

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning **SEP 1, 2019** and ending **AUG 31, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GRACE MEDICAL CENTER, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2000 W. BALTIMORE STREET City or town, state or province, country, and ZIP or foreign postal code BALTIMORE, MD 21223 F Name and address of principal officer: DANIEL BLUM SAME AS C ABOVE	D Employer identification number 52-0591555 E Telephone number 410-601-6161 G Gross receipts \$ 65,502,338. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.LIFEBRIDGEHEALTH.ORG/GRACE/GRACE.ASPX		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
		L Year of formation: 1920
		M State of legal domicile: MD

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: TO PROVIDE COMPASSIONATE HEALTHCARE SERVICES FOR ALL, REGARDLESS OF PATIENTS' ABILITY TO PAY.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	6
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	3
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	949
	6	Total number of volunteers (estimate if necessary)	6	23
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,794,783.
9		Program service revenue (Part VIII, line 2g)	108,466,936.	58,024,648.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,034,523.	88,398.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	941,876.	712,981.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	112,238,118.	65,432,810.
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	284,642.	0.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	53,673,756.	44,249,465.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	64,865,274.	38,010,098.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	118,823,672.	82,259,563.
	19	Revenue less expenses. Subtract line 18 from line 12	-6,585,554.	-16,826,753.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 62,267,560.	End of Year 98,374,187.
	21	Total liabilities (Part X, line 26)	156,196,884.	83,274,038.
	22	Net assets or fund balances. Subtract line 21 from line 20	-93,929,324.	15,100,149.

Part II Signature Block

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

Sign Here	Signature of officer DAVID KRAJEWSKI, EXECUTIVE VP & CFO Type or print name and title	Date 			
Paid Preparer Use Only	Print/Type preparer's name LORI S. BURGHAUSER	Preparer's signature LORI S. BURGHAUSER	Date 07/13/21	Check <input type="checkbox"/> if self-employed	PTIN P00370694
	Firm's name ▶ SC&H GROUP, INC. Firm's address ▶ 910 RIDGEBROOK ROAD SPARKS, MD 21152	Firm's EIN ▶ 20-5991824	Phone no. (410) 403-1500		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSION IS TO PROVIDE COMPASSIONATE HEALTHCARE SERVICES FOR ALL, REGARDLESS OF PATIENTS' SOCIO-ECONOMIC STATUS AND ABILITY TO PAY.

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

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

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

4a (Code:) (Expenses \$ 54,665,070. including grants of \$) (Revenue \$ 58,024,648.) GRACE MEDICAL CENTER INC PROVIDES BOTH INPATIENT AND OUTPATIENT SERVICES. SUCH SERVICES INCLUDE:

INPATIENT SERVICES: 69 LICENSED MEDICAL/SURGICAL BEDS. THE HOSPITAL PROVIDES A FULL RANGE OF SERVICES & PROGRAMS IN RESPONSE TO COMMUNITY NEEDS & INTERESTS INCLUDING: ACUTE CARE; CARDIOLOGY; CASE MANAGEMENT; WOUND CARE; COMMUNITY HEALTH SCREENINGS; CRITICAL CARE; EMERGENCY CARE; DIAGNOSTIC SERVICES; PATIENT EDUCATION; INFECTIOUS DISEASE CARE; LAB SERVICES; MAMMOGRAPHY; NEUROLOGY; NUCLEAR MEDICINE; OPHTHALMOLOGY; ORTHOPEDICS; FAITH COMMUNITY NURSE SERVICES; PASTORAL CARE; PHARMACY; PHYSICAL THERAPY; PODIATRY; PSYCHIATRY; PULMONARY SERVICES AND PRIMARY CARE.

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

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

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

4e Total program service expenses 54,665,070.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

