

Return of Organization Exempt From Income Tax

2008

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning 07/01, 2008, and ending 06/30, 2009

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

Please use IRS label or print or type. See Specific Instructions.

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 country, and ZIP + 4
BALTIMORE, MD 21204

D Employer identification number
52-6049658

E Telephone number
(443) 849-2000

F Name and address of principal officer: LAURENCE MERLIS
6701 NORTH CHARLES ST BALTIMORE, MD 22104

G Gross receipts \$ 389,468,509.

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c) (03) ◀ (Insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.GBMC.ORG

K Type of organization: Corporation Trust Association Other ▶

L Year of formation: 1960 **M** State of legal domicile: MD

H(c) Group exemption number ▶

Part I Summary

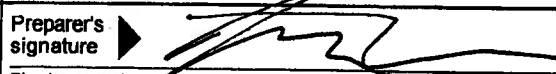
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO ORGANIZE, BUILD, ERECT, EQUIP, MANAGE, & OPERATE EXCLUSIVELY FOR THE CHARITABLE PURPOSES IMPOSED BY SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE A NON-PROFIT HOSPITAL AND MEDICAL CENTER FOR THE SICK.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	<u>24</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>16</u>
	5 Total number of employees (Part V, line 2a)	5	<u>3,964</u>
	6 Total number of volunteers (estimate if necessary)	6	<u>602</u>
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	<u>46,345.</u>
b Net unrelated business taxable income from Form 990-T, line 34	7b	<u>2,244.</u>	
Revenue	8 Contribution and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	<u>7,849,307.</u>	<u>4,981,681.</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>376,819,294.</u>	<u>380,915,631.</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>3,407,811.</u>	<u>-1,641,602.</u>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>4,907,514.</u>	<u>4,641,682.</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>392,983,926.</u>	<u>388,897,392.</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>1,770,593.</u>	<u>214,776.</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>NONE</u>	<u>NONE</u>
	16a Professional fundraising fees (Part IX, column (A), line 11a)	<u>212,202,435.</u>	<u>193,752,391.</u>
	b Total fundraising expenses, Part IX, column (D), line 25) ▶	<u>NONE</u>	<u>NONE</u>
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<u>170,736,772.</u>	<u>176,407,381.</u>
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>384,709,800.</u>	<u>370,374,548.</u>	
19 Revenue less expenses. Subtract line 18 from line 12	<u>8,274,126.</u>	<u>18,522,844.</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	<u>356,779,947.</u>	<u>379,536,020.</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>191,199,024.</u>	<u>221,170,593.</u>
		<u>165,580,923.</u>	<u>158,365,427.</u>

Part II Signature Block

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

Sign Here ▶ Signature of officer _____ Date _____
 ▶ Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature:  Date: MAY 11 2010 Check if self-employed: Preparer's identifying number (see instructions): P00369623

Firm's name (or yours if self-employed), address, and ZIP + 4: PRICEWATERHOUSECOOPERS LLP EIN: 13-4008324
1301 K STREET NW, STE 800W WASHINGTON, DC 20005-3333 Phone no.: 202-414-1000

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

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of Exempt Organization GREATER BALTIMORE MEDICAL CENTER, INC.		Employer identification number 52-6049658
	Number, street, and room or suite no. If a P.O. box, see instructions. 6701 NORTH CHARLES STREET		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BALTIMORE, MD 21204		

- Check type of return to be filed (file a separate application for each return):**
- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ GEORGE BAYLESS

Telephone No. ▶ 443-204-8121 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 will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 16, 2010, 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, 2008, and ending JUNE 30, 2009.

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

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization GREATER BALTIMORE MEDICAL CENTER, INC.	Employer identification number 52-6049658
	Number, street, and room or suite no. If a P.O. box, see instructions. 6701 NORTH CHARLES STREET	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BALTIMORE, MD 21204	

Check type of return to be filed (File a separate application for each return):

- | | | | |
|--|---|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **▶ GEORGE BAYLESS**
Telephone No. **▶ 443-204-8121** 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.

- I request an additional 3-month extension of time until MAY 17, 2010.
- For calendar year _____, or other tax year beginning JULY 1, 2008, and ending JUNE 30, 2009.
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension AWAITING INFORMATION FROM THIRD PARTIES WHICH IS NECESSARY TO PREPARE AND COMPLETE AN ACCURATE RETURN.
ADDITIONAL TIME TO FILE IS REQUESTED.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$	N/A
b If this application is for Form 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 and any amount paid previously with Form 8868.	8b \$	N/A
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **▶** *George Bayless* Title **▶** TAX MANAGER Date **▶** 2-15-2010

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

SEE STATEMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes" describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 133,775,748. including grants of \$ NONE) (Revenue \$ 137,542,900.)

THE GREATER BALTIMORE MEDICAL CENTER, INC. (GBMC) IS A 300-BED MEDICAL CENTER (ACUTE AND SUB-ACUTE CARE) LOCATED ON A SUBURBAN CAMPUS WHICH PROVIDED INPATIENT CARE TO MORE THAN 21,800 PATIENTS AND DELIVERED OVER 4,600 BABIES IN THE FISCAL YEAR. SINCE ITS FOUNDING, GBMC'S ACCOMPLISHMENTS HAVE VALIDATED THE VISION OF ITS FOUNDERS TO COMBINE THE BEST OF COMMUNITY AND UNIVERSITY-LEVEL MEDICINE. GBMC'S DISTINCTIVE SERVICE LINES INCLUDE WOMEN'S, CANCER, SURGICAL AND MEDICAL SERVICES. GBMC IS A FULLY ACCREDITED TEACHING HOSPITAL THAT IS AFFILIATED WITH JOHN HOPKINS UNIVERSITY.

4b (Code:) (Expenses \$ 70,681,091. including grants of \$ NONE) (Revenue \$ 95,336,233.)

THE OPERATING ROOM PERFORMED OVER 32,700 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; HYPERBARIC MEDICINE PROGRAM; THE JOINT AND SPINE CENTER AT GBMC; MINIMALLY INVASIVE AND ENDOCRINE SURGERY; NEUROSURGERY; VASCULAR AND THORACIC SURGERY; AND UROLOGY. SURGERY; AND UROLOGY.

4c (Code:) (Expenses \$ 53,338,337. including grants of \$ NONE) (Revenue \$ 74,793,980.)

SEE STATEMENT 2

4d Other program services. (Describe in Schedule O.) SEE STATEMENT 3

(Expenses \$ 71,174,964. including grants of \$ 214,776.) (Revenue \$ 73,242,518.)

4e Total program service expenses ▶ \$ 328,970,140. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Contains 27 numbered questions regarding organizational compliance with various IRS sections (501(c)(3), 501(c)(4), 501(c)(5), 501(c)(6), 6033(e), 170(b)(1)(A)(ii), etc.) and their corresponding 'Yes' or 'No' responses.

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No		
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	235		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	NONE		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	3,964		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	4b			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	24	
1b	Enter the number of voting members that are independent	16	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8	Did the organizations 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	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or 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

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a	The organization's CEO, Executive Director, or top management official?	X	
b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	X	
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
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

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

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SEE SCHEDULE J-2										

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (check all that apply), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

1b Total 9,068,097. NONE 938,068.
2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 217

Table with 3 columns: Question, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Row 1 contains 'SEE STATEMENT 4'.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 122

Part VIII Statement of Revenue

52-6049658

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c	208,936.		
	d	Related organizations	1d	4,037,107.		
	e	Government grants (contributions)	1e	369,291.		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	366,347.		
	g	Noncash contributions included in lines 1a-1f: \$				
	h	Total. Add lines 1a-1f		4,981,681.		
Program Service Revenue	2a	<u>PATIENT SERVICE</u>	Business Code 621110	376,922,661.	376,922,661.	
	b	<u>OTHER OPERATING REVENUE</u>	900099	3,992,970.	3,992,970.	
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f		380,915,631.		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		-1,550,026.		-1,550,026.
	4	Income from investment of tax-exempt bond proceeds		NONE		NONE
	5	Royalties		NONE		NONE
			(i) Real (ii) Personal			
	6a	Gross Rents	765,115.			
	b	Less: rental expenses	150,919.			
	c	Rental income or (loss)	614,196.			
	d	Net rental income or (loss)		614,196.		614,196.
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other 151,114. 239,000.			
	b	Less: cost or other basis and sales expenses	155,080. 151,390.			
	c	Gain or (loss)	-3,966. 87,610.			
	d	Net gain or (loss)		-91,576.		-91,576.
8a	Gross income from fundraising events (not including \$ 208,936. of contributions reported on line 1c). See Part IV, line 18.	a	39,185.			
b	Less: direct expenses	b	96,228.			
c	Net income or (loss) from fundraising events		-57,043.		-57,043.	
9a	Gross income from gaming activities. See Part IV, line 19.	a	53,000.			
b	Less: direct expenses	b	17,500.			
c	Net income or (loss) from gaming activities		35,500.		35,500.	
10a	Gross sales of inventory, less returns and allowances	a				
b	Less: cost of goods sold	b				
c	Net income or (loss) from sales of inventory		NONE		NONE	
Miscellaneous Revenue			Business Code			
11a	<u>CAFETERIA INCOME</u>	722210	2,066,876.		2,066,876.	
b	<u>PARKING REVENUE</u>	812930	1,935,808.		1,935,808.	
c	<u>BILLING FEES</u>	561000	46,345.	46,345.		
d	All other revenue					
e	Total. Add lines 11a-11d		4,049,029.			
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		388,897,392.	380,915,631.	46,345.	2,953,735.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	204,723.	204,723.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	10,053.	10,053.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	5,745,303.		5,745,303.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages	154,368,051.	146,976,231.	7,391,820.	
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	NONE			
9 Other employee benefits	22,368,906.	19,462,806.	2,906,100.	
10 Payroll taxes	11,270,131.	9,930,272.	1,339,859.	
11 Fees for services (non-employees):				
a Management	6,401,573.	5,118,441.	1,283,132.	
b Legal	813,508.	8,028.	805,480.	
c Accounting	133,382.	4,377.	129,005.	
d Lobbying	43,856.		43,856.	
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	11,190.		11,190.	
g Other	20,934,517.	18,488,499.	2,446,018.	
12 Advertising and promotion	2,231,398.	404,422.	1,826,976.	
13 Office expenses	89,091,044.	86,655,522.	2,435,522.	
14 Information technology	2,894,460.	754,904.	2,139,556.	
15 Royalties	NONE			
16 Occupancy	1,791,351.	1,017,174.	774,177.	
17 Travel	395,655.	206,277.	189,378.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	633,952.	424,364.	209,588.	
20 Interest	4,760,525.	4,170,805.	589,720.	
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization . . .	21,541,882.	18,830,449.	2,711,433.	
23 Insurance	8,358,293.	1,312,181.	7,046,112.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a PURCHASED SERVICES -----	4,884,914.	3,828,614.	1,056,300.	
b UNCOLLECTIBLE ACCOUNTS -----	9,317,484.	9,317,484.		
c DUES -----	573,554.	249,671.	323,883.	
d MEDICAL RESIDENTS -----	1,594,843.	1,594,843.		
e -----				
f All other expenses -----				
25 Total functional expenses. Add lines 1 through 24f	370,374,548.	328,970,140.	41,404,408.	
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	57,098,981.	2	33,993,949.
	3 Pledges and grants receivable, net	3,444,420.	3	2,463,855.
	4 Accounts receivable, net	44,391,942.	4	46,199,440.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sales or use	3,273,458.	8	3,335,596.
	9 Prepaid expenses and deferred charges	4,733,504.	9	6,665,694.
	10a Land, buildings, and equipment: cost basis	10a 484,112,232.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D.	10b 276,690,449.	195,094,247.	10c 207,421,783.
	11 Investments - publicly traded securities	11,778,478.	11	36,558,160.
	12 Investments - other securities. See Part IV, line 11	17,380,472.	12	13,363,754.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	19,584,445.	15	29,533,789.
16 Total assets. Add lines 1 through 15 (must equal line 34)	356,779,947.	16	379,536,020.	
Liabilities	17 Accounts payable and accrued expenses	53,003,217.	17	56,550,527.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	112,839,715.	20	123,308,207.
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable.		24	
	25 Other liabilities. Complete Part X of Schedule D	25,356,092.	25	41,311,859.
	26 Total liabilities. Add lines 17 through 25.	191,199,024.	26	221,170,593.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	138,083,549.	27	132,503,672.
	28 Temporarily restricted net assets	19,797,806.	28	19,303,240.
	29 Permanently restricted net assets	7,699,568.	29	6,558,515.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	165,580,923.	33	158,365,427.
	34 Total liabilities and net assets/fund balances	356,779,947.	34	379,536,020.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 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?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits?		

