES.

THE COMPANY IS A NOT-FOR-PROFIT CORPORATION EXEMPT FROM INCOME TAXES AS  
DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT  
FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF  
THE CODE. THE COMPANY IS SUBJECT TO INCOME TAX ON UNRELATED BUSINESS  
INCOME.

INCOME TAXES ARE PROVIDED FOR EARNINGS (LOSS) OF THOSE SUBSIDIARIES WHICH  
ARE SUBJECT TO FEDERAL AND STATE INCOME TAX BASED ON AGENCY'S SHARE OF THE  
SUBSIDIARIES' TAXABLE INCOME, WHETHER OR NOT DISTRIBUTED. AGENCY'S SHARE  
OF THESE SUBSIDIARIES' NET LOSSES IS DEDUCTIBLE TO THE EXTENT OF AGENCY'S  
TAX BASIS IN THE SUBSIDIARIES.

THE FINANCIAL ACCOUNTING STANDARDS BOARD'S (FASB) GUIDANCE ON ACCOUNTING  
FOR UNCERTAINTY IN INCOME TAXES CLARIFIES THE ACCOUNTING FOR UNCERTAINTY  
OF INCOME TAX POSITIONS. THIS GUIDANCE DEFINES THE THRESHOLD FOR  
RECOGNIZING TAX RETURN POSITIONS IN THE CONSOLIDATED FINANCIAL STATEMENTS  
AS "MORE LIKELY THAN NOT" THAT THE POSITION IS SUSTAINABLE, BASED ON ITS  
TECHNICAL MERITS. THIS STANDARD ALSO PROVIDES GUIDANCE ON THE MEASUREMENT,  
CLASSIFICATION AND DISCLOSURE OF TAX RETURN POSITIONS IN THE CONSOLIDATED  
FINANCIAL STATEMENTS. THE COMPANY HAS ADOPTED THIS GUIDANCE, AND THERE  
WERE NO AMOUNTS RECORDED IN THE CONSOLIDATED FINANCIAL STATEMENTS AS OF  
AND DURING THE YEARS ENDED JUNE 30, 2021 AND 2020 FOR UNCERTAIN TAX  
POSITIONS.

**Part XIII** Supplemental Information *(continued)*

GBMC AGENCY, INC AND SUBSIDIARIES ARE TAXABLE ENTITIES, WHICH HAVE TAX

OPERATING LOSS CARRY FORWARD AVAILABLE TO OFFSET FUTURE TAXABLE INCOME.

EFFECTIVE FOR TAX YEARS AFTER DECEMBER 31, 2017, THE NET OPERATING LOSS

CARRY FORWARD IS INDEFINITE. AS OF JUNE 30, 2021, AND 2020, THE DEFERRED

TAX ASSETS CONSISTING PRIMARILY OF NET OPERATING LOSS CARRY FORWARDS WERE

FULLY OFFSET BY A RELATED VALUATION ALLOWANCE.







**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

GBMC RUXTON IS A WHOLLY OWNED INSURANCE CAPTIVE OF GBMC. RUXTON'S BOARD

APPROVES THE INSURANCE PREMIUMS CHARGED TO GBMC. THE FINANCIAL STATEMENTS

OF RUXTON ARE REVIEWED BY GBMC MANAGEMENT MONTHLY. RUXTON IS ALSO

SEPARATELY AUDITED. GBMC'S AUDITORS REVIEW RUXTON'S AUDITED FINANCIAL

STATEMENTS ANNUALLY.



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		FATHER'S DAY 5K (event type)	GBMC GOLF OUTING (event type)	2 (total number)	
Revenue	<b>1</b> Gross receipts .....	98,551.	66,118.	99,461.	264,130.
	<b>2</b> Less: Contributions .....	88,034.	50,998.	85,249.	224,281.
	<b>3</b> Gross income (line 1 minus line 2) .....	10,517.	15,120.	14,212.	39,849.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....	2,742.		3,790.	6,532.
	<b>8</b> Entertainment .....	500.		2,826.	3,326.
	<b>9</b> Other direct expenses .....	2,145.			2,145.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				12,003.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				27,846.	

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_





**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

<b>Name of the organization</b> GREATER BALTIMORE MEDICAL CENTER, INC.	<b>Employer identification number</b> 52-6049658
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**Part I Financial Assistance and Certain Other Community Benefits at Cost**

		Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .....	<b>1a</b>	X	
<b>b</b> If "Yes," was it a written policy? .....	<b>1b</b>	X	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: .....	<b>3a</b>	X	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>300</u> %			
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: .....	<b>3b</b>		X
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %			
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<b>4</b>	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<b>5a</b>	X	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<b>5b</b>	X	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	<b>5c</b>		X
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<b>6a</b>	X	
<b>b</b> If "Yes," did the organization make it available to the public?	<b>6b</b>		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
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) .....			8,097,055.	6,546,005.	1,551,050.	.28%
<b>b</b> Medicaid (from Worksheet 3, column a) .....						
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....						
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs .....			8,097,055.	6,546,005.	1,551,050.	.28%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....			1,441,241.		1,441,241.	.26%
<b>f</b> Health professions education (from Worksheet 5) .....			6,263,533.		6,263,533.	1.12%
<b>g</b> Subsidized health services (from Worksheet 6) .....			119,765,773.	76,819,005.	42,946,768.	7.66%
<b>h</b> Research (from Worksheet 7) .....			718,994.		718,994.	.13%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....			150,000.	0.	150,000.	.03%
<b>j Total.</b> Other Benefits .....			128,339,541.	76,819,005.	51,520,536.	9.20%
<b>k Total.</b> Add lines 7d and 7j .....			136,436,596.	83,365,010.	53,071,586.	9.48%





**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

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

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

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

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

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

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300</u> % and FPG family income limit for eligibility for discounted care of <u>0</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance status		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? .....	X	
<b>15</b>	Explained the method for applying for financial assistance? .....	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? .....	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>HTTPS://WWW.GBMC.ORG/FINANCIALSUPPORT</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)

**Billing and Collections**

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

		Yes	No
<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? .....	X	
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
<b>a</b>	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
<b>b</b>	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
<b>d</b>	<input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....	X	
If "No," indicate why:			
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

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

		Yes	No
<b>22</b>	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
<b>a</b>	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
<b>b</b>	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>c</b>	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>d</b>	<input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b>	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? ..... If "Yes," explain in Section C.	23	X
<b>24</b>	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? ..... If "Yes," explain in Section C.	24	X

**Part V Facility Information** *(continued)*

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

GREATER BALTIMORE MEDICAL CENTER:

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

ASSESSMENT (CHNA), SELECT INDIVIDUALS THROUGHOUT THE COMMUNITY

REPRESENTING A VARIETY OF UNIQUE SERVICES, INCLUDING PUBLIC HEALTH,

MEDICAL SERVICES, SOCIAL ORGANIZATIONS, CHILD & YOUTH SERVICES AND

FAITH-BASED ORGANIZATIONS WERE CHOSEN TO PARTICIPATE IN DIRECTLY

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

MOST SIGNIFICANT SOCIAL AND HEALTHCARE ISSUES FACING THE COMMUNITY

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

OVERALL CHNA REPORT. ADDITIONALLY, TWO COMMUNITY STAKEHOLDER MEETINGS ARE

HELD EVERY YEAR TO SOLICIT FEEDBACK ON INITIATIVES AND PROGRESS TOWARD

GOALS.

GREATER BALTIMORE MEDICAL CENTER:

PART V, SECTION B, LINE 6A: THE CHNA WAS CONDUCTED WITH THE FOLLOWING

OTHER HOSPITAL FACILITIES: NORTHWEST HOSPITAL OF LIFEBRIDGE HEALTH,

SHEPPARD PRATT, THE UNIVERSITY OF MARYLAND ST. JOSEPH MEDICAL CENTER, AND

MEDSTAR FRANKLIN SQUARE MEDICAL CENTER.

GREATER BALTIMORE MEDICAL CENTER:

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

MADE SIGNIFICANT STRIDES IN ITS IMPLEMENTATION OF PROGRAMS IN RESPONSE TO

THE NEEDS IDENTIFIED IN THE CHNA. SPECIFICALLY, GBMC IS FOCUSED ON THE

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

**Part V Facility Information** (continued)

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

MEANINGFUL WAY, WHETHER THROUGH INTERNALLY DEVELOPED STRATEGIES AND/OR

PARTNERSHIPS. GBMC HAS EXPANDED ITS COLLABORATIVE CARE MANAGEMENT AND CARE

COORDINATION MODEL WITH THE ENHANCEMENT OF THREE PROGRAMS: BEHAVIORAL

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

HOME AND, IN UNDERSERVED COMMUNITIES, AND EXPANDING CARE COORDINATION/CARE

MANAGEMENT. THE GOAL OF PROVIDING SERVICES OUTSIDE OF THE ACUTE CARE

SETTING AND WITHIN THE COMMUNITY AND PRIMARY CARE PHYSICIANS IS ONE OF

PATIENT CENTRICITY.

GBMC CONTINUES TO INVEST IN BEHAVIORAL HEALTH IN OUR PCMHs AND

IMPLEMENTATION OF GBMC'S ELDER MEDICAL CARE, PROGRAM HAS SIGNIFICANTLY

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

INTERDISCIPLINARY TEAM PROVIDES CLINICAL INTERVENTIONS IN THE HOME

SETTING, INCLUDING LAB SERVICES, BEHAVIORAL HEALTH CONSULTATIONS,

COMMUNITY HEALTH COORDINATION AND INTERVENTIONS BY PHARMACISTS. THROUGH

THESE PROGRAMS, GBMC REACHED 650 HOME BOUND SENIORS WITH ITS ELDER MEDICAL

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

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

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

PROVIDING PRE-PANDEMIC VISIT VOLUMES.

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

ASSESSMENT RANKED BALTIMORE CITY LAST IN THE STATE ON INDICATORS SUCH AS

PREVENTABLE HOSPITALIZATIONS, ACCESS TO CARE AND OTHER SOCIAL DETERMINANTS

OF HEALTH, MAKING IT THE JURISDICTION WITH THE GREATEST NEED FOR

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

INCIDENCE IN MARYLAND OF HIV, CHRONIC OBSTRUCTIVE PULMONARY DISEASE

**Part V Facility Information** *(continued)*

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

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

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

BALTIMORE SERVES ABOUT 200 TERMINALLY ILL INDIVIDUALS EACH YEAR, MOST OF

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

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

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

OUR PATIENTS ARE UNINSURED/UNDERINSURED, 70% OF THE CITY RESIDENTS LIVE

BELOW THE CITY'S MEDIAN FAMILY INCOME. GILCHRIST PROVIDES A MUCH-NEEDED

SERVICE TO THE BALTIMORE CITY POPULATION. THOSE AGED 65 AND OLDER COMPRISE

APPROXIMATELY 12.1% OF THE TOTAL POPULATION, AND THE MARYLAND HEALTH CARE

COMMISSION PROJECTS AN INCREASE IN CITY RESIDENTS NEEDING HOSPICE. THIS

POPULATION ALSO TENDS TO BE THOSE MOST IN NEED. IN FY21, GILCHRIST CENTER

BALTIMORE HAD AN AVERAGE DAILY CENSUS OF 11.4 AND OPERATED AT A \$1.9

MILLION ANNUAL LOSS.

GBMC HAS INVESTED SIGNIFICANTLY, \$42 MILLION IN FY21, IN ITS PHYSICIAN

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

QUALITY ASSURANCE, AS A LEVEL 3 PHYSICIAN PRACTICE

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

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

SYSTEM OF CARE, WITH A FOCUS ON PREVENTION & WELLNESS, EVIDENCE-BASED

CARE, AND ACTIVE MANAGEMENT OF CHRONIC DISEASE. CARE OUTSIDE OF THE ACUTE

CARE SETTING SIGNIFICANTLY REDUCED TOTAL COST OF CARE AND ENHANCED PATIENT

ACCESS. OVER A TWO-YEAR PERIOD, GBMC'S COVERED LIVES INCREASED 5%.

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

**Part V Facility Information** *(continued)*

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

FROM A PREVIOUS INTEGRATED BEHAVIORAL HEALTH CARE MODEL, AND IS A

CONTINUED PARTNERSHIP BETWEEN GBMC AND SHEPPARD PRATT. IT IS AN

EVIDENCE-BASED MODEL THAT AIMS TO IMPROVE ACCESS TO CARE, PROVIDE

HIGH-QUALITY SERVICES AIMED AT SYMPTOM IMPROVEMENT, AND IS EFFICIENT. THE

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

TREATED OVER 1,400 PATIENTS TO HELP THEM TO TARGET SYMPTOMS RANGING FROM

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

EVALUATION DATA SHOWS IMPROVEMENT IN DEPRESSION AND ANXIETY SYMPTOMS AND

REDUCED UTILIZATION OF THE EMERGENCY DEPARTMENT.

ADDITIONAL NOTABLE PROGRAMS INCLUDE GBMC'S SAFE & DOMESTIC VIOLENCE

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

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

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

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

HIGH QUALITY, COMPREHENSIVE, DIRECT SERVICES TO VICTIMS OF SEXUAL ASSAULT,

DOMESTIC VIOLENCE, CHILD ABUSE AND HUMAN TRAFFICKING. GBMC PROVIDES

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

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

ONE CRITICAL COMPONENT OF THIS OBJECTIVE IS TO IMPROVE COURT OUTCOMES FOR

VICTIMS. ANOTHER CRITICAL OUTCOME IS ENSURING A SMOOTH HANDOFF AND

CONNECTION WITH VITAL RESOURCES WITHIN THE COMMUNITY. IN FY21, DESPITE THE

CONTINUOUS BATTLE WITH THE COVID-19 PANDEMIC, THE SAFE PROGRAM CONDUCTED

272 SAFE EXAMINATIONS AND ENCOUNTERS, 69 NON-FATAL STRANGULATION

EXAMINATIONS, AND 7 SUSPECT EXAMINATIONS. IN ADDITION TO FORENSIC NURSING

SERVICES, OUR VICTIM ADVOCATES PROVIDED ADVOCACY AND CRISIS INTERVENTIONS

TO NEARLY 300 INDIVIDUALS. THE PANDEMIC CERTAINLY AFFECTED OUR OUTREACH

**Part V Facility Information** *(continued)*

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

EFFORTS, AS WE HAD TO SHIFT TO OFFERING PRESENTATIONS VIA VIRTUAL

PLATFORMS. DESPITE THIS, THE PROGRAM PROVIDED PRESENTATIONS TO OVER 2,000

COMMUNITY MEMBERS. THE PROGRAM CONTINUED EXPANSION OF ITS SERVICE TO CARE

FOR PEDIATRIC SEXUAL ABUSE, HUMAN TRAFFICKING, AND VICTIMS FOR WHOM

ENGLISH IS A SECOND LANGUAGE, ALL PART OF AN UNDERSERVED POPULATION IN

BALTIMORE COUNTY.

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

TO GET PATIENTS ENGAGED IN HEALTHIER LIFESTYLE CHANGES. THIS PROGRAM

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

JOURNEY TO LOSE WEIGHT AND GAIN A BETTER HEALTH STATUS. THE OBESITY

MANAGEMENT PROGRAM HOSTS AN ANNUAL REVEAL PARTY FOR THOSE PATIENTS WHO

HAVE SUCCESSFULLY GONE THROUGH THE PROGRAM. THIS NIGHT IS CONSIDERED A

MAGICAL, EMOTIONAL, DIVERSE, COMMUNITY EVENT WHERE BARIATRIC SURGERY

PATIENTS ARE CELEBRATED, AND THEIR EXPERIENCE OF CARE IS HIGHLIGHTED. IN

FY21, THIS PROGRAM REACHED 238,600 PEOPLE VIRTUALLY THROUGH DR. ELIZABETH

DOVEC'S ANNUAL REVEAL PARTY VIA FACEBOOK. TOTAL WEIGHT LOSS ACHIEVED WAS

111,369 POUNDS. COMP CONTINUES TO TREAT A HIGH VOLUME OF BARIATRIC

PATIENTS THROUGH SURGICAL INTERVENTION.

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

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

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

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

A SNAP INITIATIVE HAS ADDED TO OUR PROGRAMS THAT ARE TARGETING THOSE

INDIVIDUALS WHO HAVE FOOD INSECURITY, OBESITY, AND DIABETES. THE PROMOTION

ALONE THROUGHOUT BALTIMORE COUNTY HAS BROUGHT PATIENTS AND COMMUNITY

**Part V Facility Information** *(continued)*

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

MEMBERS FROM ALL WALKS OF LIFE TO BENEFIT FROM THIS GREAT MARKET. THE

PANDEMIC HAS UNFORTUNATELY STALLED THIS INITIATIVE, BUT WE HOPE TO HAVE

THE MARKET BACK UP AND RUNNING IN SPRING 2022.

THE GECKLE DIABETES AND NUTRITION CENTER AT GBMC OFFERS A COMPREHENSIVE

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

THE DIABETES EDUCATION TEAM CONSISTS OF REGISTERED DIETITIANS AND

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

TEACHES ABOUT DIABETES SELF-MANAGEMENT AND PROVIDES PATIENTS WITH THE

TOOLS AVAILABLE TO HELP MANAGE THEIR DIABETES. DIABETES NUTRITION, MEAL

PLANNING AND PHYSICAL ACTIVITY ARE KEY COMPONENTS OF THE PROGRAM. GBMC HAS

STARTED TO EXTEND THIS PROGRAM TO VARIOUS GBMC PRIMARY CARE OFFICES TO

BRING THE SERVICES TO THE PATIENT. WITH DIABETES SELF-MANAGEMENT SKILLS

AND IMPROVED BLOOD GLUCOSE (SUGAR) LEVELS, GBMC IS HELPING TO REDUCE THE

RISK OF COMPLICATIONS AND SIGNIFICANTLY IMPROVE THE QUALITY OF THE

PATIENTS' LIVES.

