

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2021

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning 09/01/2021 and ending 06/30/2022

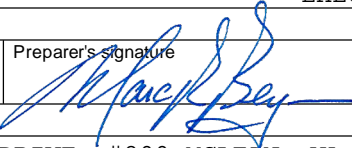
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>GRACE MEDICAL CENTER, INC.</u>			D Employer identification number <u>52-0591555</u>
	Doing Business As			E Telephone number <u>(410) 601-6161</u>
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code <u>BALTIMORE, MD 21223</u>			
F Name and address of principal officer: <u>DANIEL BLUM</u> <u>SAME AS "C" ABOVE</u>			G Gross receipts \$ <u>23,799,704.</u>	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
J Website: <u>WWW.LIFEBRIDGEHEALTH.ORG/GRACE/GRACE.ASPX</u>			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			H(c) Group exemption number ▶	
L Year of formation: <u>1920</u>			M State of legal domicile: <u>MD</u>	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO PROVIDE QUALITY COMPASSIONATE HEALTH CARE AND COMMUNITY-BASED SERVICES THAT SEEK TO IMPROVE THE HEALTH OF THE COMMUNITY.</u>	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 4
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5 509
	6 Total number of volunteers (estimate if necessary)	6 4
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a NONE
b Net unrelated business taxable income from Form 990-T, line 34	7b NONE	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 7,372,082. Current Year 592,277.
	9 Program service revenue (Part VIII, line 2g)	30,060,071. 21,402,433.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-3,228,000. -337,361.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	673,012. 1,583,747.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	34,877,165. 23,241,096.
	COPY FOR PUBLIC INSPECTION	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	NONE NONE
	14 Benefits paid to or for members (Part IX, column (A), line 4)	NONE NONE
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	33,309,634. 17,971,908.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	NONE NONE
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	NONE
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	29,840,636. 16,116,499.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	63,150,270. 34,088,407.	
19 Revenue less expenses. Subtract line 18 from line 12	-28,273,105. -10,847,311.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 110,112,234. End of Year 106,741,883.
	21 Total liabilities (Part X, line 26)	99,061,699. 90,324,904.
	22 Net assets or fund balances. Subtract line 21 from line 20.	11,050,535. 16,416,979.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	<u>DAVID KRAJEWSKI</u> Type or print name and title	<u>EXECUTIVE VP/CFO</u>			
Paid Preparer Use Only	Print/Type preparer's name <u>MARC BERGER</u>	Preparer's signature 	Date <u>5/5/2023</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P01871563</u>
	Firm's name ▶ <u>BDO USA, LLP</u>	Firm's EIN ▶ <u>13-5381590</u>			
	Firm's address ▶ <u>8401 GREENSBORO DRIVE, #800 MCLEAN, VA 22102</u>	Phone no. <u>703-893-0600</u>			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE MISSION IS TO PROVIDE COMPASSIONATE HEALTHCARE SERVICES FOR ALL,
REGARDLESS OF PATIENTS' SOCIO-ECONOMIC STATUS AND ABILITY TO PAY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 24,876,571. including grants of \$ NONE) (Revenue \$ 22,906,691.)
SEE SCHEDULE O.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 24,876,571.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, 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	
10 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
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		X
c Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?.		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.		
1c 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)

Yes No

Table with 3 main columns: Question/Description, Yes, No. Rows include 2a (509 employees), 2b (federal employment tax returns), 3a (unrelated business gross income), 3b (Form 990-T), 4a (foreign financial accounts), 5a (prohibited tax shelter), 6a (charitable contributions), 7 (organizations receiving deductible contributions), 8 (sponsoring organizations), 9 (sponsoring organizations), 10 (Section 501(c)(7) organizations), 11 (Section 501(c)(12) organizations), 12a (Section 4947(a)(1) non-exempt charitable trusts), 13 (Section 501(c)(29) qualified nonprofit health insurance issuers), 14a (indoor tanning services), 15 (section 4960 tax), 16 (section 4968 excise tax), 17 (Section 501(c)(21) organizations).

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (6), 1b (4), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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.
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

NANCY KANE 10090 RED RUN BLVD OWINGS MILLS, MD 21117
410-601-5653

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 X

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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 dotted 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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) NEIL MELTZER PRESIDENT/CEO LBH	NONE 40.00						X	NONE	3,103,147.	60,154.
(2) DAVID KRAJEWSKI EX OFFICIO-ASSISTANT TREASURER	1.00 40.00			X				NONE	1,586,119.	227,190.
(3) JASON WEINER EX OFFICIO-ASSISTANT SECRETARY	1.00 40.00			X				NONE	908,657.	145,235.
(4) DANIEL BLUM PRESIDENT & COO SINAI & GRACE	1.00 40.00	X		X				NONE	921,795.	103,756.
(5) MATTHEW POFFENROTH, MD VICE PRESIDENT	1.00 40.00			X				NONE	835,822.	161,645.
(6) REBECCA ALTMAN VICE PRESIDENT	1.00 40.00			X				NONE	401,095.	73,792.
(7) ARSALAN SHEIKH, MD CHAIR OF MEDICINE	40.00 NONE				X			429,230.	NONE	30,286.
(8) THEODORA BALIS, MD PRIMARY CARE PHYSICIAN	40.00 NONE					X		351,353.	NONE	30,790.
(9) SHANTA POWELL, MD PHYSICIAN	40.00 NONE					X		336,284.	NONE	31,049.
(10) DAVID HAUSER, MD PSYCHIATRIST	40.00 NONE					X		333,339.	NONE	11,503.
(11) MOHAMED DAUDA, MD PRESIDENT MEDICAL STAFF	40.00 NONE	X						293,798.	NONE	30,430.
(12) YASMEEN AHMED, MD PHYSICIAN	40.00 NONE					X		274,232.	NONE	29,748.
(13) CHIDEHA OHUOHA, MD PHYSICIAN	40.00 NONE					X		283,699.	NONE	2,746.
(14) MATT ANSEL (THRU 12/2021) EXECUTIVE DIRECTOR	40.00 NONE				X			217,889.	NONE	26,390.

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 dotted 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			
(15) JONATHAN DAVIDOV CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(16) DENNIS WEINMAN VICE CHAIR/SECRETARY/TREASURER	1.00 NONE	X		X				NONE	NONE	NONE
(17) MICHAEL GAINES, SR. DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(18) VENROY JULY DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total								2,519,824.	7,756,635.	964,714.
c Total from continuation sheets to Part VII, Section A								NONE	NONE	NONE
d Total (add lines 1b and 1c)								2,519,824.	7,756,635.	964,714.

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 **▶** 56

	Yes	No
3 Did the organization list any former officer, director, or 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
SEE SCHEDULE O		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 29

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d	16,941.					
	e Government grants (contributions) . .	1e						
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	575,336.					
	g Noncash contributions included in lines 1a-1f	1g	\$					
	h Total. Add lines 1a-1f ▶			592,277.				
	Program Service Revenue				Business Code			
2a PATIENT SERVICE REVENUE				621110	21,402,433.	21,402,433.		
b								
c								
d								
e								
f All other program service revenue								
g Total. Add lines 2a-2f ▶				21,402,433.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶			NONE				
	4 Income from investment of tax-exempt bond proceeds . ▶			NONE				
	5 Royalties ▶			NONE				
	6a Gross rents	6a	(i) Real	(ii) Personal				
			79,489.					
			b Less: rental expenses	6b				
	c Rental income or (loss)	6c	79,489.	NONE				
	d Net rental income or (loss) ▶				79,489.		NONE	79,489.
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
				221,247.				
			b Less: cost or other basis and sales expenses . .	7b		558,608.		
	c Gain or (loss)	7c		-337,361.				
	d Net gain or (loss) ▶				-337,361.			-337,361.
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a			NONE			
			b Less: direct expenses	8b			NONE	
c Net income or (loss) from fundraising events ▶						NONE		
9a Gross income from gaming activities. See Part IV, line 19	9a			NONE				
		b Less: direct expenses	9b			NONE		
		c Net income or (loss) from gaming activities ▶				NONE		
10a Gross sales of inventory, less returns and allowances	10a			NONE				
		b Less: cost of goods sold	10b			NONE		
		c Net income or (loss) from sales of inventory ▶				NONE		
Miscellaneous Revenue				Business Code				
	11a 340B PHARMACY			446110	284,291.	284,291.		
	b MISCELLANEOUS REVENUE			900099	261,264.	261,264.		
	c FMF ALLOCATION			900099	958,703.	958,703.		
	d All other revenue							
e Total. Add lines 11a-11d ▶				1,504,258.				
12 Total revenue. See instructions ▶				23,241,096.	22,906,691.	NONE	-257,872.	

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	NONE			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	1,028,023.	750,457.	277,566.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	13,860,035.	11,025,972.	2,834,063.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	207,335.	164,002.	43,333.	
9 Other employee benefits	1,649,005.	1,304,360.	344,645.	
10 Payroll taxes	1,227,510.	970,958.	256,552.	
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	NONE			
c Accounting	NONE			
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	SEE SCHE O 6,189,391.	4,075,307.	2,114,084.	NONE
12 Advertising and promotion	43,960.	4,457.	39,503.	
13 Office expenses	815,526.	96,187.	719,339.	
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	1,507,863.	1,163,713.	344,150.	
17 Travel	6,203.	6,023.	180.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	21,265.	9,073.	12,192.	
20 Interest	520,841.		520,841.	
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	3,754,920.	2,564,892.	1,190,028.	
23 Insurance	NONE			
24 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.)				
a SUPPLIES	3,162,197.	2,735,393.	426,804.	NONE
b DUES/MEMBERSHIP	29,044.	5,777.	23,267.	NONE
c BANK FEES	65,289.	NONE	65,289.	NONE
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	34,088,407.	24,876,571.	9,211,836.	NONE
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,937,438.	1	14,806,327.
	2 Savings and temporary cash investments	NONE	2	NONE
	3 Pledges and grants receivable, net	NONE	3	NONE
	4 Accounts receivable, net	5,617,153.	4	4,476,620.
	5 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	NONE	5	NONE
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
	7 Notes and loans receivable, net	750.	7	750.
	8 Inventories for sale or use	883,667.	8	372,152.
	9 Prepaid expenses and deferred charges	166,744.	9	67,360.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 120,604,506.		
	b Less: accumulated depreciation	10b 65,429,403.		
		53,164,419.	10c	55,175,103.
	11 Investments - publicly traded securities	NONE	11	NONE
	12 Investments - other securities. See Part IV, line 11	NONE	12	NONE
	13 Investments - program-related. See Part IV, line 11	NONE	13	NONE
	14 Intangible assets	NONE	14	NONE
15 Other assets. See Part IV, line 11	45,342,063.	15	31,843,571.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	110,112,234.	16	106,741,883.	
Liabilities	17 Accounts payable and accrued expenses	14,407,101.	17	6,290,353.
	18 Grants payable	NONE	18	NONE
	19 Deferred revenue	11,331,431.	19	7,650,540.
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	22 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	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	42,717,576.	23	35,582,745.
	24 Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	30,605,591.	25	40,801,266.
	26 Total liabilities. Add lines 17 through 25	99,061,699.	26	90,324,904.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	10,897,684.	27	15,989,346.
	28 Net assets with donor restrictions	152,851.	28	427,633.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	11,050,535.	32	16,416,979.
33 Total liabilities and net assets/fund balances	110,112,234.	33	106,741,883.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,241,096.
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,088,407.
3	Revenue less expenses. Subtract line 2 from line 1	3	-10,847,311.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,050,535.
5	Net unrealized gains (losses) on investments	5	45,337.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	16,168,418.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	16,416,979.

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 on 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
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

GRACE MEDICAL CENTER, INC.

Employer identification number

52-0591555

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

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

Schedule A (Form 990) 2021

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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 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

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2020 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2021; 16b 33 1/3% support test - 2020; 17a 10%-facts-and-circumstances test - 2021; 17b 10%-facts-and-circumstances test - 2020; 18 Private foundation.

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (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

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)),	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
c 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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on 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>		
c Did a disqualified person (as defined on 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>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 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>		
2 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>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		

Section D. All Type III Supporting Organizations

	Yes	No
1 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?		
2 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>		
3 By reason of the relationship described on 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>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a 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 Did the activities described on 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>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a 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 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>			

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.

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount 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	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 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)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990 or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

GRACE MEDICAL CENTER, INC.

52-0591555

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), 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), 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).

