

Public Disclosure Copy

Form **8453-EO**

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

OMB No. 1545-1879

For calendar year 2018, or tax year beginning JUL 1, 2018, and ending JUN 30, 2019

2018

Department of the Treasury
Internal Revenue Service

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

Name of exempt organization

GREATER BALTIMORE MEDICAL CENTER, INC.

Employer identification number

52-6049658

Part I Type of Return and Return Information (Whole Dollars Only)

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

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>538,057,677.</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	


Part II Declaration of Officer

6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here

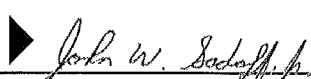

Signature of officer

5/12/20
Date

EVP & CFO
Title

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

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

ERO's Use Only	ERO's signature 	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input checked="" type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code	<u>5/7/2020</u>			<u>P00540589</u>
	<u>DELOITTE TAX LLP</u>				EIN <u>86-1065772</u>
	<u>695 TOWN CENTER DR, STE 1000</u>				Phone no. <u>(714) 436-7100</u>
	<u>COSTA MESA, CA 92626</u>				

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

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

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2019

PREPARED FOR:

GREATER BALTIMORE MEDICAL CENTER, INC.
6701 NORTH CHARLES STREET
BALTIMORE, MD 21204

PREPARED BY:

DELOITTE TAX LLP
695 TOWN CENTER DR, STE 1000
COSTA MESA, CA 92626

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8453-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8453-EO TO US BY MAY 15, 2020.

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the **2018** calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GREATER BALTIMORE MEDICAL CENTER, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 6701 NORTH CHARLES STREET City or town, state or province, country, and ZIP or foreign postal code BALTIMORE, MD 21204 F Name and address of principal officer: LAURIE R. BEYER SAME AS C ABOVE	D Employer identification number 52-6049658 E Telephone number (443) 849-2000 G Gross receipts \$ 562,819,115. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.GBMC.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1960 M State of legal domicile: MD

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE MEDICAL CARE AND SERVICE OF THE HIGHEST QUALITY TO EACH PATIENT LEADING TO HEALTH,	
Activities & Governance	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 28
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 24
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5 4449
	6 Total number of volunteers (estimate if necessary)	6 593
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a -171,619.
	7b Net unrelated business taxable income from Form 990-T, line 38	7b -171,619.
Revenue	8 Contributions and grants (Part VIII, line 1h)	10,870,749. 10,237,767.
	9 Program service revenue (Part VIII, line 2g)	485,881,304. 508,618,923.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,704,287. 17,152,647.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,668,453. 2,048,340.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	516,124,793. 538,057,677.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	90,645. 129,991.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	285,875,352. 298,493,614.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,625,331.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	221,496,931. 228,896,259.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	507,462,928. 527,519,864.
	19 Revenue less expenses. Subtract line 18 from line 12	8,661,865. 10,537,813.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	625,534,771. 644,862,624.
	21 Total liabilities (Part X, line 26)	277,749,785. 277,351,570.
	22 Net assets or fund balances. Subtract line 21 from line 20	347,784,986. 367,511,054.

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 LAURIE B. BEYER, EVP & CFO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name JOHN W. SADOFF, JR.	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P00540589
	Firm's name ▶ DELOITTE TAX LLP Firm's address ▶ 695 TOWN CENTER DR, STE 1000 COSTA MESA, CA 92626	Firm's EIN ▶ 86-1065772 Phone no. (714) 436-7100

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

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

(Rev. January 2019)
Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

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

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

Type or print File by the due date for filing your return. See Instructions.	Name of exempt organization or other filer, see instructions. GREATER BALTIMORE MEDICAL CENTER, INC.	Enter filer's identifying number, see instructions Employer identification number (EIN) or 52-6049658
	Number, street, and room or suite no. If a P.O. box, see instructions. 6701 NORTH CHARLES STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BALTIMORE, MD 21204	

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

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

• The books are in the care of ▶ Laurie R. Beyer EVP, CFO 6701 North Charles Street Baltimore, MD 21204

Telephone No. ▶ (443) 849-2000 Fax No. ▶ _____

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

1 I request an automatic 6-month extension of time until May, 20 20, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 20 ____ or
 ▶ tax year beginning July 1, 20 18, and ending June 30, 20 19.

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

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

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 212,075,972. including grants of \$) (Revenue \$ 220,076,051.) THE GREATER BALTIMORE MEDICAL CENTER, INC. (GBMC) IS A 268-BED MEDICAL CENTER (ACUTE AND SUB-ACUTE CARE), LOCATED ON A SUBURBAN CAMPUS, WHICH PROVIDED INPATIENT CARE AND OBSERVATION SERVICES TO 17,674 AND 3,341 PATIENTS, RESPECTIVELY. ADDITIONALLY, GBMC DELIVERED OVER 4,090 BABIES IN THE FISCAL YEAR. GBMC'S DISTINCTIVE SERVICE LINES INCLUDE WOMEN'S CANCER, SURGICAL AND MEDICAL SERVICES. GBMC IS A FULLY ACCREDITED TEACHING HOSPITAL THAT IS AFFILIATED WITH JOHN HOPKINS UNIVERSITY.

4b (Code:) (Expenses \$ 124,651,999. including grants of \$) (Revenue \$ 139,775,689.) THE OPERATING ROOM PERFORMED OVER 21,892 INPATIENT AND OUTPATIENT SURGICAL PROCEDURES IN THE FISCAL YEAR. SPECIALTIES INCLUDE GBMC'S COMPREHENSIVE OBESITY MANAGEMENT PROGRAM, THE OLDEST RECOGNIZED AMERICAN SOCIETY OF METABOLIC AND BARIATRIC SURGERY (ASMBS) CENTER OF EXCELLENCE IN THE METROPOLITAN BALTIMORE AREA; JOHNS HOPKINS HEAD AND NECK SURGERY AT GBMC; MINIMALLY INVASIVE AND ENDOCRINE SURGERY; NEUROSURGERY; VASCULAR AND THORACIC SURGERY; AND UROLOGY.

4c (Code:) (Expenses \$ 18,382,021. including grants of \$) (Revenue \$ 31,582,191.) THE EMERGENCY DEPARTMENT TREATED 57,731 PATIENTS IN THE FISCAL YEAR. THE EMERGENCY SERVICES DEPARTMENT HAS 3 PATIENT CARE AREAS, DESIGNED TO MINIMIZE WAIT & MAXIMIZE SERVICE FOR PATIENTS & THEIR FAMILIES. PATIENTS WITH MINOR INJURIES SUCH AS SPRAINS ARE CARED FOR IN THE URGENT CARE AREA. SEVERE PROBLEMS SUCH AS ACUTE ABDOMINAL PAIN, CHEST PAIN OR INJURIES FROM MOTOR VEHICLE ACCIDENTS ARE EVALUATED AND TREATED IN EMERGENCY CARE. ADJACENT TO THE EMERGENCY CARE AREA IS AN OBSERVATIONAL CARE AREA FOR ADULT PATIENTS WHO NEED TO BE MONITORED BUT NOT ADMITTED.

4d Other program services (Describe in Schedule O.) (Expenses \$ 106,041,677. including grants of \$ 129,991.) (Revenue \$ 117,184,992.)

4e Total program service expenses 461,151,669.

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> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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 temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI 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>		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)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

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

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding rules.

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

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

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	28		
b	Enter the number of voting members included in line 1a, above, who are independent		
	24		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MR. DELBERT ADAMS DIRECTOR	1.00 2.00	X					0.	0.	0.	
(2) MR. ROBERT AUMILLER DIRECTOR (BEG 7/18)	1.00 2.00	X					0.	0.	0.	
(3) MR. HERBERT J. BELGRAD DIRECTOR	1.00 1.00	X					0.	0.	0.	
(4) MS. HEIDI KENNY BERMAN DIRECTOR	1.00 2.00	X					0.	0.	0.	
(5) MRS. CHRISTINA M. BERZINS DIRECTOR (BEG 7/18)	1.00 1.00	X					0.	0.	0.	
(6) MS. MONIQUE BOOKER DIRECTOR	1.00 1.00	X					0.	0.	0.	
(7) ROBERT K. BROOKLAND, M.D. DIRECTOR	1.00 2.00	X					0.	0.	0.	
(8) MR. CHARLES C. FENWICK, JR. DIRECTOR	1.00 2.00	X					0.	0.	0.	
(9) MRS. CHRISTINA FITTS DIRECTOR (BEG 7/18)	1.00 1.00	X					0.	0.	0.	
(10) MR. JERRY FOCAS DIRECTOR	1.00 2.00	X					0.	0.	0.	
(11) MR. MITCHELL GOETZE DIRECTOR (BEG 7/18)	1.00 2.00	X					0.	0.	0.	
(12) MR. HARRY S. JOHNSON DIRECTOR	1.00 1.00	X					0.	0.	0.	
(13) THEDA C. KONTIS, M.D. DIRECTOR	1.00 1.00	X					0.	0.	0.	
(14) MR. FRANKLIN M. LEE DIRECTOR	1.00 1.00	X					0.	0.	0.	
(15) MR. THOMAS H. MADDUX DIRECTOR	1.00 1.00	X					0.	0.	0.	
(16) MR. ANTHONY MILANDO DIRECTOR	1.00 1.00	X					0.	0.	0.	
(17) MR. THOMAS J. O'DONNELL, JR. DIRECTOR	1.00 2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARIA PANE, M.D. DIR/PHYS/VICE CHIEF OF STAFF	59.00 1.00	X						337,907.	0.	52,914.
(19) JOHN R. SAUNDERS, M.D. DIRECTOR/FORMER CMO	1.00 2.00	X						30,000.	0.	0.
(20) MELISSA SPARROW, M.D. CHIEF OF STAFF	50.00 10.00	X						229,746.	0.	30,398.
(21) MS. BONNIE R. STEIN DIRECTOR	1.00 1.00	X						0.	0.	0.
(22) MR. STEVEN A. THOMAS DIRECTOR	1.00 1.00	X						0.	0.	0.
(23) JOHN B. CHESSARE, M.D. DIRECTOR/CEO GBMC HEALTHCARE	32.00 28.00	X		X				1,241,026.	0.	39,019.
(24) MR. TIMOTHY L. KRONGARD VICE CHAIR	1.00 1.00	X		X				0.	0.	0.
(25) MS. PATRICA J. MITCHELL CHAIR	1.00 2.00	X		X				0.	0.	0.
(26) MR. STEPHEN T. SCOTT TREASURER	1.00 1.00	X		X				0.	0.	0.
1b Sub-total								1,838,679.	0.	122,331.
c Total from continuation sheets to Part VII, Section A								10,496,876.	0.	985,290.
d Total (add lines 1b and 1c)								12,335,555.	0.	1,107,621.