GBMC HAS IDENTIFIED SEVERAL SERVICE BARRIERS AS THE ORGANIZATION HAS

WORKED TO IMPLEMENT ITS CHNA WORK. THESE INCLUDE ISOLATION AND STIGMA

RELATED TO MENTAL HEALTH ISSUES, SHORTAGE OF PSYCHIATRIC PHYSICIANS IN THE

COMMUNITY AND TRANSPORTATION CHALLENGES FOR PATIENTS. THESE HAVE BEEN

EXACERBATED BY THE COVID-19 PANDEMIC. WHILE NOT FULLY ADDRESSED,

SIGNIFICANT STRIDES HAVE BEEN MADE IN BREAKING DOWN THESE BARRIERS. THE

ORGANIZATION CONTINUES TO IMPLEMENT SYSTEM-WIDE WORKFLOWS TO ASSESS AND

ADDRESS SOCIAL DETERMINANTS OF HEALTH. GBMC HAS ALSO ESTABLISHED A

RELATIONSHIP WITH MOVEABLE FEAST TO DELIVER MEDICALLY-TAILORED MEALS TO

PATIENTS WITH FOOD INSECURITY. FINALLY, IN PARTNERSHIP WITH SHEPPARD

**Part V Facility Information** (continued)

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

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

ABILITY TO ACCESS BEHAVIORAL HEALTH SERVICES VIA VIDEO AND PHONE.

GREATER BALTIMORE MEDICAL CENTER

PART V, LINE 16B, FAP APPLICATION WEBSITE:

HTTPS://WWW.GBMC.ORG/FINANCIALSUPPORT

GREATER BALTIMORE MEDICAL CENTER

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

HTTPS://WWW.GBMC.ORG/FINANCIALSUPPORT

GREATER BALTIMORE MEDICAL CENTER:

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

ACKNOWLEDGMENTS DOCUMENT, WHICH AMONG OTHER THINGS, SUMMARIZES THE

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

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

IN ADDITION, EACH INVOICE NOTES THE AVAILABILITY OF FINANCIAL ASSISTANCE

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

FINANCIAL ASSISTANCE IS ALSO VISIBLY DISPLAYED WITHIN AREAS OF PATIENT

FLOW, SUCH AS THE EMERGENCY DEPARTMENT, REGISTRATION KIOSKS, SURGICAL

SERVICE AREAS, ETC.



**Part VI Supplemental Information**

Provide the following information.

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

PART I, LINE 7:

COST OF CHARITY CARE WAS CALCULATED USING THE COST-TO-CHARGE RATIO

PRESCRIBED IN THE INSTRUCTIONS TO WORKSHEET 2. MARYLAND'S REGULATORY

SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE

REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC)

DETERMINES PAYMENT THROUGH A RATE SETTING PROCESS AND ALL PAYORS,

INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES

DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL PAYOR SYSTEM

INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYOR'S

RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING

REVENUE RELATED TO UNCOMPENSATED CARE.

PART I, LINE 7G:

GBMC HAS INVESTED SIGNIFICANTLY, \$42 MILLION IN FY21, IN ITS PHYSICIAN

SERVICES. GBMC'S INTEGRATED, MULTI-SPECIALTY MEDICAL GROUP MANAGES

PATIENTS' HEALTH ACROSS GBMC'S SYSTEM OF CARE, WITH A FOCUS ON PREVENTION

& WELLNESS, EVIDENCE-BASED CARE, AND ACTIVE MANAGEMENT OF CHRONIC DISEASE.

CARE OUTSIDE OF THE ACUTE CARE SETTING SIGNIFICANTLY REDUCED TOTAL COST OF

**Part VI** Supplemental Information (Continuation)

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

COVERED LIVES INCREASED 3%.

PART II, COMMUNITY BUILDING ACTIVITIES:

PROVIDES LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY MEMBERS, AS

WELL AS WORKFORCE DEVELOPMENT.

PART III, LINE 2:

GBMC, INC. ESTIMATES BAD DEBT EXPENSE THROUGH THE ANALYSIS OF THE ANNUAL

COLLECTIONS, BAD DEBT & CONTRACTUAL ON THE ACCOUNTS RECEIVABLE AS OF A

SPECIFIC POINT IN TIME. THE ANALYSIS, WHICH IS UPDATED MONTHLY, APPLIES

COLLECTION, BAD DEBT, AND CONTRACTUAL RATES BASED ON ACCOUNT AGE & PAYOR.

PART III, LINE 3:

THE ESTIMATED AMOUNT OF THE ORGANIZATION'S BAD DEBT ATTRIBUTABLE TO

PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY IS

4,777,000. THIS REFLECTS THE WRITE-OFF OF PATIENT ACCOUNTS DEEMED

UNCOLLECTIBLE.

PART III, LINE 4:

THE COMPANY APPLIES ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 606,

REVENUE FROM CONTRACTS WITH CUSTOMERS, WHICH PROVIDES A PRINCIPLES-BASED

FRAMEWORK FOR RECOGNIZING REVENUE TO DEPICT THE TRANSFER OF PROMISED GOODS

OR SERVICES TO CUSTOMERS IN AN AMOUNT THAT REFLECTS THE CONSIDERATION TO

WHICH THE ENTITY EXPECTS TO BE ENTITLED IN EXCHANGE FOR THOSE GOODS OR

SERVICES.

NET PATIENT SERVICE REVENUE IS RECOGNIZED, OVER TIME, AS PERFORMANCE

**Part VI** Supplemental Information (Continuation)

OBLIGATIONS ARE SATISFIED. PERFORMANCE OBLIGATIONS ARE DETERMINED BASED ON

THE NATURE OF THE SERVICES PROVIDED. REVENUE FOR PERFORMANCE OBLIGATIONS

SATISFIED OVER TIME IS RECOGNIZED AT THE ESTIMATED NET REALIZABLE AMOUNTS

FROM PATIENTS AND THIRD-PARTY PAYORS FOR SERVICES RENDERED.

THE COMPANY GENERATES REVENUES, PRIMARILY BY PROVIDING HEALTHCARE SERVICES

TO ITS CUSTOMERS. REVENUES ARE RECOGNIZED WHEN CONTROL OF THE PROMISED

GOOD OR SERVICE IS TRANSFERRED TO OUR CUSTOMERS, IN AN AMOUNT THAT

REFLECTS THE CONSIDERATION TO WHICH THE COMPANY EXPECTS TO BE ENTITLED

FROM PATIENTS, THIRD-PARTY PAYORS (INCLUDING GOVERNMENT PROGRAMS AND

INSURERS) AND OTHERS, IN EXCHANGE FOR THOSE GOODS AND SERVICES.

PERFORMANCE OBLIGATIONS ARE DETERMINED BASED ON THE NATURE OF THE SERVICES

PROVIDED. THE MAJORITY OF THE COMPANY'S HEALTHCARE SERVICES REPRESENT A

BUNDLE OF SERVICES THAT ARE NOT CAPABLE OF BEING DISTINCT AND AS SUCH, ARE

TREATED AS A SINGLE PERFORMANCE OBLIGATION SATISFIED OVER TIME AS SERVICES

ARE RENDERED. THE COMPANY ALSO PROVIDES CERTAIN ANCILLARY SERVICES WHICH

ARE NOT INCLUDED IN THE BUNDLE OF SERVICES, AND AS SUCH, ARE TREATED AS

SEPARATE PERFORMANCE OBLIGATIONS SATISFIED AT A POINT IN TIME, IF AND WHEN

THOSE SERVICES ARE RENDERED.

THE COMPANY'S ESTIMATE OF THE TRANSACTION PRICE INCLUDES ESTIMATES OF

PRICE CONCESSIONS FOR SUCH ITEMS AS CONTRACTUAL ALLOWANCES, CHARITY CARE,

POTENTIAL ADJUSTMENTS THAT MAY ARISE FROM PAYMENT AND OTHER REVIEWS, AND

UNCOLLECTIBLE AMOUNTS, WHICH ARE DETERMINED USING A PORTFOLIO APPROACH AS

A PRACTICAL EXPEDIENT TO ACCOUNT FOR PATIENT CONTRACTS AS COLLECTIVE

GROUPS RATHER THAN INDIVIDUALLY. ESTIMATES FOR UNCOLLECTIBLE AMOUNTS ARE

BASED ON THE AGING OF THE ACCOUNTS RECEIVABLE, HISTORICAL COLLECTION

**Part VI** Supplemental Information (Continuation)

EXPERIENCE FOR SIMILAR PAYORS AND PATIENTS, CURRENT MARKET CONDITIONS, AND

OTHER RELEVANT FACTORS.

SUBSEQUENT CHANGES TO THE ESTIMATE OF THE TRANSACTION PRICE ARE GENERALLY

RECORDED AS ADJUSTMENTS TO NET PATIENT SERVICE REVENUE IN THE PERIOD OF

THE CHANGE. SUBSEQUENT CHANGES THAT ARE DETERMINED TO BE THE RESULT OF AN

ADVERSE CHANGE IN THE PAYOR'S OR PATIENT'S ABILITY TO PAY ARE RECORDED AS

BAD DEBT EXPENSE. BAD DEBT EXPENSE FOR THE YEARS ENDED JUNE 30, 2021 AND

2020 WAS NOT SIGNIFICANT TO THE CONSOLIDATED FINANCIAL STATEMENTS.

PART III, LINE 8:

N/A; MARYLAND HAS A MEDICARE WAIVER.

PART III, LINE 9B:

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

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

THEY ARE AUTOMATICALLY REFERRED TO GBMC'S ASSUMPTIVE FINANCIAL ASSISTANCE

PROGRAM. THE PROGRAM IS RUN IN PARTNERSHIP WITH TRANSUNION CREDIT

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

CHARITY CARE ARE REFERRED TO TRANSUNION, WHO UTILIZES A PROPRIETARY CREDIT

SCORING SYSTEM TO DETERMINE LIKELIHOOD OF ABILITY TO PAY BASED ON

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

SCORING ARE COMPARED TO GBMC'S FINANCIAL ASSISTANCE ELIGIBILITY CRITERIA

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

PART VI, LINE 2:

GREATER BALTIMORE MEDICAL CENTER (GBMC) COMPLETES A COMMUNITY HEALTH NEEDS

ASSESSMENT DESIGNED TO EVALUATE AND UNDERSTAND THE UNMET HEALTHCARE NEEDS

**Part VI** Supplemental Information (Continuation)

OF THE GBMC COMMUNITY, AND HOW GBMC, GIVEN ITS SERVICE ORIENTATION, MIGHT  
BE BEST SERVED TO ASSIST IN MEETING THE IDENTIFIED UNMET NEEDS. GBMC USES  
STATISTICAL AND MEDICAL INCIDENCE DATA FROM LOCAL COUNTY HEALTH  
DEPARTMENTS THAT COLLECT SUCH DATA, AS WELL AS OTHER VARIOUS NATIONAL  
DATA.

## PART VI, LINE 3:

GBMC EDUCATES PATIENTS ABOUT THEIR ELIGIBILITY FOR GOVERNMENTAL ASSISTANCE  
AND ORGANIZATION CHARITY CARE ASSISTANCE IN MANY WAYS, STARTING WITH THE  
INTAKE PROCESS. A SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS POSTED,  
ALONG WITH CONTACT INFORMATION AT ALL REGISTRATION AREAS, THE EMERGENCY  
ROOM, AND THE BILLING OFFICE. WHEN PATIENTS ARE REGISTERED, THEY ARE  
PROVIDED WITH A FINANCIAL ASSISTANCE BROCHURE AND ARE HANDED A  
"PERMISSIONS/ACKNOWLEDGMENT" (SIGNED BY THE PATIENT). THIS FORM EXPLAINS  
THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY AND PROVIDES GBMC PHONE NUMBERS  
AND A WEBSITE. ALSO STATED ON THE FORM IS INFORMATION FOR HOW GBMC  
REPRESENTATIVES CAN ASSIST WITH APPLYING FOR MARYLAND MEDICAL ASSISTANCE.  
GBMC ALSO CONTRACTS WITH OUTSIDE AGENCIES TO HELP WITH THE MEDICAL  
ASSISTANCE ELIGIBILITY PROCESS. LASTLY, A STATEMENT ABOUT FINANCIAL  
ASSISTANCE AND A COPY OF GBMC'S POLICY ACCOMPANIES ALL BILLS TO PATIENTS.

## PART VI, LINE 4:

GREATER BALTIMORE MEDICAL CENTER, INC. ("GBMC") IS A PRIVATE,  
NOT-FOR-PROFIT, 284 BED, REGIONAL MEDICAL CENTER. IT IS LOCATED IN TOWSON,  
MARYLAND, A SUBURBAN BALTIMORE COUNTY COMMUNITY TWO MILES NORTH OF  
BALTIMORE CITY. GBMC'S PRIMARY SERVICE AREA INCLUDES ALL OF BALTIMORE  
COUNTY, THE NORTHERN PORTION OF BALTIMORE CITY, AND PORTIONS OF CARROLL  
AND HARFORD COUNTIES. THE POPULATION IN GBMC'S SERVICE AREA HAS

**Part VI** Supplemental Information (Continuation)

TRADITIONALLY BEEN AFFLUENT WHEN COMPARED TO THE NATION. THE AVERAGE  
HOUSEHOLD INCOME IN THE PRIMARY SERVICE AREA WAS \$77,358, HIGHER THAN THE  
NATIONAL AVERAGE OF \$65,712.

PART VI, LINE 5:

A MAJORITY OF GBMC'S GOVERNING BODY IS COMPRISED OF PERSONS WHO RESIDE IN  
THE ORGANIZATION'S PRIMARY SERVICE AREA. GBMC EXTENDS MEDICAL STAFF  
PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY. GBMC REINVESTS  
ITS OPERATING MARGIN INTO IMPROVEMENTS IN PATIENT CARE AND RESEARCH. GBMC  
PROVIDES TEACHING THROUGH ACCREDITED INTERN AND RESIDENT EDUCATION  
PROGRAMS IN INTERNAL, GYNECOLOGY, OPHTHALMOLOGY, OTOLARYNGOLOGY, AND  
COLO-RECTAL SURGERY. MOST RECENTLY, GBMC HAS INVESTED IN A GERIATRIC NURSE  
PRACTITIONER PROGRAM WHOSE SOLE RESPONSIBILITY IS TO PROVIDE EDUCATION AND  
PRIMARY CARE SERVICES TO LOW-INCOME SENIOR LIVING FACILITIES IN THE LOCAL  
SERVICE AREA. THE ORGANIZATION HAS PROVIDED A PEDIATRICIAN TO CATHOLIC  
CHARITIES SERVING AT RISK ADOLESCENTS TO PERFORM PRIMARY CARE ASSESSMENTS  
AND TREATMENTS AS WELL AS HELPING TO COORDINATE FURTHER SPECIALIZED CARE.  
GBMC DONATES A PORTION OF ITS SPACE TO COMMUNITY PARTNERS TO HOST CLASSES  
TO HELP STROKE VICTIMS REGAIN FULL MOBILITY AND FUNCTIONALITY. GBMC  
CONTINUES TO FUND ANESTHESIA, OBSTETRICAL, AND ORTHOPEDIC SERVICES TO  
MEDICAID AND UNINSURED PATIENT POPULATIONS. GBMC HAS GENERALLY COVERED  
THIS BY AGREEING TO PROVIDE PHYSICIAN PAYMENT FOR SURGICAL CASES COMING  
THROUGH THE EMERGENCY DEPARTMENT WHERE THE PATIENT IS CONSIDERED TO BE  
INDIGENT.

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

MD

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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

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

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
MORGAN STATE UNIVERSITY FOUNDATION INC. - 1700 E COLD SPRING LANE - BALTIMORE, MD 21251	23-7089143	501(C)(3)	200,000.	0.			RESTRICTED SCHOLARSHIP FOR SOCIAL WORK STUDENTS
MOVEABLE FEAST INC. 901 N. MILTON AVENUE BALTIMORE, MD 21205	52-1663825	501(C)(3)	54,000.	0.			GENERAL SUPPORT
CRISTO REY INTERNSHIP PROGRAM, INC. - 420 SOUTH CHESTER STREET - BALTIMORE, MD 21231	20-5300491	501(C)(3)	35,558.	0.			TO MAKE A PRIVATE, COLLEGE-PREPARATORY EDUCATION AFFORDABLE TO URBAN YOUNG PEOPLE FROM
ASSOCIATED BLACK CHARITIES, INC. 2 HAMILL ROAD, STE 272 BALTIMORE, MD 21201	52-1427774	501(C)(3)	25,000.	0.			GENERAL SUPPORT
SUNRISE DAY CAMPS ASSOCIATION 8 MARKET PLACE #331 BALTIMORE, MD 21202	46-5555854	501(C)(3)	5,000.	0.			FUND DAY CAMP FOR UNDERPRIVILEGED YOUTHS
THE ASSOCIATED JEWISH COMMUNITY FEDERATION OF BALTIMORE, INC. - 5721 PARK HEIGHTS AVENUE - BALTIMORE, MD 21215	52-0607957	501(C)(3)	5,000.	0.			COMMUNITY FUNDING FOR CHANA VOICES EVENT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **8.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

**Schedule I (Form 990) 2020**



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

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

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

PART I, LINE 2:

THE ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE  
U.S. ARE EVALUATED AND SELECTED THROUGH A FORMAL COMMUNITY NEEDS ADVISORY  
COMMITTEE AND ARE BASED ON UNIQUE AND IDENTIFIED NEEDS. PERIODIC REPORTS  
(SOME QUARTERLY AND OTHERS ANNUALLY) ARE REQUIRED BY GRANTORS.  
ADDITIONALLY, FIELD VISITS ARE CONDUCTED.

PART II, LINE 1, COLUMN (H):

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



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2020**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
GREATER BALTIMORE MEDICAL CENTER, INC.