Name of organization <p style="text-align: center;">GRACE MEDICAL CENTER, INC.</p>	Employer identification number <p style="text-align: center;">52-0591555</p>
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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	N/A <hr/> <hr/> <hr/>	\$ 551,920.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A <hr/> <hr/> <hr/>	\$ 16,941.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A <hr/> <hr/> <hr/>	\$ 16,311.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<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/>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<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

GRACE MEDICAL CENTER, INC.

Employer identification number

52-0591555

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

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

Name of organization <p style="text-align: center;">GRACE MEDICAL CENTER, INC.</p>	Employer identification number <p style="text-align: center;">52-0591555</p>
---	---

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 information once. See instructions.) ► \$ _____
 Use duplicate copies of Part III if additional space is needed.

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

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

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 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

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 GRACE MEDICAL CENTER, INC.	Employer identification number 52-0591555
--	--

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. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions ▶ \$ _____
- 3 Volunteer hours for political campaign activities. See instructions

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-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990) 2021

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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<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.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

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

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

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

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.

Blank lines for providing supplemental information as required by the instructions.

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B, LINE 1, LOBBYING ACTIVITIES:

LOBBYING INCLUDES A PORTION OF THE MARYLAND HOSPITAL ASSOCIATION DUES
RELATED TO LOBBYING ACTIVITIES PERFORMED ON BEHALF OF THE HOSPITAL
REGARDING COMMUNITY STABILIZATION AND DEVELOPMENT, HEALTH CARE
MALPRACTICE, HEALTHCARE FACILITIES AND BUDGETS.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2021

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

GRACE MEDICAL CENTER, INC.

52-0591555

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: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes questions about purpose of easements, monitoring, and expenses.

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.

Table with 3 columns: Line number, Description, and Amount. Includes questions about reporting art and historical treasures.

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

Schedule D (Form 990) 2021

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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 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 ▶ _____ %
 - c Term endowment ▶ _____ %
- 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 | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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		1,369,700.		1,369,700.
b Buildings		64,064,950.	23,337,220.	40,727,730.
c Leasehold improvements				
d Equipment		52,596,382.	42,092,183.	10,504,199.
e Other		2,573,474.		2,573,474.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				55,175,103.

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		
(2) Closely held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶		

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)		
Total. (Column (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) ASSETS LIM TO USE - CONSTRUCT	30,084,496.
(2) RIGHT OF USE ASSET - OPERATING	1,043,075.
(3) OTHER ASSET	716,000.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	31,843,571.

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) INTERCOMPANY PAYABLES	39,041,106.
(3) LEASE LIABILITIES	1,044,160.
(4) OTHER MISC LIABILITIES	716,000.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	40,801,266.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 23,241,096.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 34,088,407.

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.

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

SCHEDULE D, PART IV, LINE 2B:

GRACE MEDICAL CENTER HELD, SAFEGUARDED, MANAGED AND ACCOUNTED FOR THE SOCIAL SECURITY FUNDS OF CERTAIN PATIENTS. THESE FUNDS WERE HELD IN AN FDIC INSURED BANKING INSTITUTION. WITH THE ASSISTANCE OF HOSPITAL PERSONNEL, FUNDS WERE GENERALLY ACCESSED BY THE PATIENT THROUGH THE USE OF ATM CARDS OR VISA GIFT CARDS WHICH WAS PURCHASED ON THEIR BEHALF.

SCHEDULE D, PART X, LINE 2:

THE CORPORATION HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE CORPORATION ACCOUNTS FOR UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740, INCOME TAXES.

SCHEDULE D, PART XI, LINE 4B:

LOSS ON FIXED ASSETS (\$ 337,361)

Part XIII Supplemental Information *(continued)*

SCHEDULE D, PART XII, LINE 2D:

LOSS ON FIXED ASSETS \$ 337,361

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2021

Open to Public Inspection

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

GRACE MEDICAL CENTER, INC.

Employer identification number

52-0591555

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
1b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>300.0000</u> %	X	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>500.0000</u> %	X	
c 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.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(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
a Financial Assistance at cost (from Worksheet 1)			100,167.		100,167.	0.29
b Medicaid (from Worksheet 3, column a)			-144,996.		-144,996.	-0.42
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			-44,829.		-44,829.	-0.13
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			6,406,914.	3,716,416.	2,690,498.	7.83
f Health professions education (from Worksheet 5)			122,250.		122,250.	0.36
g Subsidized health services (from Worksheet 6)			854,769.		854,769.	2.49
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			15,819.		15,819.	0.05
j Total. Other Benefits			7,399,752.	3,716,416.	3,683,336.	10.73
k Total. Add lines 7d and 7j			7,354,923.	3,716,416.	3,638,507.	10.60

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

Schedule H (Form 990) 2021

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			1,347.		1,347.	
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			1,347.		1,347.	

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	3,024,996.
6 Enter Medicare allowable costs of care relating to payments on line 5	3,856,044.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	-831,048.
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

Section C. Collection Practices

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

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

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

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

1 GRACE MEDICAL CENTER INC
 2000 W BALTIMORE STREET
 BALTIMORE MD 21215
 HTTPS://WWW.LIFEBRIDGEHEALTH.ORG/GRACE/G

Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
X	X			X		X			

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 GRACE MEDICAL CENTER INC

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	X	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<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		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<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)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: <u>2020</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a	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
6b	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
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	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	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: <u>2020</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a	If "Yes," (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	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	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	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 GRACE MEDICAL CENTER INC

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300.0000</u> % and FPG family income limit for eligibility for discounted care of <u>500.0000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance? 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):	X	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
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		
c	<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		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE SCH H, PART V, SEC C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<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)		
f	<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)		
g	<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		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<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		
j	<input 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 GRACE MEDICAL CENTER INC

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<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		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<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		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a	<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	<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)		
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<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	<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		
c	<input checked="" 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		
d	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23	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.		X
24	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.		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.

SCHEDULE H, PART V, SECTION B, LINE 5:

THE CHNA TEAM USED A MULTI-PRONGED APPROACH TO SOLICIT INPUT FROM THE WEST BALTIMORE COMMUNITY REGARDING THEIR HEALTH NEEDS. DATA COLLECTION METHODOLOGIES INCLUDED SURVEYS, STAKEHOLDER INTERVIEWS, AND FOCUS GROUPS. THE TEAM ENGAGED WITH REPRESENTATIVES OF THE COMMUNITY (E.G., MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE AND THE BALTIMORE CITY HEALTH DEPARTMENT) WHO HAD KNOWLEDGE OF PUBLIC HEALTH ISSUES AND INSIGHT INTO THE BROAD INTERESTS OF THE COMMUNITIES SERVED BY THE ORGANIZATION AS WELL AS THE SPECIFIC NEEDS OF THE MEDICALLY UNDERSERVED, LOW-INCOME AND VULNERABLE POPULATIONS, AND PEOPLE WITH CHRONIC DISEASES. THE CHNA WORK GROUP MET WITH SENIORS, RE-ENTRY RESIDENTS, FAITH-BASED STAKEHOLDERS, COMMUNITY LEADERS, HEALTH CARE PROVIDERS, NEIGHBORHOOD ASSOCIATIONS, REPRESENTATIVES FROM COMMUNITY-BASED ORGANIZATIONS AND OTHER KEY COMMUNITY STAKEHOLDERS WITH AN INTIMATE KNOWLEDGE OF THE WEST BALTIMORE COMMUNITY AND ITS HEALTH NEEDS. TWO HUNDRED SEVENTY-THREE (273) SURVEYS WERE COLLECTED WITHIN THE DEFINED SERVICE AREA. ELEVEN (11) STAKEHOLDER INTERVIEWS AND THREE (3) FOCUS GROUPS WERE CONDUCTED BETWEEN JANUARY AND MARCH 2020. ALL METHODS FOCUSED ON COMMUNITY HEALTH NEEDS, COMMUNITY ASSETS AND RESOURCES AVAILABLE TO RESPOND TO THE COMMUNITY HEALTH NEEDS, BARRIERS AND CHALLENGES TO ACCESSING THE COMMUNITY ASSETS AND RESOURCES, AND WAYS IN WHICH GRACE MEDICAL CENTER COULD HELP ADDRESS THE HEALTH NEEDS.

SCHEDULE H, PART V, SECTION B, LINE 7A:

[HTTPS://WWW.LIFEBRIDGEHEALTH.ORG/UPLOADS/PUBLIC/DOCUMENTS/POPULATION%20HEALTH/GRACE%20MEDICAL%20CENTER_CHNA_FINAL.PDF](https://www.lifebridgehealth.org/uploads/public/documents/population%20health/grace%20medical%20center_chna_final.pdf)

SCHEDULE H, PART V, SECTION B, LINE 7D:

COPIES OF THE CHNA WERE DISTRIBUTED TO KEY COMMUNITY PARTNERS.

SCHEDULE H, PART V, SECTION B, LINE 10A:

[HTTPS://WWW.LIFEBRIDGEHEALTH.ORG/UPLOADS/PUBLIC/DOCUMENTS/GRACE%20MEDICAL%20CENTER/GRACE-MEDICAL-CENTER-IMPLEMENTATION-PLAN.PDF](https://www.lifebridgehealth.org/uploads/public/documents/grace%20medical%20center/grace-medical-center-implementation-plan.pdf)

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.

SCHEDULE H, PART V, SECTION B, LINE 11:

GRACE MEDICAL CENTER CHNA IMPLEMENTATION PLAN

IN THE WINTER AND SPRING OF 2019 BON SECOURS HOSPITAL IN SOUTHWEST BALTIMORE CONDUCTED ITS TRI-ANNUAL COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA"). THE CHNA INCLUDED COMMUNITY MEETINGS, SURVEYS AND INTERVIEWS WITH THOSE WHO HAVE A KNOWLEDGE OF PUBLIC HEALTH, THE BROAD INTERESTS OF THE COMMUNITY SERVED, AS WELL AS SPECIAL KNOWLEDGE OF THE MEDICALLY UNDERSERVED, LOW-INCOME AND VULNERABLE POPULATIONS AND PEOPLE WITH CHRONIC CONDITIONS. THE CHNA WAS COMPLETED AND APPROVED BY THE HOSPITAL BOARD OF DIRECTORS IN JULY 2020. THE FOLLOWING HEALTH AND SOCIAL CONDITIONS WERE IDENTIFIED AS SIGNIFICANT NEEDS OF THE COMMUNITY BEING SERVED:

- BEHAVIORAL HEALTH/SUBSTANCE ABUSE/OPIOIDS
- CRIME AND RELATED TRAUMA
- CHRONIC CONDITIONS
- HOUSING AND HOMELESSNESS
- ACCESS TO PRIMARY PHYSICIANS
- COMMUNITY ENGAGEMENT
- CHILDREN'S HEALTH
- EMPLOYMENT & WORKFORCE DEVELOPMENT
- HEALTH EDUCATION WITHIN THE PUBLIC EDUCATION SYSTEM
- TRANSPORTATION
- ACCESS TO HEALTHY FOODS
- SUPPORT FOR SENIOR SERVICES
- YOUTH SERVICES (AGES 5-18)
- FINANCIAL COUNSELING AND LITERACY
- COORDINATION OF SERVICES ACROSS COMMUNITY

PRIOR TO DEVELOPMENT OF AN ASSOCIATED CHNA IMPLEMENTATION PLAN, BON SECOURS HOSPITAL WAS SOLD TO LIFE BRIDGE HEALTH, A MULTI-HOSPITAL HEALTH SYSTEM WITHIN MARYLAND. BON SECOURS HOSPITAL WAS RENAMED GRACE MEDICAL CENTER.

IN THE SPRING OF 2021, THE LEADERSHIP OF GRACE MEDICAL CENTER REVIEWED THE COMPLETED CHNA AND PRIORITIZED THE FOLLOWING IDENTIFIED NEEDS FOR DEVELOPMENT OF A CHNA IMPLEMENTATION PLAN FOR APPROVAL AND ADOPTION BY ITS BOARD:

- BEHAVIORAL HEALTH/SUBSTANCE ABUSE/OPIOIDS
- ACCESS TO PRIMARY AND SPECIALTY CARE PROVIDERS
- CHRONIC CONDITIONS
- CRIME AND TRAUMA
- COMMUNITY ENGAGEMENT & DEVELOPMENT
- TRANSPORTATION

FOR ITS HOSPITALS' 2018 CHNA IMPLEMENTATION PLANS LIFE BRIDGE HEALTH

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.