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 382

	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
JOHNS HOPKINS UNIVERSITY, 125 MEDICAL ADMIN RD., 720 RUTLAND AVE, BALTIMORE, MD	RESIDENCY PROGRAM	5,273,095.
SODEXO USA, 9801 WASHINGTON BLVD, GAITHERSBURG, MD 20878	MANAGEMENT - HOTEL SERVICES	4,072,984.
ADVANCED RADIOLOGY/ MEDICAL IMAGING OF BAL. 7253 AMBASSADOR ROAD, BALTIMORE, MD 21244	RADIOLOGY SERVICES	2,599,918.
EPIC SYSTEMS CORPORATION 1979 MILKY WAY, VERONA, WI 53593	SOFTWARE ENGINEERING	2,396,401.
QUEST DIAGNOSTICS, INC. PO BOX 912512, PASADENA, CA 91110-2512	LABORATORY SERVICES	1,042,294.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 135

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MS. FAITH E. THOMAS VICE CHAIR	1.00 2.00	X		X				0.	0.	0.
(28) MS. MARION G. THOMPSON SECRETARY	1.00 1.00	X		X				0.	0.	0.
(29) MR. KEITH R. POISSON EVP & COO GBMC HEALTHCARE	35.00 25.00			X				675,804.	0.	44,989.
(30) HAROLD TUCKER, M.D. CHIEF MEDICAL OFFICER	50.00 10.00			X				594,630.	0.	114,797.
(31) MS. LAURIE R. BEYER EVP & CFO GBMC HEALTHCARE	40.00 20.00			X				455,139.	0.	122,512.
(32) MR. BENNETT J. BERES VP/COO HLTH PTRN (ENDED 11/18)	45.00 15.00				X			399,405.	0.	21,881.
(33) MS. CAROLYN L. CANDIELLO VP QUALITY & PT SAFETY	59.00 1.00				X			347,917.	0.	36,878.
(34) MS. JENNY COLDIRON VP DEVELOPMENT GBMC HEALTHCARE	10.00 50.00				X			318,180.	0.	53,458.
(35) MS. CATHERINE HAMEL VP POST ACUTE SRVS & EXEC	21.00 39.00				X			422,815.	0.	52,481.
(36) MR. DAVID J. HYNSON VP & CIO	45.00 15.00				X			364,969.	0.	55,937.
(37) MS. JOANN IOANNOU SVP PATIENT SERVICES	45.00 15.00				X			338,236.	0.	97,177.
(38) MS. SUSAN MARTIELLI VP LEGAL AFFAIRS/CHIEF COUNSEL	40.00 20.00				X			410,558.	0.	27,064.
(39) MS. STACEY L. MCGREEVY VP FACILITIES	50.00 10.00				X			287,647.	0.	44,873.
(40) MS. ANNA-MARIA G. PALMER VP HUMAN RESOURCES	40.00 20.00				X			335,332.	0.	59,381.
(41) VICTOR A. KHOUZAMI M.D. CHAIR/PHYSICIAN	60.00 0.00					X		1,360,718.	0.	41,099.
(42) BIMAL G. RAMI, M.D. MED DIRECTOR/PHYSICIAN	60.00 0.00					X		1,050,196.	0.	50,912.
(43) CLAIRE M. WEITZ, MD PHYSICIAN	60.00 0.00					X		853,820.	0.	39,455.
(44) NIRAJ JANI, M.D. MED DIRECTOR/PHYSICIAN	60.00 0.00					X		802,956.	0.	46,014.
(45) ELIZABETH A. DOVEC, MD PHYSICIAN	60.00 0.00					X		789,520.	0.	56,337.
(46) MR. GEORGE E. BAYLESS, III FORMER CFO GBMC HEALTHCARE (END 10/1	0.00 0.00						X	107,130.	0.	8,676.
Total to Part VII, Section A, line 1c										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) MR. JOHN W. ELLIS FORMER SR VP STRAT/BUS DEV (END 4/18	0.00 0.00									
							X	581,904.	0.	11,369.
Total to Part VII, Section A, line 1c								10,496,876.		985,290.

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	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	524,763.			
	d Related organizations	1d	4,171,617.			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,541,387.			
	g Noncash contributions included in lines 1a-1f: \$		28,386.			
	h Total. Add lines 1a-1f		10,237,767.			
	Program Service Revenue	2 a PATIENT SERVICE	Business Code 621110	499,139,832.	499,139,832.	
b OTHER OPERATING REV.		900099	8,995,424.	8,995,424.		
c GRANT REVENUE		541700	483,667.	483,667.		
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			508,618,923.			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		6,549,904.		-171,619.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	184,753.			
		(ii) Personal				
		b Less: rental expenses	0.			
		c Rental income or (loss)	184,753.			
	d Net rental income or (loss)		184,753.		184,753.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	34,922,319.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	24,319,576.			
		c Gain or (loss)	10,602,743.			
	d Net gain or (loss)		10,602,743.		10,602,743.	
	8 a Gross income from fundraising events (not including \$ 524,763. of contributions reported on line 1c). See Part IV, line 18	a	138,595.			
		b Less: direct expenses	441,862.			
c Net income or (loss) from fundraising events			-303,267.		-303,267.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a PARKING REVENUE		812930	2,094,535.		2,094,535.	
	b CAFETERIA INCOME		722210	72,319.		72,319.
	d All other revenue					
	e Total. Add lines 11a-11d			2,166,854.		
12 Total revenue. See instructions			538,057,677.	508,618,923.	-171,619.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	129,991.	129,991.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	12,335,555.		12,335,555.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	244,370,637.	222,669,020.	20,900,855.	800,762.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,969,810.	6,155,481.	1,768,049.	46,280.
9 Other employee benefits	17,342,645.	15,759,259.	1,516,967.	66,419.
10 Payroll taxes	16,474,967.	14,501,230.	1,902,201.	71,536.
11 Fees for services (non-employees):				
a Management	1,451,039.	1,064,777.	386,262.	
b Legal	369,549.	8,842.	358,789.	1,918.
c Accounting	555,209.	78,844.	475,236.	1,129.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,014,476.		1,014,476.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	35,899,524.	26,668,974.	8,823,732.	406,818.
12 Advertising and promotion	1,196,575.	80,662.	761,456.	354,457.
13 Office expenses	105,845,035.	104,531,345.	718,634.	595,056.
14 Information technology	9,534,974.	9,022,586.	510,181.	2,207.
15 Royalties				
16 Occupancy	10,087,700.	8,677,773.	1,409,927.	
17 Travel	778,875.	541,632.	209,077.	28,166.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	1,024,337.	638,503.	381,688.	4,146.
20 Interest	6,403,376.	5,166,524.	1,236,852.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	36,838,127.	30,128,230.	6,696,391.	13,506.
23 Insurance	12,406,524.	11,195,764.	1,210,760.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PURCHASED SERVICES	4,454,955.	4,093,293.	129,068.	232,594.
b INSTITUTIONAL DUES	1,035,984.	38,939.	996,708.	337.
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	527,519,864.	461,151,669.	63,742,864.	2,625,331.
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 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		1	
	2 Savings and temporary cash investments	21,218,185.	2	13,492,421.
	3 Pledges and grants receivable, net	14,663,057.	3	16,089,289.
	4 Accounts receivable, net	46,644,918.	4	57,515,026.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	5,023,373.	8	4,520,538.
	9 Prepaid expenses and deferred charges	8,579,828.	9	13,343,400.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 625,809,961.		
	b Less: accumulated depreciation	10b 389,209,965.	247,697,119.	10c 236,599,996.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	238,872,943.	12	256,355,140.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	42,835,348.	15	46,946,814.
16 Total assets. Add lines 1 through 15 (must equal line 34)	625,534,771.	16	644,862,624.	
Liabilities	17 Accounts payable and accrued expenses	68,730,801.	17	67,176,210.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	99,681,584.	20	95,216,849.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	52,710,332.	23	45,633,302.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	56,627,068.	25	69,325,209.
	26 Total liabilities. Add lines 17 through 25	277,749,785.	26	277,351,570.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	295,367,918.	27	314,615,202.
	28 Temporarily restricted net assets	52,417,068.	28	52,895,852.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	347,784,986.	33	367,511,054.	
34 Total liabilities and net assets/fund balances	625,534,771.	34	644,862,624.	

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	538,057,677.
2	Total expenses (must equal Part IX, column (A), line 25)	2	527,519,864.
3	Revenue less expenses. Subtract line 2 from line 1	3	10,537,813.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	347,784,986.
5	Net unrealized gains (losses) on investments	5	9,373,494.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-185,239.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	367,511,054.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain in 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 in Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 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 in 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		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <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 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 in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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 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 in (2), 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 government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
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 in (a) 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 (a) and (b) 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>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 (explain in detail in Part VI):		
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 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2018

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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2018

Name of the organization

GREATER BALTIMORE MEDICAL CENTER, INC.