Employer identification number  
52-6049658

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

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

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input 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 |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) VICTOR A. KHOUZAMI M.D. CHAIR/PHYSICIAN	(i)	1,250,680.	145,210.	642.	15,350.	27,652.	1,439,534.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOHN B. CHESSARE, M.D. DIRECTOR/CEO GBMC HEALTHCARE	(i)	864,343.	362,758.	18,540.	15,350.	29,129.	1,290,120.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ELIZABETH A. DOVEC, M.D. PHYSICIAN	(i)	810,258.	159,627.	112.	12,550.	48,013.	1,030,560.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) BIMAL G. RAMI, M.D. MED DIRECTOR/PHYSICIAN	(i)	917,300.	0.	187.	13,075.	38,788.	969,350.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) HAROLD TUCKER, M.D. EVP & CHIEF MEDICAL OFFICER (TO 1/21)	(i)	522,257.	374,693.	4,851.	2,800.	35,502.	940,103.	235,938.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MARK IGUCHI, M.D. PHYSICIAN	(i)	816,966.	20,191.	167.	12,550.	41,845.	891,719.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) GUSTAVO E. BELLO, M.D. PHYSICIAN	(i)	907,928.	-92,768.	125.	12,550.	45,650.	873,485.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MR. KEITH R. POISSON EVP & COO GBMC HCARE (TO 10/20)	(i)	460,532.	176,466.	18,242.	15,350.	29,032.	699,622.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MS. CATHERINE HAMEL EXEC VP CONT. CARE & PRES. GILCHRIST	(i)	375,538.	241,309.	8,538.	13,446.	42,470.	681,301.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MS. LAURIE R. BEYER EVP & CFO GBMC HEALTHCARE	(i)	443,386.	70,946.	8,455.	75,957.	41,513.	640,257.	10,209.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MS. JENNY COLDIRON VP DEVELOPMENT/PRES. FOUNDATION	(i)	291,867.	271,218.	6,549.	10,781.	43,202.	623,617.	33,278.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) JOHN L. FLOWERS, M.D. EVP & CHIEF MED. OFFICER	(i)	535,711.	0.	822.	15,350.	40,513.	592,396.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) MS. SUSAN MARTIELLI GENERAL COUNSEL/VP LEGAL	(i)	379,405.	71,480.	6,441.	50,542.	14,733.	522,601.	32,685.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) MR. DAVID J. HYNSON VP & CIO	(i)	332,557.	78,910.	7,398.	46,935.	34,717.	500,517.	31,979.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) MS. JOANN IOANNOU EXEC VP OF HOSPITAL OPERATIONS & CNC	(i)	315,697.	77,997.	3,501.	55,499.	47,400.	500,094.	46,079.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) MS. ERLENE WASHINGTON VP & COO HEALTH PARTNERS	(i)	326,405.	36,432.	5,652.	42,129.	46,119.	456,737.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) MS. ANNA-MARIA G. PALMER VP & CHIEF HR OFFICER	(i)	311,728.	51,889.	7,197.	42,001.	26,293.	439,108.	16,568.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) MARIA PANE, M.D. VICE CHIEF OF STAFF/PHYS. (TO 7/20)	(i)	350,002.	29,167.	536.	15,350.	40,561.	435,616.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) MS. CAROLYN L. CANDIELLO VP QUALITY & PT SAFETY	(i)	286,767.	63,736.	6,742.	14,517.	27,078.	398,840.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) MS. STACEY L. MCGREEVY VP SUPPORT SERVICES	(i)	269,399.	37,200.	2,751.	38,466.	1,530.	349,346.	6,178.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) J. CHRISTOPHER GREENAWALT, M.D. DIR./VICE CHIEF OF STAFF (FROM 7/20)	(i)	322,053.	150.	187.	0.	17,967.	340,357.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) ROBIN MOTTER-MAST, D.O. DIRECTOR/CHIEF OF STAFF (FROM 7/20)	(i)	318,406.	30,000.	2,987.	0.	38,751.	390,144.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(23) MELISSA SPARROW, M.D. FORMER CHIEF OF STAFF	(i)	138,318.	0.	526.	20,923.	0.	159,767.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

PART I, LINE 4B:

GREATER BALTIMORE MEDICAL CENTER, INC. HAS A NON-QUALIFIED SUPPLEMENTAL RETIREMENT PLAN. THIS PLAN WAS APPROVED BY THE COMPENSATION COMMITTEE OF THE GBMC HEALTHCARE BOARD OF DIRECTORS TO SUPPLEMENT THE EXECUTIVE'S RETIREMENT INCOME. THE SUPPLEMENTAL RETIREMENT PLAN WAS DEVELOPED BASED ON AN INDEPENDENT CONSULTANT REPORT ON MARKET-BASED PRACTICES FOR SUPPLEMENTAL RETIREMENT PLANS, THE PERCENTAGE OF FINAL AVERAGE PAY, THE REQUIREMENTS FOR VESTING, PARTICIPANTS, AND PAY-OUT PROVISIONS WERE ESTABLISHED, REVIEWED, AND APPROVED BY THE COMPENSATION COMMITTEE. THE CONTRIBUTIONS TO THE SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C) OR IN SCHEDULE J, PART II, COLUMN B(III) AS PART OF DEFERRED COMPENSATION. JOHN B. CHESSARE, M.D.; MR. KEITH R. POISSON; MS. CATHERINE HAMEL; MS. CAROLYN L. CANDIELLO; MS. LAURIE R. BEYER; MS. JENNY COLDIRON; MR. DAVID J. HYNSON; MS. JOANN Z. IOANNOU; MS. SUSAN MARTIELLI; MS. STACEY MCGREEVY; MS. ANNA-MARIA PALMER; MR. HAROLD TUCKER; AND MS. ERLENE WASHINGTON PARTICIPATED IN THIS SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN.

THE AMOUNTS PAID OUT OF THIS PLAN IN 2020 WERE AS FOLLOWS:

JOHN B. CHESSARE, M.D. - \$215,927

**Part III** Supplemental Information

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

MR. KEITH R. POISSON - \$106,271

MS. CATHERINE HAMEL - \$34,736

MS. CAROLYN L. CANDIELLO - \$26,923

MS. JENNY COLDIRON - \$31,829

MR. HAROLD TUCKER - \$74,107

**Supplemental Information on Tax-Exempt Bonds**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**  
▶ **Attach to Form 990.** ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization  
**GREATER BALTIMORE MEDICAL CENTER, INC.**

Employer identification number  
**52-6049658**

<b>Part I Bond Issues</b>											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> MD HEALTH & HIGHER ED. FAC. AUTH	52-0936091	574218BX0	04/20/11	67,785,219.	SEE PART VI	X			X		X
<b>B</b> MD HEALTH & HIGHER ED. FAC. AUTH	52-0936091	574218EY5	04/11/12	36,317,095.	REFUND BONDS ISSUED 12/6/01	X			X		X
<b>C</b> MD HEALTH & HIGHER ED. FAC. AUTH	52-0936091	000000000	03/08/17	73,720,000.	TO REFUND BONDS ISSUED 4/20/11 AND 4/11/12		X		X		X
<b>D</b>											

<b>Part II Proceeds</b>										
	A		B		C		D			
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Amount of bonds retired .....		26,540,000.					3,020,000.			
<b>2</b> Amount of bonds legally defeased .....		32,480,000.		32,205,000.						
<b>3</b> Total proceeds of issue .....		67,785,379.		36,317,095.			73,720,000.			
<b>4</b> Gross proceeds in reserve funds .....										
<b>5</b> Capitalized interest from proceeds .....										
<b>6</b> Proceeds in refunding escrows .....							66,978,834.			
<b>7</b> Issuance costs from proceeds .....		723,328.					22,274.			
<b>8</b> Credit enhancement from proceeds .....										
<b>9</b> Working capital expenditures from proceeds .....										
<b>10</b> Capital expenditures from proceeds .....		4,999,718.								
<b>11</b> Other spent proceeds .....		62,062,333.		36,317,095.			12,803,350.			
<b>12</b> Other unspent proceeds .....										
<b>13</b> Year of substantial completion .....				2011						
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? .....	X		X				X			
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? .....		X		X	X					
<b>16</b> Has the final allocation of proceeds been made? .....	X		X		X					
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? .....	X		X		X					

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X		X		X		
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....	X		X		X			
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....	X		X		X			
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X		X		
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		X		X		X		
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		.20 %		.20 %		.20 %		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....		%		%		%		%
<b>6</b> Total of lines 4 and 5 .....		.20 %		.20 %		.20 %		%
<b>7</b> Does the bond issue meet the private security or payment test? .....		X		X		X		
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....	X		X		X			

**Part IV Arbitrage**

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

**Part IV Arbitrage** (continued)

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

**Part V Procedures To Undertake Corrective Action**

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

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

PART I, COLUMN (F), LINE A

DESCRIPTION OF PURPOSE: BUILDING RENOVATIONS AND TO REFUND BONDS ISSUED

8/10/1993, 12/6/2001, 3/17/2009, AND 4/1/2009

PART II, LINE 3, COLUMN A

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

PART IV, LINE 6, COLUMN C

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



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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIB	5,349,273.	HOTEL MANAG		X
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIB	2,893,580.	ENGINEERING		X
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIB	2,545,766.	SOFTWARE SE		X
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIB	1,104,105.	BROKER SERV		X
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIB	562,838.	AMBULANCE S		X
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIB	400,593.	PRINTING SE		X
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIB	256,900.	AUDIT/CONSU		X
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIB	139,590.	HEALTHCARE		X
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIB	126,721.	BANKING SER		X

**Part V Supplemental Information.**

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

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

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SUBSTANTIAL CONTRIBUTOR

(C) AMOUNT OF TRANSACTION \$ 5,349,273.

(D) DESCRIPTION OF TRANSACTION: HOTEL MANAGEMENT SERVICES

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SUBSTANTIAL CONTRIBUTOR

(C) AMOUNT OF TRANSACTION \$ 2,893,580.

(D) DESCRIPTION OF TRANSACTION: ENGINEERING

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SUBSTANTIAL CONTRIBUTOR

(C) AMOUNT OF TRANSACTION \$ 2,545,766.

(D) DESCRIPTION OF TRANSACTION: SOFTWARE SERVICES

**Part V Supplemental Information**

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SUBSTANTIAL CONTRIBUTOR

(C) AMOUNT OF TRANSACTION \$ 1,104,105.

(D) DESCRIPTION OF TRANSACTION: BROKER SERVICES

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SUBSTANTIAL CONTRIBUTOR

(C) AMOUNT OF TRANSACTION \$ 562,838.

(D) DESCRIPTION OF TRANSACTION: AMBULANCE SERVICES

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SUBSTANTIAL CONTRIBUTOR

(C) AMOUNT OF TRANSACTION \$ 400,593.

(D) DESCRIPTION OF TRANSACTION: PRINTING SERVICES

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SUBSTANTIAL CONTRIBUTOR

(C) AMOUNT OF TRANSACTION \$ 256,900.

(D) DESCRIPTION OF TRANSACTION: AUDIT/CONSULTING SERVICES

**Part V Supplemental Information**

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SUBSTANTIAL CONTRIBUTOR

(C) AMOUNT OF TRANSACTION \$ 139,590.

(D) DESCRIPTION OF TRANSACTION: HEALTHCARE SERVICES

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SUBSTANTIAL CONTRIBUTOR

(C) AMOUNT OF TRANSACTION \$ 126,721.

(D) DESCRIPTION OF TRANSACTION: BANKING SERVICES

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	8	88,632.	COST OR SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		



**SCHEDULE O**  
**(Form 990 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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

GREATER BALTIMORE MEDICAL CENTER, INC.

Employer identification number

52-6049658

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

HEALING, AND HOPE.

FORM 990 PART III, LINE 1

GREATER BALTIMORE MEDICAL CENTER'S PRIMARY EXEMPT PURPOSE IS AS

FOLLOWS:

(1) TO ORGANIZE, BUILD, ERECT, EQUIP, MANAGE AND OPERATE EXCLUSIVELY

FOR CHARITABLE PURPOSES, A NON-PROFIT GENERAL HOSPITAL AND MEDICAL

CENTER FOR THE CARE OF THE SICK, AND TO FURNISH MEDICAL AND SURGICAL

ATTENDANCE THEREIN IN ANY FORM IN THE CARE OF SICK, AFFLICTED INFIRM OR

INJURED PERSONS; PROVIDED, HOWEVER, THE OPERATIONS ARE NOT TO BE

EXCLUSIVELY FOR THOSE WHO ARE ABLE AND EXPECTED TO PAY BUT TO THE

EXTENT OF FINANCIAL ABILITY ARE TO BE FOR THOSE NOT ABLE TO PAY FOR THE

SERVICES RENDERED, AND THE FACILITIES ARE NOT TO BE RESTRICTED TO A

PARTICULAR GROUP OF PHYSICIANS AND SURGEONS, EXCEPT TO THE EXTENT THAT

DISCRETIONARY AUTHORITY IN THE MANAGEMENT MAY IMPOSE LIMITATIONS BASED

UPON THE QUALIFICATIONS OF THOSE APPLYING OR UPON THE SIZE AND NATURE

OF THE FACILITIES, AND NO PART OF ITS NET EARNINGS ARE TO INURE

DIRECTLY OR INDIRECTLY TO THE BENEFIT OF ANY PRIVATE SHAREHOLDER OR

INDIVIDUAL.

(2) TO ORGANIZE, BUILD, ERECT, EQUIP, MANAGE AND OPERATE A SCHOOL OR

SCHOOLS FOR TRAINING PHYSICIANS, SURGEONS, NURSES AND OTHERS, AND TO

EDUCATE AND TRAIN ANY SUCH PERSONS IN THE CARE OF SICK, AFFLICTED,

INFIRM, OR INJURED PERSONS BY TEACHING MEDICINE, HYGIENE, SURGERY AND

EVERYTHING HAVING TO DO WITH THE PHYSICAL WELL-BEING OF INDIVIDUALS.

(3) TO ENGAGE IN ANY ACTIVITY AND TO DO ANYTHING AND EVERYTHING THAT

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

Schedule O (Form 990 or 990-EZ) 2020

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

MAY BE NECESSARY, EXPEDIENT OR INCIDENTAL TO THE PURPOSES STATED IN

PARAGRAPHS (1) AND (2).

(4) TO HAVE AND TO EXERCISE TO THE EXTENT NECESSARY OR DESIRABLE FOR

THE ACCOMPLISHMENT OF ANY OF THE AFORESAID PURPOSES, AND TO THE EXTENT

THAT THEY ARE NOT INCONSISTENT WITH THE CHARITABLE PURPOSES OF THE

CORPORATION, AND THE LIMITATIONS IMPOSED BY SECTION 501(C)(3) OF THE

INTERNAL REVENUE CODE, ANY AND ALL POWERS CONFERRED UPON CORPORATIONS

BY THE MARYLAND GENERAL CORPORATION LAW.

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

AMBULATORY, POST ACUTE, & PRIMARY CARE SERVICES

EXPENSES \$ 100,195,763. INCL GRANTS OF \$ 355,061. REVENUE \$ 125,784,696.

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

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

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

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

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

STOCKHOLDER OF THE ORGANIZATION. THE BUSINESS AND AFFAIRS OF THE

ORGANIZATION ARE MANAGED UNDER THE DIRECTION OF ITS BOARD OF DIRECTORS

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

WITH THE BYLAWS SUCH AS:

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

ORGANIZATION

B) TO AMEND THE BYLAWS OF THE ORGANIZATION

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

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

- D) TO RATIFY THE ELECTION OF THE PRESIDENT OR OTHER OFFICERS OF THE ORGANIZATION
- E) TO REMOVE THE PRESIDENT OR OTHER OFFICERS OF THE ORGANIZATION
- F) TO ELECT MEMBERS OF THE BOARD OF DIRECTORS OF THE ORGANIZATION
- G) TO REMOVE MEMBERS OF THE BOARD OF DIRECTORS OF THE ORGANIZATION
- H) TO PURCHASE, SELL OR ENCUMBER WITH DEBT
- I) TO SELL ALL OR SUBSTANTIALLY ALL OF THE ORGANIZATION'S ASSETS, OR TO UNDERTAKE MAJOR EXPANSION PROJECTS
- J) TO APPROVE THE ANNUAL OPERATING AND CAPITAL BUDGETS OF THE ORGANIZATION
- K) TO APPOINT GENERAL COUNSEL TO AND THE FISCAL AUDITOR OF THE ORGANIZATION
- L) TO SET THE FISCAL YEAR OF THE ORGANIZATION
- M) TO ISSUE ADDITIONAL STOCK, FOLLOWING THE INITIAL ISSUANCE OF STOCK

FORM 990, PART VI, SECTION A, LINE 7A:  
SEE FORM 990, PART VI, SECTION A, LINE 6 DESCRIPTION

FORM 990, PART VI, SECTION A, LINE 7B:  
SEE FORM 990, PART VI, SECTION A, LINE 6 DESCRIPTION

FORM 990, PART VI, SECTION B, LINE 11B:  
THE AUDIT COMMITTEE OF GREATER BALTIMORE MEDICAL CENTER, INC.'S SUPPORTED PARENT ORGANIZATION, GBMC HEALTHCARE, INC., REVIEWS THIS FORM 990. A COPY OF THE FORM 990 IS PROVIDED TO THE FULL BOARD OF DIRECTORS OF THE HOSPITAL AND GBMC HEALTHCARE PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:  
GREATER BALTIMORE MEDICAL CENTER, INC. IS GOVERNED BY THE POLICIES OF ITS PARENT ORGANIZATION, GBMC HEALTHCARE, INC. THESE POLICIES INCLUDE A WRITTEN

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

CONFLICT OF INTEREST POLICY ATTESTED TO ANNUALLY, A WRITTEN WHISTLEBLOWER POLICY, AND A WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY. ANNUALLY, EVERY BOARD MEMBER, PHYSICIAN, ADVANCED PRACTITIONER AND MANAGER (WHICH INCLUDES KEY EMPLOYEES) MUST COMPLETE A COMPREHENSIVE QUESTIONNAIRE THAT PROVIDES FOR THE DISCLOSURE OF POTENTIAL CONFLICTS. ALL DISCLOSURES ARE REVIEWED BY THE COMPLIANCE OFFICER. THOSE DISCLOSURES THAT ARE QUESTIONABLE OR MAY RISE TO THE LEVEL OF A CONFLICT ARE DISCUSSED WITH THE CHIEF LEGAL OFFICER AND APPROPRIATE ACTION IS TAKEN, IF NECESSARY. A SUMMARY OF DISCLOSURES IS PROVIDED TO THE AUDIT COMMITTEE (FOR MANAGEMENT) AND TO THE GOVERNANCE COMMITTEE (FOR BOARD MEMBERS) ANNUALLY.

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

THE COMPENSATION COMMITTEE ("COMMITTEE") OF THE BOARD OF DIRECTORS OF GBMC HEALTHCARE, INC., WHICH IS COMPRISED OF DIRECTORS THAT ARE "DISINTERESTED" AS DEFINED BY IRS REGULATIONS, IS AUTHORIZED TO OVERSEE THE ORGANIZATION'S EXECUTIVE COMPENSATION PROGRAM. THE COMMITTEE REVIEWS AND APPROVES THE COMPENSATION PROVIDED TO THE ORGANIZATION'S PRESIDENT AND CHIEF EXECUTIVE OFFICER AND EACH OFFICER, KEY EMPLOYEE AND SENIOR LEADER, WHETHER OR NOT THESE INDIVIDUALS WOULD BE CONSIDERED "DISQUALIFIED PERSONS" UNDER THE INTERMEDIATE SANCTIONS REGULATIONS OF FEDERAL INCOME TAX LAW. THE COMMITTEE HAS ADOPTED A WRITTEN PHILOSOPHY SETTING FORTH THE GUIDING PRINCIPLES GOVERNING THE COMPENSATION PROVIDED TO THE ORGANIZATION'S EXECUTIVES. THE COMMITTEE'S REVIEW AND APPROVAL PROCESS WAS ESTABLISHED AND IS CONDUCTED IN A MANNER SO AS TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE INTERMEDIATE SANCTIONS REGULATIONS OF FEDERAL INCOME TAX LAW. ALL FORMS OF COMPENSATION AND BENEFITS PROVIDED TO MEMBERS OF THE SENIOR LEADERSHIP TEAM ARE REVIEWED, WHICH INCLUDES CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED TO

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

ENSURE THAT THE "TOTAL COMPENSATION" IS REASONABLE.