ORGANIZED ITS PRIORITIZED NEEDS INTO THREE MAJOR CATEGORIES: HEALTH, SOCIAL AND ENVIRONMENTAL, AND ACCESS AND DEVELOPED SPECIFIC GOALS AND ACTIONS. SIMILARLY, GRACE MEDICAL CENTER HAS DEVELOPED A SIMILAR IMPLEMENTATION PLAN FOR THE PRIORITIZED NEEDS ABOVE CONSISTENT WITH THE LIFE BRIDGE HEALTH MODEL.

HEALTH

-BEHAVIORAL HEALTH/SUBSTANCE ABUSE/OPIOIDS: SUBSTANCE ABUSE TREATMENT PROGRAMMING TO PREVENT OVERDOSE FATALITIES AMONG ENROLLEES IN OPIOID TREATMENT PROGRAMS AS WELL AS THE SOUTHWEST BALTIMORE COMMUNITY IN GENERAL. IMPROVE THE HEALTH STATUS OF RESIDENTS OF SOUTHWEST BALTIMORE BY INCREASING THE NUMBER OF SBIRT INTERVENTIONS AND OVERDOSE SURVIVOR'S OUTREACH PROGRAM (OSOP) REFERRALS. GRACE MEDICAL'S SCREENING BRIEF INTERVENTION REFERRAL TO TREATMENT ("SBIRT") IS DESIGNED SO THAT ALL PATIENTS THAT ENTER THE HOSPITAL THROUGH THE EMERGENCY DEPARTMENT OR THROUGH A DIRECT ADMISSION ARE SCREENED BY HOSPITAL NURSING STAFF AS PART OF THE NURSING ASSESSMENT. NURSES AND OTHER MEMBERS OF THE HEALTH CARE TEAM REFER PATIENTS AT HIGH RISK TO PEER RECOVERY COACHES (PRCO) TO PROVIDE BRIEF INTERVENTIONS AND REFERRALS TO TREATMENT.

-AMBULATORY CLINICS (PRIMARY CARE, MULTI-SPECIALTY, AND PEDIATRIC): IMPROVE AND EXPAND ACCESS TO PRIMARY CARE, PREVENTIVE SERVICES, AND SPECIALTY CARE. IMPROVE THE HEALTH OF THE COMMUNITY BY INCREASING THE NUMBER OF PEOPLE CONNECTED TO A PRIMARY CARE MEDICAL HOME AND INCREASING ANNUAL PRIMARY CARE VISITS

-CARE TRANSITIONS, CASE MANAGEMENT, AND COMMUNITY PROGRAMS: IMPROVE THE HEALTH STATUS OF SOUTHWEST BALTIMORE RESIDENTS BY ENGAGING THE COMMUNITY IN SCREENINGS AND EDUCATIONAL EVENTS THAT PROMOTE HEALTHIER LIFESTYLES AND BETTER SELF-MANAGEMENT OF HEALTH AND CHRONIC CONDITIONS. IMPROVE MANAGEMENT OF CHRONIC CONDITIONS BY EARLY IDENTIFICATION OF PATIENTS AT RISK, PROVISION OF CARE, MANAGEMENT OF THOSE WITH CHRONIC CONDITIONS, AND ENROLLMENT INTO CARE MANAGEMENT AND/OR CARE TRANSITIONS PROGRAMS

SOCIAL AND ENVIRONMENTAL

-CRIME AND TRAUMA: 1. PROVIDE VIOLENCE INTERVENTION & PREVENTION AWARENESS TRAINING FOR ALL GMC STAFF ON ALL FORMS OF VIOLENCE & ABUSE 2. ASSESS NEED FOR ONSITE VIOLENCE RESPONDERS & COMMUNITY VIOLENCE INTERRUPTERS (I.E. ESTABLISH A SAFE STREETS SITE) TO ENSURE THAT PATIENTS WHO HAVE BEEN VICTIMS OF GUN VIOLENCE, STABBINGS, DOMESTIC VIOLENCE, ELDER ABUSE, AND OTHER FORMS OF VIOLENCE HAVE THE SUPPORT NEEDED WHILE AT GRACE MEDICAL AND WITHIN THE COMMUNITY 3. PROVIDE CASE MANAGEMENT, INCLUDING INDIVIDUALIZED NEEDS ASSESSMENTS, TAILORED CASE PLANNING, AND COMMUNITY-BASED CLIENT ADVOCACY, FOR SURVIVORS OF VIOLENCE RELATED TRAUMA 4. PROVIDE TRAUMA RESPONSIVE MENTAL HEALTH SERVICES FOR SURVIVORS OF VIOLENCE RELATED TRAUMA 5. PROVIDE SCHOOL-BASED VIOLENCE PREVENTION SERVICES, INCLUDING ACADEMIC ENRICHMENT OPPORTUNITIES, LIFE SKILLS TRAINING, AND STUDENT SUPPORT GROUPS THROUGH AN EVIDENCE-BASED VIOLENCE PREVENTION CURRICULUM

-COMMUNITY ENGAGEMENT AND DEVELOPMENT: MULTIPLE COMMUNITY-BASED

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.

INITIATIVES TO ADDRESS KEY HEALTH AND SOCIO-ECONOMIC CHALLENGES IN WEST BALTIMORE. PROMOTE QUALITY, HEALTHY FOOD ACCESS IN WEST BALTIMORE THROUGH AN INITIATIVE, E.G. FOOD EDUCATION, FOOD MARKET OR ORGANIZATIONAL PARTNERSHIP. EXPAND LIFEBRIDGE HEALTH LIVE NEAR YOUR WORK PROGRAM IN THE WEST BALTIMORE SERVICE AREA. IN PARTNERSHIP WITH POPULATION HEALTH AND BALTIMORE CHILD ABUSE CENTER (BCAC), OFFER TWO HEALTH EDUCATION-BASED WORKSHOPS AND/OR EVENTS EACH YEAR TO THE WEST BALTIMORE COMMUNITY. BUILD PARTNERSHIPS WITH TWO WORKFORCE DEVELOPMENT ORGANIZATIONS AND CONDUCT TWO OUTREACH EVENTS PER YEAR TO CONNECT AREA RESIDENTS TO EMPLOYMENT OPPORTUNITIES.

ACCESS

-TRANSPORTATION: PROVIDE TRANSPORTATION TO COMMUNITY RESIDENTS FOR CLINIC APPOINTMENTS AND DIALYSIS TREATMENTS

THE FOLLOWING NEEDS WERE NOT SPECIFICALLY INCLUDED IN THE IMPLEMENTATION PLAN AS THE NEEDS ARE BEING ADDRESSED IN CONJUNCTION WITH OTHER PARTNERING ORGANIZATIONS THAT HAVE NUMEROUS PROGRAMS AND SERVICES AVAILABLE TO ADDRESS MANY OF THE IDENTIFIED COMMUNITY HEALTH NEEDS.

- HOUSING AND HOMELESSNESS
- COMMUNITY ENGAGEMENT- EMPLOYMENT & WORKFORCE DEVELOPMENT
- HEALTH EDUCATION WITHIN THE PUBLIC EDUCATION SYSTEM
- ACCESS TO HEALTHY FOODS
- SUPPORT FOR SENIOR SERVICES
- YOUTH SERVICES (AGES 5-18)
- FINANCIAL COUNSELING AND LITERACY
- COORDINATION OF SERVICES ACROSS COMMUNITY

SCHEDULE H, PART V, SECTION B, LINE 16A:

[HTTPS://WWW.LIFEBRIDGEHEALTH.ORG/MAIN/LIFEBRIDGEHEALTHFINANCIALASSISTANCE.ASPX](https://www.lifebridgehealth.org/main/lifebridgehealthfinancialassistance.aspx)

SCHEDULE H, PART V, SECTION B, LINE 16B:

[HTTPS://WWW.LIFEBRIDGEHEALTH.ORG/MAIN/LIFEBRIDGEHEALTHFINANCIALASSISTANCE.ASPX](https://www.lifebridgehealth.org/main/lifebridgehealthfinancialassistance.aspx)

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.

SCHEDULE H, PART V, SECTION B, LINE 16C:

[HTTPS://WWW.LIFEBRIDGEHEALTH.ORG/MAIN/LIFEBRIDGEHEALTHFINANCIALASSISTANCE.ASPX](https://www.lifebridgehealth.org/main/lifebridgehealthfinancialassistance.aspx)

SCHEDULE H, PART V, SECTION B, LINE 22C:

CHARGES FOR ALL HOSPITAL PATIENTS ARE STATE REGULATED. SERVICES ARE CHARGED TO ALL HOSPITAL PATIENTS AT THE SAME RATE. CHARGES FOR INDIVIDUALS FOUND ELIGIBLE FOR FAP BASED ON 300% OR LESS OF THE FEDERAL POVERTY LEVEL (FPL) ARE WRITTEN-OFF IN FULL TO FAP (THERE IS NO PATIENT LIABILITY). CHARGES FOR INDIVIDUALS WHOSE PRESUMPTIVE FPL SCORE IS <200 ARE WRITTEN OFF TO FAP IN FULL (THERE IS NO PATIENT LIABILITY). CHARGES FOR INDIVIDUALS FOUND ELIGIBLE FOR FAP BASED ON THE HSCRC'S FINANCIAL HARDSHIP CRITERIA OF 301%-500% OF FPL ARE CHARGED NO MORE THAN 25% OF THE ANNUAL HOUSEHOLD INCOME PER THE HSCRC'S FINANCIAL HARDSHIP CRITERIA. THE DIFFERENCE BETWEEN THE TOTAL CHARGES AND THE CALCULATED 25% OF THE ANNUAL HOUSEHOLD INCOME IS WRITTEN OFF TO FAP.

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
 (list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 4

Name and address	Type of Facility (describe)
1 GRACE MEDICAL NEW HOPE 2401 WEST BALTIMORE STREET BALTIMORE MD 21223	BEHAVIORAL HEALTH SERVICES
2 GRACE MEDICAL CIBS/SCMP/ACT/NEW PHASES 6000 METRO DRIVE SUITE 110 BALTIMORE MD 21215	BEHAVIORAL HEALTH SERVICES
3 FAMILY HEALTH AND WELLNESS 2000 WEST BALTIMORE STREET, SUITE 3300 BALTIMORE MD 21223	COMMUNITY MEDICAL CENTER
4 GRACE MEDICAL CIBS/ADAPT 2401 WEST BALTIMORE STREET BALTIMORE MD 21223	BEHAVIORAL HEALTH SERVICES
5 	
6 	
7 	
8 	
9 	
10 	

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.

SCHEDULE H, PART I, LINE 3C:

GRACE MEDICAL CENTER, INC. PROVIDES SERVICES WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES TO PATIENTS WHO MEET THE CRITERIA OF ITS CHARITY CARE POLICY. IT DOES NOT PURSUE THE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE AND THOSE AMOUNTS ARE NOT REPORTED AS REVENUE. THE CRITERIA CONSIDER GROSS INCOME AND FAMILY SIZE ACCORDING TO CURRENT FEDERAL POVERTY GUIDELINES. TO QUALIFY, THE PATIENT MUST SHOW PROOF OF INCOME 300% OR LESS OF THE FEDERAL POVERTY GUIDELINES. A SLIDING SCALE IS USED TO DETERMINE ELIGIBILITY FOR THOSE WHOSE INCOME EXCEEDS 300%. ELIGIBILITY IS CALCULATED BASED ON THE NUMBER OF PEOPLE LIVING IN THE HOUSEHOLD. THE PROGRAM COVERS UNINSURED, UNDER-INSURED AND PATIENT LIABILITY AFTER INSURANCE(S) PAY. APPROVALS ARE GRANTED FOR A TWELVE MONTH PERIOD OF TIME AND PATIENTS ARE ENCOURAGED TO RE-APPLY FOR CONTINUED ELIGIBILITY.

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.

SCHEDULE H, PART I, LINE 7:

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 BREAK-OUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE. THE COST OF RENDERING SERVICES FOR MEDICAL ASSISTANCE PATIENTS IS APPROXIMATELY EQUAL TO MEDICAID REVENUES IN MARYLAND. THUS, THE NET EFFECT IS APPROXIMATELY ZERO. THE EXCEPTION TO THIS IS THE IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT. IN RECENT YEARS, THE STATE OF MARYLAND HAS CLOSED FISCAL GAPS IN THE STATE MEDICAID BUDGET BY ASSESSING HOSPITALS THROUGH THE RATE-SETTING SYSTEM.

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.

SCHEDULE H, PART I, LINE 7A - I:

THE FOLLOWING COSTING METHODOLOGIES WERE USED TO CALCULATE LINES 7A THROUGH 7I ON THE COMMUNITY BENEFIT REPORT.

