

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2010

<b>Prepared for</b>	Greater Baltimore Medical Center, Inc. 6701 North Charles Street Baltimore, MD 21204
<b>Prepared by</b>	DELOITTE TAX LLP 1750 TYSONS BLVD MCLEAN, VA 22102-4219
<b>Amount due or refund</b>	Not applicable
<b>Make check payable to</b>	Not applicable
<b>Mail tax return and check (if applicable) to</b>	Not applicable
<b>Return must be mailed on or before</b>	Not applicable
<b>Special Instructions</b>	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8453-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

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

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 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

Header section containing: B Check if applicable, C Name of organization (Greater Baltimore Medical Center, Inc.), D Employer identification number (52-6049658), E Telephone number ((443) 849-2000), G Gross receipts (\$ 410,160,725), H(a) Is this a group return for affiliates? (No), H(b) Are all affiliates included? (No), H(c) Group exemption number, I Tax-exempt status (501(c)(3)), J Website (www.gbmc.org), K Form of organization (Corporation), L Year of formation (1960), M State of legal domicile (MD)

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block

Signature block containing: Declaration of preparer, Sign Here (Signature of officer Eric Melchior, CFO), Preparer's signature (DELOITTE TAX LLP), Date, Preparer's identifying number, and EIN.

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No 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 [X] 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 \$ 144,552,251. including grants of \$ ) (Revenue \$ 128,129,424. ) Greater Baltimore Medical Center, Inc. (GBMC) is a 300-bed medical center (acute & sub-acute care) located on a suburban campus that provided inpatient care to 20,660 patients & delivered over 4,500 babies in the fiscal year. GBMC's accomplishments have validated the vision of its founders to combine the best of community & university-level medicine. GBMC's service lines include women's cancer, surgical & medical services. GBMC is a fully accredited teaching hospital that is affiliated with John Hopkins University.

4b (Code: ) (Expenses \$ 84,033,880. including grants of \$ ) (Revenue \$ 98,599,000. ) The operating room performed over 31,100 inpatient and outpatient surgical procedures in the fiscal year. Specialties include GBMC's comprehensive obesity management program, the oldest recognized American Society of Metabolic and Bariatric Surgery (ASMBS) Center of Excellence in the Metropolitan Baltimore area; Johns Hopkins head and neck surgery at GBMC; minimally invasive and endocrine surgery; neurosurgery; vascular and thoracic surgery; and urology.

4c (Code: ) (Expenses \$ 63,891,587. including grants of \$ ) (Revenue \$ 86,511,686. ) The emergency department treated 59,800 patients in the fiscal year. The emergency services department has 3 patient care areas, designed to minimize wait & maximize service for patients & their families. Patients with minor injuries such as sprains are cared for in the Urgent Care area. Severe problems such as acute abdominal pain, chest pain or injuries from motor vehicle accidents are evaluated and treated in Emergent Care. Adjacent to the emergent care area is an observational care area for adult patients who need to be monitored but not admitted. In addition to emergency services, GBMC provided other outpatient care to over 46,590 patients in specialty clinics such as ophthalmology, wound care, anti-coagulation, radiation oncology and infusion therapy.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 49,939,721. including grants of \$ 189,104. ) (Revenue \$ 76,725,315. )

4e Total program service expenses \$ 342,417,439.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? .....	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> .....	X	
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> .....	N/A	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> .....	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i> .....	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i> .....		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> .....		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> .....		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....	X	

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

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



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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

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

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

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

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(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	1.00	X					0.	0.	0.	
Mr. Kennethh P. Barksdale Fmr Dir (left 12/2009)	1.00	X					0.	0.	0.	
Mrs. Sandra Berman Director	1.00	X					0.	0.	0.	
Robert K. Brookland, M.D. Director	1.00	X					0.	0.	0.	
Mr. Samuel Heffner Director	1.00	X					0.	0.	0.	
Mr. Frederick M. Hudson Director	1.00	X					0.	0.	0.	
Mr. Douglas Huether Fmr Dir (left 12/2009)	1.00	X					0.	0.	0.	
Mr. Williams A. Kroh Fmr Dir (left 12/2009)	1.00	X					0.	0.	0.	
Mr. Thomas H. Maddux Fmr Dir (left 12/2009)	1.00	X					0.	0.	0.	
Mr. Frank R. Palmer Director	1.00	X					0.	0.	0.	
Mr. Robert A. Shelton Director	1.00	X					0.	0.	0.	
Mr. Bernard Siegel Director	1.00	X					0.	0.	0.	
Mr. Stuart O. Simms Director	1.00	X					0.	0.	0.	
Ms. Bonnie R. Stein Director	1.00	X					0.	0.	0.	
Mr. James B. Stradtner Director	1.00	X					0.	0.	0.	
Mr. Steven A. Thomas Director	1.00	X					0.	0.	0.	
Ms. Marion G. Thompson Director	1.00	X					0.	0.	0.	



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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Ronald F. Trutone, Jr., M.D. Director	5.00	X					250,000.	0.	0.	
Mrs. Mary Stuart Rodgers Director	1.00	X					0.	0.	0.	
Howard L. Siegel, M.D. Director	1.00	X					518,653.	0.	0.	
Mrs. Mary B. Wieler Secretary	1.00	X		X			0.	0.	0.	
John Saunders, M.D. Former Interim President	35.00	X		X			421,351.	0.	25,459.	
Mr. Herbert J. Belgrad Fmr Tresr (left 12/2009)	1.00	X		X			0.	0.	0.	
John B. Cheassare, M.D. President	35.00	X		X			0.	0.	0.	
Mr. Charles C. Fenwick, Jr. Chair	1.00	X		X			0.	0.	0.	
Mr. Harry S. Johnson Chair-Elect	1.00	X		X			0.	0.	0.	
Mr. Thomas M. Kane Vice Chair	1.00	X		X			0.	0.	0.	
<b>1b Total</b>							10,945,061.	0.	1,225,689.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **284**

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
Johns Hopkins University, 125 Medical Admin Rd., 720 Rutland Ave., Baltimore, MD	Residency Program	3,751,948.
Associated Construction, 1719 Morning Brook Drive, Forest Hill, MD 21050	Construction	3,256,591.
Medical Imaging of Baltimore P.O. Box 630277, Baltimore, MD 21263-0277	Radiology Services	2,640,799.
Mayflower Textile Service, 2601 W Lexington St., PO Box 20659, Baltimore, MD	Linen Service	1,801,967.
Aramark Healthcare, Support Services, P.O. Box 651009, Charlotte, NC 28265	Management - Dietary	1,706,491.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **106**