THE COMMITTEE ENGAGED AN INDEPENDENT EXECUTIVE COMPENSATION CONSULTANT THAT

SPECIALIZES IN THE REVIEW OF HOSPITAL AND HEALTH SYSTEM EXECUTIVE

COMPENSATION AND BENEFITS TO COMPILE MARKET COMPENSATION DATA OF SIMILARLY

SIZED HEALTH CARE ORGANIZATIONS THROUGHOUT THE COUNTRY AS WELL AS THE SAME

GEOGRAPHIC REGION. NO DATA FROM ANY FOR-PROFIT ENTITIES WERE USED. THE

DATA WERE CATEGORIZED BY EXECUTIVE POSITION, AND A SALARY RANGE WAS

DEVELOPED WITH THE ASSISTANCE OF THE INDEPENDENT COMPENSATION CONSULTANT.

THE COMMITTEE RELIED UPON THIS DATA, RELEVANT BUSINESS JUDGMENT FACTORS

(E.G., EXPERIENCE, PERFORMANCE, RECRUITMENT AND RETENTION FACTORS AND THE

UNIQUE DEMANDS OF THE POSITION), THE GUIDANCE PROVIDED BY THE STATED

COMPENSATION PHILOSOPHY AND THE WRITTEN OPINION OF THE INDEPENDENT

EXECUTIVE COMPENSATION CONSULTANT AS TO THE REASONABLENESS OF THE

COMPENSATION IN RELATION TO MARKET DATA IN MAKING ITS EXECUTIVE

COMPENSATION DECISIONS. THE COMMITTEE ALSO CONSIDERS ITS BUSINESS JUDGMENT.

THE COMMITTEE DOCUMENTS THE BASIS FOR ITS DECISIONS THROUGH THE TIMELY

PREPARATION OF WRITTEN MINUTES OF THE COMPENSATION COMMITTEE MEETINGS

DURING WHICH SUCH DECISIONS ARE DELIBERATED AND DETERMINED. THE COMMITTEE'S

DECISIONS ARE SUBJECT TO THE FINAL APPROVAL OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS ARE LOCATED ON THE STATE OF MARYLAND DEPARTMENT OF

TAXATION'S WEBSITE. FINANCIAL STATEMENTS ARE MADE PUBLIC THROUGH THE STATE

OF MARYLAND CHARITABLE REGISTRATION. FINANCIAL STATEMENTS FOR GBMC

HEALTHCARE, INC. ARE ALSO AVAILABLE THROUGH THE ELECTRONIC MUNICIPAL MARKET

ACCESS (EMMA) WEBSITE VIA THE CONTINUING DISCLOSURE DOCUMENT. THE CONFLICT

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

OF INTEREST POLICY IS NOT AVAILABLE TO THE PUBLIC.

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

PENSION EXPENSE 16,120,219.

OTHER 828.

ADOPTION OF ASC 842 9,124,708.

LOSSES ON UNCOLLECTIBLE PLEDGES -200,000.

TOTAL TO FORM 990, PART XI, LINE 9 25,045,755.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Name of the 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 Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
GBMC HEALTH PARTNERS AT HELPING UP MISSION, LLC - 83-3101128, 6545 N. CHARLES ST., TOWSON, MD 21204	HEALTHCARE	MARYLAND	580,712.	102,918.	GREATER BALTIMORE MEDICAL CENTER, INC.

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

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

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

Schedule R (Form 990) 2020

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
PRESBYTERIAN EYE, EAR, AND THROAT CHARITY HOSPITAL - 52-0449990, 320 MORRIS AVE, LUTHERVILLE, MD 21093	SUPPORTING	MARYLAND	501(C)(3)	LINE 12, TYPE III FI	N/A		X
MILTON J. DANCE, JR. ENDOWMENT, INC. - 52-1104173, 409 WASHINGTON AVENUE, BALTIMORE, MD 21204	SUPPORTING	MARYLAND	501(C)(3)	LINE 12, TYPE III FI	N/A		X
WOMEN'S HOSPITAL FOUNDATION, INC. - 52-0591609, P.O. BOX 166, RIDERWOOD, MD 21139	FUNDRAISING	MARYLAND	501(C)(3)	LINE 12, TYPE III NFI	N/A		X
JOSEPH RICHEY HOUSE, INC. - 52-1184960 838 NORTH EUTAW STREET BALTIMORE, MD 21201	HOSPITAL SERVICES	MARYLAND	501(C)(3)	LINE 3	GILCHRIST HOSPICE CARE, INC.		X
BROWNLOW BYRON HOMES - 52-2019909 838 NORTH EUTAW STREET BALTIMORE, MD 21201	HOUSING FOR LOW INCOME TENANTS	MARYLAND	501(C)(3)	LINE 12, TYPE II	GILCHRIST HOSPICE CARE, INC.		X
PRESBYTERIAN EYE EAR & THROAT CHARITY HOSP INC BOARD LADY MGRS - 52-6052408, 20 INDIAN LANE, BALTIMORE, MD 21210	SUPPORTING	MARYLAND	501(C)(3)	LINE 12, TYPE III FI	N/A		X
GILCHRIST BALTIMORE CENTER SUPPORT CORPORATION - 85-4086504, 11311 MCCORMICK ROAD, SUITE 100, HUNT VALLEY, MD 21031	SUPPORTING	MARYLAND	501(C)(3)	LINE 12, TYPE III FI	GILCHRIST HOSPICE CARE, INC.		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
GBMC MEDICAL ARTS PAVILION WEST, LLC - 52-1899034, 6701 NORTH CHARLES STREET, BALTIMORE, MD 21204	REAL ESTATE MGT	MD	GBMC AGENCY, INC.	EXCLUDED	212,696.	1,714,888.		X	N/A		X	37.90%
GBMC-WP-PT, LLC - 81-2388743 1447 YORK ROAD, STE 401 LUTHERVILLE, MD 21093	PHYSICAL THERAPY	MD	N/A	N/A	N/A	N/A		X	N/A		X	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
GBMC AGENCY, INC. - 52-1411931 6701 NORTH CHARLES STREET BALTIMORE, MD 21204	INVESTMENTS	MD	N/A	C CORP	N/A	N/A	N/A		X
RUXTON INSURANCE COMPANY, LTD. - 98-0413102 3 GORHAM ROAD HAMILTON, HM 08 HAMILTON, BERMUDA	INSURANCE CAPTIVE	BERMUDA	N/A	C CORP	16,285,629.	97,622,596.	100%		X

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) RUXTON INSURANCE COMPANY, LTD.	Q	4,589,993.	COST
(2) RUXTON INSURANCE COMPANY, LTD.	M	3,374,832.	COST
(3)			
(4)			
(5)			
(6)			







**GBMC HEALTHCARE, INC.  
AND SUBSIDIARIES**

Consolidated Financial Statements and  
Consolidating Information

June 30, 2021 and 2020

(With Independent Auditors' Report Thereon)

**GBMC HEALTHCARE, INC.  
AND SUBSIDIARIES**

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KPMG LLP  
750 East Pratt Street, 18th Floor  
Baltimore, MD 21202

## Independent Auditors' Report

The Board of Directors  
GBMC HealthCare, Inc.:

We have audited the accompanying consolidated financial statements of GBMC HealthCare, Inc. and its subsidiaries (the Company), which comprise the consolidated balance sheets as of June 30, 2021 and 2020, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

### *Management's Responsibility for the Financial Statements*

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

### *Auditors' Responsibility*

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### *Opinion*

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of GBMC HealthCare, Inc. and its subsidiaries as of June 30, 2021 and 2020, and the results of their operations and their cash flows for the years then ended in accordance with U.S. generally accepted accounting principles.

### *Emphasis of Matter*

As discussed in note 2(v) to the consolidated financial statements, the Company adopted Accounting Standards Update (ASU) No. 2016-02, *Leases* (Topic 842), on July 1, 2020. Our opinion is not modified with respect to this matter.



*Other Matter*

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying supplementary information in Schedules 1–3 is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

KPMG LLP

Baltimore, Maryland  
November 16, 2021

**GBMC HEALTHCARE, INC.  
AND SUBSIDIARIES**

Consolidated Balance Sheets

June 30, 2021 and 2020

(In thousands)

Assets	2021	2020
Current assets:		
Cash	\$ 44,983	96,755
Short-term investments and limited or restricted use funds	80,024	25,995
Patient accounts receivable, net	66,187	58,871
Other receivables	20,913	18,392
Other current assets	29,306	14,470
	241,413	214,483
Total current assets		
Noncurrent assets:		
Investments and limited or restricted use funds	607,390	498,376
Property, plant, and equipment, net	269,246	251,139
Operating lease right-of-use assets	16,723	—
Other assets	64,515	49,487
	957,874	799,002
Total noncurrent assets		
Total assets		
	\$ 1,199,287	1,013,485
<b>Liabilities and Net Assets</b>		
Current liabilities:		
Accounts payable and accrued expenses	\$ 99,832	71,718
Insurance reserves	13,632	12,162
Advances from third-party payors	91,831	107,151
Operating lease liabilities	3,644	—
Long-term debt and finance lease liabilities	13,931	15,581
Other current liabilities	6,229	5,814
	229,099	212,426
Total current liabilities		
Noncurrent liabilities:		
Long-term debt	116,932	116,521
Finance lease liabilities	20,856	23,774
Operating lease liabilities	13,283	—
Insurance reserves	48,437	44,161
Pension liability	9,777	16,095
Other long-term liabilities	1,747	2,110
	440,131	415,087
Total liabilities		
Net assets:		
Controlling interest	626,932	491,130
Non-controlling interest	7,182	7,017
	634,114	498,147
Total net assets without donor restrictions		
Net assets with donor restrictions	125,042	100,251
	759,156	598,398
Total net assets		
Total liabilities and net assets		
	\$ 1,199,287	1,013,485

See accompanying notes to consolidated financial statements.

**GBMC HEALTHCARE, INC.  
AND SUBSIDIARIES**

Consolidated Statements of Operations

Years ended June 30, 2021 and 2020

(In thousands)

	<u>2021</u>	<u>2020</u>
Patient service revenue, net	\$ 622,755	562,524
Other operating revenue	34,111	32,275
Net assets released from restrictions	9,310	10,465
Total operating revenue	<u>666,176</u>	<u>605,264</u>
Operating expenses:		
Salaries, wages, and employee benefits	406,038	383,094
Expendable supplies	101,846	97,628
Purchased services and other	95,740	82,663
Depreciation and amortization	37,213	40,430
Interest	4,416	6,076
Total operating expenses	<u>645,253</u>	<u>609,891</u>
Total operating income (loss)	<u>20,923</u>	<u>(4,627)</u>
Other income (expense):		
Contributions	815	1,627
Fundraising expense	(3,238)	(3,421)
Investment income, net	94,016	21,450
Other components of net periodic pension cost	(40,957)	(5,206)
Total other income	<u>50,636</u>	<u>14,450</u>
Excess of revenues over expenses	<u>\$ 71,559</u>	<u>9,823</u>

See accompanying notes to consolidated financial statements.

**GBMC HEALTHCARE, INC.  
AND SUBSIDIARIES**

Consolidated Statements of Changes in Net Assets

Years ended June 30, 2021 and 2020

(In thousands)

	<u>2021</u>	<u>2020</u>
Excess of revenues over expenses	\$ 71,559	9,823
Changes in net assets without donor restrictions:		
Pension related changes other than net periodic pension costs	57,078	(1,165)
Net assets released for purchase of fixed assets	205	844
Cumulative effect of accounting change	9,125	—
Distribution to non-controlling interest	<u>(2,000)</u>	<u>(1,750)</u>
Increase in net assets without donor restrictions	<u>135,967</u>	<u>7,752</u>
Changes in net assets with donor restrictions:		
Contributions	20,791	27,490
Investment income, net	13,515	2,975
Net assets released for operations	(9,310)	(10,465)
Net assets released for purchase of fixed assets	<u>(205)</u>	<u>(844)</u>
Increase in net assets with donor restrictions	<u>24,791</u>	<u>19,156</u>
Increase in net assets	160,758	26,908
Net assets, beginning of year	<u>598,398</u>	<u>571,490</u>
Net assets, end of year	<u>\$ 759,156</u>	<u>598,398</u>

See accompanying notes to consolidated financial statements.

**GBMC HEALTHCARE, INC.  
AND SUBSIDIARIES**

Consolidated Statements of Cash Flows

Years ended June 30, 2021 and 2020

(In thousands)

	2021	2020
Cash flows from operating activities:		
Change in net assets	\$ 160,758	26,908
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation and amortization	37,213	40,430
Cumulative effect of accounting change	(9,125)	—
Realized and unrealized gains on investments	(95,614)	(17,008)
Pension related changes other than net periodic pension costs	—	1,165
Restricted investment income	(1,067)	(531)
Restricted contributions	(20,791)	(27,490)
Unrealized gains on joint ventures	—	(970)
Distribution to non-controlling interest	2,000	1,750
Changes in assets and liabilities:		
(Increase) decrease in patient accounts receivable	(7,316)	8,103
Increase in other receivables and other assets	(21,318)	(729)
Increase in accounts payable and accrued expenses and other liabilities	27,119	6,402
(Decrease) increase in advances from third parties	(15,320)	93,595
(Decrease) increase in pension liability	(6,318)	5,037
Net cash provided by operating activities	50,221	136,662
Cash flows from investing activities:		
Increase in investments and limited or restricted use funds, net	(55,606)	(16,149)
Purchases of alternative investments	(7,473)	(6,608)
Proceeds from sale of alternative investments	4,324	1,349
Purchases of property and equipment	(43,133)	(28,519)
Net cash used in investing activities	(101,888)	(49,927)
Cash flows from financing activities:		
Payment on long-term debt and finance lease liabilities	(15,405)	(15,011)
Proceeds from finance lease arrangement	—	2,229
Proceeds from long-term debt	11,248	—
Proceeds from restricted contributions	13,659	20,156
Distributions to non-controlling interest	(2,000)	(1,750)
Net cash provided by financing activities	7,502	5,624
(Decrease) increase in cash	(44,165)	92,359
Cash, beginning of year	107,174	14,815
Cash, end of year	\$ 63,009	107,174
Supplemental cash flow disclosures for investing/financing activities:		
Cash paid during the year for interest	\$ 3,959	5,587
Capital additions accrued but not paid	3,638	576
Impact of adoption of ASC 842	20,000	—
Reconciliation of ending cash to consolidated balance sheets:		
Restricted cash included in limited or restricted use funds	\$ 18,026	10,419
Cash	44,983	96,755
Total cash	\$ 63,009	107,174

See accompanying notes to consolidated financial statements.

**GBMC HEALTHCARE, INC.  
AND SUBSIDIARIES**

Notes to Consolidated Financial Statements

June 30, 2021 and 2020

(In thousands)

**(1) Organization and Consolidation**

GBMC HealthCare, Inc. (the Company), is a not-for-profit holding company, which includes: Greater Baltimore Medical Center, Inc. (Medical Center), Greater Baltimore Health Alliance Physicians, LLC, GBMC Foundation, Inc., Gilchrist Hospice Care, Inc., Greater Baltimore Medical Center Land, Inc., and GBMC Agency, Inc.

The Medical Center is a wholly owned not-for-profit hospital, which provides in-patient, outpatient, emergency care, and physician services primarily for residents of the Baltimore metropolitan area. The Medical Center was formed by agreement dated September 1, 1965, by the Hospital for Women of Maryland of Baltimore City (Women's Hospital) and Presbyterian Eye, Ear and Throat Charity Hospital (Presbyterian Hospital). In addition, the Medical Center has ownership of Ruxton Insurance Company, Ltd., an insurance captive domiciled in Bermuda. Ruxton insures the risks for malpractice and general liability claims. The Medical Center includes a physician practice group doing business as GBMC Health Partners. In 2019, the Medical Center opened GBMC Health Partners at Helping Up Mission, LLC, a wholly owned subsidiary, providing primary care services in Baltimore City.

Greater Baltimore Health Alliance Physicians, LLC (GBHA), is a wholly owned not-for-profit accountable care organization, which integrates community primary care with hospital and multi-specialty care in the Baltimore area.

GBMC Foundation, Inc. (Foundation) is a wholly owned not-for-profit organization, which coordinates fundraising efforts to benefit the Company and its subsidiaries.

Gilchrist Hospice Care, Inc. d/b/a Gilchrist Services, Inc. (Hospice) is a wholly owned not-for-profit organization, which provides inpatient and home hospice care in the greater Baltimore area. Hospice is the sole member of Joseph Richey House, Inc. (JRH) which provides inpatient hospice care in Baltimore City. In July 2019, geriatric, palliative, and hospice physicians group was transferred to Hospice from GBMC Health Partners. In December 2020, Gilchrist Baltimore Center Support Corporation (GBCSC), an independent entity, was established to support the new market tax credit transaction. Refer to footnote 2(i) for further information.

Greater Baltimore Medical Center Land, Inc. (Land) is a wholly owned not-for-profit organization, which operates Physicians Pavilion North, a medical building on the campus of the Medical Center.

GBMC Agency, Inc. (Agency) is a wholly owned for-profit organization, which has ownership interest in various medical services companies as follows:

- Greater Baltimore Diagnostic Imaging Partners, LLP (GBDIP), a diagnostic imaging company, which is 50% owned and consolidated in the financial statements of the Company.
- GBMC Pavilion West Medical Arts, LLC, which owns and operates the five upper floors of Physicians Pavilion West, a medical office building on the campus of the Medical Center.
- GBMC Pavilion Medical Arts, LLC, which owns and operates Physicians Pavilion East, a medical office building on the campus of the Medical Center.

**GBMC HEALTHCARE, INC.  
AND SUBSIDIARIES**

Notes to Consolidated Financial Statements

June 30, 2021 and 2020

(In thousands)

**(2) Summary of Significant Accounting Policies**

**(a) Basis of Accounting**

The accompanying consolidated financial statements have been prepared on an accrual basis of accounting in accordance with U.S. generally accepted accounting principles.