OFFSETTING REVENUE - REVENUE FROM THE ACTIVITY DURING THE YEAR THAT OFFSETS THE TOTAL COMMUNITY BENEFIT EXPENSE OF THAT ACTIVITY. IT INCLUDES ANY REVENUE GENERATED BY THE ACTIVITY OR PROGRAM, SUCH AS A PAYMENT OR REIMBURSEMENT FOR SERVICES PROVIDED TO PROGRAM PATIENTS. OFFSETTING REVENUE INCLUDES RESTRICTED GRANTS OR CONTRIBUTIONS USED TO PROVIDE A COMMUNITY BENEFIT, BUT DOES NOT INCLUDE UNRESTRICTED GRANTS OR CONTRIBUTIONS THAT THE ORGANIZATION USES TO PROVIDE COMMUNITY BENEFIT.

DIRECT COSTS - DIRECT COSTS INCLUDE SALARIES, EMPLOYEE BENEFITS, SUPPLIES, INTEREST ON FINANCING, TRAVEL AND OTHER COSTS THAT ARE DIRECTLY ATTRIBUTABLE TO THE SPECIFIC SERVICE AND THAT WOULD NOT EXIST IF THE SERVICE OR EFFORT DID NOT EXIST.

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.

INDIRECT COSTS - INDIRECT COSTS ARE COSTS NOT ATTRIBUTED TO PRODUCTS
AND/OR SERVICES THAT ARE INCLUDED IN THE CALCULATION OF COSTS FOR
COMMUNITY BENEFIT. THESE COULD INCLUDE, BUT ARE NOT LIMITED TO, SALARIES
FOR HUMAN RESOURCES AND FINANCE DEPARTMENTS, INSURANCE AND OVERHEAD
EXPENSES

SCHEDULE H, PART I, LINE 7G:

PART II, COMMUNITY BUILDING ACTIVITIES:

GRACE MEDICAL CENTER, INC. ADDRESSES VARIOUS COMMUNITY CONCERNS INCLUDING
HEALTH IMPROVEMENT, POVERTY, WORKFORCE DEVELOPMENT, AND ACCESS TO HEALTH
CARE. GRACE MEDICAL CENTER, INC. CONDUCTS COMMUNITY HEALTH EDUCATION AND
SUPPORT GROUPS, HEALTH FAIRS AND SCREENINGS FOR THE COMMUNITIES SERVED.
GRACE MEDICAL CENTER, INC. WORKS WITH STATE AND LOCAL LEADERSHIP TO
ADDRESS COMMUNITY NEEDS AND PROVIDE HEALTHCARE SERVICES TO THE POOR AND
UNDERSERVED.

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.

SCHEDULE H, PART III, LINE 2:

BAD DEBT EXPENSE IS ESTIMATED BY USING HISTORICAL RATES FOR EACH PAYOR AND THE LENGTH OF TIME THE RECEIVABLE HAS BEEN OUTSTANDING. THESE RATES ARE REVISITED FROM TIME TO TIME AND ADJUSTED WHEN DEEMED APPROPRIATE. ANY ADDITIONAL RESERVES ARE DETERMINED BY THE HOSPITAL'S EXECUTIVES.

SCHEDULE H, PART III, LINE 3:

GRACE MEDICAL CENTER, INC. DETERMINES ELIGIBILITY FOR FINANCIAL ASSISTANCE THROUGH OTHER VARIOUS MEANS SUCH AS ELIGIBLE FOR NON-REIMBURSABLE MEDICAID PROGRAMS, ENROLLED IN MEANS-TESTED SOCIAL PROGRAMS, ENROLLED IN STATE OF MARYLAND GRANT FUNDED PROGRAMS WHERE REIMBURSEMENT IS LESS THAN THE CHARGE, OUT-OF-STATE MEDICAID PROGRAMS, MARYLAND MEDICAID ELIGIBLE AFTER ADMISSION, MARYLAND MEDICAID AND IF THE PATIENT WAS DENIED MEDICAID FOR NOT MEETING DISABILITY REQUIREMENTS.

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.

SCHEDULE H, PART III, LINE 4:

ALL PATIENT ACCOUNTS ARE HANDLED CONSISTENTLY AND APPROPRIATELY TO MAXIMIZE CASH FLOW AND TO IDENTIFY BAD DEBT ACCOUNTS TIMELY. ACTIVE ACCOUNTS ARE CONSIDERED BAD DEBT ACCOUNTS WHEN THEY MEET SPECIFIC COLLECTION ACTIVITY GUIDELINES AND/OR ARE REVIEWED BY THE APPROPRIATE MANAGEMENT AND DEEMED TO BE UNCOLLECTIBLE. EVERY EFFORT IS MADE TO IDENTIFY AND PURSUE ALL ACCOUNT BALANCE LIQUIDATION OPTIONS, INCLUDING BUT NOT LIMITED TO THIRD PARTY PAYOR REIMBURSEMENT, PATIENT PAYMENT ARRANGEMENTS, MEDICAID ELIGIBILITY AND FINANCIAL ASSISTANCE. THIRD PARTY RECEIVABLE MANAGEMENT AGENCIES PROVIDE EXTENDED BUSINESS OFFICE SERVICES AND INSURANCE OUTSOURCE SERVICES TO ENSURE MAXIMUM EFFORT IS TAKEN TO RECOVER INSURANCE AND SELF-PAY DOLLARS BEFORE TRANSFER TO BAD DEBT. CONTRACTUAL ARRANGEMENTS WITH THIRD PARTY COLLECTION AGENCIES WERE USED TO ASSIST IN THE RECOVERY OF BAD DEBT AFTER ALL INTERNAL COLLECTION EFFORTS HAVE BEEN EXHAUSTED. IN SO DOING, THE COLLECTION AGENCIES MUST OPERATE CONSISTENTLY WITH THE GOAL OF MAXIMUM BAD DEBT RECOVERY AND STRICT ADHERENCE WITH FAIR DEBT COLLECTIONS PRACTICES ACT (FDCPA) RULES

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.

AND REGULATIONS, WHILE MAINTAINING POSITIVE PATIENT RELATIONS

SCHEDULE H, PART III, LINE 8:

COSTING METHODOLOGY - MEDICARE ALLOWABLE COSTS, TOTAL REVENUE RECEIVED FROM MEDICARE (DSH & IME) AND MEDICARE ALLOWABLE COSTS ARE DERIVED FROM THE ANNUAL MEDICARE COST REPORT. THE INPATIENT ROUTINE COSTS ARE DERIVED FROM THE STEP-DOWN METHODOLOGY BASED ON ACCEPTED STATISTICAL ALLOCATION WITH A UNIFORM PER DIEM COST FOR EACH PAYOR TYPE. THE ANCILLARY MEDICARE ALLOWABLE COSTS ARE INITIALLY DERIVED FROM THE STEP-DOWN METHODOLOGY BUT ARE ALLOCATED TO THE PAYOR TYPES BASED ON THE RATIO OF COST TO CHARGE FOR EACH PAYOR.

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.

SCHEDULE H, PART III, LINE 9B:

PATIENTS CAN BE DETERMINED ELIGIBLE FOR FINANCIAL ASSISTANCE (F.A.) PROSPECTIVELY OR RETROSPECTIVELY. THE F.A. ELIGIBILITY PERIOD EXPIRES ONE YEAR FROM THE MONTH ELIGIBILITY IS APPROVED FOR MEDICALLY NECESSARY SERVICES. THE PATIENT IS ASKED TO PROVIDE THE F.A. APPROVAL LETTER FOR SERVICES PROVIDED WITHIN THE ELIGIBILITY PERIOD. THE HOSPITAL WILL MAKE EVERY EFFORT TO IDENTIFY PATIENTS ELIGIBLE FOR F.A., ALTHOUGH HOSPITAL SYSTEMS DO NOT ALLOW FOR THIS TO BE AUTOMATED. BALANCES APPROVED FOR FINANCIAL ASSISTANCE ARE WRITTEN-OFF TO A ZERO BALANCE AND THEREFORE NOT PURSUED BY INTERNAL COLLECTION PROCESSES OR THIRD PARTY AGENCIES. BALANCES ALREADY PLACED WITH THIRD PARTY AGENCIES ARE WRITTEN-OFF TO A ZERO BALANCE AND THE ACCOUNTS ARE CLOSED AND RETURNED BY THE THIRD PARTY AGENCY.

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.

SCHEDULE H, PART VI, LINE 2:

GRACE MEDICAL CENTER ASSESSES AND CONTINUALLY RESPONDS TO CHANGING COMMUNITY NEEDS THROUGH THE SERVICES OFFERED. GRACE MEDICAL CENTER JOINS AN EXISTING COMMUNITY-BASED NEEDS ASSESSMENT EVERY THREE YEARS AND UPDATES ARE PROVIDED BETWEEN ASSESSMENTS. GRACE MEDICAL CENTER INCORPORATES PLANNING FOR COMMUNITY BENEFITS AS PART OF ITS ANNUAL BUSINESS AND STRATEGIC PLANNING PROCESSES. GRACE MEDICAL CENTER RECOGNIZES THE HEALTH OF THE COMMUNITY IS INFLUENCED BY SOCIAL, ECONOMIC, AND ENVIRONMENTAL FACTORS, NOT JUST BY DISEASE AND ILLNESS. OUR COMMUNITY BENEFIT ANALYSIS INCLUDES BOTH QUALITATIVE AND QUANTITATIVE DATA; DEMOGRAPHICS INCLUDING RACE, AGE, AND ETHNICITY; SOCIOECONOMIC DATA INCLUDING INCOME, EDUCATION, AND HEALTH INSURANCE RATES; PRIMARY CARE AND CHRONIC DISEASE NEEDS OF UNINSURED PERSONS; AND DATA ON HEALTH DISPARITIES IN HEALTH OUTCOMES AMONG MINORITY GROUPS. GRACE MEDICAL CENTER COMMUNITY BENEFITS COMMITTEES MEET TO PROVIDE OVERSIGHT TO THE ORGANIZATION'S COMMUNITY BENEFITS PROGRAM. GRACE MEDICAL CENTER WORKS CLOSELY WITH HEALTH AND HUMAN SERVICE ORGANIZATIONS IN THE AREA,

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.

PARTNERING WITH SOME TO PROVIDE SERVICES TO AVOID DUPLICATION.

SCHEDULE H, PART VI, LINE 3:

THE FOLLOWING DESCRIBES MEANS USED AT GRACE MEDICAL CENTER TO INFORM AND ASSIST PATIENTS REGARDING ELIGIBILITY FOR FINANCIAL ASSISTANCE UNDER GOVERNMENTAL PROGRAMS AND THE HOSPITAL'S CHARITY CARE PROGRAM. FINANCIAL ASSISTANCE NOTICES, INCLUDING CONTACT INFORMATION, ARE POSTED IN THE BUSINESS OFFICE AND ADMITTING, AS WELL AS POINTS OF ENTRY AND REGISTRATION THROUGHOUT THE HOSPITAL. PATIENT FINANCIAL SERVICES BROCHURE 'FREEDOM TO CARE' IS AVAILABLE TO ALL INPATIENTS. BROCHURES ARE ALSO AVAILABLE IN ALL OUTPATIENT REGISTRATION AND SERVICE AREAS. GRACE MEDICAL EMPLOYS A FINANCIAL ASSISTANCE LIAISON WHO IS AVAILABLE TO ANSWER QUESTIONS AND TO ASSIST PATIENTS AND FAMILY MEMBERS WITH THE PROCESS OF APPLYING FOR FINANCIAL ASSISTANCE. A PATIENT INFORMATION SHEET IS MADE AVAILABLE TO ALL PATIENTS PRIOR TO DISCHARGE. GRACE MEDICAL'S UNINSURED (SELF-PAY) AND UNDER-INSURED (MEDICARE BENEFICIARY WITH NO SECONDARY) MEDICAL ASSISTANCE ELIGIBILITY PROGRAM SCREENS, ASSISTS WITH THE

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.
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- 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.

APPLICATION PROCESS AND ULTIMATELY CONVERTS PATIENTS TO VARIOUS MEDICAL ASSISTANCE COVERAGE AND INCLUDES ELIGIBILITY SCREENING AND ASSISTANCE WITH COMPLETING THE FINANCIAL ASSISTANCE APPLICATION AS PART OF THAT PROCESS.