Public Charity Status and Public Support

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization GREATER BALTIMORE MEDICAL CENTER, INC.	Employer identification number 52-6049658
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Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

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

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the organizations the organization supports.

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-3						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (See instructions.)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. 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 - 2007. 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 - 2008. 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 "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total Add lines 1-5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2007 Schedule A, Part IV-A, line 27g.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.

- 19a 33 1/3% support tests - 2008. 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 - 2007. 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 **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Area with horizontal dashed lines for supplemental information.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2008

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

Special Rules

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

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

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

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

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

Employer identification number
52-6049658

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	GBMC FOUNDATION, INC. 6701 NORTH CHARLES STREET BALTIMORE, MD 21204	\$ 4,037,107.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ To be completed by organizations described below.
▶ Attach to Form 990 or Form 990-EZ.

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

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

Name of organization GREATER BALTIMORE MEDICAL CENTER, INC.	Employer identification number 52-6049658
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Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.
See the instructions for Schedule C for details.

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

Part I-B To be completed by all organizations exempt under section 501(c)(3).
See the instructions for Schedule C for details.

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

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).
See the instructions for Schedule C for details.

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

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

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- A** Check if the filing organization belongs to an affiliated group.
B Check if the filing organization checked box A and "limited control" provisions apply.

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2 a	Lobbying non-taxable amount				
b	Lobbying ceiling amount (150% line 2a, column(e))				
c	Total lobbying expenditures				
d	Grassroots non-taxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		1,022.
e Publications, or published or broadcast statements?	X		4,090.
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		50,438.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		X	
i Other activities? If "Yes," describe in Part IV	X		11,248.
j Total lines 1c through 1i			66,798.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		X	

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

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

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

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

Part IV Supplemental Information

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

PART II-B, LINE 1I

THE AMOUNT FOR OTHER ACTIVITIES INCLUDES MEETINGS WITH GBMC STAFF,

LEGISLATIVE COMMITTEES AND CONTRACTED GBMC LOBBYISTS AS WELL AS AMOUNTS

INCURRED FOR GENERAL RESEARCH ON FEDERAL AND STATE HEALTHCARE ISSUES.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization

Employer identification number

GREATER BALTIMORE MEDICAL CENTER, INC.

52-6049658

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes/No, 6 Did the organization inform all grantees... Yes/No.

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

Table with 2 columns: Description, Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a-2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated, 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, violations, and enforcement of the conservation easements it holds?, 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)?, 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2008

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

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

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

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

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	10,781,157.				
b Contributions	53,262.				
c Investment earnings or losses	-1,358,011.				
d Grants or scholarships	NONE				
e Other expenditures for facilities and programs	42,933.				
f Administrative expenses	NONE				
g End of year balance	9,433,475.				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment NONE %
- b Permanent endowment 69.5238 %
- c Term endowment 30.4762 %

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

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X

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

3b		
----	--	--

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		15,290,673.		15,290,673.
b Buildings		190,880,944.	88,516,985.	102,363,959.
c Leasehold improvements		7,683,758.	5,133,214.	2,550,544.
d Equipment		144,399,620.	120,440,808.	23,958,812.
e Other		125,857,237.	62,599,442.	63,257,795.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				207,421,783.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.)		

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

(a) Description	(b) Book value
OTHER ASSETS	
ADVANCES TO AFFILIATE	103,500.
NET DEFERRED COSTS	28,389,181.
	1,041,108.
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)	29,533,789.

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

(a) Description of liability	(b) Amount
Federal income taxes	
THIRD PARTY ADVANCES	12,792,179.
PENSIONS LIABILITY	19,592,870.
OTHER LIABILITIES	8,272,927.
CAPITAL LEASES	653,883.
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)	41,311,859.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	388,897,392.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	370,374,548.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	18,522,844.
4	Net unrealized gains (losses) on investments	4	-1,292,373.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-24,445,967.
9	Total adjustments (net). Add lines 4-8	9	-25,738,340.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-7,215,496.

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

1	Total revenue, gains, and other support per audited financial statements	1	387,781,240.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-1,292,372.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-88,427.
e	Add lines 2a through 2d	2e	-1,380,799.
3	Subtract line 2e from line 1	3	389,162,039.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	-264,647.
c	Add lines 4a and 4b	4c	-264,647.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	388,897,392.

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

1	Total expenses and losses per audited financial statements	1	370,628,005.
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	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	264,647.
e	Add lines 2a through 2d	2e	264,647.
3	Subtract line 2e from line 1	3	370,363,358.
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	11,190.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	11,190.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	370,374,548.

Part XIV Supplemental Information

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

SEE PAGE 5

Part XIV Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

GBMC INVESTMENTS' HOLDS AND MANAGES THE ENDOWMENT OF THE HOSPITAL.

INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS:

1. RESEARCH - SUPPORT CLINICAL RESEARCH PERFORMED AT GREATER BALTIMORE

MEDICAL CENTER

2. EDUCATION - SUPPORT EDUCATIONAL PROGRAMS, LECTURES, AND SCHOLARSHIPS

3. SPECIAL PROGRAMS - REHABILITATION SERVICES FOR LOW VISION AND

BLINDNESS, HUMAN GENETICS, AND THE CENTER FOR NURSING EXCELLENCE

4. GENERAL SUPPORT FOR GREATER BALTIMORE MEDICAL CENTER

SCHEDULE D, PART XI, LINE 8

CHANGE IN MINIMUM PENSION LIABILITY (18,895,840); TRANSFER TO AFFILIATES

(1,797,266); EQUITY TRANSFER IN AFFILIATE (3,675,624); CONTRIBUTIONS

WRITE OFF (77,237); TOTAL PART XI, LINE 8 (24,445,967)

SCHEDULE D, PART XII, LINE 2D

INVESTMENT FEE EXPENSE (11,190); CONTRIBUTIONS WRITE OFF (77,237); TOTAL

PART XII, LINE 2D: (88,427)

Part XIV Supplemental Information (continued)

SCHEDULE D, PART XII, LINE 4B

FUNDRAISING DIRECT EXPENSE (96,228); GAMING DIRECT EXPENSE (17,500);

RENTAL EXPENSE (150,919); TOTAL PART XII, LINE 4B (264,647)

SCHEDULE D, PART XIII, LINE 2D

FUNDRAISING DIRECT EXPENSE 96,228; GAMING DIRECT EXPENSE 17,500; RENTAL

EXPENSE 150,919; TOTAL PART XIII, LINE 2D 264,647

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2008

Open To Public
Inspection

Name of the organization
GREATER BALTIMORE MEDICAL CENTER, INC.

Employer identification number
52-6049658

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. 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))
		SPORTS CLASSIC (event type)	FATHERS DAY 5K (event type)	NONE (total number)	
Revenue	1 Gross receipts	176,655.	71,466.		248,121.
	2 Less: Charitable contributions	137,470.	71,466.		208,936.
	3 Gross revenue (line 1 minus line 2)	39,185.			39,185.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	75,912.	20,316.		96,228.
	8 Direct expense summary. Add lines 4 through 7 in column (d)				(96,228.)
9 Net income summary. Combine lines 3 and 8 in column (d)					-57,043.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1 Gross revenue			53,000.	53,000.
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			17,500.	17,500.
	6 Volunteer labor	Yes _____ % No	Yes _____ % No	X Yes 90.0000 % No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					(17,500.)
8 Net gaming income summary. Combine lines 1 and 7 in column (d)					35,500.

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: <u>MD</u>		
a Is the organization licensed to operate gaming activities in each of these states?	X	
b If "No," Explain:		
10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		X
b If "Yes," Explain:		
11 Does the organization operate gaming activities with nonmembers?		X
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		X

13 Indicate the percentage of gaming activity operated in:

a	The organization's facility	13a	10.0000 %
b	An outside facility	13b	90.0000 %

14 Provide the name and address of the person who prepares the organization's gaming/special event books and records:

Name ▶ GBMC HEALTHCARE FINANCE DEPARTMENT

Address ▶ 6545 NORTH CHARLES STREET TOWSON, MD 21204

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a Yes No X

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ JAN EMERICK

Gaming manager compensation ▶ \$ 50,000.

Description of services provided ▶ SEE SCHEDULE O

Director/officer

Employee

Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a Yes No X

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► To be completed by organizations that answer "Yes" to Form 990,
Part IV, line 20.
► Attach to Form 990.

Name of the organization

Employer identification number

GREATER BALTIMORE MEDICAL CENTER, INC.

52-6049658

Part I Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)

	Yes	No
1 a Does the organization have a charity care policy? If "No," skip to question 6a		
1 b If "Yes," is it a written policy?		
2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals. <input type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Applied uniformly to most hospitals <input type="checkbox"/> Generally tailored to individual hospitals		
3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients. a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
4 Does the organization's policy provide free or discounted care to the "medically indigent"?		
5 a Does the organization budget amounts for free or discounted care provided under its charity care policy?		
b If "Yes," did the organization's charity care expenses exceed the budgeted amount?		
c If "Yes" to 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?		
6 a Does the organization prepare an annual community benefit report?		
b If "Yes," does the organization make it available to the public?		
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.		