See Schedule J-2 for Part VII, Section A Continuation

<b>Part VIII</b>		<b>Statement of Revenue</b>						
				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b>	Federated campaigns .....	<b>1a</b>					
	<b>b</b>	Membership dues .....	<b>1b</b>					
	<b>c</b>	Fundraising events .....	<b>1c</b>	184,479.				
	<b>d</b>	Related organizations .....	<b>1d</b>	8,811,529.				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>	85,482.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	476,000.				
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$ .....						
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....			9,557,490.			
	<b>Program Service Revenue</b>	<b>2 a</b>	Patient Service .....	Business Code	621110	386,103,669.	386,103,669.	
<b>b</b>		Other Operating Rev. ....		900099	3,861,756.	3,861,756.		
<b>c</b>		.....						
<b>d</b>		.....						
<b>e</b>		.....						
<b>f</b>		All other program service revenue .....						
<b>g</b>		<b>Total.</b> Add lines 2a-2f .....				389,965,425.		
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....			-902,654.		-902,654.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....						
	<b>5</b>	Royalties .....						
	<b>6 a</b>	Gross Rents .....	(i) Real	(ii) Personal				
		Less: rental expenses .....	191,279.					
		Rental income or (loss) .....	153,500.					
		Net rental income or (loss) .....	37,779.					
	<b>d</b>	<b>Total.</b> Add lines 6a-6d .....				37,779.	37,779.	
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses .....	7,598,387.					
		Gain or (loss) .....	6,829,369.	471.				
		Net gain or (loss) .....	769,018.	-471.				
	<b>d</b>	<b>Total.</b> Add lines 7a-7d .....				768,547.	768,547.	
	<b>8 a</b>	Gross income from fundraising events (not including \$ 184,479. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>		57,949.			
		Less: direct expenses .....	<b>b</b>		116,286.			
Net income or (loss) from fundraising events .....					-58,337.		-58,337.	
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	Less: direct expenses .....	<b>b</b>						
	Net income or (loss) from gaming activities .....							
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	Less: cost of goods sold .....	<b>b</b>						
	Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>		<b>Business Code</b>						
<b>11 a</b>	Cafeteria Income .....		722210	1,954,987.			1,954,987.	
	Parking Revenue .....		812930	1,702,979.			1,702,979.	
	Billing Fees .....		561000	34,883.		34,883.		
	All other revenue .....							
	<b>Total.</b> Add lines 11a-11d .....				3,692,849.			
<b>12</b>	<b>Total revenue.</b> See instructions. ....				403,061,099.	389,965,425.	34,883.	
							3,503,301.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....	189,104.	189,104.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	7,558,877.		7,558,877.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	158,322,469.	149,638,806.	8,683,663.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	9,931,077.	8,578,470.	1,352,607.	
9 Other employee benefits .....	16,700,444.	15,701,344.	999,100.	
10 Payroll taxes .....	11,252,844.	10,595,700.	657,144.	
11 Fees for services (non-employees):				
a Management .....	5,655,080.	3,791,254.	1,863,826.	
b Legal .....	595,378.	85,774.	509,604.	
c Accounting .....	211,010.	39,810.	171,200.	
d Lobbying .....	55,957.		55,957.	
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....	84,626.		84,626.	
g Other .....	23,639,726.	21,270,403.	2,369,323.	
12 Advertising and promotion .....	2,117,230.	379,226.	1,738,004.	
13 Office expenses .....	89,528,026.	88,366,028.	1,161,998.	
14 Information technology .....	3,408,683.	2,825,108.	583,575.	
15 Royalties .....				
16 Occupancy .....	1,962,529.	1,487,202.	475,327.	
17 Travel .....	305,086.	183,534.	121,552.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	511,555.	281,187.	230,368.	
20 Interest .....	4,402,444.	3,927,185.	475,259.	
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	21,955,624.	19,406,941.	2,548,683.	
23 Insurance .....	8,599,451.	1,439,474.	7,159,977.	
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 Uncollectible Accounts .....	8,774,538.	8,774,538.		
b Purchased Services .....	4,681,468.	3,771,778.	909,690.	
c Medical Residents .....	1,369,006.	1,369,006.		
d Dues .....	814,556.	315,567.	498,989.	
e .....				
f All other expenses .....				
25 <b>Total functional expenses.</b> Add lines 1 through 24f .....	382,626,788.	342,417,439.	40,209,349.	0.
26 <b>Joint costs.</b> 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	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>		
	<b>2</b> Savings and temporary cash investments .....	33,993,949.	<b>2</b>	30,989,986.	
	<b>3</b> Pledges and grants receivable, net .....	2,463,855.	<b>3</b>	1,974,530.	
	<b>4</b> Accounts receivable, net .....	46,199,440.	<b>4</b>	50,940,403.	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> 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 .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....	3,335,596.	<b>8</b>	3,292,075.	
	<b>9</b> Prepaid expenses and deferred charges .....	6,665,694.	<b>9</b>	9,277,536.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 454,836,535.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 248,583,252.	207,421,783.	<b>10c</b>	206,253,283.
	<b>11</b> Investments - publicly traded securities .....	36,558,160.	<b>11</b>	59,506,442.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	13,363,754.	<b>12</b>	16,134,012.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	29,533,789.	<b>15</b>	19,902,968.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	379,536,020.	<b>16</b>	398,271,235.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	56,550,527.	<b>17</b>	55,445,898.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....	123,308,207.	<b>20</b>	119,590,603.	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....	41,311,859.	<b>25</b>	54,403,545.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	221,170,593.	<b>26</b>	229,440,046.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	132,503,672.	<b>27</b>	139,905,590.	
	<b>28</b> Temporarily restricted net assets .....	19,303,240.	<b>28</b>	22,364,949.	
	<b>29</b> Permanently restricted net assets .....	6,558,515.	<b>29</b>	6,560,650.	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
	<b>33</b> Total net assets or fund balances .....	158,365,427.	<b>33</b>	168,831,189.	
<b>34</b> Total liabilities and net assets/fund balances .....	379,536,020.	<b>34</b>	398,271,235.		

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? .....		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? .....	X	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....	X	
<b>2c</b>	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis		
<b>3a</b>	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>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. ....		

Form **990** (2009)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

<b>Name of the organization</b> Greater Baltimore Medical Center, Inc.	<b>Employer identification number</b> 52-6049658
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? .....	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11g(iii)</b>	
- h Provide the following information about the supported organization(s).

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

**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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (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**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2009</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2009.** 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 - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ **Attach to Form 990, 990-EZ, or 990-PF.**

OMB No. 1545-0047

**2009**

**Name of the organization**

Greater Baltimore Medical Center, Inc.

**Employer identification number**

52-6049658

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

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

**Schedule B (Form 990, 990-EZ, or 990-PF) (2009)**

<b>Name of organization</b>  Greater Baltimore Medical Center, Inc.	<b>Employer identification number</b>  52-6049658
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	GBMC Foundation  6701 North Charles Street  Baltimore, MD 21204	\$ 8,590,135.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Milton J. Dance, Jr. Endowment, Inc.  409 Washington Avenue  Towson, MD 21204	\$ 476,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Gilchrist Hospice Care  11311 McCormick Road, Suite 350  Hunt Valley, MD 21031	\$ 221,395.	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.)

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

**Part II Noncash Property** (see instructions)

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

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

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

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

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

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.**  
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

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

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

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

Name of organization <p align="center">Greater Baltimore Medical Center, Inc.</p>	Employer identification number <p align="center">52-6049658</p>
--	--

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2009 LHA

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....	X		856.
<b>e</b> Publications, or published or broadcast statements? .....	X		3,426.
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		42,252.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? If "Yes," describe in Part IV .....	X		9,423.
<b>j</b> Total. Add lines 1c through 1i .....			55,957.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**Part IV Supplemental Information**

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

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

The amount for other activities includes meeting with GBMC staff,

legislative committees and contracted GBMC lobbyists, as well as

amounts incurred for general research on federal and state healthcare

issues.

**Schedule D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

Greater Baltimore Medical Center, Inc.

Employer identification number

52-6049658

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or pleasure)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06 .....	2d

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

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

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

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

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

Yes  No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 .....