**(b) Consolidation of Subsidiaries**

The Company's consolidated financial statements include the subsidiaries in which the Company has 50% or more voting interests or when the Company is deemed to have control. Intercompany accounts and transactions have been eliminated in consolidation.

**(c) Cash**

Cash balances may exceed amounts insured by federal agencies and, therefore, bear a risk of loss. The Company has not experienced such losses on these funds.

**(d) Limited or Restricted Use Funds**

Limited or restricted use funds primarily include assets held by trustees under agreement. Such funds also include assets set aside for bond repayment, malpractice costs, capital replacement, and amounts restricted by donors. Independent third parties designate the assets held by trustees under agreement. The limited or restricted use funds are classified as current or noncurrent based upon the timing and nature of their intended use.

**(e) Inventories**

Inventories, consisting of medical supplies and drugs are stated at the lower of cost or market, with cost being determined primarily under the first-in, first-out method and are included in other current assets.

**(f) Investments and Investment Income**

Investments include amounts designated by the Board of Directors and management for specific purposes, insurance reserves, capital replacement, and other purposes. The Company's investment portfolio is considered a trading portfolio, with the exception of the alternative investments, and is classified as current or noncurrent assets based on management's intention as to use or required obligations. The investment portfolio includes managed cash funds, which are classified as investments and limited or restricted use funds on the consolidated balance sheet. Investments in marketable securities are measured at fair market value on the consolidated balance sheets. The fair value of the investments, with the exception of the alternative investments, is based on quoted market prices or dealer quotations. See note 4 for discussion of the measurement of fair value for investments.

Alternative investments are recorded under the equity method of accounting. Underlying securities of these alternative investments may include certain debt and equity securities that are not readily marketable. Because certain investments are not readily marketable, their fair value is subject to additional uncertainty, and therefore, values realized upon disposition may vary significantly from current reported values.

**GBMC HEALTHCARE, INC.  
AND SUBSIDIARIES**

Notes to Consolidated Financial Statements

June 30, 2021 and 2020

(In thousands)

Investment income or loss (including realized gains and losses on investments, interest and dividends) on proceeds of borrowings that are held by a trustee, to the extent not capitalized, and investment income on assets deposited in the insurance captive investment is reported as other operating revenue. Investment income or loss (including unrealized and realized gains and losses on investments, interest and dividends) from all other net assets without donor restricted fund investments is included in excess of revenues over expenses unless restricted by donor or law. Investment income on investments of donor restricted net assets is recorded as an increase in net assets with donor restrictions to the extent restricted by the donor or law.

Investment income is recorded on the accrual basis. Purchases and sales of investments are reflected on a trade-date basis. Realized gains and losses on sales of investments are based on historical cost.

**(g) Property, Plant, and Equipment**

Property, plant, and equipment are recorded at cost or, if donated, at fair market value at date of gift. Depreciation is computed using the straight-line method over the estimated useful lives of the assets, which range from 3 to 50 years. The cost and accumulated depreciation relating to property, plant and equipment sold or retired are removed from the respective accounts at the time of disposition and the resulting gain or loss is reflected in other operating revenue in the consolidated statements of operations.

Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted support, and are excluded from the excess of revenues over expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Buildings	20 to 50 years
Fixed equipment	5 to 20 years
Major movable equipment	5 to 15 years
Software	3 to 7 years

**(h) Leases**

The Company adopted Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) 2016-02, *Leases* (Topic 842), on July 1, 2020. The FASB issued ASU 2016-02 to increase transparency and comparability between organizations that enter into lease agreements. The key difference of the new standard is the recognition of a right-of-use (ROU) asset and lease liability on the balance sheet for those leases classified as operating and the disclosure of qualitative and quantitative information about leasing arrangements.

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Leases that existed at the effective date were recognized and measured using a modified retrospective approach without restating the prior comparative periods. The Company elected to utilize the practical expedients being made available, including the package of practical expedients to not reassess whether a contract is or contains a lease, the lease classification, and initial direct costs. The Company also elected the practical expedient to exclude recording leases with an initial term of twelve months or less (short-term leases) as right-of-use assets and liabilities on the consolidated balance sheets; and combine associated lease and non-lease components into a single lease component. Built-to-suit assets and liabilities recorded under ASC 840 as the accounting owner prior to the effective date of the new lease standard were derecognized as of July 1, 2020 and were recognized under the new guidance and the difference was recorded in net assets.

Upon the adoption of ASU 2016-02, the Company recorded the following balances on the consolidated balance sheet; \$20,658 in operating lease ROU assets, \$20,658 in operating lease liabilities, \$26,506 in finance lease ROU assets, and \$26,506 in finance lease liabilities. The finance lease ROU assets and liabilities included a recognition of a built-to-suit that resulted in a change in net assets without donor restrictions of \$9,125. The recognition represented a material noncash operating activity of \$16,723 that affected the amount reported in other changes in assets and liabilities on the consolidated statement of cash flows. The adoption did not have a material impact on the consolidated statement of operations.

Finance lease ROU assets of \$23,632 are included in property, plant, and equipment, net in the accompanying consolidated balance sheets as of June 30, 2021. Finance lease liabilities of \$3,063 are included in current portion of long-term debt and finance lease liabilities in the accompanying consolidated balance sheets as of June 30, 2021.

Lease liabilities are recognized based on the present value, net of future minimum lease payments over the lease term using the Company's incremental borrowing rates based on the information available at commencement. The ROU asset is derived from the lease liability and includes any lease payments made and excludes lease incentives and initial direct costs incurred. Certain lease agreements for real estate include payments based on actual common area maintenance expenses and other include rental payments adjusted periodically for inflation. These variable lease payments are recognized in operating expenses but are not included in the right-of-use asset or liability balances. Lease agreements may include one or more renewal options which are at the Company's sole discretion. The Company does not consider the renewal options to be reasonably likely to be exercised, therefore, they are not included in ROU assets and liabilities. Lease expense for lease payment is recognized on a straight-line basis over the lease terms for operating and finance leases.

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**(i) Other Noncurrent Assets**

Other noncurrent assets comprise the following items:

	2021	2020
Pledge receivables, net	\$ 29,209	22,202
Reinsurance receivable	14,640	14,604
New market tax credit note receivable	8,784	—
Goodwill	7,593	7,593
Equity investments	1,359	1,212
Deferred leasing costs	861	961
Other	2,069	2,915
	\$ 64,515	49,487

Goodwill is assessed annually for impairment at the reporting unit. The Company first assesses qualitative factors to determine whether it is more likely than not that the fair value of a reporting unit is less than its carrying amount as a basis for determining whether it is necessary to perform the two-step goodwill impairment tests as described in Accounting Standards Codification, Topic 350, *Intangibles – Goodwill and Other*. The more likely than not threshold is defined as having a likelihood of more than 50%.

At June 30, 2021 and 2020, the Company assessed the goodwill for its reporting unit, GBDIP, for impairment. The Company determined that it was not more likely than not that the fair value of GBDIP was less than its carrying amount. Accordingly, the Company concluded that goodwill was not impaired as of June 30, 2021 and 2020 without having to perform the two-step impairment test.

New market tax credits (NMTC) are created by the federal government to help encourage investment in low-income communities. Investors receive a 39% federal tax credit earned over a seven-year period. In December 2020, Hospice entered into a NMTC transaction which provided a mechanism for Hospice to receive funding towards the construction of its new facility in Baltimore City, Stadium Place. Refer to footnote 7 for further information. Hospice made a loan to Capital One Community Renewal Fund Investor 164 (COCRF 164) resulting in a NMTC note receivable of \$8,784.

Deferred leasing costs include deferred leasing costs and prepaid land lease payments, which are amortized over the lease terms and expensed on a straight-line basis over the life of the related lease.

The Company accounts for its joint ventures using the equity method or at cost, as appropriate, and any income (loss) is included in other operating revenues in the consolidated statements of operations.

**(j) Donor-Restricted Contributions**

Unconditional promises to give cash and other assets to the Company are reported at their fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are

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reported at fair value at the date the gift is received. The gifts are reported as net assets with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose of the restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the consolidated statements of operations and changes in net assets as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are reported as contributions without donor restrictions in the accompanying consolidated financial statements.

**(k) Net Assets with Donor Restrictions**

Donor restricted net assets are those whose use by the Company has been limited by donors to a specific purpose, time period or in perpetuity.

**(l) Insurance Reserves**

The provision for estimated insurance reserves include estimates of the ultimate costs for reported malpractice, general, and health and workers' compensation claims and claims incurred but not reported.

**(m) Net Patient Service Revenue**

The Company applies FASB Accounting Standards Codification (ASC) Topic 606, *Revenue from Contracts with Customers*, which provides a principles-based framework for recognizing revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services.

Net patient service revenue is recognized, over time, as performance obligations are satisfied. Performance obligations are determined based on the nature of the services provided. Revenue for performance obligations satisfied over time is recognized at the estimated net realizable amounts from patients and third-party payors for services rendered.

The Company generates revenues, primarily by providing healthcare services to its customers. Revenues are recognized when control of the promised good or service is transferred to our customers, in an amount that reflects the consideration to which the Company expects to be entitled from patients, third-party payors (including government programs and insurers) and others, in exchange for those goods and services.

Performance obligations are determined based on the nature of the services provided. The majority of the Company's healthcare services represent a bundle of services that are not capable of being distinct and as such, are treated as a single performance obligation satisfied over time as services are rendered. The Company also provides certain ancillary services which are not included in the bundle of services, and as such, are treated as separate performance obligations satisfied at a point in time, if and when those services are rendered.

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The Company's estimate of the transaction price includes estimates of price concessions for such items as contractual allowances, charity care, potential adjustments that may arise from payment and other reviews, and uncollectible amounts, which are determined using a portfolio approach as a practical expedient to account for patient contracts as collective groups rather than individually. Estimates for uncollectible amounts are based on the aging of accounts receivable, historical collection experience for similar payors and patients, current market conditions, and other relevant factors.

Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to net patient service revenue in the period of the change. Subsequent changes that are determined to be the result of an adverse change in the payor's or patient's ability to pay are recorded as bad debt expense. Bad debt expense for the years ended June 30, 2021 and 2020 was not significant to the consolidated financial statements.

Rates for the Medical Center's facility-based patient service charges are established in accordance with the regulations and rate methodologies of Maryland's rate-setting authority, the Health Services Cost Review Commission (HSCRC), an independent agency of the Maryland State government. The HSCRC's GBR model is consistent with the Medical Center's mission of controlling utilization of acute-care services by managing a patient's total spectrum of medical care. The Global Budget Revenue (GBR) agreement allows the Medical Center to adjust unit rates, within certain limits, to achieve the overall revenue base for the Medical Center at year-end. Any overcharge or undercharge versus the GBR cap is prospectively added to the subsequent year's GBR cap. While the GBR cap does not adjust for changes in volume or service mix, the GBR cap is adjusted annually for inflation, and for changes in payor mix, market share and uncompensated care. During the year ending June 30, 2020, the HSCRC issued regulations due to the impact of COVID-19 (see footnote 2(u)) on all hospitals in Maryland that allows hospitals to carry over any undercharge less amount recouped from other federal programs to the following fiscal year GBR cap. The HSCRC also may impose various other revenue adjustments that could be significant in the future.

Hospice revenue is reimbursed by Centers for Medicare and Medicaid (CMS) based on the prospective payment system which is a predetermined fixed amount for a service based on the level of care provided for hospice services and a fee schedule for physician services. Other third-party payors are primarily reimbursed based on contractually agreed upon rates.

**(n) Disaggregation of Revenue**

The Company earns the majority of its revenues from contracts with customers. Revenues and adjustments not related to contracts with customers are included in other revenue.

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Operating revenues from contracts with customers by line of business are as follows for the years ended June 30:

	<b>2021</b>	<b>2020</b>
Hospital services	\$ 462,816	412,152
Physician services	84,539	72,291
Hospice services	61,812	65,719
Radiology services – GBDIP joint venture	13,588	12,362
Total revenues from contracts with customers	622,755	562,524
Other nonpatient care	43,421	42,740
Total operating revenues	\$ 666,176	605,264

**(o) Excess of Revenues over Expenses**

The consolidated statements of operations include a performance indicator, excess of revenues over expenses. Changes in net assets without donor restrictions that are excluded from excess of revenues over expenses, consistent with industry practice, include pension changes other than net periodic pension costs, contributions and distributions to non-controlling investors, and contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purpose of acquiring such assets).

**(p) Financial Assistance and Community Benefits**

As part of the Company's mission, it provides medical care without discrimination, including the ability of a patient to pay for services. Under the Company's Financial Assistance Policy, patients who meet certain financial based criteria can qualify for free care on all or a portion of cost of service. The total direct and indirect cost of providing financial assistance was approximately \$4,914 and \$3,619 during the years ended June 30, 2021 and 2020, respectively.

In addition to its Financial Assistance Policy, the Company has a long-standing commitment of supporting the community through the provision of outreach services designed to address identified health and social issues. Specifically, the Company provides a variety of screening and early detection tests, wellness activities, social support services and educational seminars. A majority of these services are provided at either nominal or no cost to community members.

**(q) Rental Income**

Base rental income is recognized as revenue on a straight-line basis over the life of the lease. The difference between the rent recognized and the rental income as stipulated in the lease agreement has been recognized as a receivable in the accompanying consolidated balance sheets from inception of the lease. Rental income is included in other operating revenue in the accompanying consolidated statements of operations.

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**(r) Income Taxes**

The Company is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code and is exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. The Company is subject to income tax on unrelated business income.

Income taxes are provided for earnings (loss) of those subsidiaries which are subject to federal and state income tax based on Agency's share of the subsidiaries' taxable income, whether or not distributed. Agency's share of these subsidiaries' net losses is deductible to the extent of Agency's tax basis in the subsidiaries.

The FASB's guidance on accounting for uncertainty in income taxes clarifies the accounting for uncertainty of income tax positions. This guidance defines the threshold for recognizing tax return positions in the consolidated financial statements as "more likely than not" that the position is sustainable, based on its technical merits. This standard also provides guidance on the measurement, classification and disclosure of tax return positions in the consolidated financial statements. The Company has adopted this guidance, and there were no amounts recorded in the consolidated financial statements as of and during the years ended June 30, 2021 and 2020 for uncertain tax positions.

GBMC Agency, Inc and Subsidiaries are taxable entities, which have tax operating loss carry forward available to offset future taxable income. Effective for tax years after December 31, 2017, the net operating loss carry forward is indefinite. As of June 30, 2021, and 2020, the deferred tax assets consisting primarily of net operating loss carry forwards were fully offset by a related valuation allowance.

**(s) Going Concern**

Management evaluates whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the entity's ability to continue as a going concern within one year after the date the financial statements are issued. As of the date of this report, there are no conditions or events that raise substantial doubt about the Company's ability to continue as a going concern.

**(t) Use of Estimates**

The preparation of consolidated financial statements in conformity with U.S. generally accepted accounting principles requires management to make certain estimates and assumptions that affect the reported amounts of assets and liabilities, disclosure of contingent assets and liabilities at the date of the consolidated financial statements, and reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

**(u) COVID-19**

The Coronavirus Aid Relief and Economic Security Act (CARES Act), which was enacted on March 27, 2020, authorizes \$100 billion in funding to hospitals and other healthcare providers to be distributed through the Public Health and Social Services Emergency Fund (the "PHSSEF"). Payments from the PHSSEF are intended to compensate healthcare providers for lost revenues and incremental expenses

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incurred in response to the COVID-19 pandemic and are not required to be repaid provided the recipients attest to and comply with certain terms and conditions, including limitations on balance billing and not using PHSSEF funds to reimburse expenses or losses that other sources are obligated to reimburse. For the years ended June 30, 2021 and 2020, the Company received approximately \$7,499, and \$15,129, respectively in payments from PHSSEF all of which were recognized as other operating revenue. Of the \$22,628 received in PHSSEF funds in the two fiscal years only \$7,225 was recognized as additional revenue, with the remaining offset against the GBR.

To increase cash flow to Medicare providers impacted by the COVID-19 pandemic, the CARES Act expanded the Medicare Accelerated and Advance Payment Program for Part A and Part B payments. Accelerated payments can be requested for up to 100% of the Medicare payment amount for a six-month period (not including Medicare Advantage payments). Such accelerated payments are interest free for healthcare providers up to 29 months. The program currently requires CMS to recoup the payments beginning one year from receipt by the provider, by withholding 25% of future Medicare fee-for-service payments for 11 months and then 50% future Medicare fee-for-service payments for the next 6 months. The payments are made for services a healthcare entity has provided or will provide to its Medicare patients who are the healthcare entity's customers, which are accounted for under Topic 606 as revenue. In April 2020, the Company received approximately \$90,009 of accelerated payments, which have been recorded on the consolidated balance sheet as advances from third party payors, in accordance with ASC 606. This liability will be reduced over time as revenue is recognized for claims submitted for services provided. The balance of these advances was \$77,323 and \$90,009 at June 30, 2021 and 2020, respectively.

Lastly, the CARES Act provides for deferred payment of the employer portion of social security taxes between March 27, 2020 and December 31, 2020, with 50% of the deferred amount due December 31, 2021 and the remaining 50% due December 31, 2022. The Company began deferring the employer portion of social security taxes in mid-April 2020. The Company deferred \$10,885 and \$3,026 as of June 30, 2021 and 2020, respectively in social security taxes.

Additionally, the Company recorded \$3,286 and \$0 of FEMA reimbursement for COVID-19 related expenses during the years ended June 30, 2021 and 2020, respectively.

Due to the recent enactment of the CARES Act and the PPPHCE Act, there is still a high degree of uncertainty surrounding their implementation, and the public health emergency continues to evolve. We continue to assess the potential impact of the CARES Act, the PPPHCE Act, the potential impact of future stimulus measures, if any, and the impact of other laws, regulations, and guidance related to COVID-19 on our business, results of operations, financial condition and cash flows.

**(v) New Accounting Pronouncements**

In August 2018, the FASB issued ASU 2018-13, *Fair Value Measurement, Disclosure Framework – Changes to the Disclosure Requirements for Fair Value Measurement*. This ASU intends to improve the effectiveness of disclosures in the notes to financial statements by modifying the disclosure requirements for fair value measurements. The Company adopted ASU 2018-13 on July 1, 2020. The adoption of ASU 2018-13 had no impact on the consolidated financial statements.