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

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

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

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GREGORY ROCHLIN CHAIRMAN	1.00 0.00	X		X				0.	0.	0.
(2) MATTHEW HEMELT CHAIRMAN BSHB (PT YR)	3.00 0.00	X		X				0.	0.	0.
(3) REBECCA ALTMAN VICE PRESIDENT, DIRECTOR	1.00 40.00	X		X				0.	73,469.	6,298.
(4) MATTHEW POFFENROTH VICE PRESIDENT, DIRECTOR	1.00 40.00	X		X				0.	568,224.	86,627.
(5) DAVID KRAJEWSKI ASSISTANT TREASURER, DIRECTOR (PT YR)	1.00 40.00	X		X				0.	1,261,959.	390,457.
(6) PATRICIA SCIPIO, MD TREASURER BSHB (PT YR)	2.00 0.00	X		X				0.	0.	0.
(7) DENNIS H WEINMAN TREASURER	1.00 40.00	X		X				0.	0.	0.
(8) JASON WEINER ASSISTANT SECRETARY	1.00 40.00	X		X				0.	591,819.	107,297.
(9) KESHIA POLLACK PORTER, PH.D SECRETARY BSHB (PT YR)	2.00 0.00	X		X				0.	0.	0.
(10) DANIEL BLUM DIRECTOR, PRESIDENT	1.00 40.00	X		X				0.	0.	0.
(11) REGINALD BROWN DIRECTOR/MEDICAL STAFF PRESIDENT	1.00 0.00	X						0.	0.	0.
(12) JONATHAN DAVIDOV DIRECTOR	1.00 0.00	X						0.	0.	0.
(13) LORI EDWARDS DIRECTOR BSHB (PT YR)	2.00 0.00	X						0.	0.	0.
(14) LAWRENCE HUBBARD DIRECTOR BSHB (PT YR)	2.00 0.00	X						0.	0.	0.
(15) KEVIN HUTT DIRECTOR BSHB (PT YR)	2.00 0.00	X						0.	0.	0.
(16) SR. ANNE LUTZ, CBS DIRECTOR BSHB, PRESIDENT BSHB (PT YR)	4.00 47.00	X		X				0.	0.	0.
(17) NEIL MELTZER PRESIDENT/CEO LBH, DIRECTOR (PT YR)	1.00 40.00	X		X				0.	2,328,138.	409,143.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RICK MOORE DIRECTOR BSHB (PT YR)	2.00 0.00	X						0.	0.	0.
(19) BR. FRANK O'DONNELL DIRECTOR BSHB (PT YR)	2.00 0.00	X						0.	0.	0.
(20) CYNTHIA PAMON BURNETT DIRECTOR BSHB (PT YR)	2.00 0.00	X						0.	0.	0.
(21) FRANCINE POEL STONE DIRECTOR BSHB (PT YR)	2.00 0.00	X						0.	0.	0.
(22) SAMUEL ROSS, MD DIRECTOR BSHB, CEO BSHB (PT YR)	21.00 29.00	X		X				0.	1,004,665.	38,115.
(23) SR. MARY SHIMO, CBS DIRECTOR BSHB (PT YR)	2.00 1.00	X						0.	0.	0.
(24) LESLIE SIMMONS DIRECTOR	1.00 40.00	X						0.	1,179,170.	285,431.
(25) MICHAEL BROZIC CFO BSHB (PT YR)	30.00 20.00			X				0.	329,154.	43,078.
(26) ARSALAN SHEIKH, MD CHAIR OF MEDICINE	40.00 0.00				X			357,839.	0.	35,069.
1b Subtotal								357,839.	7,336,598.	1401515.
c Total from continuation sheets to Part VII, Section A								1,439,775.	1,717,194.	271,274.
d Total (add lines 1b and 1c)								1,797,614.	9,053,792.	1672789.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **84**