▶ \$ \_\_\_\_\_



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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	9,433,475.	10,781,157.			
b Contributions	2,135.	53,262.			
c Net investment earnings, gains, and losses	993,109.	-1,358,011.			
d Grants or scholarships					
e Other expenditures for facilities and programs	37,110.	42,933.			
f Administrative expenses					
g End of year balance	10,391,609.	9,433,475.			

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  63.13 %
  - c Term endowment  36.87 %

- 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? |     |    |

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) Accumulated depreciation	(d) Book value
1a Land		15,290,673.		15,290,673.
b Buildings		229,485,969.	96,978,897.	132,507,072.
c Leasehold improvements		7,250,363.	4,187,790.	3,062,573.
d Equipment		114,582,558.	86,719,542.	27,863,016.
e Other		88,226,972.	60,697,023.	27,529,949.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				206,253,283.



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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	403,061,099.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	382,626,788.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	20,434,311.
4	Net unrealized gains (losses) on investments	4	-1,533,843.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-8,434,706.
9	Total adjustments (net). Add lines 4 through 8	9	-9,968,549.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	10,465,762.

**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	401,712,415.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-1,533,843.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	-84,626.
e	Add lines 2a through 2d	2e	-1,618,469.
3	Subtract line 2e from line 1	3	403,330,884.
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	-269,786.
c	Add lines 4a and 4b	4c	-269,786.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	403,061,098.

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

1	Total expenses and losses per audited financial statements	1	382,811,948.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	382,811,948.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	-185,160.
c	Add lines 4a and 4b	4c	-185,160.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	382,626,788.

**Part XIV Supplemental Information**

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

Part V, line 4:

GMBC Investments' holds and manages the endowment of the Hospital.

Intended uses of the organization's Endowment Funds:

1) Research - Support clinical research performed at Greater Baltimore

Medical Center.

2) Education - Support education programs, lectures and scholarships.

3) Special Programs - Rehabilitation services for low vision and

blindness, human genetics and the Center for Nursing Excellence.

**Part XIV** Supplemental Information (continued)

4) General Support for Greater Baltimore Medical Center.

Part XI, Line 8 - Other Adjustments:

Equity in Earnings: 3403899.

Transfer to Affiliates: -2356484.

Pension Expense: -9482121.

Part XII, Line 2d - Other Adjustments:

Investment Fee: -84626.

Part XII, Line 4b - Other Adjustments:

Rental Expense, netted from revenue: -153500.

Event Expense, netted from revenue: -116286.

Part XIII, Line 4b - Other Adjustments:

Investment Fee: 84626.

Rental Expense, netted from revenue: -153500.

Event Expense, netted from revenue: -116286.

Part X, Line 2:

Greater Baltimore Medical Center, Inc., as an affiliate of GBMC

Healthcare, Inc. & Subsidiaries, has accounted for uncertain tax positions

in accordance with FIN48 and has determined that these positions, as a

whole, are immaterial.



**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
		Father's Day 5K (event type)	GBMC Golf Outing (event type)	None (total number)	
Revenue	<b>1</b> Gross receipts .....	194,535.	47,893.		242,428.
	<b>2</b> Less: Charitable contributions .....	136,586.	47,893.		184,479.
	<b>3</b> Gross income (line 1 minus line 2) .....	57,949.			57,949.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....	25,428.	7,607.	3,311.	36,346.
	<b>6</b> Rent/facility costs .....	14,592.		17,500.	32,092.
	<b>7</b> Food and beverages .....	21,180.		19,463.	40,643.
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	4,075.	924.	2,206.	7,205.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( 116,286 )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				-58,337.

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

	Yes	No
<b>9</b> Enter the state(s) in which the organization operates gaming activities: _____		
<b>a</b> Is the organization licensed to operate gaming activities in each of these states? .....	<b>9a</b>	
<b>b</b> If "No," explain: _____		
<b>10a</b> Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .....	<b>10a</b>	
<b>b</b> If "Yes," explain: _____		
<b>11</b> Does the organization operate gaming activities with nonmembers? .....	<b>11</b>	
<b>12</b> 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? .....	<b>12</b>	

**13** Indicate the percentage of gaming activity operated in:

- a** The organization's facility ..... 

<b>13a</b>		%
<b>13b</b>		%
- b** An outside facility ..... 

<b>13b</b>		%
------------	--	---

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

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

- 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 of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 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**

- b** Enter the amount of distributions required under state law to be 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

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**  
▶ **Attach to Form 990.**  
▶ **See separate instructions.**

<b>Name of the organization</b> Greater Baltimore Medical Center, Inc.	<b>Employer identification number</b> 52-6049658
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**Part I Charity Care and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Does the organization have a charity care policy? If "No," skip to question 6a	X	
<b>1b</b> If "Yes," is it a written policy?	X	
<b>2</b> 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		
<b>3</b> Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients.		
<b>a</b> 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 checked="" type="checkbox"/> Other <u>300</u> %	X	
<b>b</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 _____ %		X
<b>c</b> 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.		
<b>4</b> Does the organization's policy provide free or discounted care to the "medically indigent"?	X	
<b>5a</b> Does the organization budget amounts for free or discounted care provided under its charity care policy?	X	
<b>b</b> If "Yes," did the organization's charity care expenses exceed the budgeted amount?	X	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
<b>6a</b> Does the organization prepare an annual community benefit report?	X	
<b>b</b> If "Yes," does the organization make it available to the public?	X	

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

<b>7 Charity Care and Certain Other Community Benefits at Cost</b>						
<b>Charity Care and Means-Tested Government Programs</b>	<b>(a)</b> Number of activities or programs (optional)	<b>(b)</b> Persons served (optional)	<b>(c)</b> Total community benefit expense	<b>(d)</b> Direct offsetting revenue	<b>(e)</b> Net community benefit expense	<b>(f)</b> Percent of total expense
<b>a</b> Charity care at cost (from Worksheets 1 and 2)			4,050,790.	0.	4,050,790.	1.08%
<b>b</b> Unreimbursed Medicaid (from Worksheet 3, column a)			0.	0.		
<b>c</b> Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
<b>d Total</b> Charity Care and Means-Tested Government Programs			4,050,790.		4,050,790.	1.08%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			1,646,010.	604,155.	1,041,855.	.28%
<b>f</b> Health professions education (from Worksheet 5)			9,524,056.	52,125.	9,471,931.	2.53%
<b>g</b> Subsidized health services (from Worksheet 6)			312,201.		312,201.	.08%
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions to community groups (from Worksheet 8)			110,951.		110,951.	.03%
<b>j Total.</b> Other Benefits			11,593,218.	656,280.	10,936,938.	2.92%
<b>k Total.</b> Add lines 7d and 7j			15,644,008.	656,280.	14,987,728.	4.00%



**Part II Community Building Activities** Complete this table if the organization conducted any community building activities.

	(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			322,610.	104,243.	218,367.	.06%
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			100,000.		100,000.	.03%
9 Other						
10 Total			422,610.	104,243.	318,367.	.09%

**Part III Bad Debt, Medicare, & Collection Practices**

**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? .....	X	
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, and rationale for including other bad debt amounts in community benefit.		

**Section B. Medicare**

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

**Section C. Collection Practices**

9a Does the organization have a written debt collection policy? .....	X
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 .....	X

**Part IV Management Companies and Joint Ventures**

(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 VI Supplemental Information**

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.