Employer identification number

52-6049658

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ 2,841,613.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ 1,091,874.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ 935,061.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ 462,294.	Person <input type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ 411,006.	Person <input type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ 350,000.	Person <input type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 245,539.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 235,770.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 188,528.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ 179,832.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ 133,130.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ 95,952.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	<hr/> <hr/> <hr/>	\$ 87,200.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ 85,227.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/>	\$ 67,642.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/>	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/>	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
24	<hr/> <hr/> <hr/>	\$ 53,961.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
26	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
27	<hr/> <hr/> <hr/>	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
28	<hr/> <hr/> <hr/>	\$ 31,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
29	<hr/> <hr/> <hr/>	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
30	<hr/> <hr/> <hr/>	\$ 28,478.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	<hr/> <hr/> <hr/>	\$ 27,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
32	<hr/> <hr/> <hr/>	\$ 25,576.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
33	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
34	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
35	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
36	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
38	<hr/> <hr/> <hr/>	\$ 16,778.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
39	<hr/> <hr/> <hr/>	\$ 15,800.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
40	<hr/> <hr/> <hr/>	\$ 15,040.	Person Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
41	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
42	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
44		\$ 12,605.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
45		\$ 12,180.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
46		\$ 11,000.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
47		\$ 10,650.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
48		\$ 10,515.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
50	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
51	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
52	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
53	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
54	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
56	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
57	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
58	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
59	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
60	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
68	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
69	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
70	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
71	<hr/> <hr/> <hr/>	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
72	<hr/> <hr/> <hr/>	\$ 8,576.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	<hr/> <hr/> <hr/>	\$ 8,300.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
74	<hr/> <hr/> <hr/>	\$ 8,190.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
75	<hr/> <hr/> <hr/>	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
76	<hr/> <hr/> <hr/>	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
77	<hr/> <hr/> <hr/>	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
78	<hr/> <hr/> <hr/>	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
80	<hr/> <hr/> <hr/>	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
81	<hr/> <hr/> <hr/>	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
82	<hr/> <hr/> <hr/>	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
83	<hr/> <hr/> <hr/>	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
84	<hr/> <hr/> <hr/>	\$ 6,175.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
86	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
87	<hr/> <hr/> <hr/>	\$ 5,900.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
88	<hr/> <hr/> <hr/>	\$ 5,896.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
89	<hr/> <hr/> <hr/>	\$ 5,811.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
90	<hr/> <hr/> <hr/>	\$ 5,330.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	<hr/> <hr/> <hr/>	\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
92	<hr/> <hr/> <hr/>	\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
93	<hr/> <hr/> <hr/>	\$ 5,145.	Person <input checked="" type="checkbox"/> Payroll Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
95	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
96	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
40	STOCK _____ _____ _____	\$ 15,040.	11/16/18
93	STOCK _____ _____ _____	\$ 5,070.	09/25/18
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(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	
(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 D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018
Open to Public Inspection

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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	32,842,811.	30,435,387.	28,073,800.	28,313,123.	20,282,263.
b Contributions	1,726,910.	1,335,910.	186,150.	1,556,091.	1,914,549.
c Net investment earnings, gains, and losses	4,119,628.	2,907,545.	3,745,142.	-384,455.	7,592,234.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,348,610.	1,836,031.	1,569,705.	1,410,959.	1,475,923.
f Administrative expenses					
g End of year balance	36,340,739.	32,842,811.	30,435,387.	28,073,800.	28,313,123.

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 57.65 %
- c Temporarily restricted endowment 42.35 %

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:

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		15,290,673.		15,290,673.
b Buildings		361,303,113.	215,802,989.	145,500,124.
c Leasehold improvements		9,076,312.	3,532,777.	5,543,535.
d Equipment		113,009,711.	91,357,766.	21,651,945.
e Other		127,130,152.	78,516,433.	48,613,719.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				236,599,996.

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	9,278,864.	COST
(2) Closely-held equity interests		
(3) Other		
(A) PUBLICLY TRADED INVESTMENTS	247,076,276.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	256,355,140.	

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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) INTERCOMPANY RECEIVABLE	46,143,051.
(2) DEFERRED ASSETS	20,912.
(3) DONATED TIMESHARE	44,500.
(4) WORKER'S COMPENSATION REINSURANCE RECEIVABLE	738,351.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	46,946,814.

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) THIRD PARTY ADVANCES	13,556,408.
(3) PENSION LIABILITY	15,504,148.
(4) CAPITAL LEASES	27,671,126.
(5) INSURANCE RESERVES	4,117,357.
(6) A/R CREDIT BALANCES	1,377,377.
(7) CHARITABLE GIFT ANNUITY	602,859.
(8) INTERCOMPANY PAYABLE	6,288,171.
(9) DEFERRED REVENUE	54,137.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	69,325,209.

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 FIN 48 (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.

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

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.

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

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

THE PURPOSE OF:

1) DEPARTMENT NEEDS - ONCOLOGY, PEDIATRICS, EMERGENCY DEPARTMENT, CHAPEL, OPHTHALMOLOGY, AND SAFE (DOMESTIC VIOLENCE PROGRAM).

2) RESEARCH - SUPPORT CLINICAL RESEARCH PERFORMED AT GREATER BALTIMORE MEDICAL CENTER.

2) EDUCATION - SUPPORT EDUCATION PROGRAMS, LECTURES AND SCHOLARSHIPS, CENTER FOR NURSING EXCELLENCE.

4) GENERAL SUPPORT FOR GREATER BALTIMORE MEDICAL CENTER.

5) UNCOMPENSATED CARE.

Part XIII Supplemental Information *(continued)*

PART X, LINE 2:

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

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

THE FINANCIAL ACCOUNTING STANDARDS BOARD'S (FASB) GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES CLARIFIES THE ACCOUNTING FOR UNCERTAINTY OF INCOME TAX POSITIONS. THIS GUIDANCE DEFINES THE THRESHOLD FOR RECOGNIZING TAX RETURN POSITIONS IN THE CONSOLIDATED FINANCIAL STATEMENTS AS "MORE LIKELY THAN NOT" THAT THE POSITION IS SUSTAINABLE, BASED ON ITS TECHNICAL MERITS. THIS STANDARD ALSO PROVIDES GUIDANCE ON THE MEASUREMENT, CLASSIFICATION AND DISCLOSURE OF TAX RETURN POSITIONS IN THE CONSOLIDATED FINANCIAL STATEMENTS. THE COMPANY HAS ADOPTED THIS GUIDANCE, AND THERE WERE NO AMOUNTS RECORDED IN THE CONSOLIDATED FINANCIAL STATEMENTS AS OF AND DURING THE YEARS ENDED JUNE 30, 2019 AND 2018 FOR UNCERTAIN TAX POSITIONS.

GBMC AGENCY, INC. AND SUBSIDIARIES ARE TAXABLE ENTITIES. AN OPERATING LOSS CARRY FORWARD OF APPROXIMATELY \$121,494 IS AVAILABLE TO OFFSET FUTURE TAXABLE INCOME THROUGH THE YEAR 2038. EFFECTIVE FOR TAX YEARS AFTER

Part XIII Supplemental Information *(continued)*

DECEMBER 31, 2017, THE NET OPERATING LOSS CARRY FORWARD IS INDEFINITE. AS
OF JUNE 30, 2019 AND 2018, DEFERRED TAX ASSETS OF \$37,725 AND \$38,156,
RESPECTIVELY, CONSISTING PRIMARILY OF NET OPERATING LOSS CARRY FORWARDS,
WERE OFFSET BY A RELATED VALUATION ALLOWANCE.

ON DECEMBER 22, 2017, THE PRESIDENT SIGNED INTO LAW H.R.1, ORIGINALLY
KNOWN AS THE TAX CUTS AND JOBS ACT. THE NEW LAW INCLUDES SEVERAL
PROVISIONS THAT RESULT IN SUBSTANTIAL CHANGES TO THE TAX TREATMENT OF
TAX-EXEMPT ORGANIZATIONS AND THEIR DONORS. THE COMPANY HAS REVIEWED THESE
PROVISIONS AND THE POTENTIAL IMPACT AND CONCLUDED THE ENACTMENT OF H.R.1
DID NOT HAVE A MATERIAL EFFECT ON THE OPERATIONS OF THE ORGANIZATION.

ALL OF THE AMOUNTS REPORTED ABOVE ARE IN THOUSANDS.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ► _____

3 Enter total number of other organizations or entities ► _____

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

GBMC RUXTON PROVIDES MONTHLY FINANCIAL REPORTS, WHICH ARE REVIEWED BY

GBMC ACCOUNTING EMPLOYEES.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		STEEPLE CHASE (event type)	GOLF OUTING (event type)	3 (total number)	
Revenue	1 Gross receipts	328,524.	163,120.	171,714.	663,358.
	2 Less: Contributions	264,771.	121,118.	138,874.	524,763.
	3 Gross income (line 1 minus line 2)	63,753.	42,002.	32,840.	138,595.
Direct Expenses	4 Cash prizes	120,000.			120,000.
	5 Noncash prizes				
	6 Rent/facility costs	217,650.	56,451.	1,919.	276,020.
	7 Food and beverages	8,401.		2,757.	11,158.
	8 Entertainment	19,021.		760.	19,781.
	9 Other direct expenses	14,752.	151.		14,903.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				441,862.
11 Net income summary. Subtract line 10 from line 3, column (d)				-303,267.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ **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.**

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

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	X	
b If "Yes," was it a written policy?	1b	X	
<p>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.</p> <p><input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities</p> <p><input type="checkbox"/> Generally tailored to individual hospital facilities</p>			
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 <i>free</i> care?	3a	X	
<p>If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:</p> <p><input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>300</u> %</p>			
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	3b		X
<p>If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:</p> <p><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %</p>			
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"?	4	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		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?	5c		
6a Did the organization prepare a community benefit report during the tax year?	6a	X	
b If "Yes," did the organization make it available to the public?	6b	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			9,131,975.	7,591,659.	1,540,316.	.29%
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			9,131,975.	7,591,659.	1,540,316.	.29%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,470,420.	3,145.	1,467,275.	.28%
f Health professions education (from Worksheet 5)			5,990,778.		5,990,778.	1.14%
g Subsidized health services (from Worksheet 6)			112,683,098.	71,382,500.	41,300,598.	7.83%
h Research (from Worksheet 7)			681,748.		681,748.	.13%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			81,935.		81,935.	.02%
j Total. Other Benefits			120,907,979.	71,385,645.	49,522,334.	9.40%
k Total. Add lines 7d and 7j			130,039,954.	78,977,304.	51,062,650.	9.69%

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

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

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

	Yes	No
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	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
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>20 18</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?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTPS://WWW.GBMC.ORG/CHNA</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input 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>20 18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>HTTPS://WWW.GBMC.ORG/CHNA</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 GREATER BALTIMORE MEDICAL CENTER

		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?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300</u> % and FPG family income limit for eligibility for discounted care of <u>0</u> %		
b	<input checked="" 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 checked="" type="checkbox"/> Insurance status		
f	<input checked="" 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?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
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?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>HTTPS://WWW.GBMC.ORG/FINANCIALSUPPORT</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
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 checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

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

		Yes	No
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?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
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?	X	
If "No," indicate why:			
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 GREATER BALTIMORE MEDICAL CENTER

	Yes	No
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a <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 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 checked="" 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.	23	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.	24	X

Part V Facility Information (continued)

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

GREATER BALTIMORE MEDICAL CENTER:

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

ASSESSMENT (CHNA), SELECT INDIVIDUALS THROUGHOUT THE COMMUNITY

REPRESENTING A VARIETY OF UNIQUE SERVICES, INCLUDING PUBLIC HEALTH,

MEDICAL SERVICES, SOCIAL ORGANIZATIONS, CHILD & YOUTH SERVICES AND

FAITH-BASED ORGANIZATIONS WERE CHOSEN TO PARTICIPATE IN DIRECTLY

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

MOST SIGNIFICANT SOCIAL AND HEALTHCARE ISSUES FACING THE COMMUNITY

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

OVERALL CHNA REPORT. ADDITIONALLY, TWO COMMUNITY STAKEHOLDER MEETINGS ARE

HELD EVERY YEAR TO SOLICIT FEEDBACK ON INITIATIVES AND PROGRESS TOWARD

GOALS.