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)						
b Unreimbursed Medicaid (from Worksheet 3, column a)						
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)						
j Total Other Benefits						
k Total (line 7d and 7j)						

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule H (Form 990) 2008

Part II Community Building Activities Complete this table if the organization conducted any community building activities. (Optional for 2008)

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

Part III Bad Debt, Medicare, & Collection Practices (Optional for 2008)

Section A. Bad Debt Expense

	Yes	No
1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		
2 Enter the amount of the organization's bad debt expense (at cost)		
3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	
6 Enter Medicare allowable costs of care relating to payments on line 5	6	
7 Enter line 5 less line 6 - surplus or (shortfall)	7	
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6, and indicate which of the following methods was used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Does the organization have a written debt collection policy?	9a	
b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI.	9b	

Part IV Management Companies and Joint Ventures (Optional for 2008)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part V Facility Information (Required for 2008)

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER - 24 hours	ER - other	Other (Describe)
GREATER BALTIMORE MEDICAL CENTER, INC. 6701 NORTH CHARLES STREET BALTIMORE MD 21204	X	X		X		X	X		

Part VI Supplemental Information (Optional for 2008)

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 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 charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals 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.).
- 7 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.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
► Attach to Form 990.

OMB No. 1545-0047

2008

Open to Public
Inspection

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?
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes No

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BALTIMORE MEDICAL SYSTEM, INC. 3501 SINCLAIR LANE BALTIMORE, MD 21213 UNITED WAY OF CENTRAL MD 100 S CHARLES STREET BALTIMORE, MD 21201 AMERICAN DIABETES ASSOCIATION PO BOX 91560 WASHINGTON, DC 20077 MARYLAND HEALTHCARE EDUCATION INSTITUTE 6820 DEERPATH ROAD ELKRIDGE, MD 21075-6234	52-1358241 52-0591543 13-1623888 04-3511768	501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3)	20,500. 10,000. 25,000. 100,000.				SEE PART IV SEE PART IV SEE PART IV SEE PART IV

2 Enter total number of section 501(c)(3) and government organizations **4**
3 Enter total number of other organizations **NONE**

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

Schedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
EDUCATION	3	10,053.			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, 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.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

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

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

PART 2, COLUMN H

BALTIMORE MEDICAL SYSTEM, INC:

ASSISTING A COMMUNITY-BASED ORGANIZATION TO IMPROVE THE HEALTH AND WELLNESS OF MEDICALLY UNDERSERVED COMMUNITIES IN THE GREATER BALTIMORE AREA

UNITED WAY OF CENTRAL MD:

TO PROVIDE ASISTANCE FOR HEALTH AND HUMAN SERVICES ORGANIZATION WITHIN THE CENTRAL MARYLAND AREA DIRECTLY RELATED TO THE EMERGENCY RESPONSE

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

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

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

FUND _____

AMERICAN DIABETES ASSOCIATION:

PARTICIPATION IN THE ESTABLISHMENT OF THE AMERICAN DIABETES ASSOCIATION'S

"REVERSE THE TREND" INITIATIVE DESIGNED TO ADDRESS THE RISING INCIDENCE

OF TYPE II DIABETES IN LOCAL AREA YOUTH POPULATIONS

MARYLAND HEALTHCARE EDUCATION INSTITUTE:

MHA ASSISTANCE IN PARTNERSHIP WITH OTHER ORGANIZATIONS THROUGHOUT THE

STATE TO END MARYLAND'S CHRONIC NURSING SHORTAGES.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

Open to Public Inspection

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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

First-class or charter travel

Travel for companions

Tax indemnification and gross-up payments

Discretionary spending account

Housing allowance or residence for personal use

Payments for business use of personal residence

Health or social club dues or initiation fees

Personal services (e.g., maid, chauffeur, chef)

b If line 1a is 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

Compensation committee

Independent compensation consultant

Form 990 of other organizations

Written employment contract

Compensation survey or study

Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

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 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

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

a The organization?

b Any related organization?
If "Yes" to line 5a or 5b, describe in Part III.

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

a The organization?

b Any related organization?
If "Yes" to line 6a or 6b, describe in Part III.

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

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

	Yes	No
1a		
1b		X
2	X	
3		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a	X	
6b	X	
7		X
8		X

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

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<u>SEE SCHEDULE J-1</u>	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				

Part III Supplemental Information

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

PART I, LINE 1A

THE EXECUTIVE VP'S, SENIOR VP'S, AND VP'S HAVE A LIMITED ACCOUNTABLE PLAN (EXPENSES HAVE TO BE SUPPORTED WITH RECEIPTS) FOR THE FOLLOWING EXPENSES: FINANCIAL AND LEGAL COUNSELING, CLUB MEMBERSHIPS, TUITION, HEALTH EQUIPMENT, AND MEDICAL EXPENSES NOT COVERED BY AN INSURANCE PLAN. THE REIMBURSEMENTS RANGE FROM \$3,000 TO \$5,000 PER YEAR AND ARE GROSSED-UP FOR INCOME TAX PURPOSES.

THE PRESIDENT OF GBMC HEALTHCARE HAS A DISCRETIONARY SPENDING ACCOUNT. THE AMOUNT OF THE ACCOUNT WAS ESTABLISHED IN HIS EMPLOYMENT AGREEMENT AND IS NOT REQUIRED TO BE SUBSTANTIATED. THE DISCRETIONARY SPENDING ACCOUNT IS INCLUDED IN TAXABLE INCOME.

PART I, LINE 1B

ALTHOUGH NOT ALL OF THE BENEFITS IDENTIFIED IN SCHEDULE J, PART I, LINE 1A ARE SET FORTH IN WRITTEN POLICIES, THE COMPENSATION COMMITTEE OF

Part III Supplemental information

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

GBMC'S PARENT ORGANIZATION, GBMC HEALTHCARE, PERIODICALLY REVIEWS ALL BENEFITS PROVIDED TO EXECUTIVES, INCLUDING THOSE BENEFITS SPECIFICALLY IDENTIFIED.

PART I, LINE 4B

THE FOLLOWING INDIVIDUALS PARTICIPATE IN A NON-QUALIFIED SUPPLEMENTAL RETIREMENT PLAN. THIS PLAN WAS APPROVED BY THE COMPENSATION COMMITTEE OF THE GBMC HEALTHCARE BOARD OF DIRECTORS TO SUPPLEMENT THE EXECUTIVE'S RETIREMENT INCOME. THE SUPPLEMENTAL RETIREMENT PLAN WAS DEVELOPED BASED ON AN INDEPENDENT CONSULTANT REPORT ON MARKET-BASED PRACTICES FOR SUPPLEMENTAL RETIREMENT PLANS. THE PERCENTAGE OF FINAL AVERAGE PAY, THE REQUIREMENTS FOR VESTING, PARTICIPANTS, AND PAY-OUT PROVISIONS WERE ESTABLISHED, REVIEWED, AND APPROVED BY THE COMPENSATION COMMITTEE. THE CONTRIBUTIONS TO THE SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C) OR IN SCHEDULE J, PART I, COL B(III) AS PART OF DEFERRED COMPENSATION.

Part III Supplemental Information

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

- MR LAURENCE M. MERLIS - \$165,600
- RODNEY W. WILLIAMS, MD - \$100,000
- MR ERIC L. MELCHIOR - \$100,000
- MR KEITH R. POISSON - \$67,800
- GARY I. COHEN, MD - \$53,554
- NERI M. COHEN, MD - \$41,642
- MS JOANNE PORTER - \$38,300
- MR MARK R. THOMAS - \$22,800
- MR JOHN W. ELLIS - \$21,500
- MS TRESSA B. SPRINGMANN - \$20,900
- MR GEORGE E. BAYLESS - \$20,900
- JOHN R. SAUNDERS, MD - \$17,441
- MR MICHAEL A. FORTHMAN - \$9,700
- MR STEVEN K. TWADDLE - \$3,500

Part III Supplemental Information

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

PART I, LINE 6A & 6B

EXECUTIVES OF THE ORGANIZATION RECEIVED A BONUS AT THE END OF THE FISCAL YEAR. BONUSES ARE BASED ON THE INDIVIDUAL MEETING CERTAIN GOALS THAT WERE ESTABLISHED AT THE BEGINNING OF THE FISCAL YEAR, WHICH ARE APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS. THE BONUS IS BASED ON MEETING TARGETS FOR THE NET OPERATING INCOME FOR GBMC HEALTHCARE AND GBMC, INC.; EMPLOYEE SATISFACTION; AND PATIENT SATISFACTION.

**SCHEDULE J-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

GREATER BALTIMORE MEDICAL CENTER, INC.

Continuation Sheet for Schedule J (Form 990)

▶ Attach to Form 990 to list additional information regarding compensation.

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Employer identification number

52-6049658

Part II Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(1)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MR LAURENCE MERLIS	(i) 584,995. (ii) NONE	178,500. NONE	36,000. NONE	180,183. NONE	9,946. NONE	989,624. NONE	NONE
JOHN SAUNDERS, MD	(i) 387,980. (ii) NONE	NONE	15,500. NONE	11,045. NONE	8,436. NONE	422,961. NONE	NONE
RONALD TUTRONE, JR, MD	(i) 300,000. (ii) NONE	NONE	NONE	NONE	NONE	300,000. NONE	NONE
MR ERIC L MELCHIOR	(i) 385,027. (ii) NONE	55,000. NONE	8,400. NONE	114,567. NONE	8,436. NONE	571,430. NONE	NONE
MR KEITH R POISSON	(i) 341,354. (ii) NONE	84,250. NONE	28,529. NONE	77,732. NONE	8,795. NONE	540,660. NONE	22,529.
RODNEY W WILLIAMS, MD	(i) 411,688. (ii) NONE	58,100. NONE	63,976. NONE	106,750. NONE	10,401. NONE	650,915. NONE	55,576.
MR GEORGE E BAYLESS	(i) 214,019. (ii) NONE	18,800. NONE	17,780. NONE	31,656. NONE	9,176. NONE	291,431. NONE	17,780.
MR JOHN W ELLIS	(i) 319,823. (ii) NONE	30,300. NONE	49,603. NONE	28,556. NONE	8,854. NONE	437,136. NONE	43,603.
MR MICHAEL A FORTHMAN	(i) 178,738. (ii) NONE	8,300. NONE	17,962. NONE	19,396. NONE	11,645. NONE	236,041. NONE	17,962.
MS JOANNE PORTER	(i) 261,671. (ii) NONE	29,900. NONE	39,359. NONE	50,288. NONE	4,460. NONE	385,678. NONE	33,359.
MS TRESSA B SPRINGMANN	(i) 241,380. (ii) NONE	29,600. NONE	27,687. NONE	32,233. NONE	4,993. NONE	335,893. NONE	27,687.
MR MARK R THOMAS	(i) 246,907. (ii) NONE	29,600. NONE	27,124. NONE	34,146. NONE	9,110. NONE	346,887. NONE	27,124.
MR STEVEN K TWADDLE	(i) 182,782. (ii) NONE	19,300. NONE	NONE	7,089. NONE	9,110. NONE	218,281. NONE	NONE
REGINALD DAVIS, MD	(i) 196,931. (ii) NONE	180,627. NONE	NONE	14,750. NONE	10,035. NONE	1,402,343. NONE	NONE
BIMAL G RAM, MD	(i) 336,226. (ii) NONE	433,097. NONE	NONE	5,650. NONE	11,645. NONE	786,618. NONE	NONE
AMIEL W BETHEL, MD	(i) 469,869. (ii) NONE	201,181. NONE	NONE	4,500. NONE	12,294. NONE	687,844. NONE	NONE

Continuation Sheet for Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information
regarding compensation.