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

(A) Name and business address	(B) Description of services	(C) Compensation
CARDINAL HEALTH 21377 NETWORK PLACE, CHICAGO, IL 60673	PHARMACY SERVICES	4,617,491.
UNIVERSITY OF MD EMERGENCY MEDICINE 110 SOUTH PACA ST, BALTIMORE, MD 21201	ED PHYSICIAN SERVICES	4,424,901.
ALLIED UNIVERSAL PO BOX 828854, PHILADELPHIA, PA 19182-8854	SECURITY SERVICES	2,062,917.
WEST BALTIMORE ANESTHESIA ASSOCIATES 912 HIGH STEPPER TRAIL, BALTIMORE, MD 21784	ANESTHESIA SERVICES	1,742,400.
CROTHALL HEALTHCARE, 1500 LIBERTY RIDGE DRIVE SUITE 210, WAYNE, PA 19087	HOUSEKEEPING SERVICES	1,612,936.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **43**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	5,630,302.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	976,481.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			6,606,783.			
Program Service Revenue	2 a PATIENT SERVICE REVENUE	Business Code	621110	58,024,648.	58,024,648.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			58,024,648.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	273,301.			
			(ii) Personal				
	b Less: rental expenses	6b		69,528.			
	c Rental income or (loss)	6c		203,773.			
	d Net rental income or (loss)			203,773.		203,773.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities		88,398.		
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b		0.			
	c Gain or (loss)	7c		88,398.			
d Net gain or (loss)			88,398.		88,398.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c. See Part IV, line 18)	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a 340B PHARMACY	Business Code	446110	395,746.		395,746.	
	b MED STUDENT PROGRAM		900099	96,600.		96,600.	
	c PARKING		812930	7,741.		7,741.	
	d All other revenue		900099	9,121.		9,121.	
	e Total. Add lines 11a-11d			509,208.			
12 Total revenue. See instructions			65,432,810.	58,024,648.	0.	801,379.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,188,259.	4,000,631.	1,187,628.	
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	31,618,390.	24,380,723.	7,237,667.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	415,017.	320,017.	95,000.	
9 Other employee benefits	4,563,025.	3,403,829.	1,159,196.	
10 Payroll taxes	2,464,774.	2,015,258.	449,516.	
11 Fees for services (nonemployees):				
a Management				
b Legal	1,083.		1,083.	
c Accounting	44,445.		44,445.	
d Lobbying	60,895.	14,143.	46,752.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	23,665,058.	10,824,955.	12,840,103.	
12 Advertising and promotion	97,763.	24,803.	72,960.	
13 Office expenses	1,739,913.	351,648.	1,388,265.	
14 Information technology	138,379.	96,589.	41,790.	
15 Royalties				
16 Occupancy	1,991,708.	1,562,901.	428,807.	
17 Travel	13,917.	11,559.	2,358.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	77,521.	54,068.	23,453.	
20 Interest	350,972.	238,314.	112,658.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,187,717.	1,869,550.	1,318,167.	
23 Insurance	244,306.	161,208.	83,098.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	6,048,989.	5,299,799.	749,190.	
b NONOPERATING EXPENSES	194,000.		194,000.	
c DUES/MEMBERSHIP	151,026.	35,075.	115,951.	
d UBI	2,406.		2,406.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	82,259,563.	54,665,070.	27,594,493.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,300.	1	1,955,438.
	2 Savings and temporary cash investments	365,759.	2	0.
	3 Pledges and grants receivable, net	377,781.	3	0.
	4 Accounts receivable, net	10,755,180.	4	6,339,689.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	0.	7	2,784,000.
	8 Inventories for sale or use	1,030,898.	8	1,230,712.
	9 Prepaid expenses and deferred charges	802,679.	9	291,250.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 125,529,349.		
	b Less: accumulated depreciation	10b 90,607,763.	24,717,833.	10c 34,921,586.
	11 Investments - publicly traded securities	14,771,344.	11	0.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	9,441,786.	15	50,851,512.
16 Total assets. Add lines 1 through 15 (must equal line 33)	62,267,560.	16	98,374,187.	
Liabilities	17 Accounts payable and accrued expenses	12,632,317.	17	12,855,236.
	18 Grants payable		18	
	19 Deferred revenue	5,625,103.	19	17,908,802.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	63,249.	21	0.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	49,810,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	137,876,215.	25	2,700,000.
	26 Total liabilities. Add lines 17 through 25	156,196,884.	26	83,274,038.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	-93,993,303.	27	15,061,971.
	28 Net assets with donor restrictions	63,979.	28	38,178.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	-93,929,324.	32	15,100,149.
	33 Total liabilities and net assets/fund balances	62,267,560.	33	98,374,187.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	65,432,810.
2	Total expenses (must equal Part IX, column (A), line 25)	2	82,259,563.
3	Revenue less expenses. Subtract line 2 from line 1	3	-16,826,753.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-93,929,324.
5	Net unrealized gains (losses) on investments	5	251,602.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	125,604,624.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	15,100,149.

Part XII Financial Statements and Reporting

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

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

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

Form 990 (2019)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

Schedule A (Form 990 or 990-EZ) 2019

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Horizontal lines for supplemental information input.

Public Disclosure Copy

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990 or 990-EZ) 2019**

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization

GRACE MEDICAL CENTER, INC.

Employer identification number

52-0591555

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>5,616,855.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>955,151.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>21,330.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>13,447.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

Public Disclosure Copy

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		16,497.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		44,398.
j Total. Add lines 1c through 1i			60,895.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE FILING ORGANIZATION MAINTAINS MEMBERSHIPS IN VARIOUS PROFESSIONAL HEALTHCARE ASSOCIATIONS. PORTIONS OF THEIR MEMBERSHIP DUES ARE USED FOR LOBBYING ACTIVITIES. THE LOBBYING PORTION OF SUCH DUES IS INCLUDED ON LINE 1I.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019
Open to Public Inspection

Name of the organization GRACE MEDICAL CENTER, INC. **Employer identification number** 52-0591555

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,369,700.		1,369,700.
b Buildings		62,464,549.	40,889,178.	21,575,371.
c Leasehold improvements				
d Equipment		55,615,330.	49,718,585.	5,896,745.
e Other		6,079,770.		6,079,770.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				34,921,586.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) OTHER ASSET	1,060,000.
(2) ASSETS LIMITED TO USE - CONSTRUCTION FUND	49,791,512.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	50,851,512.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITY FIN 47	2,000,000.
(3) OTHER MISC LIABILITIES	700,000.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,700,000.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	65,534,940.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	251,602.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	69,528.	
e	Add lines 2a through 2d	2e		321,130.
3	Subtract line 2e from line 1		3	65,213,810.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	219,000.	
c	Add lines 4a and 4b	4c		219,000.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	65,432,810.

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

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

1	Total expenses and losses per audited financial statements		1	82,110,091.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	69,528.	
e	Add lines 2a through 2d	2e		69,528.
3	Subtract line 2e from line 1		3	82,040,563.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	219,000.	
c	Add lines 4a and 4b	4c		219,000.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	82,259,563.

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES 69,528.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RECLASS OF EXPENSES NETTED WITH REVENUE 219,000.

Part XIII Supplemental Information (continued)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES 69,528.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RECLASS OF EXPENSES NETTED WITH REVENUE 219,000.