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Effective July 1, 2020, the Company adopted ASU 2016-02, *Leases* (Topic 842), using the modified retrospective transition approach as of the period of adoption, or fiscal year 2021. The Company's financial statements for periods prior to July 1, 2020, were not modified for the application of the new lease accounting standard. Refer to footnote 2(h) for disclosure on impact of the adoption of the lease standard.

**(3) Concentration of Credit Risk**

The Company grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of receivables and patient service revenue from patients and third parties as of June 30, 2021 and 2020 was as follows:

	<b>Accounts receivable</b>		<b>Revenue</b>	
	<b>2021</b>	<b>2020</b>	<b>2021</b>	<b>2020</b>
Medicare	31 %	36 %	37 %	41 %
Medicaid	7	7	4	3
Blue Cross	11	10	12	12
HMO	23	22	25	24
Other third-party payors	25	22	21	19
Self-pay	3	3	1	1
Total	<u>100 %</u>	<u>100 %</u>	<u>100 %</u>	<u>100 %</u>

The Company provides general acute healthcare services in the state of Maryland. The Company and other healthcare providers are subject to certain inherent risks, including the following:

- Dependence on revenues derived from reimbursement by the federal Medicare and state Medicaid programs
- Regulation of hospital rates by the State of Maryland Health Services Cost Review Commission
- Government regulation, government budgetary constraints and proposed legislative and regulatory changes, and
- Lawsuits alleging malpractice or other claims.

Such inherent risks require the use of certain management estimates in the preparation of the Company's consolidated financial statements and it is reasonably possible that a change in such estimates may occur.

The Medicare and state Medicaid reimbursement programs represent a substantial portion of the Company's revenues and the Company's operations are subject to a variety of other federal, state and local regulatory requirements. Failure to maintain required regulatory approvals and licenses and/or changes in such regulatory requirements could have a significant adverse effect on the Company.

Changes in federal and state reimbursement funding mechanisms and related government budgetary constraints could have a significant adverse effect on the Company.

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The federal government and many states have aggressively increased enforcement under Medicare and Medicaid anti-fraud and abuse laws and physician self-referral laws (STARK law and regulation). Federal healthcare reform initiatives continue to prompt a national review of federally funded healthcare programs. In addition, the federal government and many states continue to fund programs to audit and recover potential overpayments to providers from the Medicare and Medicaid programs. The Company has a response program and compliance program to monitor conformance with applicable laws and regulations, but the possibility of future government review and enforcement action exists.

As a result of recently enacted and pending federal healthcare reform legislation, substantial changes are anticipated in the United States healthcare system. Such legislation includes numerous provisions affecting the delivery of healthcare services, the financing of healthcare costs, reimbursement to healthcare providers and the legal obligations of health insurers, providers and employers. These provisions are currently slated to take effect at specified times over the next decade. This federal healthcare reform legislation did not affect the 2021 or 2020 consolidated financial statements.

**(4) Investments and Limited or Restricted Use Funds**

Guidance for fair value measurements establishes a hierarchy of valuation inputs based on the extent to which the inputs are observable in the marketplace. Observable inputs reflect market data obtained from sources independent of the reporting entity and unobservable inputs reflect the entities own assumptions about how market participants would value an asset or liability based on the best information available. Valuation techniques used to measure fair value under current guidance must maximize the use of observable inputs and minimize the use of unobservable inputs. The guidance describes a fair value hierarchy based on three levels of inputs, of which the first two are considered observable and the last one is considered unobservable, that may be used to measure fair value.

The following describes the hierarchy of inputs used to measure fair value and the primary valuation methodologies used by the Company for financial instruments measured at fair value on a recurring basis. The three levels of inputs are as follows:

- Level 1 – Quoted prices in active markets for identical assets or liabilities.
- Level 2 – Inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the same term of the assets or liabilities.
- Level 3 – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

The tables below present the balances of assets measured at fair value by levels excluding alternative investments, which are included within investments and limited or restricted use funds in the accompanying

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consolidated balance sheets, in the amount of \$42,980 and \$26,900, which are accounted for under the equity method, as of June 30, 2021 and 2020, respectively:

Assets	June 30, 2021			
	Level 1	Level 2	Level 3	Total
Managed cash funds	\$ 97,676	—	—	97,676
Common stock	174,081	8,702	897	183,680
Foreign stock	10,562	—	—	10,562
Mutual funds	130,254	—	—	130,254
Mutual funds international	383	—	—	383
Total equity	315,280	8,702	897	324,879
Corporate debt securities	—	39,302	—	39,302
Bonds – treasury	10,832	—	—	10,832
Bonds – federal agency backed	—	3,920	—	3,920
Bonds – mortgage-backed	—	282	—	282
Bonds – fixed income	—	372	—	372
Mutual funds – fixed income	89	166,976	—	167,065
Municipal bonds	—	106	—	106
Total fixed income	10,921	210,958	—	221,879
Total investment and limited or restricted use funds	423,877	219,660	897	644,434
Current portion	80,024	—	—	80,024
Total noncurrent investment and limited or restricted use funds	\$ 343,853	219,660	897	564,410

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Assets	June 30, 2020			
	Level 1	Level 2	Level 3	Total
Managed cash funds	\$ 37,450	—	—	37,450
Common stock	184,054	8,320	759	193,133
Foreign stock	13,457	—	—	13,457
Mutual funds	51,611	—	—	51,611
Mutual funds international	627	—	—	627
<b>Total equity</b>	<b>249,749</b>	<b>8,320</b>	<b>759</b>	<b>258,828</b>
Corporate debt securities	—	35,606	—	35,606
Bonds – treasury	13,957	—	—	13,957
Bonds – federal agency backed	—	4,326	—	4,326
Bonds – mortgage-backed	—	678	—	678
Bonds – fixed income	—	456	—	456
Mutual funds – fixed income	—	146,008	—	146,008
Municipal bonds	—	162	—	162
<b>Total fixed income</b>	<b>13,957</b>	<b>187,236</b>	<b>—</b>	<b>201,193</b>
<b>Total investment and limited or restricted use funds</b>	<b>301,156</b>	<b>195,556</b>	<b>759</b>	<b>497,471</b>
Current portion	25,995	—	—	25,995
<b>Total noncurrent investment and limited or restricted use funds</b>	<b>\$ 275,161</b>	<b>195,556</b>	<b>759</b>	<b>471,476</b>

As of June 30, 2021, and 2020, the alternative investments consisted of subscription partnership agreements with capital commitments of approximately \$53,250 and \$49,370, respectively, which are subject to periodic distributions. These alternative investments are valued at fair value using net asset value (NAV) or equivalent as determined by the General Partner in the absence of readily ascertainable market values. Distributions under this investment structure are made to investors through the liquidation of the underlying assets. All assets are unable to be fully distributed to the limited partners until the dissolution of the partnership, which may not be until a point in the future. The fair value of limited partnership interests is generally based on fair value capital balances reported by the underlying partnerships, subject to management review and adjustment. Security values of companies traded on exchanges, or quoted on NASDAQ, are based upon the last reported sales price on the valuation date. Security values of companies traded over the counter, but not quoted on NASDAQ, and securities for which no sale occurred on the valuation date are based upon the last quoted bid price. The value of any security for which a market

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quotation is not readily available may be its cost, provided however, that the General Partner adjusts such cost value to reflect any bona fide third-party transactions in such a security between knowledgeable investors, of which the General Partner has knowledge. In the absence of any such third-party transactions, the General Partner may use other information to develop a good faith determination of value. Examples include, but are not limited to, discounted cash flow models, absolute value models, and price multiple models. Inputs for these models may include, but are not limited to, financial statement information, discount rates, and salvage value assumptions.

The investment strategies within the alternative investments include strategies such as middle market growth, private equity, natural resources, and various other asset classes. The investments are subject to restrictions and are not available to be redeemed until certain time restrictions are met, which range from 7 to 10 years with a 2-year optional extension.

As of June 30, 2021, and 2020, the Level 3 investments consist of holdings of donated stock in a closely held company of \$897 and \$759, respectively. The value of the donated stock is based on independent appraisals obtained by the closely held company. There were no significant transfers between levels during the years ended June 30, 2021 and 2020.

Investments and limited or restricted use funds comprise the following uses and purposes at June 30:

	<u>2021</u>	<u>2020</u>
Limited use for debt service	\$ 4,626	4,529
Insurance settlements	47,430	56,323
Alternative investments	42,980	26,900
Investments with donor restrictions	88,703	71,043
Investments without donor restrictions – board-designated	19,447	22,056
Investments without donor restrictions	<u>484,228</u>	<u>343,520</u>
Total investments and limited or restricted use funds	<u>\$ 687,414</u>	<u>524,371</u>

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Investment income, net comprise the following for the years ended June 30:

	<u>Without donor restrictions</u>	
	<u>2021</u>	<u>2020</u>
Dividends and interest, net	\$ 10,850	6,886
Realized gains on sales of investments	42,189	11,220
Unrealized gains on investments	<u>40,977</u>	<u>3,344</u>
Total investment income, net without donor restrictions	<u>\$ 94,016</u>	<u>21,450</u>
	<u>With donor restrictions</u>	
	<u>2021</u>	<u>2020</u>
Dividends and interest, net	\$ 1,067	531
Realized gains on sales of investments	6,412	1,815
Unrealized gains on investments	<u>6,036</u>	<u>629</u>
Total investment income, net with donor restrictions	<u>\$ 13,515</u>	<u>2,975</u>
Total investment income, net	<u>\$ 107,531</u>	<u>24,425</u>

**(5) Liquidity and Availability**

Financial assets available for general expenditure within one year of June 30 are as follows:

	<u>2021</u>	<u>2020</u>
Financial assets:		
Cash	\$ 44,983	96,755
Patient accounts receivable, net	66,187	58,871
Other receivables	12,036	8,302
Investments without donor restrictions	<u>484,228</u>	<u>343,520</u>
Total financial assets available within one year	607,434	507,448
Liquidity resource:		
Bank line of credit	<u>10,000</u>	<u>10,000</u>
Total financial assets and liquidity resources available within one year	<u>\$ 617,434</u>	<u>517,448</u>

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The Company manages its financial assets to be available to meet operating expenditures, liabilities and other obligations as they come due. Although the noncurrent investments disclosed in the table above are intended to be held long-term, management could utilize those investments within the next year if deemed necessary. In addition, the Company maintains a \$10,000 line of credit with a commercial bank to meet unanticipated liquidity needs. No amounts were borrowed as of June 30, 2021 or 2020.

**(6) Property, Plant, and Equipment**

The following is a summary of the cost of property, plant, and equipment as of June 30:

	<b>2021</b>	<b>2020</b>
Land and land improvements	\$ 23,370	23,370
Buildings and building service equipment	443,002	425,158
Movable equipment	240,908	234,961
Finance right-of-use assets	36,468	39,241
Construction-in-progress	28,235	11,436
	771,983	734,166
Less accumulated depreciation and amortization	(502,737)	(483,027)
Total property, plant and equipment, net	\$ 269,246	251,139
	<b>2021</b>	<b>2020</b>
Depreciation expense	\$ 35,637	40,056
Amortization expense	1,576	374
Total depreciation and amortization expense	\$ 37,213	40,430

As of June 30, 2021, construction-in-progress was comprised primarily of two ongoing capital projects. The first project is for the construction of a new inpatient care center in Baltimore, Stadium Place, which will be completed in the fall of 2021. The budgeted total cost for the project is \$15,350, with construction managed by Southway Builders with whom GBMC executed a not to exceed contract price of \$11,986. In connection with this project, the Company has total unspent commitments of \$4,277 as of June 30, 2021. The second project is the Promise Project, which has a budgeted total cost of \$161,238. The Promise Project is a 3-story addition to the main hospital facility for 60 new modernized patient rooms and a 2-story medical office building (The Sandra R. Berman Pavilion), which will sit atop a newly constructed 4-story garage. The construction manager for the Promise Project, DPR, has GMP of \$71,317. The 3-story addition is expected to be in-service September 2023, with a budgeted cost of \$103,238. The pavilion will consolidate GBMC's cancer programs and is budgeted to cost \$58,000. A construction manager has not been selected.

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**(7) Long-Term Debt**

Long-term debt as of June 30 consisted of the following:

	<u>2021</u>	<u>2020</u>
MHHEFA project and refunding revenue bonds:		
2020 Harbor CDE	\$ 9,800	—
QLICI notes – 1.75%		
2020 Capital One Sub-CDE 110	2,000	—
QLICI notes – 1.00%		
2017 Capital One Bank term note – 3.83%	25,725	25,725
Series 2017 bonds:		
3.14% term bonds	70,700	71,455
2015 PNC Bank term note – 2.3%	5,763	13,288
Series 2012 bonds:		
3.25%–5.00% term bonds	3,475	3,475
Series 2011 bonds:		
4.75%–5.25% term bonds	8,925	12,585
Series 1995 bonds:		
Variable rate serial bonds	2,730	3,210
Unamortized deferred financing costs	<u>(1,318)</u>	<u>(797)</u>
	127,800	128,941
Less current portion of long-term debt	<u>(10,868)</u>	<u>(12,420)</u>
	<u>\$ 116,932</u>	<u>116,521</u>

On December 23, 2020, GBCSC received a \$9,800 note from Harbor CDE under the new market tax credit arrangement via two notes. Both notes have a seven-year interest only period in which interest is accrued at a rate of 1.75% and payments are made at a rate of 1.00% on the outstanding principal balance. Loan amortization will commence on January 1, 2028 and lasts through the maturity date of December 31, 2054 on both notes.

On December 23, 2020, GBCSC received a \$2,000 note from Capital One Sub-CDE 110 under the new market tax credit arrangement via two notes. The notes have a seven-year interest only period in which interest is accrued and paid at a rate of 1.00% on the outstanding principal balance. Loan amortization will commence on January 1, 2028 and lasts through the maturity date of December 31, 2054 on both notes.

On March 8, 2017, Maryland Health and Higher Education Facilities Authority (MHHEFA) issued \$73,720 of tax-exempt Revenue Bonds, Series 2017, on behalf of the Company. The bond proceeds were used to refund a portion of the Series 2012 Revenue Bonds (\$32,205) and a portion of the Series 2011 Revenue Bonds (\$32,480). The Series 2017 bonds are due on July 1 in annual installments ranging from \$740 in

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2020 to \$7,280 in 2035. On September 16, 2021, the Series 2017 bonds interest rate was modified to 2.56%.

On March 8, 2017, the Company obtained a \$25,725 taxable term note from Capital One, N.A. to fund the Company's nonunion defined benefit pension plan. The 2017 note is due in annual installments ranging from \$2,445 beginning in 2025 to \$3,735 in 2033. On September 16, the Series 2017 term note interest rate was modified to 3.26%.

On March 1, 2015, the Company obtained a \$50,000 taxable term note from PNC Bank, National Association to finance components of the system-wide integrated health record conversion and other capital projects. The 2015 note is due in monthly installments of \$627, expiring on March 1, 2022.

On April 11, 2012, MHHEFA issued \$35,680 of tax-exempt Revenue Bonds, Series 2012, on behalf of the Company. The bond proceeds and limited use funds were used to refund Series 2001 Revenue Bonds (\$40,265). Bond proceeds from the Series 2017 revenue bonds were used to refund a portion of the Series 2012 Revenue Bonds (\$32,205). The remaining amount of the Series 2012 Bonds were due on July 1 in installments of \$1,710 in 2023 and \$1,765 in 2024. On July 29, 2021 the Series 2012 bonds outstanding balance of \$3,475 were defeased.

On April 20, 2011, MHHEFA issued \$67,945 of tax-exempt Revenue Bonds, Series 2011, on behalf of the Company. The bond proceeds and limited use funds were used to finance construction and renovation to the hospital and to refund, a) the Series 2009 Revenue Bonds (\$45,000); b) a portion of Series 2001 Revenue Bonds (\$12,565); and c) the Series 1993 Revenue Bonds (\$11,975). Bond proceeds from the Series 2017 revenue bonds were used to refund a portion of the Series 2011 Revenue Bonds (\$32,480). The remaining amount of the Series 2011 bonds are due on July 1 in annual installments ranging from \$3,660 in 2021 to \$1,065, with a final installment of \$1,930 in 2025. On July 22, 2021, the Series 2011 bonds outstanding balance of \$5,095 were repaid.

On October 4, 1995, MHHEFA issued \$10,000 of tax-exempt Revenue Bonds, Series 1995, on behalf of the Company. The Series 1995 bonds are due on July 1 in annual installments ranging from \$480 in 2021 to \$590 in 2026. The bonds bear interest at a variable rate, which is determined on a weekly basis by the remarketing agent of the issue. The rate was 0.15% and 0.31% as of June 30, 2021 and 2020, respectively. The Series 1995 Bonds are supported by a Standby Bond Purchase Agreement issued by M&T Bank, covering the remaining portion of the obligation, effective through July 1, 2025.

The Capital One 2017 note, PNC 2015 note, Series 2017, 2012, 2011, and 1995 Revenue Bonds are collateralized equally and ratably by a lien on all gross receipts of the Company. The term notes and bond proceeds were loaned to the Company pursuant to the Master Trust Indenture.

The Harbor CDE and Capital One Sub-CDE 110 notes are collateralized by the deed of the trust for the Stadium Place property and GBCSC bank account pledge agreements.

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The aggregate future maturities of long-term debt as of June 30, 2021 are as follows:

	<b>Long-term debt</b>
2022	\$ 10,868
2023	5,135
2024	5,330
2025	7,975
2026	8,250
Thereafter	91,560
	129,118
Unamortized deferred financing costs	(1,318)
	\$ 127,800

The fair value of the Company's long-term debt, which is estimated, based on quotes from underwriters, was approximately \$129,250 and \$130,310 as of June 30, 2021 and 2020, respectively.

Deferred financing costs related to long-term borrowings, are amortized on a straight-line basis, which approximates the effective interest rate method, over the life of the borrowings, which ranges from 7 to 34 years. The Company has incurred deferred financing costs related to the issuance of the NMTC loans, MHHEFA Series 2017, Series 2012, Series 2011, Series 1995 Revenue Bonds and 2017 Capital One and 2015 PNC Bank term note payables that have been capitalized. Accumulated amortization at June 30, 2021 and 2020 amounted to \$1,819 and \$1,681, respectively.

Under the Master Trust Indenture, the Company is required to maintain, among other covenants, a maximum annual debt service coverage ratio of not less than 1.1 to 1.0.