Open to Public
Inspection

Name of the organization

Employer identification number

GREATER BALTIMORE MEDICAL CENTER, INC.

52-6049658

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation				(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(iv) 1099-MISC compensation				
(i) NERI M COHEN, MD	443,044.	50,000.	157,817.	11,805.	11,645.	674,311.	116,175.	
(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
(i) GARY I COHEN, MD	391,392.	257,979.	20,000.	50,305.	8,436.	728,112.	NONE	
(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
(i) -----	-----	-----	-----	-----	-----	-----	-----	
(ii) -----	-----	-----	-----	-----	-----	-----	-----	
(i) -----	-----	-----	-----	-----	-----	-----	-----	
(ii) -----	-----	-----	-----	-----	-----	-----	-----	
(i) -----	-----	-----	-----	-----	-----	-----	-----	
(ii) -----	-----	-----	-----	-----	-----	-----	-----	
(i) -----	-----	-----	-----	-----	-----	-----	-----	
(ii) -----	-----	-----	-----	-----	-----	-----	-----	
(i) -----	-----	-----	-----	-----	-----	-----	-----	
(ii) -----	-----	-----	-----	-----	-----	-----	-----	
(i) -----	-----	-----	-----	-----	-----	-----	-----	
(ii) -----	-----	-----	-----	-----	-----	-----	-----	
(i) -----	-----	-----	-----	-----	-----	-----	-----	
(ii) -----	-----	-----	-----	-----	-----	-----	-----	
(i) -----	-----	-----	-----	-----	-----	-----	-----	
(ii) -----	-----	-----	-----	-----	-----	-----	-----	
(i) -----	-----	-----	-----	-----	-----	-----	-----	
(ii) -----	-----	-----	-----	-----	-----	-----	-----	
(i) -----	-----	-----	-----	-----	-----	-----	-----	
(ii) -----	-----	-----	-----	-----	-----	-----	-----	

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

**Open to Public
Inspection**

Name of the Organization

Employer Identification number

GREATER BALTIMORE MEDICAL CENTER, INC.

52-6049658

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
THE HONORABLE VICKI BALLOU-WATTS DIRECTOR	1.	X					NONE	NONE	NONE	
MR KENNETH BARKSDALE DIRECTOR	1.	X					NONE	NONE	NONE	
MR HERBERT BELGRAD TREASURER	1.	X		X			NONE	NONE	NONE	
MS SANDRA BERMAN DIRECTOR (BEGAN DEC 2008)	1.	X					NONE	NONE	NONE	
MR WILLIAMS CONKLING, JR DIRECTOR (TERM ENDED DEC 08)	1.	X					NONE	NONE	NONE	
MR CHARLES FENWICK, JR CHAIR	1.	X		X			NONE	NONE	NONE	
MR FREDERICK HUDSON DIRECTOR	1.	X					NONE	NONE	NONE	
MR DOUGLAS HUETHER DIRECTOR	1.	X					NONE	NONE	NONE	
MR HARRY JOHNSON VICE CHAIR	1.	X		X			NONE	NONE	NONE	
MR THOMAS KANE SECRETARY	1.	X		X			NONE	NONE	NONE	
MR WILLIAM KROH DIRECTOR	1.	X					NONE	NONE	NONE	
MR THOMAS MADDUX DIRECTOR	1.	X					NONE	NONE	NONE	
MR LAURENCE MERLIS PRESIDENT	30.	X		X			799,495.	NONE	190,129.	
MS PATRICIA MITCHELL VICE CHAIR	1.	X		X			NONE	NONE	NONE	
JOHN SAUNDERS, MD CHIEF OF STAFF	40.	X		X			403,480.	NONE	19,481.	
MR STEPHEN SCOTT VICE CHAIR	1.	X		X			NONE	NONE	NONE	
MR ROBERT SHELTON DIRECTOR	1.	X					NONE	NONE	NONE	
MR BERNARD SIEGEL DIRECTOR	1.	X					NONE	NONE	NONE	
HOWARD SIEGEL, MD DIRECTOR	1.	X					NONE	NONE	NONE	
MR STUART SIMMS DIRECTOR	1.	X					NONE	NONE	NONE	
MR JAMES STRADTNER DIRECTOR	1.	X					NONE	NONE	NONE	

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

Schedule J-2 (Form 990) 2008

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**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

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

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MS MARION THOMPSON DIRECTOR	1.	X						NONE	NONE	NONE
HAROLD TUCKER, MD VICE CHIEF OF STAFF	1.	X		X				NONE	NONE	NONE
RONALD TUTRONE, JR, MD DIRECTOR	5.	X						300,000.	NONE	NONE
MS MARY WIELER DIRECTOR	1.	X						NONE	NONE	NONE
MR ERIC L MELCHIOR EVP CFO	20.			X				448,427.	NONE	123,003.
MR KEITH R POISSON EVP COO	40.			X				454,133.	NONE	86,527.
RODNEY W WILLIAMS, MD EVP CHIEF MEDICAL OFFICER	35.			X				533,764.	NONE	117,151.
MR GEORGE E BAYLESS VP FINANCE	30.				X			250,599.	NONE	40,832.
MR JOHN W ELLIS SVP CORP STRATEGY	20.				X			399,726.	NONE	37,410.
MR MICHAEL A FORTHMAN VP FACILITIES & SUPP SVC	35.				X			205,000.	NONE	31,041.
MS JOANNE PORTER SVP CHIEF NURSING EXEC	40.				X			330,930.	NONE	54,748.
MS TRESSA B SPRINGMANN VP CIO	40.				X			298,667.	NONE	37,226.
MR MARK R THOMAS VP HR	40.				X			303,631.	NONE	43,256.
MR STEVEN K TWADDLE VP GBMA	5.				X			202,082.	NONE	16,199.
REGINALD DAVIS, MD PHYSICIAN	40.					X		1,377,558.	NONE	24,785.
BIMAL G RAMI, MD PHYSICIAN	40.					X		769,323.	NONE	17,295.
AMIEL W BETHEL, MD PHYSICIAN	40.					X		671,050.	NONE	16,794.
NERI M COHEN, MD PHYSICIAN	40.					X		650,861.	NONE	23,450.
GARY I COHEN, MD PHYSICIAN	39.					X		669,371.	NONE	58,741.

Supplemental Information on Tax-Exempt Bonds

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

Open to Public
Inspection

Name of the organization

GREATER BALTIMORE MEDICAL CENTER, INC.

Employer identification number

52-6049658

Part I Bond Issues (Required for 2008)

	(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	
							Yes	No	Yes	No
A	MD HEALTH & HIGHER EDUCATION FACILITIES AUTHORITY	52-0936091	5742173X1	03/15/2009	15,065,000.	BUILDING RENOVATION		X		X
B	MD HEALTH & HIGHER EDUCATION FACILITIES AUTHORITY	52-0936091	5742173Z6	04/01/2009	29,935,000.	TO REFUND SERIES 1993		X		X
C										
D										
E										

Part II Proceeds (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Total proceeds of issue									
2	Gross proceeds in reserve funds									
3	Proceeds in refunding or defeasance escrows									
4	Other unspent proceeds									
5	Issuance costs from proceeds									
6	Working capital expenditures from proceeds									
7	Capital expenditures from proceeds									
8	Year of substantial completion									
9	Were the bonds issued as part of a current refunding issue?									
10	Were the bonds issued as part of an advance refunding issue?									
11	Has the final allocation of proceeds been made?									
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?									

Part III Private Business Use (Optional for 2008)

	A		B		C		D		E	
	Yes	No	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?									
2	Are there any lease arrangements with respect to the financed property which may result in private business use?									

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?										
b Are there any research agreements with respect to the financed property which may result in private business use?										
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government.		%		%		%		%		%
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 5.		%		%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?										
2 Is the bond issue a variable rate issue?										
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?										
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?										
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?										
6 Did the bond issue qualify for an exception to rebate?										

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, lines 38b or 40b.

OMB No. 1545-0047

2008

Open To Public Inspection

Name of the organization GREATER BALTIMORE MEDICAL CENTER, INC.	Employer identification number 52-6049658
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Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$										

Part III Grants or Assistance Benefitting Interested Persons.
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.
To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 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
VENABLE LLP	SEE SCHEDULE O	423,255.	LEGAL SERVICES		X
PALERMO BREITENECKER SIEGEL & LUDWIG PA	SEE SCHEDULE O	378,000.	PATHOLOGY SERVICES		X
TYDINGS & ROSENBERG LLP	SEE SCHEDULE O	33,686.	LEGAL SERVICES		X
RONALD TUTRONE, JR, MD	SEE SCHEDULE O	300,000.	RESEARCH SERVICES		X

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

GREATER BALTIMORE MEDICAL CENTER, INC.

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Employer identification number

52-6049658

FORM 990, PART VI, LINE 6, 7A, AND 7B

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

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

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Employer identification number

L) TO SET THE FISCAL YEAR OF THE ORGANIZATION

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

Name of the organization

Employer identification number

GREATER BALTIMORE MEDICAL CENTER, INC.

52-6049658

FORM 990, PART VI, LINE 10

THE AUDIT COMMITTEE OF GREATER BALTIMORE MEDICAL CENTER'S SUPPORTED

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

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

HOSPITAL AND GBMC HEALTHCARE PRIOR TO FILING.

Name of the organization

Employer identification number

GREATER BALTIMORE MEDICAL CENTER, INC.

52-6049658

FORM 990, PART VI, LINE 12

ANNUALLY, EVERY BOARD MEMBER, PHYSICIAN, ADVANCED PRACTITIONER AND

MANAGER (WHICH INCLUDES KEY EMPLOYEES) MUST COMPLETE A COMPREHENSIVE

QUESTIONNAIRE THAT PROVIDES FOR THE DISCLOSURE OF POTENTIAL CONFLICTS.