Public Disclosure Copy

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization: **GRACE MEDICAL CENTER, INC.** Employer identification number: **52-0591555**

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>300</u> %	X	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>500</u> %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			448,155.		448,155.	.54%
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			448,155.		448,155.	.54%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			866,857.	91,746.	775,111.	.94%
f Health professions education (from Worksheet 5)			178,067.		178,067.	.22%
g Subsidized health services (from Worksheet 6)			13060126.	5607915.	7452211.	9.06%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			10,559.		10,559.	.01%
j Total. Other Benefits			14115609.	5699661.	8415948.	10.23%
k Total. Add lines 7d and 7j			14563764.	5699661.	8864103.	10.77%

Part V Facility Information

Section A. Hospital Facilities

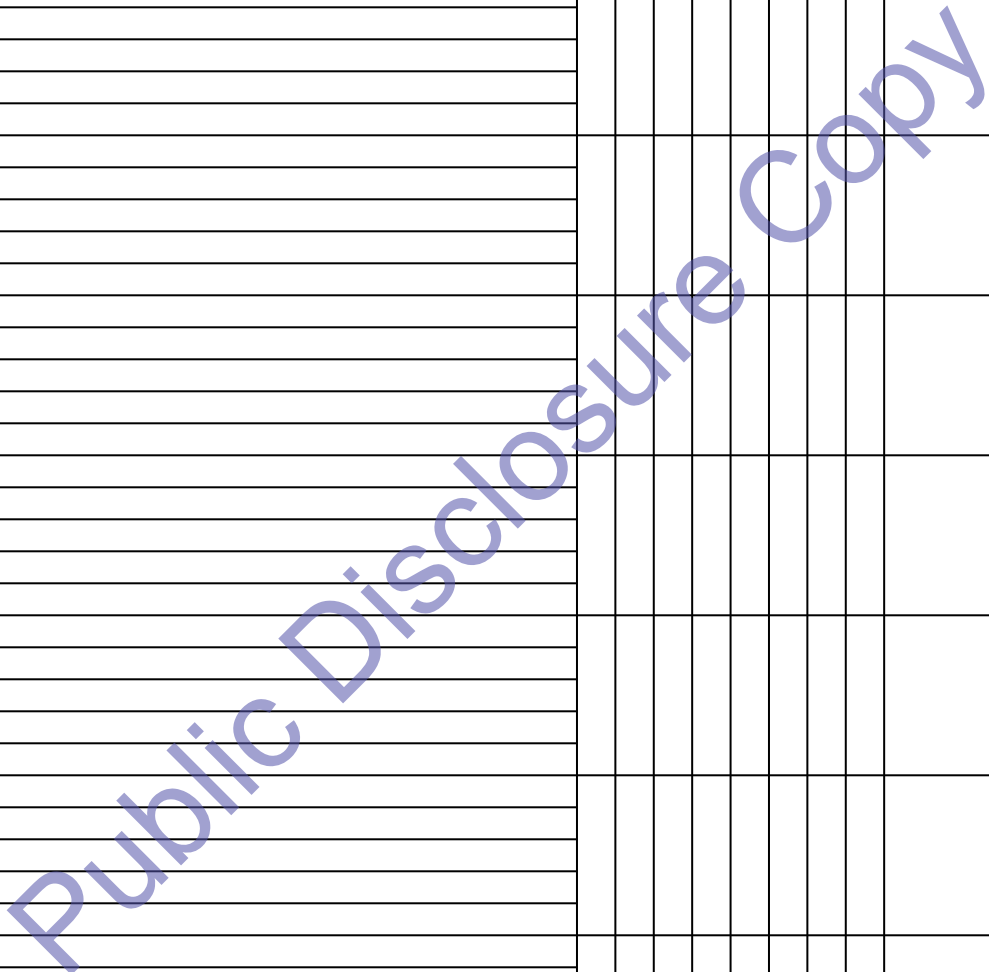
(list in order of size, from largest to smallest)

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

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

1 GRACE MEDICAL CENTER INC
2000 W BALTIMORE STREET
BALTIMORE, MD 21223-1558
HTTPS://WWW.LIFEBRIDGEHEALTH.ORG/GRACE
30-007

Table with 10 columns: Licensed hospital, Gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Row 1 contains 'X' marks in the first four columns.



Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group GRACE MEDICAL CENTER INC

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

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C, LINE 7D</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>SEE PART V</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group GRACE MEDICAL CENTER INC

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300</u> % and FPG family income limit for eligibility for discounted care of <u>500</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input type="checkbox"/> Insurance status		
f <input type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2019

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group GRACE MEDICAL CENTER INC

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

Policy Relating to Emergency Medical Care

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

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

Name of hospital facility or letter of facility reporting group GRACE MEDICAL CENTER INC

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

Schedule H (Form 990) 2019

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Part V Facility Information (continued)

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

GRACE MEDICAL CENTER INC:

PART V, SECTION B, LINE 5: THE CHNA TEAM USED A MULTI-PRONGED APPROACH TO SOLICIT INPUT FROM THE WEST BALTIMORE COMMUNITY REGARDING THEIR HEALTH NEEDS. DATA COLLECTION METHODOLOGIES INCLUDED SURVEYS, STAKEHOLDER INTERVIEWS, AND FOCUS GROUPS. THE TEAM ENGAGED WITH REPRESENTATIVES OF THE COMMUNITY (E.G., MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE AND THE BALTIMORE CITY HEALTH DEPARTMENT) WHO HAD KNOWLEDGE OF PUBLIC HEALTH ISSUES AND INSIGHT INTO THE BROAD INTERESTS OF THE COMMUNITIES SERVED BY THE ORGANIZATION AS WELL AS THE SPECIFIC NEEDS OF THE MEDICALLY UNDERSERVED, LOW-INCOME AND VULNERABLE POPULATIONS, AND PEOPLE WITH CHRONIC DISEASES. THE CHNA WORK GROUP MET WITH SENIORS, RE-ENTRY RESIDENTS, FAITH-BASED STAKEHOLDERS, COMMUNITY LEADERS, HEALTH CARE PROVIDERS, NEIGHBORHOOD ASSOCIATIONS, REPRESENTATIVES FROM COMMUNITY-BASED ORGANIZATIONS AND OTHER KEY COMMUNITY STAKEHOLDERS WITH AN INTIMATE KNOWLEDGE OF THE WEST BALTIMORE COMMUNITY AND ITS HEALTH NEEDS. TWO HUNDRED SEVENTY-THREE (273) SURVEYS WERE COLLECTED WITHIN THE DEFINED SERVICE AREA. ELEVEN (11) STAKEHOLDER INTERVIEWS AND THREE (3) FOCUS GROUPS WERE CONDUCTED BETWEEN JANUARY AND MARCH 2019. ALL METHODS FOCUSED ON COMMUNITY HEALTH NEEDS, COMMUNITY ASSETS AND RESOURCES AVAILABLE TO RESPOND TO THE COMMUNITY HEALTH NEEDS, BARRIERS AND CHALLENGES TO ACCESSING THE COMMUNITY ASSETS AND RESOURCES, AND WAYS IN WHICH GRACE MEDICAL CENTER COULD HELP ADDRESS THE HEALTH NEEDS.

GRACE MEDICAL CENTER INC:

PART V, SECTION B, LINE 7A:

Part V Facility Information (continued)

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

[HTTPS://WWW.BONSECOURS.COM/-/MEDIA/BON-SECOURS/ABOUT-US/BALTIMORE/BSMH-BALTIMORE-FY19-CHNA_FINAL.ASHX?LA=EN](https://www.bonsecours.com/-/media/bon-secours/about-us/baltimore/basmh-baltimore-fy19-chna_final.ashx?la=en)

GRACE MEDICAL CENTER INC:

PART V, SECTION B, LINE 7D: COPIES OF THE CHNA WERE DISTRIBUTED TO KEY COMMUNITY PARTNERS.

GRACE MEDICAL CENTER INC:

PART V, SECTION B, LINE 10A:

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

GRACE MEDICAL CENTER INC:

PART V, SECTION B, LINE 11: GRACE MEDICAL CENTER CHNA IMPLEMENTATION PLAN

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

- BEHAVIORAL HEALTH/SUBSTANCE ABUSE/OPIOIDS

Part V Facility Information *(continued)*

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

- CRIME AND RELATED TRAUMA

- CHRONIC CONDITIONS

- HOUSING AND HOMELESSNESS

- ACCESS TO PRIMARY PHYSICIANS

- COMMUNITY ENGAGEMENT

- CHILDREN'S HEALTH

- EMPLOYMENT & WORKFORCE DEVELOPMENT

- HEALTH EDUCATION WITHIN THE PUBLIC EDUCATION SYSTEM

- TRANSPORTATION

- ACCESS TO HEALTHY FOODS

- SUPPORT FOR SENIOR SERVICES

- YOUTH SERVICES (AGES 5-18)

- FINANCIAL COUNSELING AND LITERACY

- COORDINATION OF SERVICES ACROSS COMMUNITY

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

IN THE SPRING OF 2020, THE LEADERSHIP OF GRACE MEDICAL CENTER REVIEWED THE COMPLETED CHNA AND PRIORITIZED THE FOLLOWING IDENTIFIED NEEDS FOR DEVELOPMENT OF A CHNA IMPLEMENTATION PLAN FOR APPROVAL AND ADOPTION BY ITS BOARD:

- BEHAVIORAL HEALTH/SUBSTANCE ABUSE/OPIOIDS

- ACCESS TO PRIMARY AND SPECIALTY CARE PROVIDERS

- CHRONIC CONDITIONS

Part V Facility Information (continued)

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

- CRIME AND TRAUMA

- COMMUNITY ENGAGEMENT & DEVELOPMENT

- TRANSPORTATION

FOR ITS HOSPITALS' 2018 CHNA IMPLEMENTATION PLANS LIFE BRIDGE HEALTH ORGANIZED ITS PRIORITIZED NEEDS INTO THREE MAJOR CATEGORIES: HEALTH, SOCIAL AND ENVIRONMENTAL, AND ACCESS AND DEVELOPED SPECIFIC GOALS AND ACTIONS. SIMILARLY, GRACE MEDICAL CENTER HAS DEVELOPED A SIMILAR IMPLEMENTATION PLAN FOR THE PRIORITIZED NEEDS ABOVE CONSISTENT WITH THE LIFE BRIDGE HEALTH MODEL.