ALL HOSPITAL STATEMENTS AND ACTIVE ACCOUNTS RECEIVABLE OUTSOURCE VENDORS INCLUDE A MESSAGE REFERENCING THE AVAILABILITY OF FINANCIAL ASSISTANCE FOR THOSE WHO ARE EXPERIENCING FINANCIAL DIFFICULTY AND PROVIDES CONTACT INFORMATION TO DISCUSS GRACE'S FINANCIAL ASSISTANCE PROGRAM. COLLECTION AGENCIES' INITIAL STATEMENT REFERENCES THE AVAILABILITY OF FINANCIAL ASSISTANCE FOR THOSE WHO ARE EXPERIENCING FINANCIAL DIFFICULTY AND PROVIDES CONTACT INFORMATION TO DISCUSS GRACE'S FINANCIAL ASSISTANCE PROGRAM. ALL HOSPITAL PATIENT FINANCIAL SERVICES STAFF, ACTIVE ACCOUNTS RECEIVABLE OUTSOURCE VENDORS, COLLECTION AGENCIES AND MEDICAID ELIGIBILITY VENDORS ARE TRAINED TO IDENTIFY POTENTIAL FINANCIAL ASSISTANCE ELIGIBILITY AND ASSIST PATIENTS WITH THE FINANCIAL ASSISTANCE APPLICATION PROCESS. FINANCIAL ASSISTANCE APPLICATION AND INSTRUCTIONS COVER SHEET IS AVAILABLE IN RUSSIAN, SPANISH AND FRENCH. GRACE MEDICAL

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.
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- 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.

HOSTS AND PARTICIPATES IN VARIOUS DEPARTMENT OF HEALTH AND MENTAL HYGIENE
AND MARYLAND HOSPITAL ASSOCIATION SPONSORED CAMPAIGNS LIKE 'COVER THE
UNINSURED WEEK'.

SCHEDULE H, PART VI, LINE 4:

GRACE MEDICAL'S SERVICE AREA INCLUDES 40.5% OF BALTIMORE CITY'S
POPULATION. GRACE MEDICAL'S SERVICE AREA IS SIMILAR TO BALTIMORE CITY AND
MARYLAND IN REGARD TO AGE AND GENDER, BUT IS DIFFERENT IN TERMS OF
RACE/ETHNICITY AND INCOME. THE AREA HAS A LOWER HOUSEHOLD INCOME AND A
LARGER PROPORTION OF AFRICAN AMERICANS THAN BALTIMORE CITY AND MARYLAND.
THE AREA ALSO EXPERIENCES A HIGHER RATE OF PUBLIC INSURANCE THAN
MARYLAND. WITHIN GRACE MEDICAL'S SERVICE AREA'S SEVEN ZIP CODES THERE IS
WIDE VARIATION. ZIP CODES 21217 AND 21223 HAVE A POPULATION THAT IS
YOUNGER THAN THE OTHER ZIP CODES, WHILE 21215 AND 21216 HAVE A POPULATION
THAT IS OLDER THAN THE OTHER ZIP CODES. THERE IS ALSO WIDE VARIATION IN
RACE/ETHNICITY AND INSURANCE COVERAGE WITHIN THE AREA. OVERALL, THE AREA
IS A MAJORITY AFRICAN AMERICAN, LOW INCOME, AND IN MOST ZIP CODES

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.
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- 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.

PUBLICLY INSURED.

40.5% OF BALTIMORE CITY'S RESIDENTS ARE WITHIN GRACE MEDICAL'S SERVICE AREA. ZIP CODES 21215, 21229, AND 21217 COMPRISE THE LARGEST SEGMENTS OF THE AREA, AND REPRESENT 59.6% OF THE TOTAL RESIDENTS IN THE AREA.

HOUSEHOLD INCOMES ARE MUCH LOWER IN THE AREA ON AVERAGE THAN THE STATE OF MARYLAND AND BALTIMORE CITY. 29.9% HAVE AN INCOME UNDER \$25,000. 55.1% OF HOUSEHOLD INCOMES ARE BELOW \$50,000, WHEREAS 50.3% OF BALTIMORE CITY AND 26.3% OF MARYLAND HOUSEHOLD INCOMES ARE BELOW \$50,000. 57.3% OF MARYLAND HOUSEHOLD INCOMES ARE \$75,000 OR OVER, WHILE 27.6% OF GRACE MEDICAL'S SERVICE AREA HOUSEHOLDS HAVE AN INCOME OF \$75,000 OR OVER. THE AREA HAS A HIGHER PERCENT OF INDIVIDUALS THAT HAVE PUBLIC INSURANCE COMPARED TO MARYLAND. MORE THAN 30% OF THEIR POPULATION IS ENROLLED IN PUBLIC INSURANCE. THERE IS ALSO A HIGHER PROPORTION OF UNINSURED PERSONS COMPARED TO BALTIMORE AND MARYLAND. FOUR OF 7 ZIP CODES WITHIN THE GRACE MEDICAL SERVICE AREA HAVE 50% OR MORE OF THEIR POPULATION ENROLLED IN PUBLIC INSURANCE.

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.
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- 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.

THE GRACE MEDICAL SERVICE AREA ALSO HAS ONE OF THE HIGHEST DISEASE BURDEN AND SOME OF THE WORST INDICATORS OF SOCIAL DETERMINANTS OF HEALTH OF ANY COMMUNITY IN MARYLAND. THESE NEIGHBORHOODS ESTABLISH THE LOWER EXTREMES FOR HEALTH DISPARITIES IN THE CITY AND THE STATE ACROSS ALL MAJOR CHRONIC ILLNESSES. FAMILIES IN THE ZONE EXPERIENCE POVERTY (20%) AT HIGHER RATES THAN THOSE IN MARYLAND (6%) AND IN BALTIMORE CITY (17%). LIFE EXPECTANCY CAN BE UP TO 12 YEARS SHORTER IN THESE ZIP CODES THAN IN OTHER PARTS OF MARYLAND.

SCHEDULE H, PART VI, LINE 5:

GRACE MEDICAL OPERATES AN EMERGENCY ROOM OPEN TO ALL PERSONS REGARDLESS OF ABILITY TO PAY. IN ADDITION TO PROVIDING EMERGENCY SERVICES, GRACE MEDICAL ALSO PROVIDES MINOR EMERGENCY AND URGENT CARE SERVICES TO ALL REGARDLESS OF ABILITY TO PAY. GRACE MEDICAL PARTICIPATES IN MEDICAID, MEDICARE, CHAMPUS, AND OTHER GOVERNMENT-SPONSORED HEALTH CARE PROGRAMS. GRACE MEDICAL'S EMERGENCY DEPARTMENT TREATS A LARGE NUMBER OF PATIENTS WHO USE THE FACILITY FOR PRIMARY CARE NEEDS. PATIENT DEMOGRAPHICS REFLECT

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.
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- 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.

THE CHANGING COMMUNITY. AS IN OTHER COMMUNITIES, SOME AREA PHYSICIANS PLACE LIMITS ON THEIR ACCEPTANCE OF MEDICAID PATIENTS. IN ADDITION, SOME PRIMARY CARE PHYSICIANS REFER PATIENTS WITH AFTERHOURS NEEDS DIRECTLY TO AREA EMERGENCY ROOMS. COMMUNITY GROUPS AND INDIVIDUALS ARE VERY SUPPORTIVE OF GRACE MEDICAL CENTER.

SCHEDULE H, PART VI, LINE 6:

SINCE NOVEMBER 1, 2019, GRACE MEDICAL HAS BEEN A COMPONENT OF LIFEBRIDGE HEALTH, A NONPROFIT HEALTH SYSTEM THAT PROVIDES A WIDE VARIETY OF HEALTH CARE AND RELATED SERVICES TO THE RESIDENTS OF CENTRAL MARYLAND. THE COMPONENTS OF THE LIFEBRIDGE SYSTEM WORK TOGETHER CLOSELY TO ENSURE THAT AS MANY AS POSSIBLE OF THE COMMUNITY'S NEEDS ARE MET IN AN INTEGRATED NONDUPLICATIVE MANNER.

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.
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- 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.

SCHEDULE H, PART VI, LINE 7:

THE COMMUNITY BENEFIT REPORT IS FILED IN THE STATE OF MARYLAND.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

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

▶ Attach to Form 990.

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

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

GRACE MEDICAL CENTER, INC.

Employer identification number

52-0591555

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 type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input 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
1a		
1b		
2		
3		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

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 and/or 1099-NEC 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 REBECCA ALTMAN VICE PRESIDENT	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	328,534.	72,561.		43,437.	30,355.	474,887.	NONE
2 CHIDEHA OHUOHA, MD PHYSICIAN	(i)	283,699.	NONE	NONE	NONE	2,746.	286,445.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 MATT ANSEL (THRU 12/20) EXECUTIVE DIRECTOR	(i)	190,885.	27,004.	NONE	NONE	26,390.	244,279.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 THEODORA BALIS, MD PRIMARY CARE PHYSICIAN	(i)	331,353.	20,000.	NONE	NONE	30,790.	382,143.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 DAVID HAUSER, MD PSYCHIATRIST	(i)	308,339.	25,000.	NONE	NONE	11,503.	344,842.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
6 MOHAMED DAUDA, MD PRESIDENT MEDICAL STAFF	(i)	272,598.	2,000.	19,200.	NONE	30,430.	324,228.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7 SHANTA POWELL, MD PHYSICIAN	(i)	323,784.	12,500.	NONE	NONE	31,049.	367,333.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
8 MATTHEW POFFENROTH, MD VICE PRESIDENT	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	562,783.	258,657.	14,382.	130,852.	30,793.	997,467.	NONE
9 DANIEL BLUM PRESIDENT & COO SINAI & GRACE	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	650,018.	259,675.	12,102.	72,800.	30,956.	1,025,551.	NONE
10 ARSALAN SHEIKH, MD CHAIR OF MEDICINE	(i)	359,147.	70,083.	NONE	NONE	30,286.	459,516.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
11 DAVID KRAJEWSKI EX OFFICIO-ASSISTANT TREASURER	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	743,929.	505,741.	336,449.	197,271.	29,919.	1,813,309.	280,798.
12 JASON WEINER EX OFFICIO-ASSISTANT SECRETARY	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	436,068.	349,371.	123,218.	119,556.	25,679.	1,053,892.	NONE
13 YASMEEN AHMED, MD PHYSICIAN	(i)	268,898.	5,334.	NONE	NONE	29,748.	303,980.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
14 NEIL MELTZER PRESIDENT/CEO LBH	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	1,052,468.	1,442,162.	608,517.	34,349.	25,805.	3,163,301.	402,199.
15	(i)							
	(ii)							
16	(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.

SCHEDULE J, PART I, LINE 3:

SINCE NOVEMBER 1, 2020, THE ORGANIZATION HAS BEEN PART OF LIFEBRIDGE HEALTH ("LBH"). THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT IS ESTABLISHED BY LBH AS PART OF ITS PROCESS FOR SETTING EXECUTIVE COMPENSATION ACROSS THE HEALTH SYSTEM. METHODS USED BY LBH INCLUDE A COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.

SCHEDULE J, PART I, LINES 4B:

THE FOLLOWING DIRECTORS AND OFFICERS PARTICIPATED IN A LIFEBRIDGE HEALTH SPONSORED SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN DURING THE YEAR. THE AMOUNTS REPORTED BELOW REPRESENT EMPLOYER CONTRIBUTIONS TO THE SECTION 457(F) PLAN MADE DURING THE YEAR:

DAVID KRAJEWSKI	\$ 159,849
MATTHEW POFFENROTH, MD	\$ 117,066
JASON WEINER	\$ 93,461

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.

DANIEL BLUM	\$ 72,800
REBECCA ALTMAN	\$ 37,311

DURING THE YEAR, THE FOLLOWING DIRECTORS AND OFFICERS RECEIVED PAYMENTS AS PART OF THEIR PARTICIPATION IN A LIFEBRIDGE HEALTH SPONSORED SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN:

DAVID KRAJEWSKI	\$ 299,687
JASON WEINER	\$ 93,008
NEIL MELTZER	\$ 550,299

COMPENSATION PROVIDED BY RELATED ORGANIZATIONS:

MR. BLUM RECEIVED COMPENSATION AS A SENIOR VICE PRESIDENT OF LIFEBRIDGE HEALTH, INC./PRESIDENT OF SINAI HOSPITAL OF BALTIMORE, INC. & GRACE MEDICAL CENTER, NOT AS A DIRECTOR.

MR. KRAJEWSKI RECEIVED COMPENSATION AS AN EXECUTIVE VICE PRESIDENT AND THE CHIEF FINANCIAL OFFICER OF LIFEBRIDGE HEALTH, INC., NOT AS AN OFFICER

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.

OF GRACE MEDICAL CENTER, INC.