ALL DISCLOSURES ARE REVIEWED BY THE COMPLIANCE OFFICER. THOSE

DISCLOSURES THAT ARE QUESTIONABLE OR MAY RISE TO THE LEVEL OF A CONFLICT

ARE DISCUSSED WITH THE CHIEF LEGAL OFFICER AND APPROPRIATE ACTION IS

TAKEN, IF NECESSARY. A SUMMARY OF DISCLOSURES IS PROVIDED TO THE AUDIT

COMMITTEE (FOR MANAGEMENT) AND TO THE GOVERNANCE COMMITTEE (FOR BOARD

MEMBERS) ANNUALLY.

Name of the organization GREATER BALTIMORE MEDICAL CENTER, INC.	Employer identification number 52-6049658
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FORM 990, PART VI, LINE 15A & 15B

THE COMPENSATION OF GBMC'S PRESIDENT AND KEY EMPLOYEES IS DETERMINED BY A SUBCOMMITTEE OF ITS PARENT ORGANIZATION, GBMC HEALTHCARE'S, BOARD OF DIRECTORS. THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS IS CHARTERED WITH THE RESPONSIBILITY TO ASSURE GBMC PAYS COMPETITIVE SALARIES TO THE EXECUTIVES. THE APPROACH THAT IS TAKEN IS BASED ON CURRENT MARKET "BEST PRACTICES" FOR NON-PROFIT ORGANIZATIONS. THE COMMITTEE MEETS AT LEAST 6 TIMES ANNUALLY TO REVIEW AND DISCUSS EXECUTIVE'S SALARIES AND BENEFITS. THE STEPS TAKEN ARE AS FOLLOWS:

- 1) AN INDEPENDENT EXECUTIVE COMPENSATION CONSULTANT WAS SELECTED BASED ON AN RFP PROCESS AND FACE TO FACE INTERVIEWS WERE CONDUCTED
- 2) ONCE SELECTED, THE COMPENSATION CONSULTANT COMPILED, INDEPENDENTLY, SALARY SURVEY DATA OF SIMILAR SIZE ORGANIZATIONS FROM THROUGHOUT THE COUNTRY
- 3) THE SURVEY DATA IS PRESENTED TO THE COMPENSATION COMMITTEE WITH ALL THE NATIONAL SURVEY DATA; VARIOUS SURVEYS ARE CATEGORIZED BY SIZE OF ORGANIZATION, ACADEMIC AND NON-ACADEMIC, SYSTEM AND COMMUNITY-BASED HOSPITALS.
- 4) THE DATA IS CATEGORIZED BY EXECUTIVE POSITION, AND A SALARY RANGE IS RECOMMENDED BY THE COMPENSATION CONSULTANT
- 5) BASE SALARY OF AN INDIVIDUAL EXECUTIVE IS BASED ON SURVEY RESULTS, YEARS OF EXPERIENCE, AND PERFORMANCE
- 6) A RECOMMENDATION IS MADE TO THE COMPENSATION COMMITTEE BY THE CEO FOR SALARY RATES FOR THE VICE PRESIDENTS
- 7) THE COMPENSATION COMMITTEE EITHER ACCEPTS OR MODIFIES THE

Name of the organization

Employer identification number

GREATER BALTIMORE MEDICAL CENTER, INC.

52-6049658

RECOMMENDATION FROM THE CEO FOR BASE SALARY ADJUSTMENTS

8) THE COMPENSATION COMMITTEE DETERMINES THE SALARY ADJUSTMENT FOR THE CEO BASED ON NATIONAL SALARY SURVEY DATA, YEARS OF EXPERIENCE AND PERFORMANCE

9) THE INCENTIVE BONUS IS DETERMINED BASED ON ACTUAL RESULTS COMPARED WITH THE PLAN DOCUMENT AND RECOMMENDATION IS MADE TO THE COMPENSATION COMMITTEE FOR APPROVAL OR MODIFICATION

10) THE AMOUNT OF THE BONUS IS DETERMINED BY THE CRITERIA STATED IN THE INCENTIVE PLAN DOCUMENT AND IS ALSO BASED ON CURRENT MARKET PRACTICES FROM NATIONAL SURVEYS

11) SURVEY OF EXECUTIVE BENEFITS IS ALSO REVIEWED BY THE COMPENSATION CONSULTANTS TO ASSURE REASONABLENESS

12) THE COMPENSATION CONSULTANT PROVIDES A WRITTEN DOCUMENT ON THE REASONABLENESS OF THE SALARIES BEING PAID

13) THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE DECISIONS OF THE COMPENSATION COMMITTEE

Name of the organization

Employer identification number

GREATER BALTIMORE MEDICAL CENTER, INC.

52-6049658

FORM 990, PART VI, 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

Employer identification number

GREATER BALTIMORE MEDICAL CENTER, INC.

52-6049658

FORM 990, PART VII, SECTION A

THE INDIVIDUALS LISTED BELOW DEVOTED THE FOLLOWING HOURS PER WEEK TO A RELATED ORGANIZATION DURING THE FISCAL YEAR:

MR. LAURENCE MERLIS, PRESIDENT - 10 HOURS

MR. ERIC L MELCHIOR, EVP CFO - 20 HOURS

RODNEY W. WILLIAMS, MD, EVP CHIEF MEDICAL OFFICER - 5 HOURS

MR. GEORGE E. BAYLESS, VP FINANCE - 10 HOURS

MR. JOHN W. ELLIS, SVP, CORP STRATEGY & BUSINESS DEVELOPMENT - 20 HOURS

MR. MICHAEL A. FORTHMAN, VP FACILITIES & SUPPORT SERVICES - 5 HOURS

MR. STEVEN K. TWADDLE, VP GBMA - 35 HOURS

RONALD TUTRONE, JR, MD, DIRECTOR - 2 HOURS

GARY I. COHEN, MD, PHYSICIAN - 1 HOUR

Name of the organization

Employer identification number

GREATER BALTIMORE MEDICAL CENTER, INC.

52-6049658

FORM 990, SCHEDULE G, LINE 16

MS JAN EMERICK IS THE SPECIAL EVENTS COORDINATOR FOR THE HOSPITAL. MS

EMERICK IS RESPONSIBLE FOR ORGANIZING FUNDRAISING EVENTS WHICH INCLUDES

ONE RAFFLE EVENT FOR THE LEGACY CHASE AT SHAWAN DOWNS. THE EVENT

COORDINATOR IS ALSO RESPONSIBLE FOR TRACKING THE SALE OF RAFFLE TICKETS

AND EVENT EXPENSES AS WELL AS PLANNING AND ORGANIZING THE EVENT.

Name of the organization

Employer identification number

GREATER BALTIMORE MEDICAL CENTER, INC.

52-6049658

FORM 990, SCHEDULE L, PART IV

MR ROBERT SHELTON IS A MEMBER OF THE BOARD OF THE HOSPITAL AND A PARTNER AT VENABLE LLP. THE HOSPITAL PAID VENABLE LLP \$423,255 TO PERFORM LEGAL SERVICES DURING THE FISCAL YEAR.

HOWARD SIEGEL, MD IS A MEMBER OF THE BOARD OF THE HOSPITAL AND A DOCTOR AT DRS. PALERMO, BREITENECKER, SIEGEL, & LUDWIG, P.A. THE HOSPITAL PAID DRS. PALERMO, BREITENECKER, SIEGEL, & LUDWIG, P.A. \$378,000 TO PERFORM PATHOLOGY SERVICES DURING THE FISCAL YEAR.

MR HERBERT BELGRAD IS THE TREASURER OF THE HOSPITAL AND A PARTNER AT TYDINGS & ROSENBERG LLP. THE HOSPITAL PAID TYDINGS & ROSENBERG LLP \$33,686 TO PERFORM LEGAL SERVICES DURING THE FISCAL YEAR.

RONALD TUTRONE, JR, MD IS A MEMBER OF THE BOARD OF THE HOSPITAL AND AN INDEPENDENT CONTRACTOR. THE HOSPITAL PAID DR TUTRONE \$300,000 FOR HIS RESEARCH SERVICES DURING THE FISCAL YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2008

Open to Public
Inspection

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ See separate instructions.

Name of the organization

GREATER BALTIMORE MEDICAL CENTER, INC.

Employer identification number
52-6049658

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II 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
<u>SEE SCHEDULE R-1</u>					

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Part III Identification of Related Organizations Taxable as a Partnership

(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)	(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?	
							Yes	No		Yes	No
GMC MED ARTS LP 52-1412751	REAL ESTATE MGMT	MD	N/A								
6701 NORTH CHARLES ST											
PAVILION WEST LP 52-1899034	REAL ESTATE MGMT	MD	N/A	RELATED	74,533.	3,106,780.		X	NONE		X
6701 NORTH CHARLES ST											
GBDIP 52-1561640	REAL ESTATE MGMT	MD	N/A								
6701 NORTH CHARLES ST											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(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
GMC AGENCY INC 52-1411931	INVESTMENTS	MD	N/A	C CORP	NONE	NONE	NONE
6701 NORTH CHARLES ST BALTIMORE, MD 21204							
GMC MANAGEMENT INC 52-1411974	MANAGEMENT CO	MD	N/A	C CORP	NONE	NONE	NONE
6701 NORTH CHARLES ST BALTIMORE, MD 21204							
GMC FINANCE CORPORATION 52-1863069	FINANCING AGENT	MD	N/A	C CORP	NONE	NONE	NONE
6701 NORTH CHARLES ST BALTIMORE, MD 21204							
FMC FINANCE CORPORATION II 52-1836142	FINANCING AGENT	MD	N/A	C CORP	NONE	NONE	NONE
6701 NORTH CHARLES ST BALTIMORE, MD 21204							
GMC FINANCE CORPORATION III 52-1836144	FINANCING AGENT	MD	N/A	C CORP	NONE	NONE	NONE
6701 NORTH CHARLES ST BALTIMORE, MD 21204							
GMD L INC 52-1914558	HEALTHCARE	MD	N/A	C CORP	NONE	NONE	NONE
6701 NORTH CHARLES ST BALTIMORE, MD 21204							
RUXTON INSURANCE COMPANY LTD 98-0413102	INSURANCE CAPTIVE	BD	N/A	C CORP	NONE	NONE	NONE
CEDAR HOB, 41, CEDAR AVE RM EX HAMILTON, BERUDA							

Part V Transactions With Related Organizations

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

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

- a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
b Gift, grant, or capital contribution to other organization(s)
c Gift, grant, or capital contribution from other organization(s)
d Loans or loan guarantees to or for other organization(s)
e Loans or loan guarantees by other organization(s)

- f Sale of assets to other organization(s)
g Purchase of assets from other organization(s)
h Exchange of assets
i Lease of facilities, equipment, or other assets to other organization(s)

- j Lease of facilities, equipment, or other assets from other organization(s)
k Performance of services or membership or fundraising solicitations for other organization(s)
l Performance of services or membership or fundraising solicitations by other organization(s)
m Sharing of facilities, equipment, mailing lists, or other assets
n Sharing of paid employees

- o Reimbursement paid to other organization for expenses
p Reimbursement paid by other organization for expenses

- q Other transfer of cash or property to other organization(s)
r Other transfer of cash or property from other organization(s)

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.