GREATER BALTIMORE MEDICAL CENTER:

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

MADE SIGNIFICANT STRIDES IN ITS IMPLEMENTATION OF PROGRAMS IN RESPONSE TO

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

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

MEANINGFUL WAY, WHETHER THROUGH INTERNALLY DEVELOPED STRATEGIES AND/OR

PARTNERSHIPS. GBMC HAS EXPANDED ITS COLLABORATIVE CARE MANAGEMENT AND CARE

COORDINATION MODEL WITH THE ADDITION OF THREE PROGRAMS: BEHAVIORAL HEALTH

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

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

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

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

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.

PATIENT CENTRICITY. AS WITH GBMC'S OTHER SERVICES, INVESTMENT IN SENIOR

LOW-INCOME HOUSING, BEHAVIORAL HEALTH IN OUR PCMH AND IMPLEMENTATION OF

GBMC'S ELDER MEDICAL CARE PROGRAM HAS SIGNIFICANTLY IMPROVED SENIORS

ACCESS TO CARE INCLUDING HOME-BASED SERVICES. AN INTERDISCIPLINARY TEAM

PROVIDES CLINICAL INTERVENTIONS IN THE HOME SETTING, INCLUDING LAB

SERVICES, BEHAVIORAL HEALTH CONSULTATIONS, COMMUNITY HEALTH COORDINATION,

AND INTERVENTIONS BY PHARMACISTS. THROUGH THESE PROGRAMS, GBMC ASSISTED

1,813 LOW INCOME AND/OR HOME BOUND SENIORS. A DESIGNATED NURSE

PRACTITIONER MADE 1,263 VISITS TO SENIORS THROUGHOUT THE COMMUNITY,

PROVIDING VACCINATIONS AND GLUCOSE SCREENINGS.

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

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

PREVENTABLE HOSPITALIZATIONS, ACCESS TO CARE AND OTHER SOCIAL DETERMINANTS

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

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

INCIDENCE IN MARYLAND OF HIV, CHRONIC OBSTRUCTIVE PULMONARY DISEASE

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

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

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

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

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

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

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

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

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

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.

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

COMMISSION PROJECTS AN INCREASE IN CITY RESIDENTS NEEDING HOSPICE. THIS

POPULATION ALSO TENDS TO BE THOSE MOST IN NEED. IN FISCAL YEAR 2019,

GILCHRIST CENTER BALTIMORE HAD AN AVERAGE DAILY CENSUS OF 16.1 AND

OPERATES AT AN OVER \$1 MILLION ANNUAL LOSS.

GBMC HAS INVESTED SIGNIFICANTLY, \$34 MILLION IN FY19, IN ITS PHYSICIAN

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

FOR QUALITY ASSURANCE, AS A LEVEL 3 PHYSICIAN PRACTICE

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

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

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

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

CARE SETTING SIGNIFICANTLY REDUCED TOTAL COST OF CARE AND ENHANCED PATIENT

ACCESS OVER A TWO-YEAR PERIOD, GBMC'S COVERED LIVES INCREASED 22%.

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

IN FY19, BY THE 275 HIGH RISK PATIENT INTERVENTIONS IN THE EMERGENCY

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

SETTINGS.

REGARDING BEHAVIORAL HEALTH, GBMC HAS PARTNERED WITH SHEPPARD PRATT TO

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

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

INITIATIVE, GBMC BELIEVES THAT MANY MORE PATIENTS WILL ACCESS MENTAL

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

EARLY IDENTIFICATION AND MORE EFFECTIVE MANAGEMENT OF CHRONIC MEDICAL

CONDITIONS WHICH WILL REDUCE THE NEED FOR HOSPITAL SERVICES.

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.

ADDITIONAL NOTABLE PROGRAMS INCLUDE GBMC'S SAFE & DOMESTIC VIOLENCE PROGRAM STAFF, WHICH PARTNERS WITH BALTIMORE LAW ENFORCEMENT TO IMPROVE VICTIMS' SAFETY AND WELL-BEING BY PROVIDING HIGH QUALITY COMPREHENSIVE DIRECT SERVICES TO VICTIMS OF SEXUAL ASSAULT, DOMESTIC VIOLENCE, CHILD ABUSE AND HUMAN TRAFFICKING. GBMC PROVIDES 365 DAYS A YEAR COVERAGE OF A FORENSICS NURSE AND AN ADVOCATE. ONE CRITICAL COMPONENT OF THIS OBJECTIVE IS TO IMPROVE COURT OUTCOMES FOR VICTIMS. OVER 700 PATIENTS WERE SEEN IN THE SAFE PROGRAM, AND THE PROGRAM SUCCESSFULLY EXPANDED ITS SERVICE TO CARE FOR PEDIATRIC SEXUAL ABUSE VICTIMS, AN UNDERSERVED POPULATION IN BALTIMORE COUNTY.

GBMC HAS A COMPREHENSIVE OBESITY MANAGEMENT PROGRAM, RUN GBMC, WHOSE GOAL IS TO GET PATIENTS ENGAGED IN HEALTHIER LIFESTYLES, WITH THE GOAL OF COMPLETING GBMC'S ANNUAL FATHER'S DAY 5K. RUN GBMC GIVES PATIENTS THE OPPORTUNITY TO GAIN NECESSARY TOOLS AND EDUCATION ON PHYSICAL ACTIVITY ALLOWED FOR THESE PATIENTS TO START A JOURNEY TO LOSE WEIGHT AND GAIN A BETTER HEALTH STATUS IN GENERAL. IN FY19, THIS INITIATIVE REACHED 1,300 OBESE INDIVIDUALS. TOTAL WEIGHT LOSS ACHIEVED WAS 100,000 POUNDS.

THIS YEAR WE IMPLEMENTED THE PRODUCE IN A SNAP MARKET TO AIDE IN OUR PREVENTION. THIS INITIATIVE IS A COLLABORATIVE EFFORT WITH UM ST. JOSEPH AND HUNGRY HARVEST. WE CONTINUE TO TREAT A HIGH VOLUME OF BARIATRIC PATIENTS THROUGH SURGICAL INTERVENTION. THE OBESITY MANAGEMENT PROGRAM HOST AN ANNUAL REVEAL PARTY FOR THOSE PATIENTS WHO HAVE SUCCESSFULLY GONE THROUGH THE PROGRAM. THIS NIGHT IS CONSIDERED A MAGICAL, EMOTIONAL, DIVERSE, COMMUNITY EVENT WHERE BARIATRIC SURGERY PATIENTS ARE CELEBRATED,

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.

AND THEIR EXPERIENCE OF CARE IS HIGHLIGHTED.

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

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

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

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

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

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

ALONE THROUGHOUT BALTIMORE COUNTY HAS BROUGHT PATIENTS AND COMMUNITY

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

THE GECKLE DIABETES AND NUTRITION CENTER AT GBMC OFFERS A COMPREHENSIVE

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

THE DIABETES EDUCATION TEAM CONSISTS OF REGISTERED DIETITIANS AND

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

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

THEIR DIABETES. DIABETES NUTRITION AND MEAL PLANNING AND PHYSICAL ACTIVITY

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

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

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

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

SIGNIFICANTLY IMPROVE THE QUALITY OF THE PATIENTS LIVES. IN FY19, GBMC'S

DIABETES CENTER HAD 1,718 VISITS.

GBMC HAS IDENTIFIED SEVERAL SERVICE BARRIERS AS THE ORGANIZATION HAS

WORKED TO IMPLEMENT IT'S CHNA WORK. THESE INCLUDE: ISOLATION AND STIGMA

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

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.

COMMUNITY, AND TRANSPORTATION CHALLENGES FOR PATIENTS. WHILE NOT FULLY

ADDRESSED, SIGNIFICANT STRIDES HAVE BEEN MADE IN BREAKING DOWN THESE

BARRIERS. GBMC HAS BEEN WORKING TO ESTABLISH A CONTRACTUAL RELATIONSHIP

WITH LYFT TO SUPPORT PATIENT TRANSPORT, FOR EXAMPLE. ADDITIONALLY, THE

ORGANIZATION HAS IMPLEMENTED SYSTEM-WIDE WORKFLOWS TO ASSESS AND ADDRESS

SOCIAL DETERMINANTS OF HEALTH. FINALLY, IN PARTNERSHIP WITH SHEPPARD

PRATT, PATIENTS CAN BE CONNECTED TO VARYING SOCIAL AND CLINICAL BEHAVIORAL

AND MENTAL HEALTH SERVICES IN INDIVIDUAL AND GROUP SETTINGS TO BOTH REDUCE

STIGMA AND INCREASE ACCESSIBILITY FOR PATIENTS.

GREATER BALTIMORE MEDICAL CENTER

PART V, LINE 16B, FAP APPLICATION WEBSITE:

[HTTPS://WWW.GBMC.ORG/FINANCIALSUPPORT](https://www.gbmc.org/financialsupport)

GREATER BALTIMORE MEDICAL CENTER

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

[HTTPS://WWW.GBMC.ORG/FINANCIALSUPPORT](https://www.gbmc.org/financialsupport)

GREATER BALTIMORE MEDICAL CENTER:

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

ACKNOWLEDGMENTS DOCUMENT, WHICH AMONG OTHER THINGS, SUMMARIZES THE

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

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

IN ADDITION, EACH INVOICE NOTES THE AVAILABILITY OF FINANCIAL ASSISTANCE

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

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.