Part I, Line 7: Cost of Charity Care was calculated using the

cost-to-charge ratio prescribed in the instructions to Worksheet 2.

Maryland's regulatory system creates a unique process for hospital payment

that differs from the rest of the nation. The Health Services Cost Review

Commission, (HSCRC) determines payment through a rate setting process and

all payors, including governmental payors, pay the same amount for the

same services delivered at the same hospital. Maryland's unique all payor

system includes a method for referencing Uncompensated Care in each

payors' rates, which does not enable Maryland hospitals to breakout any

offsetting revenue related to Uncompensated Care.

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

for hospital payment that differs from the rest of the nation. The Health

Services Cost Review Commission, (HSCRC) determines payment through a rate

setting process and all payors, including governmental payors, pay the

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

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

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

hospitals to breakout any directed offsetting revenue related to

Uncompensated Care. Community benefit expenses are equal to Medicaid

revenues in Maryland, as such, the net effect is zero. The exception to

**Part VI Supplemental Information**

this is the impact on the hospital of its share of the Medicaid assessment. In recent years, the state of Maryland has closed fiscal gaps in the state Medicaid budget by assessing hospitals through the rate setting system.

Part I, Line 7f, Column c: Maryland's regulatory system creates a unique process for hospital payment that differs from the rest of the nation. The Health Services Cost Review Commission, (HSCRC) determines payment through a rate setting process and all payors, including governmental payors, pay the same amount for the same services delivered at the same hospital. Maryland's unique all payor system includes a method for referencing Uncompensated Care in each payors' rates, which does not enable Maryland hospitals to breakout any offsetting revenue related to Uncompensated Care.

Part I, Line 7f, Column d: Maryland's regulatory system creates a unique process for hospital payment that differs from the rest of the nation. The Health Services Cost Review Commission, (HSCRC) determines payment through a rate setting process and all payors, including governmental payors, pay the same amount for the same services delivered at the same hospital. Maryland's unique all payor system includes a method for referencing Uncompensated Care in each payors' rates, which does not enable Maryland hospitals to breakout any offsetting revenue related to Uncompensated Care.

Part I, Line 7g: GBMC supports coverage of specialty services (orthopedics, anesthesia, general surgery, etc.) provided in the emergency room to medicaid and uninsured patient populations by ensuring payment of

**Part VI Supplemental Information**

the physician professional fees for surgical related cases. GBMC also employs a full-time Geriatric Nurse Practitioner whose sole responsibility is to provide education and primary care services at Towson area low-income senior living facilities. During FY10, GBMC began a partnership with Catholic Charities and hired a pediatrician to provide on-site physician coverage at a residential mental health treatment for children (Villa Maria).

Part III, Line 9b: Until final approval of the account as charity care, patients receive bills similar to non-charity care patients. Once charity care is approved, the account is written off. No further bills are sent and any refunds necessary are made to the patients. Even if the account is in collection and a patient presents a hardship, the patient can qualify for charity care up to the point of a judgment made on the account.

American Diabetes Association "Reverse the Trend" Program: Clinical research has overwhelmingly identified the adverse consequences that occur when diabetes is developed. Through its Geckle Diabetes and Nutrition Center, GBMC helps patients with diabetes address and manage the daily and lifelong issues associated with this crippling disease. The statistics documenting the increasing incidence of type two diabetes, particularly in adolescents, is staggering, with "One out of every three children born after the year 2000 developing diabetes in their lifetime" (source: American Diabetes Association (ADA)). That's precisely the reason GBMC eagerly accepted an invitation from the ADA in fiscal year 2007 to partner in its "Reverse the Trend" program.

**Part VI Supplemental Information**

Through two separate \$25,000 contributions (one in fiscal year 2007 and the other in fiscal year 2009) and participation in the program design, GBMC has supported what it hopes is a program that will help make permanent lifestyle changes for area families and youth.

Unlike many global efforts to educate at-risk patients regarding diabetes, the "Reverse the Trend" program is a hands-on initiative that works in specific high-risk communities directly with individuals. The program differentiates itself by not only providing education, but also through the aid of directed community partners within an individual's community. It also provides products or services that allow an individual to make a desired lifestyle change on a permanent basis.

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

**Part VI Supplemental Information**

Health Partnerships with Seniors: In the beginning of fiscal year 2008, GBMC created a partnership of community outreach with the Assistance Center for Towson Churches and five senior income-restricted housing facilities to provide healthcare services to improve the health of the underserved population in neighborhoods surrounding the hospital's campus. A nurse practitioner specializing in geriatrics visits the apartment buildings one to two times per week, providing health screenings, exercise classes and basic health services such as blood pressure and glucose monitoring, immunizations and medication review.

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

Gilchrist Hospice Care's African Partnership: Gilchrist Hospice Care, a GBMC affiliate, has entered into a new partnership with Nkoaranga Lutheran Hospital in the Arusha Region of Tanzania.

The pairing allows Gilchrist to share its wealth of knowledge about how best to provide quality, compassionate end-of-life care with a hospice program in Sub-Saharan Africa that struggles everyday to care for hundreds of patients, more than 95 percent of whom suffer from HIV/AIDS, with limited staff and resources. Through regular e-mails and phone calls and

**Part VI Supplemental Information**

bi-annual visits between partners, Gilchrist hopes to share its expertise with Nkoaranga while also learning valuable lessons about how to do more with less, and how to better care for patients in the last stages of HIV/AIDS.

The partnership, sponsored by the Foundations for Hospices in Sub-Saharan Africa, is part of a program that serves 16 countries in Africa through collaborations with hospice and palliative care programs in 28 states.

**Serving Those in Need Through Financial Assistance:** GBMC has long understood the need to provide the highest quality medical care to all patients regardless of ability to pay. Accordingly, GBMC uses financial criteria well in excess of nationally recognized Federal Poverty Guidelines and State of Maryland required standards in order to provide free care. In addition, GBMC also works with patients not qualifying under the Financial Assistance Policy in determining potential insurance eligibility, as well as establishing reasonable and affordable payment plans.

**Medical Education:** A core component of the GBMC vision is to provide physicians, nurses and staff with medical sophistication through clinical education and research. Because of the critical importance of primary care services, as well as core services, GBMC annually trains more than 60 interns, residents and fellows in the fields of Internal Medicine, Gynecology, Ophthalmology, Otolaryngology, Colo-Rectal Surgery and GYN Oncology. Our physicians partner with the interns, residents and fellows to provide comprehensive and thorough training and education to ensure that the next generation of physicians are exceptionally prepared to serve the patients and communities in which they will serve. In addition to its



**Part VI Supplemental Information**

intern and resident programs, GBMC also offers vital nurse training and operates an allied health professionals program for approximately 20 radiology technician students a year.

GBMC Wins United Way Make-Over Project: On September 29, 2009, a group of GBMC employees from five departments pulled together in true GBMC fashion to benefit others. They spent all day participating in The United Way's "Share Yourself Make-Over," an annual community project that is part fundraising, part do-it-yourself skill, part competition, and all unforgettable. Staff volunteers from GBMC were charged with collecting donations to make-over the kitchen and office of Medfield Community Center in Northeast Baltimore City, which is used primarily as an after school recreation and activities center for area youth. Then, the group rolled up their sleeves to clean, repair and decorate the two rooms, as well as stock them with necessities. Teams from five other local organizations were assigned to re-do the rest of the center including the arts and crafts room, homework room, gym, atrium and game room. At the end of the day, GBMC's team of volunteers took top honors for its outstanding work in the kitchen and office, but the real prize went to the children, who now have a clean, safe facility to use.