Table with 3 columns: (A) Name of other organization(s), (B) Transaction type (e-r), (C) Amount involved. Rows 1-6.

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproportionate allocations?		(G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

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
GBMC FOUNDATION, INC. 52-1411935					
6701 NORTH CHARLES ST BALTIMORE, MD 21204	FUNDRAISING	MD	501(C)(3)	7	N/A
GBMC HEALTHCARE, INC. 52-1484872					
6701 NORTH CHARLES ST BALTIMORE, MD 21204	HEALTHCARE	MD	501(C)(3)	7	N/A
GILCHRIST HOSPICE CARE, INC. 52-1851251					
6701 NORTH CHARLES ST BALTIMORE, MD 21204	HOSPICE	MD	501(C)(3)	3	N/A
GBMC INVESTMENTS, INC. 52-1040300					
6701 NORTH CHARLES ST BALTIMORE, MD 21204	INVEST MGMT	MD	501(C)(3)	11B	N/A
DIVERSIFIED HEALTH ENTERPRISES, INC. 52-1725005					
6701 NORTH CHARLES ST BALTIMORE, MD 21204	HEALTH SVCS	MD	501(C)(3)	11B	N/A
DIVERSIFIED NURSES, INC. 52-1305904					
6701 NORTH CHARLES ST BALTIMORE, MD 21204	NURSING SVCS	MD	501(C)(3)	9	N/A
DIVERSIFIED HEALTH SERVICES, INC. 52-1331993					
6701 NORTH CHARLES ST BALTIMORE, MD 21204	HEALTH SVCS	MD	501(C)(3)	9	N/A
GBMC LAND, INC. 52-1413360					
6701 NORTH CHARLES ST BALTIMORE, MD 21204	REAL PROPERT	MD	501(C)(3)	11A	N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V-UBI amount on box 20 of K-1		(J) General or managing partner?	
							Yes	No	Yes	No	Yes	No

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(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

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

	(A) Name of other organization	(B) Transaction type (e-f)	(C) Amount involved
(7)			
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION
=====

GREATER BALTIMORE MEDICAL CENTER'S PRIMARY EXEMPT PURPOSE IS AS FOLLOWS:

(1) TO ORGANIZE, BUILD, ERECT, EQUIP, MANAGE AND OPERATE EXCLUSIVELY FOR CHARITABLE PURPOSES A NON-PROFIT GENERAL HOSPITAL AND MEDICAL CENTER FOR THE CARE OF THE SICK, AND TO FURNISH MEDICAL AND SURGICAL ATTENDANCE THEREIN IN ANY FORM IN THE CARE OF SICK, AFFLICTED, INFIRM OR INJURED PERSONS; PROVIDED, HOWEVER, THE OPERATIONS ARE NOT TO BE EXCLUSIVELY FOR THOSE WHO ARE ABLE AND EXPECTED TO PAY BUT TO THE EXTENT OF FINANCIAL ABILITY ARE TO BE FOR THOSE NOT ABLE TO PAY FOR THE SERVICES RENDERED, AND THE FACILITIES ARE NOT TO BE RESTRICTED TO A PARTICULAR GROUP OF PHYSICIANS AND SURGEONS EXCEPT TO THE EXTENT THAT DISCRETIONARY AUTHORITY IN THE MANAGEMENT MAY IMPOSE LIMITATIONS BASED UPON THE QUALIFICATIONS OF THOSE APPLYING OR UPON THE SIZE AND NATURE OF THE FACILITIES, AND NO PART OF ITS NET EARNINGS ARE TO INURE DIRECTLY OR INDIRECTLY TO THE BENEFIT OF ANY PRIVATE SHAREHOLDER OR INDIVIDUAL.

(2) TO ORGANIZE, BUILD, ERECT, EQUIP, MANAGE AND OPERATE A SCHOOL OR SCHOOLS FOR TRAINING PHYSICIANS, SURGEONS, NURSES AND OTHERS, AND TO EDUCATE AND TRAIN ANY SUCH PERSONS IN THE CARE OF SICK, AFFLICTED, INFIRM, OR INJURED PERSONS BY TEACHING MEDICINE, HYGIENE, SURGERY AND EVERYTHING HAVING TO DO WITH THE PHYSICAL WELL-BEING OF INDIVIDUALS.

(3) TO ENGAGE IN ANY ACTIVITY AND TO DO ANYTHING AND EVERYTHING THAT MAY BE NECESSARY, EXPEDIENT OR INCIDENTAL TO THE PURPOSES STATED IN PARAGRAPHS (1) AND (2).

(4) TO HAVE AND TO EXERCISE TO THE EXTENT NECESSARY OR DESIRABLE FOR THE ACCOMPLISHMENT OF ANY OF THE AFORESAID PURPOSES, AND TO THE EXTENT THAT THEY ARE NOT INCONSISTENT WITH THE CHARITABLE PURPOSES OF THE CORPORATION, AND THE LIMITATIONS IMPOSED BY SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, ANY AND ALL POWERS CONFERRED UPON CORPORATIONS BY THE MARYLAND GENERAL CORPORATION LAW.

FORM 990, PART III - PROGRAM SERVICES

4C PROGRAM SERVICE

THE EMERGENCY DEPARTMENT TREATED OVER 61,400 PATIENTS IN THE FISCAL YEAR. THE EMERGENCY SERVICES DEPARTMENT HAS THREE DISTINCT PATIENT CARE AREAS, CAREFULLY DESIGNED TO MINIMIZE WAIT AND MAXIMIZE SERVICE FOR PATIENTS AND THEIR FAMILIES. PATIENTS WITH MINOR INJURIES SUCH AS SPRAINS ARE CARED FOR THE 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. IN ADDITION TO EMERGENCY SERVICES, GBMC PROVIDED OTHER OUTPATIENT CARE TO OVER 42,700 PATIENTS IN SPECIALTY CLINICS SUCH AS OPHTHALMOLOGY, WOUND CARE, ANTI-COAGULATION, RADIATION ONCOLOGY AND INFUSION THERAPY.

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

DESCRIPTION	GRANTS	EXPENSES	REVENUE
LABORATORY SERVICE	NONE	19,987,271.	31,638,311.
RADIOLOGY - THERAPEUTIC	NONE	13,471,109.	26,629,914.
RESIDENCY PROGRAM	NONE	9,277,951.	985,886.
MAGNETIC RESONANCE IMAGING	NONE	3,120,810.	4,264,167.
CARDIAC CATHETERIZATION	NONE	2,313,652.	2,749,643.
OTHER PROGRAM SERVICES	214,776.	23,004,171.	6,974,597.
TOTALS	214,776.	71,174,964.	73,242,518.

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS
=====

NAME AND ADDRESS -----	DESCRIPTION OF SERVICES	COMPENSATION -----
JOHNS HOPKINS UNIVERSITY 125 MEDICAL ADMIN RD., 720 RUTLAND AVE. BALTIMORE, MD 21205	RESIDENCY PROGRAM	3,154,183.
ASSOCIATED CONSTRUCTION 1719 MORNING BROOK DRIVE FOREST HILL, MD 21050	CONSTRUCTION	3,117,170.
MEDICAL IMAGING OF BALTIMORE PO BOX 630277 BALTIMORE, MD 21263-0277	RADIOLOGY SERVICES	2,790,950.
MAYFLOWER TEXTILE SERVICE 2601 W LEXINGTON ST., P.O. BOX 20659 BALTIMORE, MD 21223-0492	LINEN SERVICE	1,817,540.
ARAMARK HEALTHCARE SUPPORT SERVICES, P.O. BOX 651009 CHARLOTTEE, NC 28265	MANAGEMENT - DIETARY	1,663,250.
	TOTAL COMPENSATION	----- 12,543,093. =====

PRICEWATERHOUSECOOPERS, LLP
1301 K STREET NW, SUITE 800W
WASHINGTON, DC 20005

INSTRUCTIONS FOR FILING
GREATER BALTIMORE MEDICAL CENTER, INC.
FORM 990-T
FOR THE PERIOD ENDED JUNE 30, 2009

SIGNATURE...

THE ORIGINAL RETURN SHOULD BE DATED AND SIGNED BY AN OFFICER OF THE ORGANIZATION. AUTHORIZED OFFICERS OF GBMC HEALTHCARE, INC; GBMC AGENCY, INC; AND GBMC INC SHOULD SIGN AND DATE THE ATTACHED APPORTIONMENT SCHEDULE.

FILING...

THE SIGNED RETURN SHOULD BE FILED ON OR BEFORE MAY 17, 2010 WITH...

INTERNAL REVENUE SERVICE
OGDEN, UT 84201-0027

PAYMENT OF TAX...

THE RETURN SHOWS AN OVERPAYMENT OF \$1,286 OF WHICH NONE SHOULD BE REFUNDED TO YOU AND \$1,286 HAVE BEEN APPLIED TO YOUR 2009 ESTIMATED TAX.

THE RETURN SHOULD BE SENT CERTIFIED MAIL, RETURN RECEIPT REQUESTED.

A Check box if address changed

B Exempt under section
 501(C)(3) 220(e)
 408(e) 530(a)
 529(a)

C Book value of all assets at end of year
379,536,020.

Name of organization (Check box if name changed and see instructions.)
GREATER BALTIMORE MEDICAL CENTER, INC.

Number, street, and room or suite no. If a P.O. box, see page 9 of instructions.
6701 NORTH CHARLES STREET

City or town, state, and ZIP code
BALTIMORE, MD 21204

D Employer identification number (Employers' trust, see instructions for Block D on page 9.)
52-6049658

E Unrelated business activity codes (See instructions for Block E on page 9.)
561000

F Group exemption number (See instructions for Block F on page 9.)