FINANCIAL ASSISTANCE IS ALSO VISIBLY DISPLAYED WITHIN AREAS OF PATIENT

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

SERVICE AREAS, ETC.

Multiple horizontal lines for providing supplemental information.

Part VI Supplemental Information

Provide the following information.

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

PART I, LINE 7:

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

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

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

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

DETERMINES PAYMENT THROUGH A RATE SETTING PROCESS AND ALL PAYORS,

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

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

INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS'

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

REVENUE RELATED TO UNCOMPENSATED CARE.

PART I, LINE 7G:

HOSPITAL BASED PHYSICIANS- GBMC EMPLOYS SELECT HOSPITAL BASED PHYSICIAN

GROUPS (I.E. NEUROLOGY, INFECTIOUS DISEASE, GENETICS) TO BETTER SERVE THE

CLINICAL NEEDS OF THE REGION THAT MAY NOT BE AVAILABLE OR AS EASILY

ACCESSIBLE THROUGH COMMUNITY BASED PHYSICIANS. NON-RESIDENT HOUSE STAFF

AND HOSPITALIST - GBMC EMPLOYS SELECT HOSPITALIST GROUPS (OB, NICU,

Part VI Supplemental Information (Continuation)

MEDICINE & INTENSIVIST) TO SERVE THE INPATIENT CLINICAL NEEDS THROUGH

IN-HOUSE 24/7 COVERAGE. COVERAGE OF EMERGENCY DEPARTMENT - GBMC EMPLOYS

EMERGENCY MEDICINE PROVIDERS TO MEET THE EMERGENT CLINICAL NEEDS OF THE

COMMUNITY THAT CANNOT BE MET BY COMMUNITY PHYSICIANS AND URGENT CARE

FACILITIES BASED ON CLINICAL NEED AND/ OR HOURS OF OPERATION.

PART II, COMMUNITY BUILDING ACTIVITIES:

GBMC SUPPORTS COVERAGE OF SPECIALTY SERVICES (ORTHOPEDECS, ANESTHESIA,

GENERAL SURGERY, ETC.) PROVIDED IN THE EMERGENCY ROOM TO MEDICAID AND

UNINSURED PATIENT POPULATIONS BY ENSURING PAYMENT OF THE PHYSICIAN

PROFESSIONAL FEES FOR SURGICAL RELATED CASES. GBMC ALSO EMPLOYS A

FULL-TIME GERIATRIC NURSE PRACTITIONER WHOSE SOLE RESPONSIBILITY IS TO

PROVIDE EDUCATION AND PRIMARY CARE SERVICES AT TOWSON AREA LOW-INCOME

SENIOR LIVING FACILITIES. GBMC PARTNERS WITH CATHOLIC CHARITIES TO PROVIDE

ON-SITE PHYSICIAN COVERAGE AT A RESIDENTIAL MENTAL HEALTH TREATMENT FOR

CHILDREN (VILLA MARIA).

GBMC PARTNERS WITH THE CHRISTO REY ORGANIZATION THROUGH AN ANNUAL

SPONSORSHIP THAT ALLOWS FOR PRACTICAL JOB SKILLS TO BE GAINED BY AT-RISK

HIGH-SCHOOL STUDENTS THROUGH SPONSORSHIP OF A STUDENT IN AN ON-SITE

WORK/STUDY ROLE.

PART III, LINE 2:

THE COMPANY ADOPTED ACCOUNTING STANDARDS CODIFICATION (ASC) 606, REVENUE

RECOGNITION, EFFECTIVE JULY 1, 2018 USING THE MODIFIED RETROSPECTIVE

TRANSITION METHOD. ASC 606 PROVIDES A PRINCIPLES-BASED FRAMEWORK FOR

RECOGNIZING REVENUE TO DEPICT THE TRANSFER OF PROMISED GOODS OR SERVICES

TO CUSTOMERS IN AN AMOUNT THAT REFLECTS THE CONSIDERATION TO WHICH THE

Part VI Supplemental Information (Continuation)

ENTITY EXPECTS TO BE ENTITLED IN EXCHANGE FOR THOSE GOODS OR SERVICES.

UPON ADOPTION, THE MAJORITY OF WHAT WAS PREVIOUSLY CLASSIFIED AS PROVISION

FOR UNCOLLECTIBLE ACCOUNTS AND PRESENTED AS A REDUCTION TO NET PATIENT

SERVICE REVENUE IN THE CONSOLIDATED STATEMENTS OF OPERATIONS IS TREATED AS

A PRICE CONCESSION THAT REDUCES THE TRANSACTION PRICE, WHICH IS REPORTED

AS A REDUCTION TO NET PATIENT SERVICE REVENUE. AS SUCH, \$13.5 MILLION FOR

PROVISION FOR UNCOLLECTIBLE ACCOUNTS WAS RECORDED AS AN IMPLICIT PRICE

CONCESSION REDUCING PATIENT SERVICES REVENUE.

PART III, LINE 3:

AS PART OF THE COMPANY'S MISSION, IT PROVIDES MEDICAL CARE WITHOUT

DISCRIMINATION, INCLUDING THE ABILITY OF A PATIENT TO PAY FOR SERVICES.

UNDER THE COMPANYS FINANCIAL ASSISTANCE POLICY, PATIENTS WHO MEET CERTAIN

FINANCIAL BASED CRITERIA CAN QUALIFY FOR FREE CARE ON ALL OR A PORTION OF

THE TOTAL PATIENT BILL. THE COMPANY RECORDED \$1,173,000 AND \$1,643,000 OF

FINANCIAL ASSISTANCE DURING THE YEARS ENDED JUNE 30, 2019 AND 2018,

RESPECTIVELY. THE TOTAL DIRECT AND INDIRECT COST OF PROVIDING FINANCIAL

ASSISTANCE WAS APPROXIMATELY \$873,000 AND \$1,222,000 DURING THE FISCAL

YEARS ENDED JUNE 30, 2019 AND 2018, RESPECTIVELY. IN ADDITION TO ITS

FINANCIAL ASSISTANCE POLICY, THE COMPANY HAS A LONG STANDING COMMITMENT OF

SUPPORTING THE COMMUNITY THROUGH THE PROVISION OF OUTREACH SERVICES

DESIGNED TO ADDRESS IDENTIFIED HEALTH AND SOCIAL ISSUES. SPECIFICALLY, THE

COMPANY PROVIDES A VARIETY OF SCREENING AND EARLY DETECTION TESTS,

WELLNESS ACTIVITIES, SOCIAL SUPPORT SERVICES AND EDUCATIONAL SEMINARS. A

MAJORITY OF THESE SERVICES ARE PROVIDED AT EITHER NOMINAL OR NO COST TO

COMMUNITY MEMBERS.

PART III, LINE 4:

Part VI Supplemental Information (Continuation)

NET PATIENT SERVICE REVENUE IS RECOGNIZED, OVER TIME, AS PERFORMANCE OBLIGATIONS ARE SATISFIED. PERFORMANCE OBLIGATIONS ARE DETERMINED BASED ON THE NATURE OF THE SERVICES PROVIDED. REVENUE FOR PERFORMANCE OBLIGATIONS SATISFIED OVER TIME IS RECOGNIZED AT THE ESTIMATED NET REALIZABLE AMOUNTS FROM PATIENTS AND THIRD-PARTY PAYORS FOR SERVICES RENDERED. THE COMPANY GENERATES REVENUES, PRIMARILY BY PROVIDING HEALTHCARE SERVICES TO ITS CUSTOMERS. REVENUES ARE RECOGNIZED WHEN CONTROL OF THE PROMISED GOOD OR SERVICE IS TRANSFERRED TO OUR CUSTOMERS, IN AN AMOUNT THAT REFLECTS THE CONSIDERATION TO WHICH THE COMPANY EXPECTS TO BE ENTITLED FROM PATIENTS, THIRD-PARTY PAYORS (INCLUDING GOVERNMENT PROGRAMS AND INSURERS) AND OTHERS, IN EXCHANGE FOR THOSE GOODS AND SERVICES.

PERFORMANCE OBLIGATIONS ARE DETERMINED BASED ON THE NATURE OF THE SERVICES PROVIDED. THE MAJORITY OF THE COMPANY'S HEALTHCARE SERVICES REPRESENT A BUNDLE OF SERVICES THAT ARE NOT CAPABLE OF BEING DISTINCT AND AS SUCH, ARE TREATED AS A SINGLE PERFORMANCE OBLIGATION SATISFIED OVER TIME AS SERVICES ARE RENDERED. THE COMPANY ALSO PROVIDES CERTAIN ANCILLARY SERVICES WHICH ARE NOT INCLUDED IN THE BUNDLE OF SERVICES, AND AS SUCH, ARE TREATED AS SEPARATE PERFORMANCE OBLIGATIONS SATISFIED AT A POINT IN TIME, IF AND WHEN THOSE SERVICES ARE RENDERED.

THE COMPANY'S ESTIMATE OF THE TRANSACTION PRICE INCLUDES ESTIMATES OF PRICE CONCESSIONS FOR SUCH ITEMS AS CONTRACTUAL ALLOWANCES, CHARITY CARE, POTENTIAL ADJUSTMENTS THAT MAY ARISE FROM PAYMENT AND OTHER REVIEWS, AND UNCOLLECTIBLE AMOUNTS, WHICH ARE DETERMINED USING A PORTFOLIO APPROACH AS A PRACTICAL EXPEDIENT TO ACCOUNT FOR PATIENT CONTRACTS AS COLLECTIVE GROUPS RATHER THAN INDIVIDUALLY. ESTIMATES FOR UNCOLLECTIBLE AMOUNTS ARE BASED ON THE AGING OF THE ACCOUNTS RECEIVABLE, HISTORICAL COLLECTION

Part VI Supplemental Information (Continuation)

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

OTHER RELEVANT FACTORS. SUBSEQUENT CHANGES TO THE ESTIMATE OF THE

TRANSACTION PRICE ARE GENERALLY RECORDED AS ADJUSTMENTS TO NET PATIENT

SERVICE REVENUE IN THE PERIOD OF THE CHANGE.