HEALTH

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

-AMBULATORY CLINICS (PRIMARY CARE, MULTI-SPECIALTY, AND PEDIATRIC): IMPROVE AND EXPAND ACCESS TO PRIMARY CARE, PREVENTIVE SERVICES, AND SPECIALTY CARE. IMPROVE THE HEALTH OF THE COMMUNITY BY INCREASING THE

Part V Facility Information (continued)

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

NUMBER OF PEOPLE CONNECTED TO A PRIMARY CARE MEDICAL HOME AND INCREASING ANNUAL PRIMARY CARE VISITS

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

SOCIAL AND ENVIRONMENTAL

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

-COMMUNITY ENGAGEMENT AND DEVELOPMENT: MULTIPLE COMMUNITY-BASED INITIATIVES TO ADDRESS KEY HEALTH AND SOCIO-ECONOMIC CHALLENGES IN WEST

Part V Facility Information (continued)

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

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

ACCESS

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

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

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

Part V Facility Information *(continued)*

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

GRACE MEDICAL CENTER INC:

PART V, SECTION B, LINE 16A:

[HTTPS://WWW.LIFEBRIDGEHEALTH.ORG/UPLOADS/PUBLIC/FINANCEASSIST/POLICIES/LBH%20FINANCIAL%20ASSISTANCE%20POLICY%20ENGLISH%20012821.PDF](https://www.lifebridgehealth.org/uploads/public/financeassist/policies/lbh%20financial%20assistance%20policy%20english%20012821.pdf)

GRACE MEDICAL CENTER INC:

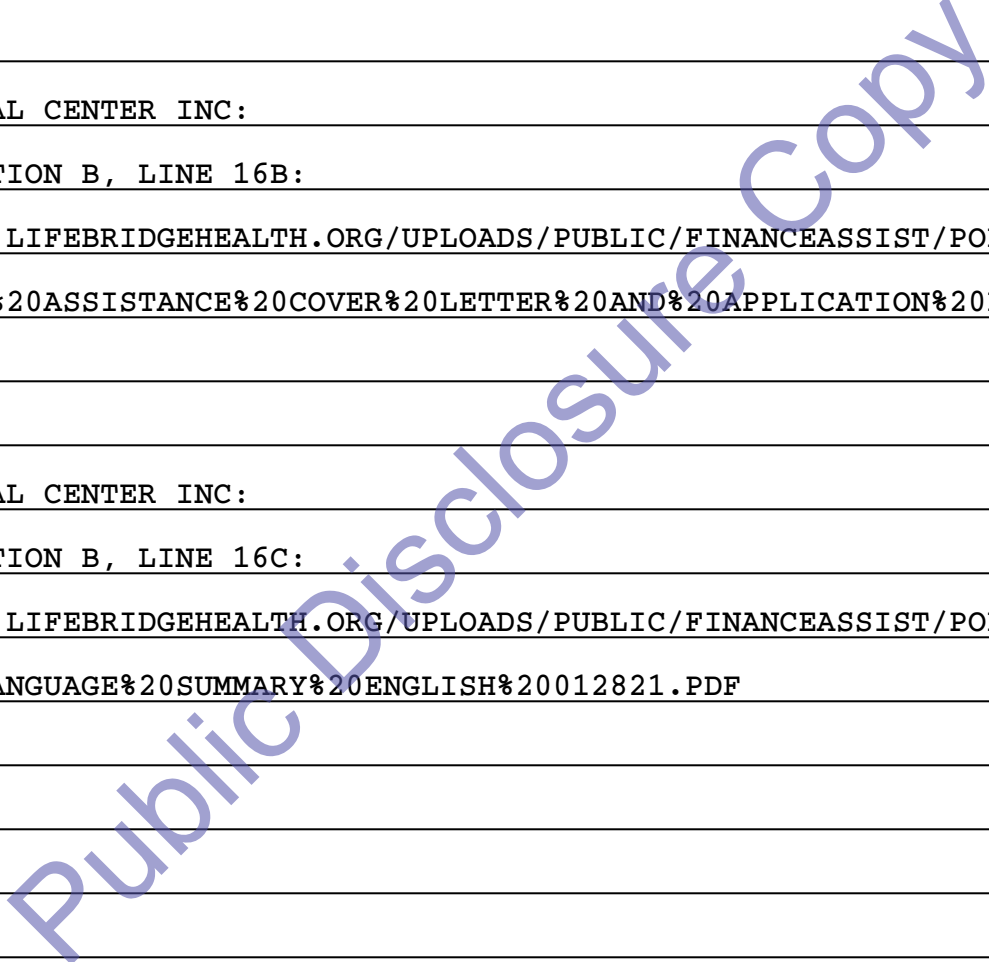
PART V, SECTION B, LINE 16B:

[HTTPS://WWW.LIFEBRIDGEHEALTH.ORG/UPLOADS/PUBLIC/FINANCEASSIST/POLICIES/LBH%20FINANCIAL%20ASSISTANCE%20COVER%20LETTER%20AND%20APPLICATION%20ENGLISH%20012821.PDF](https://www.lifebridgehealth.org/uploads/public/financeassist/policies/lbh%20financial%20assistance%20cover%20letter%20and%20application%20english%20012821.pdf)

GRACE MEDICAL CENTER INC:

PART V, SECTION B, LINE 16C:

[HTTPS://WWW.LIFEBRIDGEHEALTH.ORG/UPLOADS/PUBLIC/FINANCEASSIST/POLICIES/LBH%20PLAIN%20LANGUAGE%20SUMMARY%20ENGLISH%20012821.PDF](https://www.lifebridgehealth.org/uploads/public/financeassist/policies/lbh%20plain%20language%20summary%20english%20012821.pdf)



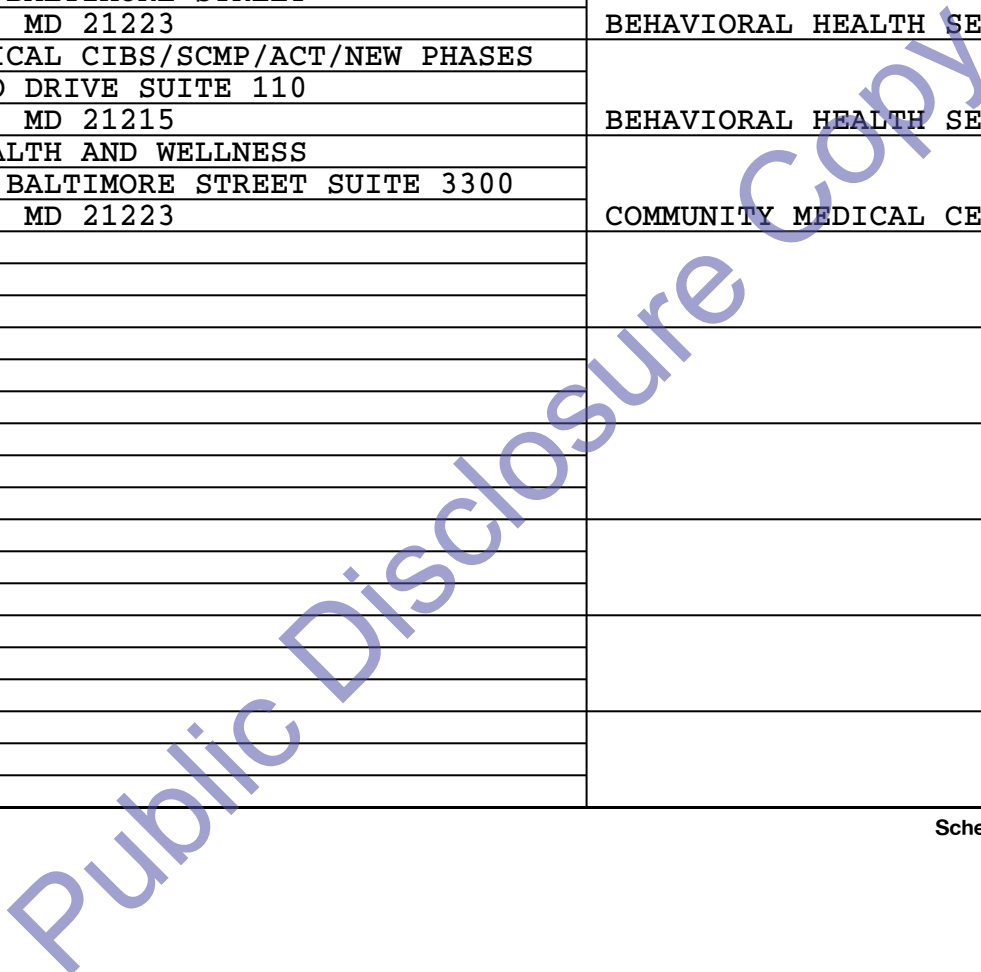
Part V Facility Information (continued)

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

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



Part VI Supplemental Information

Provide the following information.

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

PART I, LINE 3C:

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

PART I, LINE 7:

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW

Part VI Supplemental Information (Continuation)

COMMISSION (HSCRC) DETERMINES PAYMENT THROUGH A RATE-SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL-PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYOR'S RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAK-OUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE. THE COST OF RENDERING SERVICES FOR MEDICAL ASSISTANCE PATIENTS IS APPROXIMATELY EQUAL TO MEDICAID REVENUES IN MARYLAND. THUS, THE NET EFFECT IS APPROXIMATELY ZERO. THE EXCEPTION TO THIS IS THE IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT. IN RECENT YEARS, THE STATE OF MARYLAND HAS CLOSED FISCAL GAPS IN THE STATE MEDICAID BUDGET BY ASSESSING HOSPITALS THROUGH THE RATE-SETTING SYSTEM.