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. **BILLING SERVICES TO NON-HOSPITAL PHYSICIANS**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **ERIC MELCHIOR** Telephone number **443-849-2000**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales <u>46,345.</u>			
b	Less returns and allowances			
	c Balance	1 c <u>46,345.</u>		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3 <u>46,345.</u>		<u>46,345.</u>
4 a	Capital gain net income (attach Schedule D)	4 a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4 b		
c	Capital loss deduction for trusts	4 c		
5	Income (loss) from partnerships and S corporations (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See page 11 of the instructions; attach schedule.)	12		
13	Total. Combine lines 3 through 12	13 <u>46,345.</u>		<u>46,345.</u>

Part II Deductions Not Taken Elsewhere (See page 11 of the instructions for limitations on deductions.)		(Except for contributions, deductions must be directly connected with the unrelated business income.)	
14	Compensation of officers, directors, and trustees (Schedule K)	14	NONE
15	Salaries and wages	15	<u>32,739.</u>
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See page 13 of the instructions for limitation rules.)	20	
21	Depreciation (attach Form 4562)	21	NONE
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
		22b	NONE
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	<u>2,289.</u>
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) <u>SEE STATEMENT 1</u>	28	<u>8,073.</u>
29	Total deductions. Add lines 14 through 28	29	<u>43,101.</u>
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	<u>3,244.</u>
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	<u>3,244.</u>
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	33	<u>1,000.</u>
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	<u>2,244.</u>

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	
	GREATER BALTIMORE MEDICAL CENTER, INC.	
	Employer identification number	
	52-6049658	
Number, street, and room or suite no. If a P.O. box, see instructions.		
6701 NORTH CHARLES STREET		
City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
BALTIMORE, MD 21204		

- Check type of return to be filed** (file a separate application for each return):
- | | | |
|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input checked="" type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ► GEORGE BAYLESS

Telephone No. ► 443-204-8121 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 will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until MAY 17, 2010, 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, 2008, and ending JUNE 30, 2009.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	1,000
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	1,000

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation on page 15. Controlled group members (sections 1561 and 1563) check here [X] See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) 2,244 (2) (3) b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) (2) Additional 3% tax (not more than \$100,000) c Income tax on the amount on line 34 STMT 2 35c 337. 36 Trusts Taxable at Trust Rates. See instructions for tax computation on page 16. Income tax on the amount on line 34 from: [] Tax rate schedule or [] Schedule D (Form 1041) 36 37 Proxy tax. See page 16 of the instructions 37 38 Alternative minimum tax 38 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies. 39 337.

Part IV Tax and Payments

40 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a b Other credits (see page 17 of the instructions) 40b c General business credit. Attached Form 3800 40c d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d e Total credits. Add lines 40a through 40d 40e 41 Subtract line 40e from line 39 41 337. 42 Other taxes. Check if from: [] Form 4255 [] Form 8611 [] Form 8697 [] Form 8866 [] Other (attach schedule). 42 43 Total tax. Add lines 41 and 42 43 337. 44 a Payments: A 2007 overpayment credited to 2008 44a 623. b 2008 estimated tax payments 44b 1,000. c Tax deposited with Form 8868 44c d Foreign organizations: Tax paid or withheld at source (see instructions) 44d e Backup withholding (see instructions) 44e f Other credits and payments: [] Form 2439 [] Form 4136 [] Other Total 44f 45 Total payments. Add lines 44a through 44f 45 1,623. 46 Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached [] 46 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 47 NONE 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 48 1,286. 49 Enter the amount of line 48 you want: Credited to 2009 estimated tax 1,286. Refunded 49

Part V Statements Regarding Certain Activities and Other Information (see instructions on page 18)

1 At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here [] Yes [X] No 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file. [] Yes [X] No 3 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year 1 2 Purchases 2 3 Cost of labor 3 4a Additional section 263A costs (attach schedule) 4a b Other costs (attach schedule) 4b 5 Total. Add lines 1 through 4b 5 6 Inventory at end of year 6 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2. 7 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? [] Yes [] No

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer Date Title May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Paid Preparer's Use Only Preparer's signature Date MAY 11 2010 Check if self-employed [] Preparer's SSN or PTIN P00369623 Firm's name (or yours if self-employed), address, and ZIP code PRICEWATERHOUSECOOPERS LLP EIN 13-4008324 1301 K STREET NW, STE 800W Phone no. 202-414-1000 WASHINGTON, DC 20005-3333

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions on page 19)

1 Description of property

(1)
(2)
(3)
(4)

2 Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A). ▶

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B). ▶

Schedule E - Unrelated Debt-Financed Income (see instructions on page 19)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 ▶				

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions on page 20)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).

Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Totals ▶

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions on page 21)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Enter here and on page 1, Part I, line 9, column (A).				Enter here and on page 1, Part I, line 9, column (B).
Totals ▶				

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 21)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Enter here and on page 1, Part I, line 10, col. (A).		Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals ▶						

Schedule J - Advertising Income (see instructions on page 21)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) . . . ▶						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I						
Enter here and on page 1, Part I, line 11, col. (A).		Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) ▶						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 22)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
			%
			%
			%
			%
Total. Enter here and on page 1, Part II, line 14 ▶			

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

SUPPLIES & LABRATORY COSTS
PURCHASED SERVICES

339.
7,734.

PART II - LINE 28 - OTHER DEDUCTIONS

8,073.
=====

FORM 990T - ORGANIZATIONS TAXABLE AS CORPORATIONS - TAX COMPUTATION

1	TAXABLE INCOME FROM LINE 34, PAGE 1, 990-T	2,244.
2	LINE 1 OR THE CORPORATION'S SHARE OF THE \$50,000 TAXABLE INCOME BRACKET, WHICHEVER IS LESS	2,244.
3	SUBTRACT LINE 2 FROM LINE 1	
4	LINE 3 OR THE CORPORATION'S SHARE OF THE \$25,000 TAXABLE INCOME BRACKET, WHICHEVER IS LESS	
5	SUBTRACT LINE 4 FROM LINE 3	
6	LINE 5 OR THE CORPORATION'S SHARE OF THE \$9,925,000 TAXABLE INCOME BRACKET, WHICHEVER IS LESS	
7	SUBTRACT LINE 6 FROM LINE 5	
8	ENTER 15% OF LINE 2	337.
9	ENTER 25% OF LINE 4	
10	ENTER 34% OF LINE 6	
11	ENTER 35% OF LINE 7	
12	MEMBER'S SHARE OF ADDITIONAL TAX: (A) 5% OF THE EXCESS OVER \$100,000 OR (B) \$11,750	
13	MEMBER'S SHARE OF ADDITIONAL TAX: (A) 3% OF THE EXCESS OVER \$15 MILLION OR (B) \$100,000	
14	TOTAL OF LINES 8 THROUGH 13. ENTER THIS AMOUNT ON LINE 35C, PAGE 2, 990-T	337.

**SCHEDULE O
(Form 1120)**

(Rev. December 2008)
Department of the Treasury
Internal Revenue Service

**Consent Plan and Apportionment Schedule
for a Controlled Group**

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.
▶ See separate instructions.

OMB No. 1545-0123

Name

Employer identification number

GREATER BALTIMORE MEDICAL CENTER, INC.

Part I Apportionment Plan Information

- 1 Type of controlled group:
 - a Parent-subsidiary group
 - b Brother-sister group
 - c Combined group
 - d Life insurance companies only

- 2 This corporation has been a member of this group:
 - a For the entire year.
 - b From JULY 1, 2008, until JUNE, 2009.

- 3 This corporation consents and represents to:
 - a Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, 20_____, and for all succeeding tax years.
 - b Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending JUNE 30, 2008, and for all succeeding tax years.
 - c Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan.
 - d Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, 20_____, and for all succeeding tax years.

- 4 If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions).
 - a No apportionment plan is in effect and none is being adopted.
 - b An apportionment plan is already in effect. It was adopted for the tax year ending _____, 20_____, and for all succeeding tax years.

- 5 If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency? See instructions.
 - a Yes.
 - (i) The statute of limitations for this year will expire on _____, 20_____.
 - (ii) On _____, 20_____, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until _____, 20_____.
 - b No. The members may not adopt or amend an apportionment plan.

- 6 Elections under section 1561. See instructions.
 - a The corporation will determine its tax liability by applying the maximum tax rate under section 11 to the entire amount of its taxable income.
 - b The corporation and the other members of the group elect the FIFO method (rather than defaulting to the proportionate method) for allocating the group's section 11(b)(1) additional tax.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions for Form 1120.

Schedule O (Form 1120) (Rev. 12-2008)

Part II Taxable Income Apportionment (See instructions)

Caution: Each total in Part II, column (g) for each component member must agree with Form 1120, page 1, line 30 or the comparable line of such member's tax return.

	(a) Group member's name and employer identification number	(b) Tax year end (Yr-Mo)	Taxable Income Amount Allocated to Each Bracket					(g) Total (add columns (c) through (f))
			(c) 15%	(d) 25%	(e) 34%	(f) 35%		
1	GREATER BALTIMORE MEDICAL CENTER, INC.	2009-06	2,244				2,244	
2	GBMC AGENCY	2009-06					0	
3	GBMC HEALTHCARE, INC.	2009-06	7,028				7,028	
4	GBMD, INC.	2009-06					0	
5	-----							
6	-----							
7	-----							
8	-----							
9	-----							
10	-----							
Total			9,272	0	0	0	9,272	

Part III Income Tax Apportionment (See instructions)

(a) Group member's name	Income Tax Apportionment							(h) Total income tax (combine lines (b) through (g))
	(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%		
1 GREATER BALTIMORE MEDICAL CENTER, INC.	337						337	
2 GBMC AGENCY							0	
3 GBMC HEALTHCARE, INC.	1,054						1,054	
4 GBMD, INC.							0	
5 -----								
6 -----								
7 -----								
8 -----								
9 -----								
10 -----								
Total	1,391	0	0	0	0	0	1,391	

Part IV Other Apportionments (See instructions)

Other Apportionments

(a) Group member's name	(b) Accumulated earnings credit	(c) AMT exemption amount	(d) Phaseout of AMT exemption amount	(e) Penalty for failure to pay estimated tax	(f) Other
1 GREATER BALTIMORE MEDICAL CENTER, INC.					
2 GBMC AGENCY	250,000				
3 GBMC HEALTHCARE, INC.		8,028			
4 GBMD, INC.					
5					
6					
7					
8					
9					
10					
Total	250,000	8,028	0	0	0

PRICEWATERHOUSECOOPERS, LLP
1301 K STREET NW, SUITE 800W
WASHINGTON, DC 20005

INSTRUCTIONS FOR FILING
GREATER BALTIMORE MEDICAL CENTER, INC.
MARYLAND FORM 500- CORPORATION INCOME TAX RETURN
FOR THE PERIOD ENDED JUNE 30, 2009

SIGNATURE...

THE ORIGINAL RETURN SHOULD BE DATED AND SIGNED BY AN OFFICER OF THE ORGANIZATION.

FILING...

THE SIGNED RETURN SHOULD BE FILED ON OR BEFORE MAY 17, 2010 WITH...

COMPTROLLER OF MARYLAND
REVENUE ADMINISTRATION DIVISION
ANNAPOLIS, MD 21411-0001

PAYMENT OF TAX...

THE RETURN SHOWS AN OVERPAYMENT OF \$668 OF WHICH NONE SHOULD BE REFUNDED TO YOU AND \$668 HAVE BEEN APPLIED TO YOUR 2009 ESTIMATED TAX.

THE RETURN SHOULD BE SENT CERTIFIED MAIL, RETURN RECEIPT REQUESTED.

FORM 500 MARYLAND CORPORATION INCOME TAX RETURN
OR FISCAL YEAR BEGINNING , 2008, ENDING

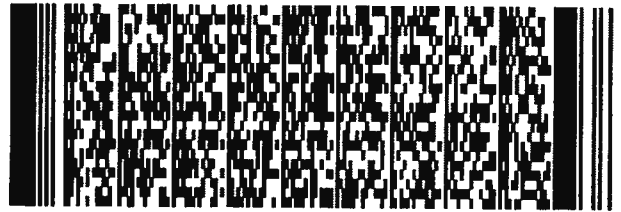


2008
s

Do not write on, staple or punch holes in barcode.