SUBSEQUENT CHANGES THAT ARE DETERMINED TO BE THE RESULT OF AN ADVERSE

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

EXPENSE. BAD DEBT EXPENSE FOR THE YEARS ENDED JUNE 30, 2019 AND 2018 WAS

NOT SIGNIFICANT TO THE CONSOLIDATED FINANCIAL STATEMENTS.

PART III, LINE 8:

N/A; MARYLAND HAS A MEDICARE WAIVER.

PART III, LINE 9B:

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

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

THEY ARE AUTOMATICALLY REFERRED TO GBMC'S ASSUMPTIVE FINANCIAL ASSISTANCE

PROGRAM. THE PROGRAM IS RUN IN PARTNERSHIP WITH TRANSUNION CREDIT

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

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

SCORING SYSTEM TO DETERMINE LIKELIHOOD OF ABILITY TO PAY BASED ON

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

SCORING ARE COMPARED TO GBMC'S FINANCIAL ASSISTANCE ELIGIBILITY CRITERIA

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

PART VI, LINE 2:

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

ASSESSMENT DESIGNED TO EVALUATE AND UNDERSTAND THE UNMET HEALTHCARE NEEDS

Part VI Supplemental Information (Continuation)

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

PART VI, LINE 3:

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

PART VI, LINE 4:

GREATER BALTIMORE MEDICAL CENTER, INC. ("GBMC") IS A PRIVATE, NOT-FOR-PROFIT, 268 BED, REGIONAL MEDICAL CENTER. IT IS LOCATED IN TOWSON, MARYLAND, A SUBURBAN BALTIMORE COUNTY COMMUNITY TWO MILES NORTH OF BALTIMORE CITY. GBMC'S PRIMARY SERVICE AREA INCLUDES ALL OF BALTIMORE COUNTY, THE NORTHERN PORTION OF BALTIMORE CITY, AND PORTIONS OF CARROLL AND HARFORD COUNTIES. THE POPULATION IN GBMC'S SERVICE AREA HAS

Part VI Supplemental Information (Continuation)

TRADITIONALLY BEEN AFFLUENT WHEN COMPARED TO THAT OF BALTIMORE COUNTY AND
THE NATION. THE 2016 MEDIAN FAMILY INCOME FOR GBMC'S IMMEDIATE SERVICE
AREA WAS \$82,768, COMPARED TO \$89,416 AND \$65,443 FOR MARYLAND AND THE
NATION RESPECTIVELY. HOWEVER, GBMC'S PERCENTAGE OF UNINSURED IS 8.7% FOR
ITS IMMEDIATE SERVICE AREA, COMPARED TO 9.9% FOR BALTIMORE COUNTY AND A
NATIONAL AVERAGE OF 14.2%. GBMC'S IMMEDIATE SERVICE AREA HAS A MEDICAID
POPULATION OF 5.26%, COMPARED TO MEDICAID AVERAGES OF 13% AND 15% FOR
BALTIMORE COUNTY AND THE STATE OF MARYLAND RESPECTIVELY.

PART VI, LINE 5:

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

Part VI Supplemental Information (Continuation)

IS CONSIDERED TO BE INDIGENT.

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

MD

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization
GREATER BALTIMORE MEDICAL CENTER, INC.

Employer identification number
52-6049658

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CRISTO REY INTERNSHIP PROGRAM, INC. - 420 SOUTH CHESTER STREET - BALTIMORE, MD 21231	36-4067306	501(C)(3)	37,500.	0.			TO MAKE A PRIVATE, COLLEGE-PREPARATORY EDUCATION AFFORDABLE TO URBAN YOUNG PEOPLE FROM
SHEPPARD & ENOCH PRATT FOUNDATION 6501 N CHARLES STREET TOWNSON, MD 21204	52-1357109	501(C)(3)	10,000.	0.			MENTAL HEALTH CARE OTHER INSTRUCTION & TRAINING MHA ASSISTANCE IN PARTNERSHIP WITH OTHER
GBMC HEALTHCARE 6545 N. CHARLES STREET TOWNSON, MD 21204	52-1484872	501(C)(3)	50,000.	0.			GENERAL SUPPORT FOR HEALTHCARE.
AMERICAN HEART ASSOCIATION 415 NORTH CHARLES BALTIMORE, MD 21201	13-5613797	501(C)(3)	7,500.	0.			GENERAL SUPPORT
ALZHEIMER'S ASSOCIATION 1850 YORK ROAD LUTHERVILLE, MD 21093	13-3039601	501(C)(3)	10,000.	0.			GENERAL SUPPORT FOR HEALTHCARE.
ULMAN CANCER FUND 1215 E FORT AVENUE #104 BALTIMORE, MD 21230	52-2057636	501(C)(3)	6,000.	0.			SUPPORTING YOUNG ADULTS IMPACTED BY CANCER

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 6.

3 Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) (2018)

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

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

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

PART I, LINE 2:

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

PART II, LINE 1, COLUMN (H):

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

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO MAKE A PRIVATE,
COLLEGE-PREPARATORY EDUCATION AFFORDABLE TO URBAN YOUNG PEOPLE FROM
BALTIMORE

NAME OF ORGANIZATION OR GOVERNMENT: SHEPPARD & ENOCH PRATT FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: MENTAL HEALTH CARE OTHER INSTRUCTION
& TRAINING MHA ASSISTANCE IN PARTNERSHIP WITH OTHER ORGANIZATIONS
THROUGHOUT THE STATE TO END MARYLAND'S CHRONIC NURSING SHORTAGES.

**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.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
GREATER BALTIMORE MEDICAL CENTER, INC.

Employer identification number
52-6049658

Part I Questions Regarding Compensation

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

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

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

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

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARIA PANE, M.D. DIR/PHYS/VICE CHIEF OF STAFF	(i)	337,350.	50.	507.	12,500.	40,414.	390,821.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MELISSA SPARROW, M.D. CHIEF OF STAFF	(i)	229,159.	170.	417.	5,500.	24,898.	260,144.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JOHN B. CHESSARE, M.D. DIRECTOR/CEO GBMC HEALTHCARE	(i)	821,206.	180,588.	239,232.	12,000.	27,019.	1,280,045.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MR. KEITH R. POISSON EVP & COO GBMC HEALTHCARE	(i)	461,004.	93,057.	121,743.	14,750.	30,239.	720,793.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) HAROLD TUCKER, M.D. CHIEF MEDICAL OFFICER	(i)	490,814.	101,307.	2,509.	86,250.	28,547.	709,427.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MS. LAURIE R. BEYER EVP & CFO GBMC HEALTHCARE	(i)	394,760.	52,728.	7,651.	82,000.	40,512.	577,651.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MR. BENNETT J. BERES VP/COO HLTH PTNR (ENDED 11/18)	(i)	304,999.	52,036.	42,370.	9,250.	12,631.	421,286.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MS. CAROLYN L. CANDIELLO VP QUALITY & PT SAFETY	(i)	263,090.	51,502.	33,325.	10,502.	26,376.	384,795.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MS. JENNY COLDIRON VP DEVELOPMENT GBMC HEALTHCARE	(i)	216,852.	95,827.	5,501.	11,887.	41,571.	371,638.	32,752.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MS. CATHERINE HAMEL VP POST ACUTE SRVS & EXEC	(i)	315,370.	68,354.	39,091.	13,063.	39,418.	475,296.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MR. DAVID J. HYNSON VP & CIO	(i)	257,028.	100,574.	7,367.	14,750.	41,187.	420,906.	42,407.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) MS. JOANN IOANNOU SVP PATIENT SERVICES	(i)	265,740.	69,046.	3,450.	54,615.	42,562.	435,413.	11,431.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) MS. SUSAN MARTIELLI VP LEGAL AFFAIRS/CHIEF COUNSEL	(i)	333,524.	70,624.	6,410.	14,166.	12,898.	437,622.	12,901.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) MS. STACEY L. MCGREEVY VP FACILITIES	(i)	243,034.	43,573.	1,040.	43,365.	1,508.	332,520.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) MS. ANNA-MARIA G. PALMER VP HUMAN RESOURCES	(i)	279,484.	48,944.	6,904.	39,568.	19,813.	394,713.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) VICTOR A. KHOUZAMI M.D. CHAIR/PHYSICIAN	(i)	1,210,955.	148,625.	1,138.	14,750.	26,349.	1,401,817.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) BIMAL G. RAMI, M.D. MED DIRECTOR/PHYSICIAN	(i)	874,413.	175,603.	180.	12,975.	37,937.	1,101,108.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) CLAIRE M. WEITZ, MD PHYSICIAN	(i)	756,295.	96,125.	1,400.	14,750.	24,705.	893,275.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) NIRAJ JANI, M.D. MED DIRECTOR/PHYSICIAN	(i)	655,206.	147,630.	120.	11,005.	35,009.	848,970.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) ELIZABETH A. DOVEC, MD PHYSICIAN	(i)	668,747.	120,665.	108.	12,000.	44,337.	845,857.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) MR. GEORGE E. BAYLESS, III FORMER CFO GBMC HEALTHCARE (END 10/1	(i)	55,886.	50,000.	1,244.	2,661.	6,015.	115,806.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) MR. JOHN W. ELLIS FORMER SR VP STRAT/BUS DEV (END 4/18	(i)	157,565.	38,823.	385,516.	3,200.	8,169.	593,273.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4A

JOHN W. ELLIS, FORMER SR. VP STRATEGY/BUS DEVELOPMENT, RECEIVED A

SEVERANCE PAYMENT OF \$274,730 IN 2018.