The Company has a line of credit in the amount of \$10,000. The line of credit bears interest at the LIBOR Daily Floating Rate. No amounts were drawn on this line during the years ended June 30, 2021 and 2020.

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**(8) Net Assets with Donor Restrictions**

The Company receives contributions in support of various needs. Net assets with donor restrictions were available for the following at June 30:

	<u>2021</u>	<u>2020</u>
Subject to expenditure for specified purpose:		
Departmental needs	\$ 24,913	27,126
Education	9,326	7,385
Buildings and equipment	35,936	16,114
Uncompensated care	7,147	5,065
Research	2,423	1,769
	<u>79,745</u>	<u>57,459</u>
Net assets perpetual in nature subject to spending policy:		
Departmental needs	25,183	22,825
Education	3,394	3,290
Uncompensated care	12,626	12,618
Research	3,548	3,547
General support	512	512
	<u>45,263</u>	<u>42,792</u>
Subject to passage of time:		
Pledges	34	—
	<u>34</u>	<u>—</u>
Total net assets with donor restrictions	<u>\$ 125,042</u>	<u>100,251</u>

Net assets were released from donor restrictions as expenditures were incurred, which satisfied the following restricted purposes for the years ended June 30:

	<u>2021</u>	<u>2020</u>
Departmental needs	\$ 6,699	6,217
Education	323	499
Uncompensated care	1,090	1,141
Research	601	609
Buildings and equipment	205	844
Time restriction	597	1,999
	<u>9,515</u>	<u>11,309</u>
Total net assets released from donor restrictions	<u>\$ 9,515</u>	<u>11,309</u>

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The Company has interpreted the "Uniform Prudent Management of Institutional Funds Act" (UPMIFA) as requiring the preservation of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Company classifies as net assets with donor restrictions perpetual in nature at the original value of the gifts donated to the donor restricted endowment. The remaining portion of the donor-restricted endowment fund that is not classified in net assets with donor restrictions perpetual in nature is classified as net assets with donor restrictions subject to expenditure for specified purpose until those amounts are appropriated for expenditure by the Company in a manner consistent with the standard of prudence prescribed by UPMIFA. In accordance with UPMIFA, the Company considers the following factors in making a determination to appropriate or accumulate endowment funds:

- The duration and preservation of the fund
- The purposes of the Company and the donor-restricted endowment fund
- General economic conditions
- The possible effect of inflation and deflation
- The expected total return from income and the appreciation of investments
- Other resources of the organization
- The investment policies of the organization

The Company had the following activities among its endowment fund during the years ended June 30 delineated by net asset class:

	<u>Without donor restrictions</u>	<u>With donor restrictions</u>	<u>Total</u>
Endowment net assets, June 30, 2019	\$ 2,481	57,643	60,124
Investment return:			
Investment income, net	861	951	1,812
Net appreciation (realized and unrealized)	<u>1,774</u>	<u>2,017</u>	<u>3,791</u>
Total investment return	2,635	2,968	5,603
Contributions	—	5,618	5,618
Appropriation of endowment assets for expenditure	<u>(169)</u>	<u>(5,817)</u>	<u>(5,986)</u>
Endowment net assets, June 30, 2020	<u>4,947</u>	<u>60,412</u>	<u>65,359</u>

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	<u>Without donor restrictions</u>	<u>With donor restrictions</u>	<u>Total</u>
Investment return:			
Investment income, net	970	1,097	2,067
Net appreciation (realized and unrealized)	11,185	12,412	23,597
Total investment return	12,155	13,509	25,664
Contributions	—	1,538	1,538
Appropriation of endowment assets for expenditure	(166)	(5,234)	(5,400)
Endowment net assets, June 30, 2021	\$ 16,936	\$ 70,225	\$ 87,161

**(a) Endowment Funds with Deficits**

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the value of the initial and subsequent donor gift amounts (deficit). When donor endowment deficits exist, they are classified as a reduction of net assets without donor restrictions. As of June 30, 2021, and 2020, there were no endowments with deficits.

**(b) Return Objectives and Risk Parameters**

The Company has adopted endowment investment and spending policies that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of endowment assets. Under this policy, the return objective for the endowment assets, measured over a full market cycle, shall be to maximize the return against a blended index, based on the endowment's target allocation applied to the appropriate individual benchmarks. The Company expects its endowment funds over time, to provide an average rate of return of approximately 7.5% annually. Actual returns in any given year may vary from this amount.

**(c) Strategies Employed for Achieving Investment Objectives**

To achieve its long-term rate of return objectives, the Company relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized gains) and current yields (interest and dividends). The Company targets a diversified asset allocation that places greater emphasis on equity-based investments to achieve its long-term objectives within prudent risk constraints.

**(d) Endowment Spending Allocation and Relationship of Spending Policy to Investment Objectives**

The Board of Directors of the Company approves the method to be used to appropriate endowment funds for expenditure. The Company amended its endowment spending allocation policy to conform to UPMIFA, which was passed by Maryland on April 14, 2009 and limits annual endowment spending to 7% of the annual market value per year.

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**(9) Functional Expenses**

The Company provides general healthcare services to residents within its geographic location. Natural expenses that are attributable to more than one functional expense category are allocated using a variety of cost allocation techniques such as square footage and time and effort. Expenses are reported in the consolidated statements of activities in natural categories. Functional expenses were categorized as follows for the years ended June 30:

	June 30, 2021						Total
	Program services				Total program services	Support services	
	Hospital services	Physician services	Hospice services	Other program services		Administration/general	
Operating expenses:							
Wages and employee benefits \$	191,763	88,121	41,188	19,574	340,646	65,392	406,038
Expendable supplies	88,042	5,760	4,355	1,647	99,804	2,042	101,846
Purchased services and other	41,842	20,019	7,575	4,941	74,377	21,363	95,740
Depreciation and amortization	23,447	3,830	365	2,557	30,199	7,014	37,213
Interest	4,145	25	62	—	4,232	184	4,416
Total operating expenses	\$ 349,239	117,755	53,545	28,719	549,258	95,995	645,253

	June 30, 2021						Total
	Program services				Total program services	Support services	
	Hospital services	Physician services	Hospice services	Other program services		Administration/general	
Operating expenses:							
Wages and employee benefits \$	184,014	82,007	44,438	17,311	327,770	55,324	383,094
Expendable supplies	77,279	11,192	4,929	1,822	95,222	2,406	97,628
Purchased services and other	27,213	19,130	7,302	11,831	65,476	17,187	82,663
Depreciation and amortization	26,972	3,638	370	2,706	33,686	6,744	40,430
Interest	4,535	51	—	1,265	5,851	225	6,076
Total operating expenses	\$ 320,013	116,018	57,039	34,935	528,005	81,886	609,891

**(10) Leases**

The Company adopted ASU 2016-02, *Leases* (Topic 842), on July 1, 2020. Topic 842 requires the recognition of right-of-use assets ("ROU") and lease liabilities on the consolidated balance sheets and the disclosure of qualitative and quantitative information about leasing arrangements. The Company determines if an arrangement is a lease at the inception of the contract. The ROU assets represent the Company's right to use the underlying assets for the lease term and the lease liabilities represent the Company's obligation to make lease payments arising from the leases. Right-of-use assets and lease liabilities are recognized at the commencement date based on the present value of lease payments over the lease term. The Company uses the rate implicit in the lease if it is determinable. When the rate implicit

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in the lease is not determinable, the Company uses its incremental borrowing rate at the commencement date of the lease to determine the present value of the lease payments.

The Company's leases primarily consist of land, real estate, and equipment. Real estate leases include leases of medical facilities and office spaces. Equipment leases mainly include lease of copiers and medical equipment. Certain lease agreements for real estate include payments based on actual common area maintenance expenses and other operating expenses. These variable lease payments are recognized in purchased services but are not included in the ROU asset or liability balances. The real estate lease agreements typically have initial terms of 3 to 20 years, and equipment lease agreements typically have initial terms of 3 to 5 years.

Real estate leases may include one or more options to renew that can extend the lease term from 5 to 10 years. The exercise of lease renewal options is at the Company's sole discretion. The Company does not consider the renewal options to be reasonably likely to be exercised, therefore they are not included in ROU assets and lease liabilities. Lease expense for the year ended June 30, 2021 was as follows:

	<b>2021</b>
Finance lease expense:	
Amortization of ROU assets	\$ 4,062
Interest on lease liabilities	171
Operating lease expense	4,406
Short-term lease expense	629
Variable lease expense	157
Total lease cost	\$ 9,425

The weighted average lease terms and discount rates for operating and finance leases are as follows as of June 30, 2021:

Weighted average remaining lease term (years):	
Finance leases	7.7
Operating leases	10.2
Weighted average discount rate:	
Finance leases	5.4 %
Operating leases	2.4 %

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The following table presents supplemental cash flow information for the year ending June 20, 2021:

	<b>2021</b>
Cash paid for amounts included in measurement of lease liabilities:	
Operating cash flows for operating leases	\$ 3,863
Operating cash flows for finance leases	171
Financing cash flows for finance leases	4,344

The following table summarizes the maturity lease obligations as of June 30, 2021:

	<u>Finance Lease</u>	<u>Operating Lease</u>	<u>Total</u>
2022	\$ 4,271	3,968	8,239
2023	4,271	2,906	7,177
2024	3,739	2,678	6,417
2025	2,998	1,340	4,338
2026	3,005	638	3,643
Thereafter	11,268	7,683	18,951
Total lease payments	29,552	19,213	48,765
Less imputed interest	(5,633)	(2,286)	(7,919)
Total lease liabilities	\$ 23,919	16,927	40,846

**(11) Retirement Plans**

**(a) Defined Benefit Plan**

The Company has two noncontributory defined benefit pension plans, Greater Baltimore Medical Center Retirement Plan (DB Non-Union) and the Pension Plan for Members of the Bargaining Unit of Greater Baltimore Medical Center (DB Union), covering all full-time employees with at least one year of service. Benefits under the plans are determined based on increasing percentages (depending on years of service) of final average compensation. Annual contributions are made to these plans in accordance with the Employment Retirement Income Security Act (ERISA) regulations.

Effective June 30, 2007, the DB Non-Union plan was frozen. As a result, no future benefits may be earned; however, employees are eligible to vest under the terms of the plan. Effective September 3, 2020, the Board resolved to terminate the frozen Non-Union Pension Plan. The Company filed a Determination Letter request with the IRS with an effective date of plan termination of November 30, 2020. The Company received a favorable termination letter from the IRS on April 15, 2021. Participants were given the choice between (1) receiving their Plan Account distributed in a lump sum or (2) purchase an annuity contract from an insurance company. Assets were distributed in June 2021.

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The following tables set forth the plans' funded status and amounts recognized in the Company's consolidated financial statements as of June 30, 2021 and 2020. The change in benefit obligation, plan assets, and funded status of the pension plans is as follows:

	<b>DB Union</b>	
	<u>2021</u>	<u>2020</u>
Change in benefit obligation:		
Benefit obligation at beginning of year	\$ 43,346	39,263
Service cost	1,187	1,028
Interest cost	1,302	1,408
Actuarial loss	(835)	3,377
Benefits paid	<u>(1,486)</u>	<u>(1,730)</u>
Benefit obligation at end of year	<u>43,514</u>	<u>43,346</u>
Change in plan assets:		
Fair value of plan assets at beginning of year	27,251	26,671
Actual return on plan assets	6,975	1,030
Employer contribution	1,891	1,362
Benefits paid	(1,486)	(1,730)
Administrative expenses paid	<u>(894)</u>	<u>(82)</u>
Fair value of plan assets at end of year	<u>33,737</u>	<u>27,251</u>
Funded status at end of year	<u>\$ (9,777)</u>	<u>(16,095)</u>

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	<u>DB Non-Union</u>	
	<u>2021</u>	<u>2020</u>
Change in benefit obligation:		
Benefit obligation at beginning of year	\$ 200,881	182,641
Interest cost	5,661	6,496
Actuarial (gain)/loss	(15,560)	20,477
Benefits paid	(7,510)	(8,733)
Settlement benefits paid	<u>(183,472)</u>	<u>—</u>
Benefit obligation at end of year	<u>—</u>	<u>200,881</u>
Change in plan assets:		
Fair value of plan assets at beginning of year	203,580	187,875
Actual return on plan assets	3,274	24,675
Excess assets returned to plan sponsor	(13,206)	—
Benefits paid	(7,510)	(8,733)
Administrative expenses paid	(2,666)	(237)
Settlement benefits paid	<u>(183,472)</u>	<u>—</u>
Fair value of plan assets at end of year	<u>—</u>	<u>203,580</u>
Funded status at end of year	<u>\$ —</u>	<u>2,699</u>

Excess assets returned to plan sponsor reflect an estimated asset reversion of \$13,206 and is recorded in other receivables in the accompanying consolidated balance sheets. The excess plan assets are offset by administrative expenses of \$843 allocated to be paid after the measurement date which is included in administrative expenses paid and \$147 to be paid to Pension Benefit Guaranty Corporation (PBGC) after June 30, 2021 for missing participants, which is included in settlement benefits paid.

Amounts recognized in net assets without donor restrictions as of June 30, 2021 and 2020 are as follows:

	<u>DB Union</u>	
	<u>2021</u>	<u>2020</u>
Net actuarial loss	\$ 5,509	12,479
	<u>\$ 5,509</u>	<u>12,479</u>

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	<b>DB Non-Union</b>	
	<b>2021</b>	<b>2020</b>
Net actuarial loss	\$ —	50,110
	<u>\$ —</u>	<u>50,110</u>

The components of net benefit costs other than the service cost of \$1,187 and \$1,028 were recorded in other income in the consolidated statements of operations for the year ended June 30, 2021 and 2020, respectively. Service costs is included as a component of fringe benefits, which is recorded as salaries, wages, and employee benefits in the accompanying consolidated statements of operations.

Components of net periodic benefit cost for the years ended June 30, 2021 and 2020 are as follows:

	<b>DB Union</b>	
	<b>2021</b>	<b>2020</b>
Service cost	\$ 1,187	1,028
Interest cost	1,302	1,408
Expected return on plan assets	(1,330)	(1,265)
Amortization of loss deferral	1,384	1,105
Net periodic pension benefit cost	<u>\$ 2,543</u>	<u>2,276</u>

	<b>DB Non-Union</b>	
	<b>2021</b>	<b>2020</b>
Interest cost	\$ 5,660	6,496
Expected return on plan assets	(7,473)	(6,906)
Amortization of loss deferral	4,349	4,368
One-time settlement recognition	37,065	—
Net periodic pension benefit cost	<u>\$ 39,601</u>	<u>3,958</u>

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Amounts in net assets without donor restrictions expected to be recognized as a component of net periodic pension benefit cost in fiscal year 2022:

	<u>DB Union</u>	<u>DB Non-Union</u>	<u>Total</u>
Prior service cost	\$ —	—	—
Net actuarial loss	208	—	208
	<u>\$ 208</u>	<u>—</u>	<u>208</u>

(i) *Assumptions*

The weighted average assumptions used in developing the projected pension benefit obligations for the plans as of June 30, were as follows:

	<u>DB Union</u>		<u>DB Non-Union</u>	
	<u>2021</u>	<u>2020</u>	<u>2021</u>	<u>2020</u>
Discount rate	3.00 %	3.00 %	N/A	3.00 %
Rate of compensation increase	4.00 %	4.00 %	N/A	— %

The weighted average assumptions used to determine the net periodic benefit costs for the plans as of June 30, were as follows:

	<u>DB Union</u>		<u>DB Non-Union</u>	
	<u>2021</u>	<u>2020</u>	<u>2021</u>	<u>2020</u>
Discount rate	3.00 %	4.00 %	3.00 %	3.00 %
Expected return on plan assets	7.00 %	7.00 %	4.00 %	4.00 %
Rate of compensation increase	4.00 %	4.00 %	— %	— %

The accumulated benefit obligation for the pension plans, which differs from the estimated actuarial present value of the projected benefit obligation because it is based on current rather than future compensation levels, was \$43,514 and \$244,227 as of June 30, 2021 and 2020, respectively. In 2020, GBMC utilized the Pri-2012 Mortality Table, projected generationally using the MP-2019 Mortality Improvement Scale. In 2021, GBMC utilized the Pri-2012 Mortality Table, projected generationally using the MP-2020 Mortality Improvement Scale.

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Notes to Consolidated Financial Statements

June 30, 2021 and 2020

(In thousands)

(ii) *Expected Long-Term Rate of Return*

The expected long-term rate of return assumption used was based on a total plan return estimation by looking at the current yields available from fixed-income and reasonable equity return assumption based on long-term market trends and applying this to the plan's asset mix. In addition, the actual long-term historical returns realized by the pension plans were taken into consideration.

(iii) *Estimated Future Benefit Payments*

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid as follows:

	<u>DB Non-Union</u>	<u>DB Union</u>	<u>Total</u>
2022	\$ —	1,745	1,745
2023	—	1,810	1,810
2024	—	1,898	1,898
2025	—	1,973	1,973
2026	—	2,036	2,036
2027–2031	—	11,022	11,022
Total	\$ <u>—</u>	<u>20,484</u>	<u>20,484</u>

The Company's pension plan weighted average asset allocations as of June 30 by asset category were as follows:

	<u>DB Union</u>	
	<u>2021</u>	<u>2020</u>
Equity securities	62 %	51 %
Debt securities	36	46
Cash and cash equivalents	2	3
	<u>100 %</u>	<u>100 %</u>

  

	<u>DB Non-Union</u>	
	<u>2021</u>	<u>2020</u>
Debt securities	— %	98 %
Cash and cash equivalents	—	2
	<u>— %</u>	<u>100 %</u>

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(In thousands)

The following tables set forth by level, within the fair value hierarchy, the DB Union Plan's assets at fair value as of June 30:

					June 30, 2021					
					Level 1	Level 2	Level 3	Total		
Managed cash funds	\$	641	—	—	641				641	
Common collective trust		—	12,299	—	12,299				12,299	
Total fixed income		—	12,299	—	12,299				12,299	
Common stock		7,473	—	—	7,473				7,473	
Foreign stock		664	—	—	664				664	
Mutual funds		9,904	—	—	9,904				9,904	
Mutual funds international		2,756	—	—	2,756				2,756	
Total equity		20,797	—	—	20,797				20,797	
Total plan assets	\$	21,438	12,299	—	33,737				33,737	

					June 30, 2020					
					Level 1	Level 2	Level 3	Total		
Managed cash funds	\$	673	—	—	673				673	
Common collective trust		—	12,606	—	12,606				12,606	
Total fixed income		—	12,606	—	12,606				12,606	
Common stock		8,136	—	—	8,136				8,136	
Foreign stock		699	—	—	699				699	
Mutual funds		3,787	—	—	3,787				3,787	
Mutual funds international		1,350	—	—	1,350				1,350	
Total equity		13,972	—	—	13,972				13,972	
Total plan assets	\$	14,645	12,606	—	27,251				27,251	

The following tables set forth by level, within the fair value hierarchy, the DB Non-Union Plan's assets at fair value as of June 30: For fiscal year ending June 30, 2021, the plan assets balance

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Notes to Consolidated Financial Statements

June 30, 2021 and 2020

(In thousands)

represents excess assets amount which will be used for administrative and investment expenses, adjustments to final annuity pricing. The remaining amount will revert back to the Company.