Part VI, Line 2: GBMC completes a GAP assessment designed to evaluate and understand the unmet healthcare needs of the GBMC community, and how GBMC, given its service orientation, might be best served to assist in meeting the identified unmet needs. GBMC uses statistical and medical incidence data from local county health departments that collect such data, as well as other various national data. GBMC maintains an inter-disciplinary Community Needs Advisory Committee, with representation

**Part VI Supplemental Information**

from the Board of Directors, Outreach Services, Compliance, Finance,  
 Legal, Spiritual Support, and other clinic based areas, which meets  
 monthly to evaluate, debate and approve community based initiatives. In  
 addition, the committee reports directly to the President & Chief  
 Executive Officer. Refer to Exhibit 1 for a GBMC publication highlighting  
 recent community benefit activities.

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

Part VI, Line 4: Greater Baltimore Medical Center, Inc. ("GBMC") is a  
 private, not-for-profit, 310 bed, regional medical center. It is located  
 in Towson, Maryland, a suburban Baltimore County community two miles north  
 of Baltimore City. GBMC's primary service area includes all of Baltimore  
 County, the northern portion of Baltimore City, and portions of Carroll  
 and Harford Counties. The population in GBMC's service area has

**Part VI Supplemental Information**

traditionally been affluent. Baltimore County ranked 2nd among MD

counties for the highest income per capita in 2007. The 2007 per capita

income in Baltimore County was 34% higher than the nation. But, in 2007

Baltimore County had:

8% of the population in poverty

9% of related children under 18 were below the poverty level

8% of people 65+ years old were below the poverty line

5% of all families lived in poverty

14% of families with a female householder and no husband present had

incomes below the poverty level

In FY2009, GBMC's service area patients were 1.47% self-pay and 5.26%

Medicaid; whereas, GBMC's patients in FY2009, were 1.9% self-pay and 5.1%

Medicaid.

Part VI, Line 5: The Community Building activities in the amount of

\$322,610 included in this report are comprised of two components: \$25,000

support to Christo Rey High School and \$297,600 for Emergency Management.

The alliance with Christo Rey provides an opportunity for Baltimore City

students to work at GBMC and gain experience with an organization through

work-study/internship. During FY10, GBMC partnered with Baltimore County

government to provide a dedicated Emergency Management facility that can

be used by the community to stage disaster drills, provide mass

vaccinations, etc. This facility will serve the community by enhancing

public safety and promoting wellness among all citizens.

Part VI, Line 6: A majority of GBMC's governing body is comprised of

persons who reside in the organization's primary service area. GBMC

**Part VI Supplemental Information**

extends medical staff privileges to all qualified physicians in its  
community. GBMC reinvests its operating margin into improvements in  
patient care and research. GBMC provides teaching through accredited  
intern and resident education programs in Internal Medicine, Gynecology,  
Ophthalmology, Otolaryngology, and Colo-Rectal surgery. Most recently,  
GBMC has invested in a geriatric nurse practitioner program whose sole  
responsibility is to provide education and primary care services to  
low-income senior living facilities in the local service area. GBMC  
continues to fund anesthesia, obstetrical, and orthopedic services to  
Medicaid and uninsured patient populations. GBMC has generally covered  
this by agreeing to provide physician payment for surgical cases coming  
through the emergency department where the patient is considered to be  
indigent.

Part VI, Line 8, List of States Receiving Community Benefit Report:

MD

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

**Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

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

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Healthcare for the Homeless 111 Park Avenue Baltimore, MD 21201	52-1576404	501(c)(3)	13,333.	0.			See Part IV
Cristo Rey Internship Program, Inc. - 420 South Charles Street - Baltimore, MD 21231	20-5300491	501(c)(3)	25,000.	0.			See Part IV
Body Harmony Yoga 10 Fila Way, Suite D #392 Sparks, MD 21152	27-0877377	N/A	9,800.	0.			See Part IV
Maryland Healthcare Education Institute - 6820 Deerpath Road - Elkridge, MD 21075-6234	04-3511768	501(c)(3)	100,000.	0.			See Part IV

- 2** Enter total number of section 501(c)(3) and government organizations ..... **4.**
- 3** Enter total number of other organizations ..... **0.**

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

Schedule I (Form 990) 2009

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Part IV and 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.

Schedule I, Part I, Line 2: The organization's procedures for monitoring

the use of grant funds in the U.S. are evaluated and selected through a

formal Community Needs Advisory Committee and are based on unique and

identified needs. Periodic reports (some quarterly and other are annual)

are required by grantors. Additionally, field visits have been conducted.

Part II, line 1, Column (h):

Name of Organization or Government: Healthcare for the Homeless

(h) Purpose of Grant or Assistance: Assisting a community based

**Part IV Supplemental Information**

organization to improve the health and wellness of the homeless in the  
greater Baltimore area.

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

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

Name of Organization or Government: Body Harmony Yoga

(h) Purpose of Grant or Assistance: Participation in the establishment  
of a Yoga for stroke program, provided at no charge to stroke  
survivors.

Name of Organization or Government:

Maryland Healthcare Education Institute

(h) Purpose of Grant or Assistance: MHA assistance in partnership with  
other organizations throughout the state to end Maryland's chronic  
nursing shortages.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public Inspection

Name of the organization

Greater Baltimore Medical Center, Inc.

Employer identification number

52-6049658

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input checked="" type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....		X
<b>2</b> 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? .....	X	
<b>3</b> 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. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <b>a</b> Receive a severance payment or change-of-control payment? .....	X	
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	X	
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>		
<b>5</b> 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: <b>a</b> The organization? .....		X
<b>b</b> Any related organization? .....		X
If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b> 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: <b>a</b> The organization? .....		X
<b>b</b> Any related organization? .....		X
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> 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 .....		X
<b>8</b> 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 .....		X
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....		

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

Schedule J (Form 990) 2009



**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) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Ronald F. Trutone, Jr., M.D.	(i)	250,000.	0.	0.	0.	250,000.	0.
	(ii)	0.	0.	0.	0.	0.	0.
Howard L. Siegel, M.D.	(i)	518,653.	0.	0.	0.	518,653.	0.
	(ii)	0.	0.	0.	0.	0.	0.
John Saunders, M.D.	(i)	407,851.	0.	13,500.	10,197.	446,810.	0.
	(ii)	0.	0.	0.	0.	0.	0.
Mr. Laurence M. Merlis	(i)	630,950.	204,795.	85,424.	198,988.	1,136,580.	0.
	(ii)	0.	0.	0.	0.	0.	0.
Mr. Eric L. Melchior	(i)	368,961.	98,771.	55,412.	111,779.	652,181.	0.
	(ii)	0.	0.	0.	0.	0.	0.
Mr. Keith R. Poisson	(i)	335,850.	101,280.	51,164.	81,481.	592,662.	0.
	(ii)	0.	0.	0.	0.	0.	0.
Rodney M. Williams, M.D.	(i)	388,966.	107,888.	63,209.	106,900.	687,619.	3,069.
	(ii)	0.	0.	0.	0.	0.	0.
Ms. John W. Ellis	(i)	341,288.	93,085.	32,151.	92,036.	574,554.	23,587.
	(ii)	0.	0.	0.	0.	0.	0.
Ms. Joanne Porter	(i)	237,000.	57,791.	47,182.	47,427.	401,155.	9,044.
	(ii)	0.	0.	0.	0.	0.	0.
Ms. Tressa B. Springmann	(i)	252,295.	66,588.	22,879.	38,123.	388,907.	19,134.
	(ii)	0.	0.	0.	0.	0.	0.
Mr. Mark R. Thomas	(i)	251,960.	53,899.	28,926.	32,006.	387,001.	2,081.
	(ii)	0.	0.	0.	0.	0.	0.
Mr. George E. Bayless	(i)	204,587.	77,832.	26,771.	32,790.	363,545.	38,895.
	(ii)	0.	0.	0.	0.	0.	0.
Mr. Michael A. Forthman	(i)	182,714.	45,681.	10,136.	20,163.	279,702.	14,794.
	(ii)	0.	0.	0.	0.	0.	0.
Mr. Steve Twaddle	(i)	149,559.	2,856.	72,682.	4,191.	247,174.	2,856.
	(ii)	0.	0.	0.	0.	0.	0.
Ms. Catherine J. Boyne	(i)	189,366.	52,411.	16,634.	12,881.	276,127.	16,411.
	(ii)	0.	0.	0.	0.	0.	0.
Mr. Douglas G. Smith	(i)	198,625.	26,477.	31,859.	25,456.	307,435.	7,077.
	(ii)	0.	0.	0.	0.	0.	0.