PART I, LINE 4B:

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

RETIREMENT PLAN. THIS PLAN WAS APPROVED BY THE COMPENSATION COMMITTEE

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

RETIREMENT INCOME. THE SUPPLEMENTAL RETIREMENT PLAN WAS DEVELOPED BASED

ON INDEPENDENT CONSULTANT REPORT ON MARKET-BASED PRACTICES FOR

SUPPLEMENTAL RETIREMENT PLANS. THE PERCENTAGE OF FINAL AVERAGE PAY, THE

REQUIREMENTS FOR VESTING, PARTICIPANTS, AND PAY-OUT PROVISIONS WERE

ESTABLISHED, REVIEWED, AND APPROVED BY THE COMPENSATION COMMITTEE. THE

CONTRIBUTIONS TO THE SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN ARE

INCLUDED IN SCHEDULE J, PART II, COLUMN C OR IN SCHEDULE J, PART II,

COLUMN B(III) AS PART OF DEFERRED COMPENSATION. MR. JOHN B. CHESSARE,

MD, MS. LAURIE R. BEYER, MR. KEITH R. POISSON, MS. JENNY COLDIRON, MR.

GEORGE E. BAYLESS, III, MS. CAROLYN L. CANDIELLO, MS. CATHERINE HAMEL,

MR. DAVID J. HYNSON, MS. JOANN Z. IOANNOU, MS. SUSAN MARTIELLI, MS.

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.

ANNA-MARIA PALMER, MR. HAROLD TUCKER, MS. STACEY MCGREEVY, MR. BENNETT

J. BERES, AND MR. JOHN ELLIS PARTICIPATED IN THIS SUPPLEMENTAL

NON-QUALIFIED RETIREMENT PLAN. THE AMOUNTS PAID OUT OF THIS PLAN IN

2018 WERE AS FOLLOWS:

MR. JOHN B. CHESSARE, MD - \$219,069

MR. KEITH R. POISSON - \$98,871

MS. CAROLYN L. CANDIELLO - \$26,713

MS. CATHERINE HAMEL - \$31,415

MR. JOHN W. ELLIS - \$103,585

MR. BENNETT J. BERES - \$32,361

PART II:

GEORGE E. BAYLESS, III WAS THE CFO OF GBMC HEALTHCARE, INC. UNTIL

OCTOBER, 2017, AT WHICH POINT HIS TERM AS AN OFFICER ENDED. MR. BAYLESS

WAS EMPLOYED BY GBMC HEALTHCARE, INC. UNTIL MARCH 2018. THE

COMPENSATION REPORTED ON FORM 990 IS FOR COMPENSATION PAID IN CALENDAR

YEAR 2018, WHILE MR. BAYLESS WAS STILL AN EMPLOYEE OF GBMC HEALTHCARE,

INC.

Supplemental Information on Tax-Exempt Bonds

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

Name of the organization
GREATER BALTIMORE MEDICAL CENTER, INC.

Employer identification number
52-6049658

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

Part II Proceeds										
	A		B		C		D			
1 Amount of bonds retired	19,385,000.				1,525,000.					
2 Amount of bonds legally defeased	32,480,000.		32,205,000.							
3 Total proceeds of issue	67,785,379.		36,317,095.		73,720,000.					
4 Gross proceeds in reserve funds										
5 Capitalized interest from proceeds										
6 Proceeds in refunding escrows					69,987,913.					
7 Issuance costs from proceeds	723,328.				22,274.					
8 Credit enhancement from proceeds										
9 Working capital expenditures from proceeds										
10 Capital expenditures from proceeds	4,999,718.									
11 Other spent proceeds	62,062,333.		36,317,095.		6,401,675.					
12 Other unspent proceeds										
13 Year of substantial completion	2011									
	Yes	No	Yes	No	Yes	No	Yes	No		
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X			X				
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X	X					
16 Has the final allocation of proceeds been made?	X		X		X					
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X					

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

Part III Private Business Use								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X			
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government50 %		.50 %		1.00 %		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 550 %		.50 %		1.00 %		%
7 Does the bond issue meet the private security or payment test?		X		X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

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

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

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

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

PART I, COLUMN (F), LINE A

DESCRIPTION OF PURPOSE: BUILDING RENOVATIONS AND TO REFUND BONDS ISSUED

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

PART II, LINE 3, COLUMN A

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

PART IV, LINE 6, COLUMN C

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIB	5,450,542.	MANAGEMENT		X
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIB	4,685,534.	SOFTWARE EN		X
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIB	2,837,996.	RADIOLOGY S		X
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIB	2,378,644.	SOFTWARE EN		X
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIB	1,304,322.	BEHAVIORAL		X
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIB	777,451.	FIRE SAFETY		X
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIB	770,288.	BROKER SERV		X
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIB	690,013.	ARCHITECTUR		X
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIB	554,171.	AUDIT/CONSU		X
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIB	508,530.	AMBULANCE S		X

Part V Supplemental Information.

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

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

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SUBSTANTIAL CONTRIBUTOR

(C) AMOUNT OF TRANSACTION \$ 5,450,542.

(D) DESCRIPTION OF TRANSACTION: MANAGEMENT - HOTEL SERVICES

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SUBSTANTIAL CONTRIBUTOR

(C) AMOUNT OF TRANSACTION \$ 4,685,534.

(D) DESCRIPTION OF TRANSACTION: SOFTWARE ENGINEERING

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SUBSTANTIAL CONTRIBUTOR

(C) AMOUNT OF TRANSACTION \$ 2,837,996.

(D) DESCRIPTION OF TRANSACTION: RADIOLOGY SERVICES

Part V Supplemental Information

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SUBSTANTIAL CONTRIBUTOR

(C) AMOUNT OF TRANSACTION \$ 2,378,644.

(D) DESCRIPTION OF TRANSACTION: SOFTWARE ENGINEERING

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SUBSTANTIAL CONTRIBUTOR

(C) AMOUNT OF TRANSACTION \$ 1,304,322.

(D) DESCRIPTION OF TRANSACTION: BEHAVIORAL HEALTH SERVICES

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SUBSTANTIAL CONTRIBUTOR

(C) AMOUNT OF TRANSACTION \$ 777,451.

(D) DESCRIPTION OF TRANSACTION: FIRE SAFETY SERVICES

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SUBSTANTIAL CONTRIBUTOR

(C) AMOUNT OF TRANSACTION \$ 770,288.

(D) DESCRIPTION OF TRANSACTION: BROKER SERVICES

Part V Supplemental Information

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SUBSTANTIAL CONTRIBUTOR

(C) AMOUNT OF TRANSACTION \$ 690,013.

(D) DESCRIPTION OF TRANSACTION: ARCHITECTURAL SERVICES

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SUBSTANTIAL CONTRIBUTOR

(C) AMOUNT OF TRANSACTION \$ 554,171.

(D) DESCRIPTION OF TRANSACTION: AUDIT/CONSULTING SERVICES

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SUBSTANTIAL CONTRIBUTOR

(C) AMOUNT OF TRANSACTION \$ 508,530.

(D) DESCRIPTION OF TRANSACTION: AMBULANCE SERVICES

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SUBSTANTIAL CONTRIBUTOR

(C) AMOUNT OF TRANSACTION \$ 436,078.

(D) DESCRIPTION OF TRANSACTION: GENERAL CONTRACTOR SERVICES

Part V Supplemental Information

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SUBSTANTIAL CONTRIBUTOR

(C) AMOUNT OF TRANSACTION \$ 425,520.

(D) DESCRIPTION OF TRANSACTION: PRINTING SERVICES

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SUBSTANTIAL CONTRIBUTOR

(C) AMOUNT OF TRANSACTION \$ 346,341.

(D) DESCRIPTION OF TRANSACTION: WASTE MANAGEMENT SERVICES

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SUBSTANTIAL CONTRIBUTOR

(C) AMOUNT OF TRANSACTION \$ 178,361.

(D) DESCRIPTION OF TRANSACTION: ACTUARIAL SERVICES

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	8	28,386.	COST OR SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

GREATER BALTIMORE MEDICAL CENTER, INC.

Employer identification number

52-6049658

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

HEALING AND HOPE.

FORM 990 PART III, LINE 1

GREATER BALTIMORE MEDICAL CENTER'S PRIMARY EXEMPT PURPOSE IS AS

FOLLOWS:

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

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

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

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

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

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

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

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

PARTICULAR GROUP OF PHYSICIANS AND SURGEONS EXCEPT TO THE EXTENT THAT

DISCRETIONARY AUTHORITY IN THE MANAGEMENT MAY IMPOSE LIMITATIONS BASED

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

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

DIRECTLY OR INDIRECTLY TO THE BENEFIT OF ANY PRIVATE SHAREHOLDER OR

INDIVIDUAL.

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

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

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

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

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

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

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

Schedule O (Form 990 or 990-EZ) (2018)

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

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

PARAGRAPHS (1) AND (2).

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

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

THAT THEY ARE NOT INCONSISTENT WITH THE CHARITABLE PURPOSES OF THE

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

INTERNAL REVENUE CODE, ANY AND ALL POWERS CONFERRED UPON CORPORATIONS

BY THE MARYLAND GENERAL CORPORATION LAW.

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

AMBULATORY, POST ACUTE, & PRIMARY CARE SERVICES

EXPENSES \$ 106,041,677. INCL GRANTS OF \$ 129,991. REVENUE \$ 117,184,992.

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

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

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

STOCKHOLDER OF THE ORGANIZATION. THE BUSINESS AND AFFAIRS OF THE

ORGANIZATION ARE MANAGED UNDER THE DIRECTION OF ITS BOARD OF DIRECTORS

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

WITH THE BYLAWS SUCH AS:

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

B) TO AMEND THE BYLAWS OF THE ORGANIZATION

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

D) TO RATIFY THE ELECTION OF THE PRESIDENT OR OTHER OFFICERS OF THE ORGANIZATION

E) TO REMOVE THE PRESIDENT OR OTHER OFFICERS OF THE ORGANIZATION

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

F) TO ELECT MEMBERS OF THE BOARD OF DIRECTORS OF THE ORGANIZATION

G) TO REMOVE MEMBERS OF THE BOARD OF DIRECTORS OF THE ORGANIZATION

H) TO PURCHASE, SELL OR ENCUMBER WITH DEBT

I) TO SELL ALL OR SUBSTANTIALLY ALL OF THE ORGANIZATION'S ASSETS, OR TO

UNDERTAKE MAJOR EXPANSION PROJECTS

J) TO APPROVE THE ANNUAL OPERATING AND CAPITAL BUDGETS OF THE ORGANIZATION

K) TO APPOINT GENERAL COUNSEL TO AND THE FISCAL AUDITOR OF THE ORGANIZATION

L) TO SET THE FISCAL YEAR OF THE ORGANIZATION

M) TO ISSUE ADDITIONAL STOCK, FOLLOWING THE INITIAL ISSUANCE OF STOCK

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

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

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

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

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

THE AUDIT COMMITTEE OF GREATER BALTIMORE MEDICAL CENTER, INC.'S SUPPORTING

PARENT ORGANIZATION, GBMC HEALTHCARE, INC., REVIEWS THIS FORM 990. A COPY

OF THE FORM 990 IS PROVIDED TO THE FULL BOARD OF DIRECTORS OF THE HOSPITAL

AND GBMC HEALTHCARE PRIOR TO FILING.