June 30, 2021				
	Level 1	Level 2	Level 3	Total
Managed cash funds	\$ 14,196	—	—	14,196
Corporate bonds	—	—	—	—
Total plan assets	\$ 14,196	—	—	14,196

  

June 30, 2020				
	Level 1	Level 2	Level 3	Total
Managed cash funds	\$ 6,472	—	—	6,472
Corporate bonds	—	197,108	—	197,108
Total plan assets	\$ 6,472	197,108	—	203,580

The following is a description of the valuation methodologies used for assets measured at fair value:

*Corporate bonds:* Valued at unadjusted quoted market share prices within active markets or based on external price data of comparable securities.

*Common and foreign stock and mutual funds:* Valued at unadjusted quoted market share prices within active markets.

*Common collective trust funds:* Valued at fair value based on the NAV of the fund. NAV is determined by the bank sponsoring such funds dividing the fund's net assets at fair value by its units outstanding at the valuation date. The Company is required to provide a 90-day notice to redeem any amount of investment. There are no other restrictions or gates related to this fund.

(iv) *Pension Investment Policies*

*DB Union Plan*

The primary objective of the Medical Center's pension investment program is the long-term growth of capital consistent with the asset allocations. The program utilizes several balanced managers and provides for asset allocation guidelines consistent with the Medical Center's risk exposure. The equity portion of the DB Union portfolio may range from 45% to 65% of total portfolio assets. The fixed-income and cash equivalents portion of the DB Union portfolio may range from 35% to 55% of total portfolio assets.

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(In thousands)

*DB Non-Union Plan*

Since the Plan has terminated and benefits have been paid out, remaining assets in the plan are in cash available to pay administrative expenses

*Contributions*

The Company expects to contribute \$1,216 to its DB Union and \$0 DB Non-Union pension plans in the fiscal year ending June 30, 2022.

**(b) Defined Contribution Plan**

Effective July 1, 2007, the Company established the GBMC, Inc. 401(a) Defined Contribution Plan (DC Non-Union) covering all employees except those covered by a collective bargaining agreement, or employees in a zero hour or registry position. The Company contributes up to 2% of all eligible employee wages (basic contribution) to the plan and the Company matches up to 3% of employee wages of those who contribute to the Greater Baltimore Medical Center, Inc. Voluntary 403(b) Plan. At the discretion of the Board of Directors, the Company may contribute additional funds to the plan.

Expenses for the defined contribution plan for June 30 were as follows:

	<u>2021</u>	<u>2020</u>
Basic contribution	\$ 2,788	2,822
Match contribution	4,136	4,990
Total contribution	<u>\$ 6,924</u>	<u>7,812</u>

Effective July 1, 2009, the Company established the GBMC, Inc. 401(a) Defined Contribution Plan for Members of the Bargaining Union of Greater Baltimore Medical Center (DC Union) for the members covered by a collective bargaining agreement. The Company matches up to 3% of eligible employee wages of those who contribute to the Greater Baltimore Medical Center, Inc. Voluntary 403(b) Plan. The Company contributed \$108 and \$104 for the years ended June 30, 2021 and 2020, respectively.

**(c) Nonqualified Plan**

The Company has a noncontributory, nonqualified deferred compensation plan for certain key employees. Benefits under the plan are determined based on increasing percentages (depending on years of service) of base pay. The Company recorded expense related to this plan of \$851 and \$814 for the years ended June 30, 2021 and 2020, respectively.

**(12) Insurance Reserves**

The Company maintains an off-shore captive insurance company in Bermuda to provide coverage for medical malpractice claims. Reserve balances have been discounted at the rate of 3% for the years ended June 30, 2021 and 2020. The receivable for the expected reinsurance recoverable is recorded within other assets on the consolidated balance sheet. Retention on limits in which Ruxton assumes risk of loss is based on an annual occurrence basis of \$5 million per occurrence and \$22 million in aggregate as of

**GBMC HEALTHCARE, INC.  
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Notes to Consolidated Financial Statements

June 30, 2021 and 2020

(In thousands)

August 1, 2019. Amounts in excess of these limits are insured by highly rated commercial insurance companies.

As of June 30, 2021, and 2020, the Company was partially self-insured for workers' compensation and health insurance claims. The aggregate reserves for workers' compensation claims were determined and discounted at the rate of 1.0% and 0.4% for 2021 and 2020, respectively. The receivable for the expected reinsurance recoverable is recorded within other current assets on the consolidated balance sheets. As of August 1, 2020, the Company's excess workers' compensation policy is based on a per claim basis in excess of \$1 million.

The Company is subject to legal proceedings and claims, which arise from the ordinary course of business. In the opinion of management, the amount of ultimate liability with respect to the actions will not materially affect the consolidated financial position of the Company.

The Company recorded reserve activity for claims and claims expense as follows:

	<b>June 30, 2021</b>			
	<b>Malpractice</b>	<b>Workers' compensation</b>	<b>Health</b>	<b>Total</b>
Insurance reserves for self insured claims	\$ 38,679	4,920	3,830	47,429
Reserves that are recoverable from reinsurance carrier	14,566	74	—	14,640
Total insurance reserves	53,245	4,994	3,830	62,069
Less current portion of insurance reserve	8,825	977	3,830	13,632
Total noncurrent insurance reserves	\$ 44,420	4,017	—	48,437

**GBMC HEALTHCARE, INC.  
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Notes to Consolidated Financial Statements

June 30, 2021 and 2020

(In thousands)

	June 30, 2020			
	<u>Malpractice</u>	<u>Workers' compensation</u>	<u>Health</u>	<u>Total</u>
Insurance reserves for self insured claims	\$ 33,713	5,169	2,837	41,719
Reserves that are recoverable from reinsurance carrier	<u>13,937</u>	<u>667</u>	<u>—</u>	<u>14,604</u>
Total insurance reserves	47,650	5,836	2,837	56,323
Less current portion of insurance reserves	<u>8,000</u>	<u>1,325</u>	<u>2,837</u>	<u>12,162</u>
Total noncurrent insurance reserves	\$ <u><u>39,650</u></u>	<u><u>4,511</u></u>	<u><u>—</u></u>	<u><u>44,161</u></u>

**(13) Promises to Contribute**

The Company has received unconditional and conditional promises to give. The pledge receivables are recorded on a discounted basis using the rate in effect at the time of the pledge. Such rates approximate 2%. The Company is the beneficiary of charitable remainder trusts whose present value as of June 30, 2021 and 2020 was \$9,756 and \$10,672, respectively. Current pledge receivables are included in other receivables and noncurrent pledge receivables are included in other assets in the accompanying consolidated balance sheets.

	<u>2021</u>	<u>2020</u>
Due within 1 year	\$ 7,837	7,295
Due 1–5 years	21,553	13,331
Due over 5 years	<u>9,756</u>	<u>10,672</u>
Gross pledge receivables	39,146	31,298
Less discount and allowance	<u>(2,807)</u>	<u>(2,091)</u>
Net pledge receivables	\$ <u><u>36,339</u></u>	<u><u>29,207</u></u>

**GBMC HEALTHCARE, INC.  
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Notes to Consolidated Financial Statements

June 30, 2021 and 2020

(In thousands)

**(14) Controlling and Non-controlling Interest**

The following table presents a reconciliation of the changes in consolidated net assets without restrictions attributable to the Company's controlling interest and non-controlling interest:

	<b>Net assets without donor restrictions – controlling interest</b>	<b>Net assets without donor restrictions – non-controlling interest</b>	<b>Total net assets without donor restrictions</b>
Balance as of June 30, 2019	\$ 483,542	6,853	490,395
Excess of revenues over expenses	7,909	1,914	9,823
Pension related changes other than net periodic pension costs	(1,165)	—	(1,165)
Distributions to non-controlling interest owners	—	(1,750)	(1,750)
Net assets released for purchase of fixed assets	844	—	844
	<u>7,588</u>	<u>164</u>	<u>7,752</u>
Increase in net assets without donor restrictions			
Balance as of June 30, 2020	491,130	7,017	498,147
Excess of revenues over expenses	69,394	2,165	71,559
Pension related changes other than net periodic pension costs	57,078	—	57,078
Distribution to non-controlling interest	—	(2,000)	(2,000)
Net assets released for purchase of fixed assets	205	—	205
	<u>9,125</u>	<u>—</u>	<u>9,125</u>
Cumulative effect of accounting change			
Increase in net assets without donor restrictions	<u>135,802</u>	<u>165</u>	<u>135,967</u>
Balance as of June 30, 2021	\$ <u>626,932</u>	<u>7,182</u>	<u>634,114</u>

**GBMC HEALTHCARE, INC.  
AND SUBSIDIARIES**

Notes to Consolidated Financial Statements

June 30, 2021 and 2020

(In thousands)

**(15) Subsequent Events**

To fund the Promise Project, Maryland Health and Higher Education Facilities Authority (MHHEFA) issued \$104,095 tax exempt Revenue Bonds, Series 2021A, on behalf of the Company. In addition, \$25,000 tax-exempt variable rate drawdown bonds, 2021B bonds, were issued. The 2021B bonds are expected to be repaid with the proceeds of a \$60,000 capital campaign. Series 2021A and 2021B bonds closed on September 1, 2021. In addition, the Company repaid the balance of Series 2011 bonds and defeased Series 2012 Bonds. Refer to footnote 7 for additional information on long-term debt.

The Company has evaluated all other events and transactions through November 16, 2021, the date the consolidated financial statements were issued, and determined there are no other items to be recognized or disclosed this period.

**CONSOLIDATING INFORMATION**

GBMC HEALTHCARE, INC.  
AND SUBSIDIARIES

Consolidating Balance Sheet

June 30, 2021  
(in thousands)

	Assets							Eliminating entries	Total
	(Obligated group)	Greater Baltimore Medical Center, Inc.	Ruxton Insurance	GBMC Agency Inc. and Subsidiaries	Gilchrist Hospice Care Inc.	GBHA Inc.	GBMC Land Inc.		
<b>Assets</b>									
Current assets:									
Cash	29,589	137	—	11	15,246	—	—	—	44,983
Short-term investments and limited or restricted use funds	48,354	7,357	—	—	24,303	—	—	—	80,024
Patient accounts receivable, net	54,042	—	—	1,405	10,740	—	—	—	66,187
Other receivables	11,118	629	—	5,949	2,846	—	371	—	20,913
Advances to affiliates	23,085	—	—	—	—	—	—	(23,085)	—
Other current assets	27,650	249	—	86	1,309	—	2	—	29,306
Total current assets	193,848	8,382	—	7,451	54,444	—	373	(23,085)	241,413
Investments and limited or restricted use funds	333,409	74,625	—	9,524	189,832	—	—	—	607,390
Interest in net assets of affiliate	—	—	—	—	—	—	—	759,448	(759,448)
Long-term receivables from affiliates	26,413	—	—	—	19,354	166	2,987	—	269,246
Property, plant, and equipment, net	234,687	—	—	12,052	2,605	—	19,700	—	16,723
Operating lease right-of-use assets	28,494	—	—	518	2,605	—	1,750	—	(1,893)
Other noncurrent assets	25,902	14,566	—	10,037	14,143	—	—	(845,423)	64,515
Total assets	842,753	97,573	—	39,592	280,378	166	24,810	759,448	1,199,287
<b>Liabilities and Net Assets</b>									
Current liabilities:									
Accounts payable and accrued expenses	88,408	(81)	—	292	9,980	858	375	—	99,832
Insurance reserves	4,088	9,375	—	—	169	—	—	—	13,532
Payable to affiliates	2	2,764	—	(2,855)	22,883	—	—	292	(23,086)
Advances from third-party payors	79,261	—	—	—	12,570	—	—	—	91,831
Right-of-use lease liabilities	2,572	—	—	183	889	—	—	—	3,544
Long-term debt & finance lease liabilities	13,931	—	—	—	—	—	1,643	—	13,931
Other current liabilities	8,579	—	—	—	896	—	—	(4,989)	6,229
Total current liabilities	196,941	12,058	—	(2,380)	47,387	858	2,018	292	229,099
Long-term debt & finance lease liabilities	105,684	—	—	—	11,248	—	—	—	116,932
Financing lease liabilities	20,856	—	—	—	1,756	—	—	—	20,856
Operating lease liabilities	11,162	—	—	365	501	—	—	—	13,283
Insurance reserves	3,716	44,420	—	24,967	—	589	857	—	48,437
Long-term payable to affiliate	—	—	—	—	—	—	—	—	(26,413)
Pension liability	9,777	—	—	4	615	—	18,196	—	9,777
Other long-term liabilities	13,241	—	—	—	—	—	—	(30,509)	1,747
Total liabilities	361,377	56,478	—	22,956	61,307	1,447	21,071	292	440,131
Net assets:									
Controlling	369,351	41,095	—	9,444	181,824	(1,281)	3,739	626,932	626,932
Non-controlling	—	—	—	7,182	—	—	—	7,182	7,182
Net assets without donor restrictions	369,351	41,095	—	16,626	181,824	(1,281)	3,739	634,114	634,114
Net assets with donor restrictions	88,045	—	—	—	37,247	—	—	(125,042)	125,042
Total net assets	481,376	41,095	—	16,626	219,071	(1,281)	3,739	759,156	759,156
Total liabilities and net assets	842,753	97,573	—	39,592	280,378	166	24,810	759,448	1,199,287

See accompanying independent auditors' report.

**GBMC HEALTHCARE, INC.  
AND SUBSIDIARIES**

Consolidating Statement of Operations

June 30, 2021

(In thousands)

	(Obligated group)	Greater Baltimore Medical Center, Inc.	Ruxton Insurance	GBMC Agency Inc. and Subsidiaries	Gilchrist Hospice Care Inc.	GBHA Inc.	GBMC Land Inc.	GBMC Healthcare Inc. (Parent)	Eliminating entries	Total
Patient service revenue, net	\$ 542,829	—	—	13,588	66,338	—	—	—	—	622,755
Other operating revenue	23,719	17,030	17,030	6,035	1,128	3,121	3,178	—	(20,100)	34,111
Net assets released from restrictions	5,591	—	—	—	3,719	—	—	—	—	9,310
Total operating revenue	572,139	17,030	17,030	19,623	71,185	3,121	3,178	—	(20,100)	666,176
Operating expenses:										
Salaries, wages, and employee benefits	345,725	—	—	3,697	52,125	4,339	417	—	(265)	406,038
Expendable supplies	96,163	—	—	1,248	4,406	6	23	—	—	101,846
Purchased services and other	80,040	11,730	11,730	6,936	12,922	51	3,718	29	(19,686)	95,740
Depreciation and amortization	32,984	—	—	1,859	1,845	14	511	—	—	37,213
Interest	4,354	—	—	—	62	—	—	—	—	4,416
Overhead	(2,146)	250	250	402	931	—	50	263	250	—
Total operating expenses	557,120	11,980	11,980	14,142	72,291	4,410	4,719	292	(19,701)	645,253
Operating (loss) income	15,019	5,050	5,050	5,481	(1,106)	(1,289)	(1,541)	(292)	(399)	20,923
Other income:										
Contributions	384	—	—	—	431	—	—	—	—	815
Fundraising expense	(2,445)	—	—	—	(1,043)	—	—	—	250	(3,238)
Investment income, net	54,039	2,148	2,148	3,347	34,482	—	—	—	—	94,016
Other components of net periodic pension cost	(40,957)	—	—	—	—	—	—	—	—	(40,957)
Interests in net assets of affiliate	—	—	—	—	—	—	—	127,134	(127,134)	—
Excess of revenues over expenses	\$ 26,040	7,198	7,198	8,828	32,764	(1,289)	(1,541)	126,842	(127,283)	71,559

See accompanying independent auditors' report.

GBMC HEALTHCARE, INC.  
AND SUBSIDIARIES

Consolidating Statement of Changes in Net Assets

June 30, 2021

(In thousands)

	(Obligated group)	Ruxton Insurance	GBMC Agency Inc. and Subsidiaries	Gilchrist Hospice Care Inc.	GBHA Inc.	GBMC Land Inc.	GBMC Healthcare Inc. (Parent)	Eliminating entries	Total
Changes in net assets without donor restrictions:									
Excess of revenues over expenses	\$ 26,040	7,198	8,828	32,764	(1,289)	(1,541)	126,842	(127,283)	71,559
Pension related changes other than net periodic pension costs	57,078	—	—	—	—	—	—	—	57,078
Net assets released for purchase of fixed assets	205	—	—	—	—	—	9,125	(9,125)	205
Cumulative effect of accounting change	9,125	—	(2,000)	—	—	—	—	—	9,125
Distribution to non-controlling interest	—	—	—	—	—	—	—	—	(2,000)
Increase (decrease) in net assets without donor restrictions	92,448	7,198	6,828	32,764	(1,289)	(1,541)	135,967	(136,408)	135,967
Changes in net assets with donor restrictions:									
Contributions	16,737	—	—	4,054	—	—	—	—	20,791
Investment income, net	8,572	—	—	4,943	—	—	—	—	13,515
Interest in net assets of affiliate	—	—	—	—	—	—	24,791	(24,791)	—
Net assets released for purchase of fixed assets	(205)	—	—	—	—	—	—	—	(205)
Net assets released for operations	(5,591)	—	—	(3,719)	—	—	—	—	(9,310)
Increase (decrease) in net assets with donor restrictions	19,513	—	—	5,278	—	—	24,791	(24,791)	24,791
Increase (decrease) in net assets	111,961	7,198	6,828	38,042	(1,289)	(1,541)	160,758	(161,199)	160,758
Net assets, beginning of year	368,415	33,897	9,798	181,029	8	5,280	598,397	(599,426)	598,398
Net assets, end of year	481,376	41,095	16,626	219,071	(1,281)	3,739	759,155	(760,625)	759,156

See accompanying independent auditors' report.