**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, Inc. 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 Greater Baltimore Medical Center, Inc.'s parent organization, GBMC Healthcare, Inc., periodically reviews all benefits provided to executives, including those benefits specifically identified.

**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 4a: Mr. Steve Twaddle received severance payments totaling

\$54,600 during the year.

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 as part of deferred

compensation or in Schedule J, Part II, Column B(iii) as part of deferred

compensation.

Mr. Laurence M. Merlis - \$ 181,512 Earned, \$0 Paid

Mr. Eric L. Melchior - \$97,112 Earned, \$0 Paid

Mr. George E. Bayless- \$21,632 Earned, \$38,895 Paid

Mr. Douglas Smith- \$15,208 Earned, \$7,077 Paid

**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. Keith R. Possion \$67,025 Earned, \$0 Paid

Rodney M. Williams, M.D. \$100,000 Earned, \$3,069 Paid

Mr. John W. Ellis \$82,733 Earned, \$23,587 Paid

Ms. Joanne Porter \$35,418 Earned, \$9,044 Paid

Ms. Tressa B. Springmann \$23,655 Earned, \$19,134 Paid

Mr. Mark R. Thomas \$20,015 Earned, \$2,081 Paid

Mr. Michael A. Forthman \$10,027 Earned, \$14,794 Paid

Ms. Catherine J. Boyne \$0 Earned, \$16,411 Paid

Mr. Steve Twaddle \$0 Earned, \$2,856 Paid

Part I, Line 3: Greater Baltimore Medical Center, Inc.

relied on its parent, GBMC Healthcare, Inc., to set compensation for

Greater Baltimore Medical Center, Inc.'s president. GBMC Healthcare, Inc.

used a compensation committee, an independent compensation consultant, a

written employment contract, a compensation survey or study, and an

approval by a board or compensation committee to establish the top

management official's compensation.

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

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule J (Form 990)**

▶ Attach to Form 990 to list additional information for Schedule J (Form 990), Part II.

▶ See instructions for Schedule J (Form 990).

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

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** (Schedule J, Part II)

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
Reginald J. Davis, M.D.	(i)	1,221,021.	142,075.	22,276.	15,600.	20,141.	1,421,113.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
Gary I. Cohen, M.D.	(i)	453,621.	378,494.	43,508.	17,448.	18,291.	911,362.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
Bimal G. Rami, M.D.	(i)	336,810.	446,181.	12,183.	10,638.	21,052.	826,864.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
Paul Celano, M.D.	(i)	426,468.	289,301.	16,868.	15,196.	18,442.	766,275.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
Neri M. Cohen, M.D.	(i)	436,776.	248,399.	15,172.	12,186.	22,498.	735,031.	161,399.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(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)

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

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

▶ See the Instructions for Form 990.

OMB No. 1545-0047

**2009**

Open to Public Inspection

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			
Mr. Laurence M. Merlis Fmr Pres (left 1/2010)	34.00	X		X				921,169.	0.	215,411.
Ms. Patricia J. Mitchell Vice Chair	1.00	X		X				0.	0.	0.
Mr. Stephen T. Scott Treasurer	1.00	X		X				0.	0.	0.
Harold Tucker, M.D. Chief of Staff	1.00	X		X				0.	0.	0.
John M. Wogan, M.D. Vice Chief of Staff	1.00	X		X				0.	0.	0.
Mr. Eric L. Melchior EVP CFO	35.00				X			523,144.	0.	129,037.
Mr. Keith R. Poisson EVP COO	39.00				X			488,294.	0.	104,368.
Rodney M. Williams, M.D. EVP Chief Med Officer	39.00				X			560,063.	0.	127,556.
Ms. John W. Ellis SVP Corp Strategy	20.00				X			466,524.	0.	108,030.
Ms. Joanne Porter SVP Nursing	39.00				X			341,973.	0.	59,182.
Ms. Tressa B. Springmann VP & CIO	39.00				X			341,762.	0.	47,145.
Mr. Mark R. Thomas VP Human Resources	39.00				X			334,785.	0.	52,216.
Mr. George E. Bayless VP Finance	37.00				X			309,190.	0.	54,355.
Mr. Michael A. Forthman VP Facilities	39.00				X			238,531.	0.	41,171.
Mr. Steve Twaddle VP GBMA (left 9/2009)	1.00				X			225,097.	0.	22,077.
Ms. Catherine J. Boyne President of Hospice (left 2/10)	40.00				X			258,411.	0.	17,716.
Mr. Douglas G. Smith VP of Development	40.00				X			256,961.	0.	50,474.
Reginald J. Davis, M.D. Med Dir/Phys	40.00					X		1,385,372.	0.	35,741.
Gary I. Cohen, M.D. Med Dir/Phys	40.00					X		875,623.	0.	35,739.
Bimal G. Rami, M.D. Physician	40.00					X		795,174.	0.	31,690.

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

Schedule J-2 (Form 990) 2009



**Supplemental Information on Tax-Exempt Bonds**  
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).  
▶ Attach to Form 990. See separate instructions.

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

<b>Part I Bond Issues</b>									
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
<b>A</b> MD Health & Higher Ed. Fac. Auth	52-0936091	5742173X1	03/15/09	15,065,000.	Building Renovation		X		X
<b>B</b> MD Health & Higher Ed. Fac. Auth	52-0936091	5742173Z6	04/01/09	29,935,000.	To Refund Series 1993		X		X
<b>C</b>									
<b>D</b>									
<b>E</b>									

<b>Part II Proceeds</b>										
	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Total proceeds of issue .....	15,066,733.		29,035,000.							
<b>2</b> Gross proceeds in reserve funds .....										
<b>3</b> Proceeds in refunding or defeasance escrows .....										
<b>4</b> Other unspent proceeds .....										
<b>5</b> Issuance costs from proceeds .....										
<b>6</b> Working capital expenditures from proceeds .....	160,075.									
<b>7</b> Capital expenditures from proceeds .....	14,906,658.									
<b>8</b> Year of substantial completion .....										
<b>9</b> Were the bonds issued as part of a current refunding issue? ...		X	X							
<b>10</b> Were the bonds issued as part of an advance refunding issue? .....		X		X						
<b>11</b> Has the final allocation of proceeds been made? .....	X		X							
<b>12</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? .....	X		X							

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



**Part III Private Business Use** (Continued)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts with respect to the financed property which may result in private business use? .....	X		X							
<b>b</b> Are there any research agreements with respect to the financed property which may result in private business use? ...		X		X						
<b>c</b> Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? .....	X		X							
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		%		1.38 %		%		%		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....		%		%		%		%		%
<b>6</b> Total of lines 4 and 5 .....		%		1.38 %		%		%		%
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? .....	X		X							

**Part IV Arbitrage**

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



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

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

Form 990, Part I, Line 1, Description of Organization Mission:

imposed by section 501(c)(3) of the Internal Revenue Code, a non-profit  
hospital and medical center for the sick.