MR. WEINER RECEIVED COMPENSATION AS A SENIOR VICE PRESIDENT AND THE GENERAL COUNSEL OF LIFEBRIDGE HEALTH, INC., NOT AS AN OFFICER OF GRACE MEDICAL CENTER, INC.

MR. POFFENROTH RECEIVED COMPENSATION AS A SENIOR VICE PRESIDENT OF LIFEBRIDGE HEALTH, INC., NOT AS AN OFFICER OF GRACE MEDICAL CENTER, INC.

MR. MELTZER RECEIVED COMPENSATION AS THE CHIEF EXECUTIVE OFFICER AND PRESIDENT OF LIFEBRIDGE HEALTH, INC., NOT AS A DIRECTOR OR OFFICER OF GRACE MEDICAL CENTER, INC.

MS. ALTMAN RECEIVED COMPENSATION AS A VICE PRESIDENT AND THE CHIEF INTEGRATION OFFICER OF LIFEBRIDGE HEALTH, INC., NOT AS A DIRECTOR OR OFFICER OF GRACE MEDICAL CENTER, INC.

DR. DAUDA RECEIVED COMPENSATION AS AN EMPLOYED PHYSICIAN OF GRACE MEDICAL

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.

CENTER, INC., NOT AS A DIRECTOR OF GRACE MEDICAL CENTER, INC.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

GRACE MEDICAL CENTER, INC.

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FORM 990, PART III, LINE 3:

GRACE MEDICAL CENTER, INC. ("GRACE") HAD HISTORICALLY OPERATED AN ACUTE CARE GENERAL HOSPITAL KNOWN AS GRACE MEDICAL CENTER (FORMERLY KNOWN AS BON SECOURS HOSPITAL) LOCATED AT 2000 W. BALTIMORE STREET, BALTIMORE, MARYLAND 21223. IN 2021, GRACE AND ITS AFFILIATE, SINAI HOSPITAL OF BALTIMORE, INC., WHICH OPERATES AN ACUTE CARE GENERAL HOSPITAL LOCATED AT 2401 W. BELVEDERE AVENUE, BALTIMORE, MARYLAND 21215 ("SINAI"), JOINTLY SUBMITTED AN APPLICATION TO THE MARYLAND HEALTH CARE COMMISSION (THE "COMMISSION") TO CONVERT GRACE MEDICAL CENTER TO A FREESTANDING MEDICAL FACILITY ("FMF"). UNDER MARYLAND LAW, AN FMF IS A FACILITY OFFERING MEDICAL AND HEALTH SERVICES SIMILAR IN NATURE TO, BUT MORE NARROW IN SCOPE THAN, THOSE WHICH MAY BE PROVIDED BY A HOSPITAL. FOR EXAMPLE, AN FMF IS GENERALLY NOT PERMITTED TO PROVIDE INPATIENT SERVICES AND MAY ONLY RETAIN PATIENTS OVERNIGHT FOR OBSERVATION. IN ADDITION, UNDER MARYLAND LAW, AN FMF MUST BE AN ADMINISTRATIVE PART OF AN ACUTE CARE GENERAL HOSPITAL, WHICH IS REFERRED TO AS THE "PARENT HOSPITAL" OF THE FMF. IN THE CONVERSION PLAN SUBMITTED TO THE COMMISSION, SINAI WOULD SERVE AS THE PARENT HOSPITAL FOR THE FMF. THEREFORE SINAI, AND NOT GRACE, WOULD HOLD THE APPLICABLE FMF LICENSE AND BE RESPONSIBLE FOR ITS DAY-TO-DAY OPERATIONS. FOLLOWING APPROVAL OF THE APPLICATION BY THE COMMISSION, GRACE MEDICAL CENTER CONVERTED TO AN FMF OPERATED BY SINAI, EFFECTIVE MARCH 1, 2022 (THE "CONVERSION DATE").

DESPITE THE FACT THAT IT IS NO LONGER LICENSED TO OPERATE AN ACUTE CARE GENERAL HOSPITAL, THE PRINCIPAL PURPOSE OF GRACE HAS CONTINUED TO BE THE

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PROVISION OF MEDICAL CARE AND RELATED SERVICES. FOLLOWING THE CONVERSION DATE, GRACE HAS CONTINUED TO PROVIDE MEDICAL AND HEALTH SERVICES UNDER NUMEROUS SERVICE LINES UNRELATED TO THE FMF, INCLUDING THOSE DESCRIBED BELOW. IN ADDITION, BECAUSE GRACE IS THE OWNER OF THE FACILITY AND RELATED REAL PROPERTY ON WHICH THE FMF IS LOCATED, AS WELL AS THE EMPLOYER OF MANY OF THE INDIVIDUALS NEEDED TO OPERATE THE FMF, SINAI AND GRACE ENTERED INTO SEVERAL AGREEMENTS, EFFECTIVE AS OF THE CONVERSION DATE, PURSUANT TO WHICH GRACE LEASES TO SINAI THE REAL PROPERTY CONSTITUTING THE FMF, AS WELL AS CERTAIN EQUIPMENT AND EMPLOYEES NECESSARY FOR SINAI TO OPERATE THE FMF.

BELOW IS A BRIEF SUMMARY OF CERTAIN SERVICES PROVIDED BY GRACE FOLLOWING THE CONVERSION DATE:

1. OUTPATIENT DIALYSIS SERVICES;
2. OUTPATIENT PHYSICAL THERAPY, VASCULAR, AND MAMMOGRAPHY SERVICES;
3. THE FOLLOWING AMBULATORY SERVICES PROVIDED BY PHYSICIANS, PROVIDERS, OR TECHNICIANS EMPLOYED OR CONTRACTED BY GRACE:
 - A. FAMILY MEDICINE;
 - B. ENDOCRINOLOGY;
 - C. GASTROENTEROLOGY;
 - D. ORTHOPEDICS;
 - E. PODIATRY;
 - F. ANTI-COAGULATION CLINIC;
 - G. DIETICIAN; AND

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H. ANCILLARY SERVICES;

4. AMBULATORY CARE MANAGEMENT SERVICES, INCLUDING, BUT NOT LIMITED TO, COMPLEX CASE MANAGEMENT, AND TRANSITIONAL CARE MANAGEMENT PROGRAMS TO ENGAGE AT RISK POPULATIONS IN CARE COORDINATION SERVICES TO PROMOTE HEALTHY BEHAVIORS AND IMPROVED HEALTH OUTCOMES WHILE DECREASING UNNECESSARY UTILIZATION OF HEALTHCARE RESOURCES AND IMPROVING TOTAL COST OF CARE;

5. COMMUNITY HEALTH AND WELLNESS PROGRAMS INCLUDING, BUT NOT LIMITED TO COMMUNITY SCREENINGS, HEALTH EDUCATION, DISEASE MANAGEMENT, SMOKING CESSATION, HEALTH AND HOUSING, FAITH COMMUNITY PARTNERSHIPS, MOBILE HEALTH CLINICS, AND COVID VACCINATIONS IN THE COMMUNITY;

6. NUMEROUS MENTAL HEALTH PROGRAMS, INCLUDING THE FOLLOWING:

A. MENTAL HEALTH CASE MANAGEMENT SERVICES (SPECIALIZED CASE MANAGEMENT PROGRAM) - A MENTAL HEALTH CASE MANAGEMENT PROGRAM ACCREDITED BY THE COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES ("CARF") WHICH PROVIDES CLIENTS EXPERIENCING VARYING DEGREES OF MENTAL ILLNESS WITH ASSISTANCE IN GAINING ACCESS TO NEEDED MEDICAL, MENTAL HEALTH, SOCIAL, EDUCATIONAL, AND OTHER COMMUNITY-BASED SERVICES;

B. SUPPORTED EMPLOYMENT SERVICES - A CARF-ACCREDITED VOCATIONAL PROGRAM THAT AIMS TO ASSIST CLIENTS LIVING WITH MENTAL ILLNESS TO GAIN MEANINGFUL EMPLOYMENT; AND

C. ASSISTED OUTPATIENT TREATMENT - PILOT PROGRAM UNDER THE STATE OF MARYLAND FOR HIGH INPATIENT UTILIZERS TO PROVIDE WRAP-AROUND SUPPORT SERVICES FOR THE SEVERELY MENTALLY ILL THAT ARE MANDATED TO RECEIVE TREATMENT BY A COURT MAGISTRATE. GRACE CURRENTLY OPERATES THE ONLY

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PROGRAM OF THIS TYPE IN THE STATE OF MARYLAND;

7. SUBSTANCE USE DISORDER TREATMENT SERVICES, INCLUDING, BUT NOT LIMITED TO, SCREENING BRIEF INTERVENTION AND REFERRAL TO TREATMENT AND OVERDOSE SURVIVOR OUTREACH PROGRAM, AT NEW HOPE TREATMENT CENTER;

8. RESIDENTIAL SERVICES FOR WOMEN IN RECOVERY FROM SUBSTANCE USE AT TANIA HOUSE (1847 WEST LEXINGTON AVENUE, BALTIMORE, MD 21223);

9. NEW PHASES PSYCHIATRIC REHABILITATION PROGRAM - A CARF-ACCREDITED ADULT DAY PROGRAM PROVIDING SUPPORT AND STRUCTURE TO INDIVIDUALS LIVING WITH SEVERE MENTAL ILLNESS DESIGNED TO ASSIST INDIVIDUALS WITH SOCIETAL REINTEGRATION AND PROMOTE SYMPTOM MANAGEMENT AND PATIENT INDEPENDENCE;

10. NEW PHASES RESIDENTIAL PROGRAM - A CARF-ACCREDITED HOUSING PROGRAM SERVING INDIVIDUALS WITH SEVERE MENTAL ILLNESS PROVIDING SUPERVISION AND REHABILITATION SERVICES TO ASSIST INDIVIDUALS REINTEGRATING INTO SOCIETY WITH THE CORE GOAL OF OBTAINING INDEPENDENT HOUSING;

11. MOBILE TREATMENT TEAM (ASSERTIVE COMMUNITY TREATMENT) - A CARF-ACCREDITED PROGRAM PROVIDING A MULTIFACETED APPROACH TO CARING FOR AND TREATING INDIVIDUALS WITH A SEVERE MENTAL HEALTH DIAGNOSIS AND WHO ARE UNABLE TO UTILIZE TRADITIONAL OUTPATIENT MENTAL HEALTH SERVICES AS A WAY TO MANAGE THEIR ILLNESS(ES).

12. LEASING SPACE (INCLUDING EXAMINATION ROOMS AND A PHYSICIAN OFFICE OR WORK SPACE), ON A SESSION BASIS, TO AFFILIATED ENTITIES PROVIDING THE FOLLOWING SPECIALTY SERVICES ON AN OUTPATIENT BASIS:

- A. OBSTETRICS/ GYNECOLOGY;
- B. GENERAL SURGERY;
- C. PEDIATRICS;

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D. OPHTHALMOLOGY;

E. CARDIOLOGY; AND

F. INFECTIOUS DISEASE;

13. LEASING SPACE (INCLUDING EXAMINATION ROOMS AND A PHYSICIAN OFFICE OR
WORK SPACE), ON A SESSION BASIS, TO PRIVATE PRACTICE PHYSICIAN PRACTICES
PROVIDING THE FOLLOWING SPECIALTY SERVICES ON AN OUTPATIENT BASIS:

A. NEPHROLOGY;

B. CARDIOLOGY; AND

C. VASCULAR SURGERY;

14. LEASING SPACE AT BELOW FAIR MARKET VALUE RATES (OR WITHOUT COST) TO
OTHER NON-PROFIT ENTITIES, SUCH AS MEDICINE FOR PEACE, INC. AND
HEALTHCARE FOR THE HOMELESS, INC., FOR THE PROVISION OF MEDICAL SERVICES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

OUTPATIENT SERVICES: RENAL DIALYSIS, HIV/AIDS SERVICES, MENTAL HEALTH,
SUBSTANCE ABUSE TREATMENT, HEALTH EDUCATION, PEDIATRICS, OBGYN SERVICES,
CARDIAC REHABILITATION AND WELLNESS PROGRAMS AND TELE-HEALTH PROGRAM FOR
PATIENTS WITH CONGESTIVE HEART DISEASE. THE HOSPITAL OPERATES AN
EMERGENCY ROOM THAT IS OPEN 24 HOURS PER DAY, SEVEN DAYS PER WEEK,
SERVING PERSONS REGARDLESS OF THEIR ABILITY TO PAY. SEE SCH H FOR
ADDITIONAL INFORMATION.