Please Print Using Blue or Black Ink

Name GREATER BALTIMORE MEDICAL CENTER, INC.			
Number and street 6701 NORTH CHARLES STREET			
City or town BALTIMORE		State MD	Zip code 21204
Federal Employer Identification No. (9 digits) 526049658		Do not write in this space ME ▶	
FEIN Applied for date		YE ▶	
Date of Organization or Incorporation (MMDDYY) 100165	Business Activity Code No. (6 digits)		



CHECK HERE IF: NAME OR ADDRESS HAS CHANGED INACTIVE CORPORATION FIRST FILING OF THE CORPORATION FINAL RETURN
 THIS TAX YEAR'S BEGINNING AND ENDING DATES ARE DIFFERENT FROM LAST YEAR'S DUE TO AN ACQUISITION OR CONSOLIDATION

SEE INSTRUCTIONS IN CORPORATION INCOME TAX BOOKLET. ATTACH A COPY OF PAGES 1 THROUGH 5 OF THE FEDERAL INCOME TAX RETURN.

1. Taxable income based on attached federal return from the Taxable Income Worksheet.
(Check applicable box: 1120/1120A, 990T, 1120-REIT, Other . IF 1120S, FILE ON FORM 510) **1** 2244

ADDITION MODIFICATIONS (All entries must be positive amounts)

2. a. State and local income tax **2a** _____
 b. Dividends and interest from another state, local or federal tax-exempt obligations **b** _____
 c. Net operating loss modification (Do not enter NOL carryover. See Instructions.) **c** _____
 d. Section 10-306.1 related party transactions **d** _____
 e. Domestic Production Activities Deduction **e** _____
 f. Deduction for Dividends paid by a captive REIT **f** _____
 g. Other additions (Enter code letter(s) from instructions and attach schedule.) **g** _____
 h. Total additions (Add lines 2a through 2g) **2h** _____
 3. Total (Add lines 1 and 2h) **3** 2244

SUBTRACTION MODIFICATIONS (All entries must be positive amounts)

4. a. Dividends for domestic corporations claiming foreign tax credits **4a** _____
 b. Dividends from related foreign corporations **b** _____
 c. Income from U.S. obligations **c** _____
 d. Section 10-306.1 related party transactions **d** _____
 e. Other subtractions (Enter code letter(s) from instructions and attach schedule.) **e** _____
 f. Total subtractions (Add lines 4a through 4e) **4f** _____
 5. Maryland modified income (Subtract line 4f from line 3) **5** 2244

APPORTIONMENT OF INCOME

(To be completed by multistate corporations whose apportionment factor is less than 1, otherwise skip to line 8)

6. Maryland apportionment factor (from page 2 of this form) (If factor is zero, enter 000001) **6** _____
 7. Maryland apportioned income (Multiply line 5 by line 6) **7** _____

8. Maryland taxable income (from line 5 or line 7, whichever is applicable) **8** 2244
 9. TAX (Multiply line 8 by 8.25%) **9** 185

PAYMENTS AND CREDITS

10. a. Estimated tax paid with Form 500DP, Form 500D, Form MW506NRS and/or credited from 2007 overpayment **10a** 353
 b. Tax paid with an extension request (Form 500E) **b** 500
 c. Nonrefundable business income tax credits from Part T, line 26 of Form 500CR (Attach Form 500CR) **c** _____
 d. Refundable business income tax credits from Part V, line 3 of Form 500CR (Attach Form 500CR) **d** _____
 e. Heritage Structure Rehabilitation tax credit (Attach Form 502H) Check here if non-profit **e** _____
 f. Nonresident tax paid on behalf of the corporation by pass-through entities (Attach Schedule K-1 or statement) **f** _____
 g. Total payments and credits (Add lines 10a through 10f) **10g** 853
 11. Balance of tax due (If line 9 exceeds line 10g, enter the difference) **11** _____
 12. Overpayment (If line 10g exceeds line 9, enter the difference) **12** 668
 13. Interest and/or penalty from Form 500UP _____ or late payment interest Total **13** _____
 14. Total balance due (Add lines 11 and 13, or if line 13 exceeds line 12 enter the difference) **14** _____
 15. Amount of overpayment to be applied to estimated tax for 2009 (not to exceed the net of line 12 less line 13) **15** 668

16. Amount of overpayment TO BE REFUNDED (Add lines 13 and 15, and subtract the total from line 12)

DIRECT DEPOSIT OF REFUND (See instructions.) Please be sure the account information is correct.

17. To choose the direct deposit option, complete the following information: 17a. Type of account: Checking Savings
 17b. Routing number ▶ _____ 17c. Account number ▶ _____



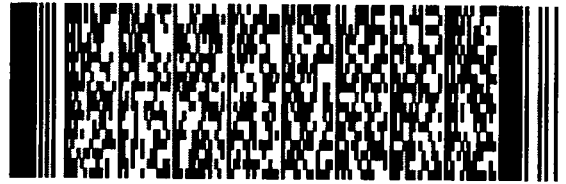
FORM **500E** MARYLAND APPLICATION FOR EXTENSION TO FILE CORPORATION INCOME TAX RETURN



2008

OR FISCAL YEAR BEGINNING 08 2008, ENDING 0609

Please Print Using Blue or Black Ink



Federal employer identification number (9 digits) ▶ 526049658		
Name GREATER BALTIMORE MEDICAL CENTER, INC.		
Number and street 6701 NORTH CHARLES STREET		
City or town BALTIMORE	State MD	ZIP code 21204

For Office Use Only			
ME	YE	EC	EC

IF NO TAX IS DUE WITH THIS EXTENSION, FILE THE EXTENSION AT: www.marylandtaxes.com
OR CALL 410-260-7829 FROM CENTRAL MARYLAND OR 1-800-260-3664 FROM ELSEWHERE TO TELEFILE THIS FORM.

INSTRUCTIONS FOR TAX PAYMENT WORKSHEET

- Line 1 – **Tax liability** Enter the total amount of income tax the corporation is expected to owe. Use Form 500 as a worksheet.
- Line 2 – **Estimated tax payments** Enter the total amount of Maryland estimated tax paid with Form 500D or 500DP for the tax year. Include any overpayment from the prior period that was credited to the current tax year.
- Line 3 – **Allowable tax credits** Enter the allowable tax credits from Form 500CR, 502H or tax paid on the corporation's behalf by a pass-through entity.
- Line 4 – **Total payments and credits** Add lines 2 and 3 and enter the total on line 4.
- Line 5 – **Tax due** Subtract line 4 from line 1 and enter the result on line 5. This is the tax to be paid with the application for extension.

TAX PAYMENT WORKSHEET

1. Tax liability expected for the current tax year.	1.	_____
2. Estimated tax payments and amount credited from the prior period.	2.	_____
3. Allowable tax credits.	3.	_____
4. Total payments and credits. Add lines 2 and 3 and enter here.	4.	_____
5. Tax due – Subtract line 4 from line 1.	5.	_____ N/A

TAX PAID WITH THIS EXTENSION (If filing and paying electronically do not submit this form)	▶	\$	N/A
--	---	----	-----

Make checks payable to and mail to:
COMPTROLLER OF MARYLAND
 REVENUE ADMINISTRATION DIVISION
 Annapolis, Maryland 21411-0001
 (Write federal employer identification number on check using blue or black ink)



SCHEDULE A - COMPUTATION OF APPORTIONMENT FACTOR

(Applies only to multistate corporations - see instructions)

NOTE: Special apportionment formulas are required for rental/leasing, financial institutions, transportation and manufacturing companies. See instructions. Multistate manufacturer with more than 25 employees must complete Form 500MC; See instructions.

	Column 1 TOTALS WITHIN MARYLAND	Column 2 TOTALS WITHIN AND WITHOUT MARYLAND	Column 3 DECIMAL FACTOR (Column 1 ÷ Column 2) (rounded to six places)
1A. Receipts			
a. Gross receipts or sales less returns and allowances			
b. Dividends			
c. Interest			
d. Gross rents			
e. Gross royalties			
f. Capital gain net income			
g. Other income (Attach schedule)			
h. Total receipts (Add lines 1A(a) through 1A(g), for Columns 1 and 2)			
1B. Receipts Enter the same factor shown on line 1A, Column 3. Disregard this line if special apportionment formula used			
2. Property			
a. Inventory			
b. Machinery and equipment			
c. Buildings			
d. Land			
e. Other tangible assets (Attach schedule)			
f. Rent expense capitalized (multiplied by eight)			
g. Total property (Add lines 2a through 2f, for Columns 1 and 2)			
3. Payroll			
a. Compensation of officers			
b. Other salaries and wages			
c. Total payroll (Add lines 3a and 3b, for Columns 1 and 2)			
4. Total of factors (Add entries in Column 3)			
5. Maryland apportionment factor Divide line 4 by four for three-factor formula, or by the number of factors used if special apportionment formula required. (If factor is zero, enter 000001 on line 6 page 1.)			

SCHEDULE B - ADDITIONAL INFORMATION REQUIRED (Attach a separate schedule if more space is necessary)

- Telephone number of corporation tax department: 443-849-2000
- If a multistate operation, provide the following:
 - Address of principal place of business in Maryland (if other than indicated on page 1): SAME AS ABOVE
 - Brief description of operations in Maryland: HOSPITAL
- Has the Internal Revenue Service made adjustments (for a tax year in which a Maryland return was required) that were not previously reported to the Maryland Revenue Administration Division? Yes No
If "yes", indicate tax year(s) here: N/A and submit an amended return(s) together with a copy of the IRS adjustment report(s) under separate cover.
- Did the corporation file employer withholding tax reports/forms with the Maryland Revenue Administration Division for the last calendar year? Yes No
- Is this entity part of a federal consolidated filing? Yes No
- Is this entity a multistate corporation that is a member of a unitary group? Yes No
- Is this entity a multistate manufacturer with more than 25 employees? If so, complete and attach Form 500MC to your Form 500. Yes No

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. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge. Check here if you authorize your preparer to discuss this return with us.

Officer's signature _____ Date _____

► P00369623
Preparer's SSN or PTIN MAY 11 2010 Preparer's signature _____

Title _____
Make checks payable to: **COMPTROLLER OF MARYLAND.**
Write federal employer identification number on check using blue or black ink.
Mail to: **Comptroller of Maryland, Revenue Administration Division,**
Annapolis, Maryland 21411-0001

PRICEWATERHOUSECOOPERS, LLP
Preparer's name, address and telephone number
1301 K STREET NW, SUITE 800W
WASHINGTON, DC 20005 2024141000

**A COPY OF FORM 990-T, INCLUDING ALL SCHEDULES,
WAS ATTACHED TO THE FILING COPY OF THIS RETURN**