Form 990, Part III, Line 4d, Other Program Services:

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

Expenses \$ 49939721. including grants of \$ 189104. Revenue \$ 76725315.

Form 990, Part VI, Section A, line 6: The Board of Directors of GBMC

Healthcare, Inc. is the governing body for the organization. GBMC

Healthcare, Inc. is the parent corporation and sole stockholder of the

organization. The business and affairs of the organization are managed

under the direction of its Board of Directors except as reserved to the

stockholder, GBMC Healthcare, Inc. in accordance with the bylaws such as:

A) To change the mission, purpose philosophy or objectives of the

organization

B) To amend the bylaws of the organization

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

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

organization

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

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

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

Schedule O (Form 990) 2009

932211  
02-03-10

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

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

I) To sell all or substantially all of the organization's assets, or to undertake major expansion projects

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

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

L) To set the fiscal year of the organization

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

Form 990, Part VI, Section A, line 7a: See Form 990, Part VI Section A,

Line 6 Description

Form 990, Part VI, Section A, line 7b: See Form 990, Part VI Section A,

Line 6 Description

Form 990, Part VI, Section B, line 11: The audit committee of Greater

Baltimore Medical Center, Inc.'s supported parent organization, GBMC

Healthcare, Inc., reviews this Form 990. A copy of the Form 990 is provided

to the full Board of Directors of the Hospital and GBMC Healthcare prior to

filing.

Form 990, Part VI, Section B, Line 12c: 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

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

Schedule O (Form 990) 2009

932211  
02-03-10

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

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

provided to the Audit Committee (for management) and to the Governance  
Committee (for Board members) annually.

Form 990, Part VI, Section B, Line 15: The compensation of GBMC's

president and key employees is determined by a subcommittee of its parent

organization, GBMC Healthcare's, Board of Directors. The Compensation

Committee of the Board of Directors is chartered with the responsibility to

assure GBMC pays competitive salaries to the executives. The approach that

is taken is based on current market "best practices" for non-profit

organizations. The committee meets at least 6 times annually to review and

discuss executive's salaries and benefits. The steps taken are as follows:

1) An independent executive compensation consultant was selected based on

an RFP process and face-to-face interviews were conducted.

2) Once selected, the compensation consultant compiled, independently,

salary survey data of similar size organizations from throughout the

country.

3) The survey data is presented to the compensation committee with the

national survey data; various surveys are categorized by size of

organization, academic and non-academic, system and community-based

hospitals.

4) The data is categorized by executive position, and a salary range is

recommended by the compensation specialist.

5) Base salary of an individual executive is based on survey results, years

of experience and performance.

6) A recommendation is made to the compensation committee by the CEO for

salary rates for the vice presidents.

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

Schedule O (Form 990) 2009

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**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization Greater Baltimore Medical Center, Inc.	Employer identification number 52-6049658
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7) The Compensation Committee either accepts or modifies the recommendation from the CEO for base salary adjustments.

8) The Compensation Committee determines the salary adjustment for the CEO based on national salary survey data, years of experience and performance.

9) The incentive bonus is determined based on actual results compared with the plan document and recommendation is made to the Compensation Committee for approval or modification.

10) The amount of bonus is determined by the criteria stated in the incentive plan document and is also based on current market practices from national surveys.

11) Survey of executive benefits is also reviewed by the compensation consultants to assure reasonableness.

12) The compensation consultant provides a written document on the reasonableness of the salaries being paid.

13) The Board of Directors reviews and approves the decisions of the Compensation Committee.

Form 990, Part VI, Section C, Line 19: The governing documents are located on the State of Maryland Department of Taxation's website. Financial statements are made public through the State of Maryland Charitable Registration. Financial statements for GBMC Healthcare, Inc. are also available through the Electronic Municipal Market Access (EMMA) website via the continuing disclosure document. The Conflict of Interest policy is not available to the public.

Form 990, Part III, Line 1

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Schedule O (Form 990) 2009

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

Greater Baltimore Medical Center's primary exempt purpose is as

follows:

(1) To organize, build, erect, equip, manage and operate exclusively for charitable purposes, a non-profit general hospital and medical center for the care of the sick, and to furnish medical and surgical attendance therein in any form in the care of sick, afflicted, infirm or injured persons; provided, however, the operations are not to be exclusively for those who are able and expected to pay but to the extent of financial ability are to be for those not able to pay for the services rendered, and the facilities are not to be restricted to a particular group of physicians and surgeons except to the extent that discretionary authority in the management may impose limitations based upon the qualifications of those applying or upon the size and nature of the facilities, and no part of its net earnings are to inure directly or indirectly to the benefit of any private shareholder or individual.

(2) To organize, build, erect, equip, manage and operate a school or schools for training physicians, surgeons, nurses and others, and to educate and train any such persons in the care of sick, afflicted, infirm, or injured persons by teaching medicine, hygiene, surgery and everything having to do with the physical well-being of individuals.

(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

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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 VII, Section A

During the fiscal year, these individuals devoted the following  
estimated hours each week to a related organization:

The Honorable Vicki Ballou-Watts: 2

Mr. Kennethh P. Barksdale: 2

Mr. Herbert J. Belgrad: 2

Mrs. Sandra Berman: 2

Robert K. Brookland, M.D.: 3

John B. Chessare, M.D.: 5

Mr. Charles C. Fenwick, Jr.: 2

Mr. Samuel Heffner: 2

Mr. Frederick M. Hudson: 2

Mr. Douglas Huether: 2

Mr. Harry S. Johnson: 2

Mr. Thomas M. Kane: 2

Mr. Williams A. Kroh: 2

Mr. Thomas H. Maddux: 2

Mr. Laurence M. Merlis: 6

Ms. Patricia J. Mitchell: 2

Mr. Frank R. Plamer: 2

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Name of the organization Greater Baltimore Medical Center, Inc.	Employer identification number 52-6049658
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Mrs. Mary Stuart Rodgers: 2

Mr. Stephen T. Scott: 2

Mr. Robert A. Shelton: 2

Mr. Bernard Siegel: 2

Mr. Stuart O. Simms: 2

Ms. Bonnie R. Stein: 2

Mr. James B. Stradtner: 4

Mr. Steven A. Thomas: 4

Ms. Marion G. Thompson: 2

Harold Tucker, M.D.: 2

Ronald F. Trutone, Jr., M.D.: 2

Mrs. Mary B. Wieler: 2

John M. Wogan, M.D.: 2

John Saunders, M.D.: 5

Mr. Eric L. Melchior: 5

Mr. Keith R. Poisson: 1

Mr. Rodney M. Williams: 1

Mr. John W. Ellis: 20

Ms. Joanne Porter: 1

Ms. Tressa B. Springmann: 1

Mr. Mark R. Thomas: 1

Mr. George E. Bayless: 3

Mr. Michael A. Forthman: 1

Mr. Steve Twaddle: 39

Ms. Catherine J. Boyne: 21

Mr. Douglas G. Smith: 39

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Schedule O (Form 990) 2009

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Department of the Treasury  
Internal Revenue Service