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

GREATER BALTIMORE MEDICAL CENTER, INC IS GOVERNED BY THE POLICIES OF ITS

PARENT ORGANIZATION, GBMC HEALTHCARE, INC. THESE POLICIES INCLUDE A WRITTEN

CONFLICT OF INTEREST POLICY ATTESTED TO ANNUALLY, A WRITTEN WHISTLEBLOWER

POLICY, AND A WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY. ANNUALLY,

EVERY BOARD MEMBER, EMPLOYED AND CONTRACTED PHYSICIAN, ADVANCED

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

PRACTITIONER, AND MANAGER (WHICH INCLUDES KEY EMPLOYEES) MUST COMPLETE A COMPREHENSIVE QUESTIONNAIRE THAT PROVIDES FOR THE DISCLOSURE OF POTENTIAL CONFLICTS. ALL DISCLOSURES ARE REVIEWED BY THE COMPLIANCE OFFICER. THOSE DISCLOSURES THAT ARE QUESTIONABLE OR MAY RISE TO THE LEVEL OF A CONFLICT ARE DISCUSSED WITH THE GENERAL IN-HOUSE COUNSEL AND APPROPRIATE ACTION IS TAKEN, IF NECESSARY. A SUMMARY OF POTENTIAL CONFLICTS AND PROPOSED ACTIONS IS PROVIDED TO THE PRESIDENT (FOR MANAGEMENT) AND TO THE GOVERNANCE AND BOARD DEVELOPMENT COMMITTEE (FOR BOARD MEMBERS) ANNUALLY.

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

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

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

THE COMMITTEE ENGAGED AN INDEPENDENT EXECUTIVE COMPENSATION CONSULTANT THAT SPECIALIZES IN THE REVIEW OF HOSPITAL AND HEALTH SYSTEM EXECUTIVE COMPENSATION AND BENEFITS TO COMPILE MARKET COMPENSATION DATA OF SIMILARLY SIZED HEALTH CARE ORGANIZATIONS THROUGHOUT THE COUNTRY AS WELL AS THE SAME GEOGRAPHIC REGION. NO DATA FROM ANY FOR-PROFIT ENTITIES WERE USED. THE DATA WERE CATEGORIZED BY EXECUTIVE POSITION, AND A SALARY RANGE WAS DEVELOPED WITH THE ASSISTANCE OF THE INDEPENDENT COMPENSATION CONSULTANT. THE COMMITTEE RELIED UPON THIS DATA, RELEVANT BUSINESS JUDGMENT FACTORS (E.G., EXPERIENCE, PERFORMANCE, RECRUITMENT AND RETENTION FACTORS AND THE UNIQUE DEMANDS OF THE POSITION), THE GUIDANCE PROVIDED BY THE STATED COMPENSATION PHILOSOPHY AND THE WRITTEN OPINION OF THE INDEPENDENT EXECUTIVE COMPENSATION CONSULTANT AS TO THE REASONABLENESS OF THE COMPENSATION IN RELATION TO MARKET DATA IN MAKING ITS EXECUTIVE COMPENSATION DECISIONS. THE COMMITTEE ALSO CONSIDERS ITS BUSINESS JUDGMENT.

THE COMMITTEE DOCUMENTS THE BASIS FOR ITS DECISIONS THROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES OF THE COMPENSATION COMMITTEE MEETINGS DURING WHICH SUCH DECISIONS ARE DELIBERATED AND DETERMINED. THE COMMITTEE'S DECISIONS ARE SUBJECT TO THE FINAL APPROVAL OF THE BOARD OF DIRECTORS.

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

THE GOVERNING DOCUMENTS ARE LOCATED ON THE STATE OF MARYLAND DEPARTMENT OF TAXATION'S WEBSITE. FINANCIAL STATEMENTS ARE MADE PUBLIC THROUGH THE STATE OF MARYLAND CHARITABLE REGISTRATION. FINANCIAL STATEMENTS FOR GBMC HEALTHCARE, INC. ARE ALSO AVAILABLE THROUGH THE ELECTRONIC MUNICIPAL MARKET ACCESS (EMMA) WEBSITE VIA THE CONTINUING DISCLOSURE DOCUMENT. THE CONFLICT OF INTEREST POLICY IS NOT AVAILABLE TO THE PUBLIC.

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

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

PENSION EXPENSE	-289,144.
TRANSFER TO AFFILIATES	103,905.
TOTAL TO FORM 990, PART XI, LINE 9	-185,239.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" 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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
GBMC FOUNDATION, INC. - 52-1411935 6701 NORTH CHARLES STREET BALTIMORE, MD 21204	FUNDRAISING	MARYLAND	501(C)(3)	LINE 7	GBMC HEALTHCARE, INC.		X
GILCHRIST HOSPICE CARE, INC - 52-1851251 11311 MCCORMICK ROAD NO. 350 HUNT VALLEY, MD 21031	HOSPICE SERVICE	MARYLAND	501(C)(3)	LINE 3	GBMC HEALTHCARE, INC.		X
GBMC LAND, INC. - 52-1413360 6701 NORTH CHARLES STREET BALTIMORE, MD 21204	REAL ESTATE PROPERTY	MARYLAND	501(C)(3)	LINE 12	GBMC HEALTHCARE, INC.		X
GBMC HEALTHCARE, INC. - 52-1484872 6701 NORTH CHARLES STREET BALTIMORE, MD 21204	HEALTH SERVICES	MARYLAND	501(C)(3)	LINE 7	N/A		X

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

Schedule R (Form 990) 2018

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
PRESBYTERIAN EYE, EAR, AND THROAT CHARITY HOSPITAL - 52-0449990, 2639 QUEENSLAND DRIVE, ELLICOTT CITY, MD 21093	HOSPITAL	MARYLAND	501(C)(3)	LINE 3	N/A		X
MILTON J. DANCE, JR. ENDOWMENT, INC. - 52-1104173, 409 WASHINGTON AVENUE, BALTIMORE, MD 21204	SUPPORTING	MARYLAND	501(C)(3)	LINE 12C	N/A		X
WOMEN'S HOSPITAL FOUNDATION, INC. - 52-0591609, P.O. BOX 166, RIDERWOOD, MD 21139	FUNDRAISING	MARYLAND	501(C)(3)	LINE 12D	N/A		X
JOSEPH RICHEY HOUSE, INC. - 52-1184960 838 NORTH EUTAW STREET BALTIMORE, MD 21201	HOSPITAL SERVICES	MARYLAND	501(C)(3)	LINE 3	GILCHRIST HOSPICE CARE		X
BROWNLOW BYRON HOMES - 52-2019909 838 NORTH EUTAW STREET BALTIMORE, MD 21201	HOUSING FOR LOW INCOME TENANTS	MARYLAND	501(C)(3)	LINE 12, TYPE II	GILCHRIST HOSPICE CARE		X
PRESBYTERIAN EYE, EAR, & THROAT CHARITY HOSP INC. BOARD OF LADY MGRS - 52-60, 20 INDIAN LANE, BALTIMORE, MD 21210	SUPPORTING	MARYLAND	501(C)(3)	LINE 12C	N/A		X
DIVERSIFIED HEALTH ENTERPRISES, INC. - 52-1725005, 6701 NORTH CHARLES STREET, BALTIMORE, MD 21204	HEALTH SERVICES	MARYLAND	501(C)(3)	LINE 12, TYPE II	GBMC HEALTHCARE, INC.		X
DIVERSIFIED NURSES, INC. - 52-1305904 6701 NORTH CHARLES STREET BALTIMORE, MD 21204	NURSING SERVICES	MARYLAND	501(C)(3)	LINE 10	GBMC HEALTHCARE, INC.		X
DIVERSIFIED HEALTH SERVICES, INC. - 52-1331933, 6701 NORTH CHARLES STREET, BALTIMORE, MD 21204	HEALTH SERVICES	MARYLAND	501(C)(3)	LINE 10	GBMC HEALTHCARE, INC.		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
GBMC PAVILION WEST MEDICAL ARTS, LLC - 52-1899034, 6701 NORTH CHARLES STREET, BALTIMORE, MD 21204	REAL ESTATE MGT	MD	GBMC AGENCY, INC	EXCLUDED	240,083.	875,839.		X	N/A		X	37.90%
GREATER BALTIMORE DIAGNOSTIC IMAGING PARTNERSHIP - 52-1561640, 6701 NORTH CHARLES STREET, BALTIMORE, MD	IMAGING SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
GBMC-WP-PT, LLC - 81-2388743 1447 YORK ROAD, SUITE 401 LUTHERVILLE, MD 21093	PHYSICAL THERAPY	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
GBMC AGENCY, INC. - 52-1411931 6701 NORTH CHARLES STREET BALTIMORE, MD 21204	INVESTMENTS	MD	N/A	C CORP	N/A	N/A	N/A		X
RUXTON INSURANCE COMPANY, LTD. - 98-0413102 3 GORHAM ROAD HAMILTON, HM 08 HAMILTON, BERMUDA	INSURANCE CAPTIVE	BERMUDA	N/A	C CORP	13,845,432.	88,028,535.	100%		X

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

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

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

	Yes	No
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) RUXTON INSURANCE COMPANY, LTD.	Q	12,480,979.	COST
(2) RUXTON INSURANCE COMPANY, LTD.	M	11,639,006.	COST
(3) GREATER BALTIMORE DIAGNOSTIC IMAGING PARTNERSHIP	M	2,850,183.	COST
(4)			
(5)			
(6)			

Part VII Supplemental Information.

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

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

GREATER BALTIMORE DIAGNOSTIC IMAGING PARTNERSHIP

EIN: 52-1561640

6701 NORTH CHARLES STREET

BALTIMORE, MD 21204