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

THE CORPORATION SHALL HAVE ONE MEMBER, LIFEBRIDGE HEALTH, INC. (THE
"MEMBER"), A MARYLAND NON-STOCK CORPORATION. MEMBERSHIP IN THE
CORPORATION SHALL NOT BE TRANSFERABLE.

FORM 990, PART VI, SECTION A, LINE 7A:

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THE MEMBER SHALL HAVE THE EXCLUSIVE POWER AND AUTHORITY TO TAKE THE FOLLOWING ACTIONS: (1) EXCEPT FOR EX OFFICIO DIRECTORS AS PROVIDED FOR IN THE BYLAWS, TO NOMINATE, ELECT, AND REMOVE, WITH OR WITHOUT CAUSE, THE DIRECTORS OF THE CORPORATION; (2) TO APPOINT THE PRESIDENT OF THE CORPORATION WITH THE ADVICE AND CONSENT OF THE BOARD OF DIRECTORS; (3) TO NOMINATE AND ELECT THE CORPORATION'S CHAIR, VICE CHAIR, SECRETARY, AND TREASURER; AND (4) TO REMOVE EACH OF THE ABOVE NAMED OFFICERS (WITH OR WITHOUT CAUSE), PROVIDED THAT THE BOARD OF DIRECTORS OF THE CORPORATION SHALL ALSO HAVE THE POWER TO REMOVE ANY OFFICER OF THE CORPORATION.

FORM 990, PART VI, SECTION A, LINE 7B:

THE MEMBER HAS POWER TO APPOINT AND/OR REMOVE MEMBERS OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

THE LIFEBRIDGE EXEMPT ENTITIES 990'S ARE INITIALLY REVIEWED BY THE ASSISTANT VICE PRESIDENT OF FINANCIAL REPORTING. IN ADDITION, AN INDEPENDENT ACCOUNTING FIRM ALSO REVIEWS ALL THE 990 RETURNS. A FORMAL MEETING IS THEN SCHEDULED WITH THE CHIEF FINANCIAL OFFICER, VICE PRESIDENT OF FINANCIAL REPORTING, GENERAL COUNSEL AND THE ASSISTANT VICE PRESIDENT OF FINANCIAL REPORTING TO REVIEW IN THEIR ENTIRETY ALL THE LIFEBRIDGE EXEMPT ENTITIES 990'S. MANAGEMENT THEN PROVIDES A COPY OF THE 990'S TO THE AUDIT AND COMPLIANCE COMMITTEE OF THE LIFEBRIDGE HEALTH BOARD AND TO EACH INDIVIDUAL BOARD DIRECTOR PRIOR TO THE FILING DATE FOR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL DIRECTORS, OFFICERS, EMPLOYEES, MEDICAL STAFF MEMBERS, AND VOLUNTEERS

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ARE EXPECTED TO RECOGNIZE AND DISCLOSE AT THE EARLIEST POSSIBLE TIME
ACTUAL AND POTENTIAL CONFLICTS OF INTEREST.

AN INDIVIDUAL IS CONSIDERED TO HAVE A CONFLICT OF INTEREST WITH REGARD TO
A MATTER OR TRANSACTION IF THE INDIVIDUAL OR A FAMILY MEMBER OF THE
INDIVIDUAL HAS A PERSONAL OR FINANCIAL INTEREST THAT HAS THE POTENTIAL TO
INFLUENCE THE ACTION TAKEN BY THE INDIVIDUAL ON BEHALF OF LIFEBRIDGE
HEALTH. ADDITIONAL INFORMATION REGARDING WHAT CONSTITUTES A CONFLICT OF
INTEREST AND HOW TO DISCLOSE A CONFLICT IS OUTLINED BELOW.

LIFEBRIDGE AND ALL OF ITS SUBSIDIARIES SHALL REQUIRE ALL EMPLOYEES,
MEDICAL STAFF, AND MEMBERS OF THE BOARD TO DISCLOSE ANY ACTIVITIES THAT
COULD RESULT IN A POSSIBLE CONFLICT OF INTEREST. IF A CONFLICT IS
IDENTIFIED, THE PERSON INVOLVED WOULD RECUSE HIM/HERSELF FROM
DELIBERATIONS REGARDING THE TRANSACTIONS. AN INDIVIDUAL IS CONSIDERED TO
HAVE A CONFLICT OF INTEREST WITH REGARD TO A MATTER OR TRANSACTION IF THE
INDIVIDUAL HAS A PERSONAL OR FINANCIAL INTEREST THAT HAS THE POTENTIAL TO
INFLUENCE THE ACTION TAKEN BY THE INDIVIDUAL ON BEHALF OF LIFEBRIDGE OR
ANY OF ITS SUBSIDIARIES.

AN INDIVIDUAL IS CONSIDERED TO HAVE A "PERSONAL INTEREST" IN A MATTER IF
IT IS LIKELY TO HAVE A DIRECT AND MATERIAL IMPACT ON THE INDIVIDUAL'S
RELATIONSHIP WITH LIFEBRIDGE OR ANY OF ITS SUBSIDIARIES (E.G., THE
INDIVIDUAL'S CONTINUED MEMBERSHIP ON A SUBSIDIARY HOSPITAL'S MEDICAL
STAFF), OR ON THE INDIVIDUAL'S OWN HEALTH CARE, OR THE INDIVIDUAL IS

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PERSONALLY INVOLVED IN A SUBSTANTIAL WAY (E.G., SERVES AS AN OFFICER,
DIRECTOR, TRUSTEE, OR KEY EMPLOYEE) WITH ANOTHER ORGANIZATION THAT HAS A
SIGNIFICANT INTEREST IN THE MATTER.

AN INDIVIDUAL IS CONSIDERED TO HAVE A "FINANCIAL INTEREST" IN A
TRANSACTION IF THE INDIVIDUAL, OR THEIR FAMILY MEMBER, (I) IS A PARTY TO
THE TRANSACTION, (II) WILL BENEFIT PERSONALLY FROM THE TRANSACTION, OR
(III) HAS, DIRECTLY OR INDIRECTLY, A CURRENT OR ANTICIPATED OWNERSHIP OR
INVESTMENT IN, OR COMPENSATION ARRANGEMENT WITH, A PARTY TO THE
TRANSACTION. AN OWNERSHIP INTEREST OF LESS THAN 5% IN AN ENTITY WILL NOT,
IN AND OF ITSELF, GENERALLY BE CONSIDERED A FINANCIAL INTEREST; HOWEVER,
TO THE EXTENT THE INDIVIDUAL'S COMPENSATION FROM THE ENTITY IS DIRECTLY
LINKED TO THE ENTITY'S BUSINESS WITH LIFEBRIDGE HEALTH, SUCH COMPENSATION
WILL CONSTITUTE A FINANCIAL INTEREST.

FOR THE PURPOSES OF THIS POLICY, A "FAMILY MEMBER" INCLUDES SPOUSE OR
DOMESTIC PARTNER, PARENTS, BROTHERS AND SISTERS, CHILDREN (WHETHER
NATURAL OR ADOPTED), GRANDPARENTS, GRANDCHILDREN, GREAT-GRANDCHILDREN,
AND IN-LAWS, SPOUSES OF BROTHERS, SISTERS, CHILDREN, GRANDCHILDREN, AND
GREAT-GRANDCHILDREN, AND ANY OTHER MEMBER OF A HOUSEHOLD OF THE
INDIVIDUAL. CONFLICTS OF INTEREST ARE TO BE REPORTED BY EMPLOYEES TO
THEIR SUPERVISOR, WHO WILL BE RESPONSIBLE FOR DETERMINING WHETHER FURTHER
DISSEMINATION IS NECESSARY.

MEMBERS OF THE MEDICAL STAFF SHOULD REPORT CONFLICTS TO THE CHIEF OF

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THEIR DEPARTMENT, AND MEMBERS OF THE BOARD SHOULD REPORT THEM TO THE
CHIEF COMPLIANCE OFFICER.

QUESTIONNAIRES ARE SENT OUT TO MEMBERS OF THE BOARD ON AN ANNUAL BASIS.
IF QUESTIONS ARISE OR FURTHER GUIDANCE IS SOUGHT, INDIVIDUALS CAN CONTACT
THE CHIEF COMPLIANCE OFFICER OR CONFIDENTIAL COMPLIANCE HOTLINE.

NOTHING IN THIS DEFINITION IS INTENDED TO RELIEVE ANY PERSON OF ANY
ADDITIONAL OBLIGATIONS THAT MAY BE IMPOSED BY STATE OR FEDERAL LAW.

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

IT IS THE POLICY OF LIFEBRIDGE HEALTH INC. AND ITS SUBSIDIARIES TO MAKE
AVAILABLE UPON REQUEST THE AUDITED FINANCIAL STATEMENTS TO THE GENERAL
PUBLIC. THE LIFEBRIDGE HEALTH INC. AND SUBSIDIARY GOVERNING DOCUMENTS ARE
NOT MADE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST OR VIA A WEBSITE.
THE CONFLICT OF INTEREST POLICY IS INCLUDED ON SCHEDULE O.

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

TRANSFERS TO AFFILIATES	\$ 15,892,746
OTHER ADJUSTMENT	\$ 275,672

FORM 990, PART XII, LINE 2C:

THE AUDIT COMMITTEE REVIEW PROCESS FOR GRACE MEDICAL CENTER, INC. FOLLOWS
LIFEBRIDGE HEALTH, INC.'S AUDIT COMMITTEE REVIEW PROCESS.

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GRACE MEDICAL CENTER, INC.**52-0591555**

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
MEP HEALTH LLC 4535 DRESSLER ROAD NW CANTON, OH 44718	PHYSICIAN SERVICES	1,456,822.
CROTHALL HEALTHCARE 1500 LIBERTY RIDGE DRIVE, SUITE 210 WAYNE, PA 19087	CONTRACT CLEANING	1,209,166.
UNIVERSAL PROTECTION 36 S CHARLES STREET, 2204 BALTIMORE, MA 21201	SECURITY SERVICES	877,885.
JOHNSON CONTROLS, INC. 5757 N GREEN BAY AVENUE MILWAUKEE, WI 53201	EQUIP. MAINTENANCE	717,637.
MORRISON MANAGEMENT P.O. BOX 102289 ATLANTA, GA 30368-2269	FOOD SERVICES	601,031.

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FORM 990, PART IX - OTHER FEES

=====

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
-----	-----	-----	-----	-----
AGENCY NURSING	1,204,232.	1,204,232.	NONE	NONE
LAUNDRY AND EVS	1,536,464.	1,152,348.	384,116.	NONE
OTHER PURCHASED SERVICES	882,972.	731,321.	151,651.	NONE
PROFESSIONAL & TECHNICAL	2,077,560.	499,243.	1,578,317.	NONE
AMBULANCE SERVICE	488,163.	488,163.	NONE	NONE
TOTALS	----- 6,189,391. =====	----- 4,075,307. =====	----- 2,114,084. =====	----- NONE =====

**SCHEDULE R
(Form 990)**

Department of the Treasury
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GRACE MEDICAL CENTER, INC.

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 for instructions and the latest information.

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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
SEE SUPPLEMENTAL PAGE							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2021

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	
(1) SEE SUPPLEMENTAL PAGE												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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
(1) SEE SUPPLEMENTAL PAGE									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

GRACE MEDICAL CENTER, INC.