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Name of the organization Greater Baltimore Medical Center, Inc.	Employer identification number 52-6049658
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Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: Ronald Tutrone, Jr. MD

(d) Description of Transaction: Independent Contractor that provides  
research services to GBMC

(a) Name of Person: Howard Siegel

(d) Description of Transaction: Howard Siegel is a partner in a PA that  
provides pathology services to GBMC

(a) Name of Person: Harry Johnson

(d) Description of Transaction: Mr. Harry Johnson is a partner in the  
firm, Whiteford, Taylor & Preston LLP, that provided legal services to  
GBMC

(a) Name of Person: Herbert Belgrad

(b) Relationship Between Interested Person and Organization:  
Former Treasurer (left board 11/09)

(d) Description of Transaction: Mr. Herbert Belgrad is a partner in  
Tydings & Rosenberg LLP which provided legal services to GBMC

(a) Name of Person: Robert Shelton

(d) Description of Transaction: Mr. Robert Shelton was a partner in the  
firm, Venable, that provided legal services to GBMC

(a) Name of Person: Bonnie Stein

(d) Description of Transaction: Ms. Bonnie Stein is an EVP at PNC Bank  
who is the trustee for many of GBMC investments

<b>Name of the organization</b> Greater Baltimore Medical Center, Inc.	<b>Employer identification number</b> 52-6049658
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**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
GBMC Foundation, Inc. - 52-1411935 6701 North Charles Street Baltimore, MD 21204	Fundraising	Maryland	501(c)(3)	Line 7: 170(b)(1)(a)(v) N/A	
Gilchrist Hospice Care, Inc. - 52-1851251 555 W. Towsontown Blvd Baltimore, MD 21204	Hospice Services	Maryland	501(c)(3)	Line 3: 170(b)(1)(a)(i) N/A	
GBMC Investments, Inc. - 52-1040300 6701 North Charles Street Baltimore, MD 21204	Investment Management	Maryland	501(c)(3)	Line 11 Type II: 509(a)(3) N/A	
Diversified Health Enterprises, Inc. - 52-1725005, 6701 North Charles Street, Baltimore, MD 21204	Health Services	Maryland	501(c)(3)	Line 11 Type II: 509(a)(3) N/A	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
GBMC Medical Arts, LP - 52-1412751, 6701 North Charles Street, Baltimore, MD 21204	Real Estate Mgt	MD	N/A	N/A	0.	0.		X	N/A		X
GBMC Medical Arts Pavilion West, LP - 52-1899034, 6701 North Charles Street, Baltimore, MD 21204	Real Estate Mgt	MD	N/A	N/A	0.	0.		X	N/A		X
Greater Baltimore Diagnostic Imaging Partnership - 52-1561640, 6701 North Charles Street, Baltimore, MD	Imaging Services	MD	N/A	N/A	0.	0.		X	N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
GBMC Agency, Inc. - 52-1411931 6701 North Charles Street Baltimore, MD 21204	Investments	MD	N/A	C CORP	0.	0.	.00%
GBMC Management, Inc. - 52-1411974 6701 North Charles Street Baltimore, MD 21204	Management Company	MD	N/A	C CORP	0.	0.	.00%
GBMC Finance Corporation - 52-1863069 6701 North Charles Street Baltimore, MD 21204	Financing Agent	MD	N/A	C CORP	0.	0.	.00%
GBMC Finance Corporation II - 52-1836142 6701 North Charles Street Baltimore, MD 21204	Financing Agent	MD	N/A	C CORP	0.	0.	.00%
GBMC Finance Corporation III - 52-1836144 6701 North Charles Street Baltimore, MD 21204	Financing Agent	MD	N/A	C CORP	0.	0.	.00%

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

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

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

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

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

(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) GBMC Investments, Inc.	B	1,219,585.
(2) GBMC Foundation, Inc.	B	1,613,037.
(3) GBMC Investments, Inc.	C	536,207.
(4) GBMC Foundation, Inc.	C	8,590,135.
(5) Gilchrist Hospice Care, Inc.	C	221,395.
(6) GBMC Medical Arts Limited Partnership	H	67,302.









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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(7) GBMC Medical Arts West Limited Partnership	H	850,562.
(8) GBMC Agency, Inc.	H	451,254.
(9) GBMC Physicians, LLC.	I	164,680.
(10) Greater Baltimore Medical Center Land, Inc.	J	250,000.
(11) GBMC Medical Arts Limited Partnership	J	1,095,517.
(12) GBMC Medical Arts West Limited Partnership	J	1,007,240.
(13) GBMC Agency, Inc.	J	465,466.
(14) GBMC Healthcare, Inc	K	260,004.
(15) GBMC Agency, Inc.	K	335,683.
(16) GBMC Physicians, LLC.	K	10,733,863.
(17) GBMC/Hopkins Pediatric Surgery, LLC.	K	98,698.
(18) Ruxton Insurance Company, LTD	K	208,337.
(19) GBMC Medical Arts Limited Partnership	K	60,000.
(20) GBMC Medical Arts West Limited Partnership	K	60,000.
(21) Ruxton Insurance Company, LTD	L	10,507,910.
(22) GBMC Agency, Inc.	P	470,285.
(23) Ruxton Insurance Company, LTD	P	5,053,144.
(24) Greater Baltimore Medical Center Land, Inc.	P	1,386,274.

Schedule R-1 (Form 990) 2009

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(7) GBMC Medical Arts Limited Partnership	P	575,926.
(8) GBMC Medical Arts West Limited Partnership	P	474,987.
(9) GBMC Agency, Inc.	P	121,205.
(10) Ruxton Insurance Company, LTD	Q	7,897,201.
(11) Ruxton Insurance Company, LTD	R	4,000,000.
(12) GBMC Medical Arts West Limited Partnership	R	153,524.
(13)		
(14)		
(15)		
(16)		
(17)		
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2009, or tax year beginning JUL 1, 2009, and ending JUN 30, 2010

2009

Department of the Treasury Internal Revenue Service

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

See instructions.

Name of exempt organization

Greater Baltimore Medical Center, Inc.

Employer identification number

52-6049658

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

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

Table with 5 rows (1a-5a) and 2 columns (b Total revenue, b Total tax, b Tax based on investment income, b Balance due). Includes checkboxes and numerical values.

Part II Declaration of Officer

6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return...

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

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete.

Sign Here: Signature of officer (John C. Chiriac), Date (5/12/2011), Title (President & CEO)

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

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return.

ERO's Use Only: Signature (Metta Woods), Date (5/13/11), Firm's name (DELOITTE TAX LLP), Address (1750 TYSONS BLVD, MCLEAN, VA 22102-4219), ERO's SSN or PTIN (86-1065772), Phone no. ((703) 251-1000)

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

Paid Preparer's Use Only: Signature, Date, Firm's name, Address, Preparer's SSN or PTIN, EIN, Phone no.