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990 SCH R, PART III-IDENTIFICATION OF REL. ORG. TAXABLE AS PARTNERSHIP

(A) NAME/ADDRESS/EIN	B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) PREDOMINANT INCOME	(F) SHARE OF TOT INCOME	(G) SHARE EOY	(H) DISPROPORTIONATE		(I) CODE V-UBI	(J) PARTNER		(K) % OWNERSHIP
							YES	NO		YES	NO	
CARROLL COUNTY RADIOLOGY, LLC 7523 AMBASSADOR ROAD BALTIMORE	RADIOLOGY	MD	N/A	N/A	NONE	NONE	X		NONE	X	NONE	
CARROLL OCCUPATIONAL HEALTH, L 7001 CORPORATE CENTER COURT WE	MEDICAL SERVICES	MD	N/A	N/A	NONE	NONE	X		NONE	X	NONE	
CARDIOVASCULAR ASSOCIATES OF M 2401 WEST BELVEDERE AVENUE BAL	MEDICAL SERVICES	MD	N/A	N/A	NONE	NONE	X		NONE	X	NONE	
LIFEBRIDGE RADIOLOGY OF PARKV 2401 WEST BELVEDERE AVENUE BAL	MEDICAL SERVICES	MD	N/A	N/A	NONE	NONE	X		NONE	X	NONE	
LIFEBRIDGE COMMUNITY GASTROENT 2401 WEST BELVEDERE AVENUE BAL	MEDICAL SERVICES	MD	N/A	N/A	NONE	NONE	X		NONE	X	NONE	
LIFEBRIDGE COMMUNITY PEDIATRIC 2401 WEST BELVEDERE AVENUE BAL	MEDICAL SERVICES	MD	N/A	N/A	NONE	NONE	X		NONE	X	NONE	
LIFEBRIDGE COMMUNITY PULMONOLO 2401 WEST BELVEDERE AVENUE BAL	MEDICAL SERVICES	MD	N/A	N/A	NONE	NONE	X		NONE	X	NONE	
LIFEBRIDGE GYNECOLOGY OF PIKES 2401 WEST BELVEDERE AVENUE BAL	MEDICAL SERVICES	MD	N/A	N/A	NONE	NONE	X		NONE	X	NONE	
LIFEBRIDGE MEDICAL ASSOCIATES, 2401 WEST BELVEDERE AVENUE BAL	MEDICAL SERVICES	MD	N/A	N/A	NONE	NONE	X		NONE	X	NONE	
LIFEBRIDGE NEUROSCIENCES, LLC 2401 WEST BELVEDERE AVENUE BAL	MEDICAL SERVICES	MD	N/A	N/A	NONE	NONE	X		NONE	X	NONE	

990 SCH R, PART III-IDENTIFICATION OF REL. ORG. TAXABLE AS PARTNERSHIP

(A) NAME/ADDRESS/EIN	B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) PREDOMINANT INCOME	(F) SHARE OF TOT INCOME	(G) SHARE EOY	(H) DISPROPORTIONATE		(I) CODE V-UBI	(J) PARTNER		(K) % OWNERSHIP
							YES	NO		YES	NO	
LIFEBRIDGE PRIMARY CARE OF ELD 2401 WEST BELVEDERE AVENUE BAL	MEDICAL SERVICES	MD	N/A	N/A	NONE	NONE	X		NONE	X	NONE	
LIFEBRIDGE PRIMARY CARE OF NOR 2401 WEST BELVEDERE AVENUE BAL	MEDICAL SERVICES	MD	N/A	N/A	NONE	NONE	X		NONE	X	NONE	
HEMOCARE MARYLAND, LLC 26-1378 8028 RITCHIE HIGHWAY PASADENA,	HOME HEALTH SRVC	MD	N/A	N/A	NONE	NONE	X		NONE	X	NONE	
LIFEBRIDGE REHABILITATION SERV 2401 WEST BELVEDERE AVENUE BAL	REHAB SERVICES	MD	N/A	N/A	NONE	NONE	X		NONE	X	NONE	
ELLCOTT CITY ASC MANAGEMENT, 2401 WEST BELVEDERE AVENUE BAL	MEDICAL SERVICES	MD	N/A	N/A	NONE	NONE	X		NONE	X	NONE	
SURGICENTER OF BALTIMORE, LLC 2401 WEST BELVEDERE AVENUE BAL	MEDICAL SERVICES	MD	N/A	N/A	NONE	NONE	X		NONE	X	NONE	
SPRINGWELL PARTNERS, LLC 27-19 2200 PINE HILL FARMS LANE HUNT	ASSISTED LIVING	MD	N/A	N/A	NONE	NONE	X		NONE	X	NONE	
LIFEBRIDGE SUBURBAN PHYSICIAN 5401 OLD COURT ROAD RANDALLSTO	MEDICAL SERVICES	MD	N/A	N/A	NONE	NONE	X		NONE	X	NONE	
LIFEBRIDGE LAB MANAGEMENT, LLC 2401 WEST BELVEDERE AVENUE BAL	LAB SERVICES	MD	N/A	N/A	NONE	NONE	X		NONE	X	NONE	
LIFEBRIDGE METROPOLITAN PHYSIC 2401 WEST BELVEDERE AVENUE BAL	MEDICAL SERVICES	MD	N/A	N/A	NONE	NONE	X		NONE	X	NONE	

990 SCH R, PART III-IDENTIFICATION OF REL. ORG. TAXABLE AS PARTNERSHIP

(A) NAME/ADDRESS/EIN	B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) PREDOMINANT INCOME	(F) SHARE OF TOT INCOME	(G) SHARE EOY	(H) DISPROPORTIONATE		(I) CODE V-UBI	(J) PARTNER		(K) % OWNERSHIP
							YES	NO		YES	NO	
LIFEBRIDGE MULTI-SPECIALTY, LL 41 MAGNA WAY, SUITE 100 WESTMI	MEDICAL SERVICES	MD	N/A	N/A	NONE	NONE	X		NONE	X	NONE	
ELLICOTT CITY AMBULATORY SURGE 2850 N RIDGE ROAD ELLICOTT CIT	MEDICAL SERVICES	MD	N/A	N/A	NONE	NONE	X		NONE	X	NONE	
OAK FARM SOLUTIONS, LLC 47-494 1122 KENILWORTH DRIVE TOWSON,	HOME HEALTH SRVC	MD	N/A	N/A	NONE	NONE	X		NONE	X	NONE	
MNR INDUSTRIES, LLC 33-1095434 5 BEL AIR SOUTH PARKWAY BEL AI	URGENT CARE SRVC	MD	N/A	N/A	NONE	NONE	X		NONE	X	NONE	
MNR OF FREDERICK COUNTY, LLC 8 5 BEL AIR SOUTH PARKWAY BEL AI	URGENT CARE SRVC	MD	N/A	N/A	NONE	NONE	X		NONE	X	NONE	
BAKER REHAB GROUP, LLC 88-0864 197 THOMAS JOHNSON DRIVE FREDE	REHAB SERVICES	MD	N/A	N/A	NONE	NONE	X		NONE	X	NONE	
ADVANCED ENDO CTR OF HOWARD CT 8875 CENTRE PARK DRIVE COLUMBI	MEDICAL SERVICES	MD	N/A	N/A	NONE	NONE	X		NONE	X	NONE	

GRACE MEDICAL CENTER, INC.

52-0591555

990 SCH R, PART IV-IDENTIFICATION OF REL. ORG. TAXABLE AS CORP/TRUST

(A) NAME/ADDRESS/EIN	(B) PRIMARY ACTIVITY	(C) LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) ENTITY TYPE	(F) SHARE OF TOT INCOME	(G) SHARE OF EOY	(H) % OWNERSHIP	(I) SEC 512(B)(13) YES NO
CARROLL COUNTY MED-SERVICES, INC 200 MEMORIAL AVENUE WESTMINSTER, MD 21157 52-1891102	MEDICAL SERVICES	MD	CCMS INC	C CORP	NONE	NONE	NONE	X
LIFEBRIDGE INVESTMENTS, INC 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215 52-1483166	INVESTMENT	MD	LBH	C CORP	NONE	NONE	NONE	X
HEALTHSTAR MEDICAL SERVICES, INC 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215 52-1829098	HEALTHCARE	MD	LB INV INC	C CORP	NONE	NONE	NONE	X
PRACTICE DYNAMICS, INC 124 BUSINESS CENTER DRIVE REISTERSTOWN, MD 21136 52-1960319	MANAGEMENT	MD	LB INV INC	C CORP	NONE	NONE	NONE	X
LIFEBRIDGE INSURANCE COMPANY, LTD P.O. BOX 1109 GRAND CAYMAN, CJ KY1-1102 98-0415396	INSURANCE	CJ	LBH	C CORP	NONE	NONE	NONE	X
LIFEBRIDGE COMMUNITY PHYSICIANS, INC 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215 80-0719005	HEALTHCARE	MD	LB INV INC	C CORP	NONE	NONE	NONE	X
CARROLL BILLING SERVICES, INC 200 MEMORIAL AVENUE WESTMINSTER, MD 21215 30-0026598	BILLING SERVICES	MD	CHC INC	C CORP	NONE	NONE	NONE	X
CARROLL COUNTY GEN. HOSP. SOUTH CARROLL 200 MEMORIAL AVENUE WESTMINSTER, MD 21157	REAL ESTATE	MD	N/A	C CORP	NONE	NONE	NONE	X
MED-SERVICES HOLDINGS, INC 200 MEMORIAL AVENUE WESTMINSTER, MD 21157	MEDICAL SERVICES	MD	CCMS INC	C CORP	NONE	NONE	NONE	X
LIFEBRIDGE HEALTH ISRAEL, LTD 16 ABBA HILLEL ROAD RAHMAT GAN, IS 5250608 51-5804516	HEALTHCARE	IS	LB INV INC	C CORP	NONE	NONE	NONE	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.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s 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)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II - IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512	
						YES	NO
CARROLL HOSPITAL CENTER INC 200 MEMORIAL AVENUE	52-1452024 WESTMINSTER, MD 21157 HOSPITAL	MD	501(C)(3)	3	CCHS		X
BRIDGINGLIFE INC 292 STONER AVENUE	52-1565870 WESTMINSTER, MD 21157 HOSPICE	MD	501(C)(3)	7	CHC		X
CARROLL HOSPITAL CENTER FOUNDATION INC 200 MEMORIAL AVENUE	52-1115038 WESTMINSTER, MD 21157 FOUNDATION	MD	501(C)(3)	12A, I	CHC		X
PARTNERSHIP FOR A HEALTHIER CARROLL CTY 535 OLD WESTMINSTER PIKE, #102	52-2156892 WESTMINSTER, MD 21157 HEALTH SVCS	MD	501(C)(3)	7	CHC		X
LEVINDALE HEBREW GERIATRIC CENTER HOSP 2434 WEST BELVEDERE AVENUE	52-0607913 BALTIMORE, MD 21215 HOSPITAL	MD	501(C)(3)	3	LBH		X
SINAI HOSPITAL OF BALTIMORE INC 2401 WEST BELVEDERE AVENUE	52-0486540 BALTIMORE, MD 21215 HOSPITAL	MD	501(C)(3)	3	LBH		X
COURTLAND GARDENS NURSING AND REHAB CTR 2434 WEST BELVEDERE AVENUE	52-0607907 BALTIMORE, MD 21215 NURSING	MD	501(C)(3)	10	LBH		X
NORTHWEST HOSPITAL CENTER INC 5401 OLD COURT ROAD	52-1372665 RANDALLSTOWN, MD 21133 HOSPITAL	MD	501(C)(3)	3	LBH		X
CHILDRENS HOSPITAL OF BALTIMORE CITY INC 2401 WEST BELVEDERE AVENUE	52-0591592 BALTIMORE, MD 21215 HOSPITAL SUPP	MD	501(C)(3)	12B, II	LBH		X
THE BALTIMORE JEWISH HEALTH FDN INC 2401 WEST BELVEDERE AVENUE	52-2111541 BALTIMORE, MD 21215 HOSPITAL SUPP	MD	501(C)(3)	12B, II	LBH		X

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512	
						YES	NO
CHILDRENS HOSPITAL AT SINAI FOUNDATION 2401 WEST BELVEDERE AVENUE 52-2167587	BALTIMORE, MD 21215 HOSPITAL SUPP	MD	501(C)(3)	12B, II	LBH		X
THE BALTIMORE JEWISH ELDERCARE FDN 2401 WEST BELVEDERE AVENUE 52-2337669	BALTIMORE, MD 21215 HOSPITAL SUPP	MD	501(C)(3)	12B, II	LBH		X
CENTER FOR HOPE INC 5400 PREAKNESS WAY 52-1681279	BALTIMORE, MD 21215 CHILD SVCS	MD	501(C)(3)	7	LBH		X
WEST BALTIMORE RENAISSANCE FDN INC 2401 WEST BELVEDERE AVENUE 84-3355332	BALTIMORE, MD 21215 COMMUNITY CTR	MD	501(C)(3)	7	LBH		X
CARROLL COUNTY HEALTH SERVICES CORP 200 MEMORIAL AVENUE 52-0691413	WESTMINSTER, MD 21157 HOSPITAL SUPP	MD	501(C)(3)	12B, II	LBH		X
LIFEBRIDGE CENTER FOR HOPE INC 2401 WEST BELVEDERE AVENUE 85-3920012	BALTIMORE, MD 21215 REAL ESTATE	MD	501(C)(3)	12A, I	SHB		X
LIFEBRIDGE HEALTH INC 2401 WEST BELVEDERE AVENUE 52-1402373	BALTIMORE, MD 21215 SUPPORT	MD	501(C)(3)	12C, III	N/A		X