PART I, LINE 7A - I:

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

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

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

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

SERVICE OR EFFORT DID NOT EXIST.

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

PART I, LINE 7G:

INCLUDED IN THESE EXPENSES ARE DIRECT AND INDIRECT COSTS ATTRIBUTABLE TO PHYSICIAN SERVICES TOTALING:

CIBS BEHAVIORAL HEALTH \$10,729,059

ER CALL/COVERAGE \$2,167,367

ANESTHESIA \$163,700

PART II, COMMUNITY BUILDING ACTIVITIES:

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

PART III, LINE 2:

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

Part VI Supplemental Information (Continuation)

ADDITIONAL RESERVES ARE DETERMINED BY THE HOSPITAL'S EXECUTIVES.

PART III, LINE 3:

GRACE MEDICAL CENTER, INC. DETERMINES ELIGIBILITY FOR FINANCIAL ASSISTANCE THROUGH OTHER VARIOUS MEANS SUCH AS ELIGIBLE FOR NON-REIMBURSABLE MEDICAID PROGRAMS, ENROLLED IN MEANS-TESTED SOCIAL PROGRAMS, ENROLLED IN STATE OF MARYLAND GRANT FUNDED PROGRAMS WHERE REIMBURSEMENT IS LESS THAN THE CHARGE, OUT-OF-STATE MEDICAID PROGRAMS, MARYLAND MEDICAID ELIGIBLE AFTER ADMISSION, MARYLAND MEDICAID 216 AND IF THE PATIENT WAS DENIED MEDICAID FOR NOT MEETING DISABILITY REQUIREMENTS. OF THE REMAINING BAD DEBT EXPENSE, IT IS ESTIMATED THAT \$85,064 IN COST MAY BE ATTRIBUTABLE TO PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE/CHARITY CARE.

PART III, LINE 4:

THE HOSPITAL PROVIDES CARE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER THEIR CHARITY CARE POLICIES WITHOUT CHARGE OR AT AMOUNTS LESS THAN THEIR ESTABLISHED RATES. BECAUSE THE HOSPITAL DOES NOT PURSUE THE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, THOSE AMOUNTS ARE NOT REPORTED AS REVENUE. THE AMOUNT OF CHARITY CARE PROVIDED BASED ON PATIENT CHARGES FORGONE, FOR THE SUCCESSOR PERIOD FROM NOVEMBER 1, 2019 THROUGH AUGUST 31, 2020, AND THE PREDECESSOR PERIODS FROM SEPTEMBER 1, 2019 TO OCTOBER 31, 2019 WERE \$213,000 AND \$140,000 RESPECTIVELY. THE TOTAL DIRECT AND INDIRECT COSTS TO PROVIDE THE CARE AMOUNTED FOR THE SUCCESSOR PERIOD FROM NOVEMBER 1, 2019 THROUGH AUGUST 31, 2020, AND THE PREDECESSOR PERIODS FROM SEPTEMBER 1, 2019 TO OCTOBER 31, 2019 WERE \$162,000 AND \$106,000 RESPECTIVELY.

ALL PATIENT ACCOUNTS ARE HANDLED CONSISTENTLY AND APPROPRIATELY TO

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

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

PART III, LINE 8:

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

PART III, LINE 9B:

Part VI Supplemental Information (Continuation)

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

PART VI, LINE 2:

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

Part VI Supplemental Information (Continuation)

ORGANIZATIONS IN THE AREA, PARTNERING WITH SOME TO PROVIDE SERVICES TO
AVOID DUPLICATION.

PART VI, LINE 3:

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

ALL HOSPITAL STATEMENTS AND ACTIVE ACCOUNTS RECEIVABLE OUTSOURCE VENDORS
INCLUDE A MESSAGE REFERENCING THE AVAILABILITY OF FINANCIAL ASSISTANCE FOR
THOSE WHO ARE EXPERIENCING FINANCIAL DIFFICULTY AND PROVIDES CONTACT
INFORMATION TO DISCUSS GRACE'S FINANCIAL ASSISTANCE PROGRAM. COLLECTION
AGENCIES' INITIAL STATEMENT REFERENCES THE AVAILABILITY OF FINANCIAL
ASSISTANCE FOR THOSE WHO ARE EXPERIENCING FINANCIAL DIFFICULTY AND

Part VI Supplemental Information (Continuation)

PROVIDES CONTACT INFORMATION TO DISCUSS GRACE'S FINANCIAL ASSISTANCE PROGRAM. ALL HOSPITAL PATIENT FINANCIAL SERVICES STAFF, ACTIVE ACCOUNTS RECEIVABLE OUTSOURCE VENDORS, COLLECTION AGENCIES AND MEDICAID ELIGIBILITY VENDORS ARE TRAINED TO IDENTIFY POTENTIAL FINANCIAL ASSISTANCE ELIGIBILITY AND ASSIST PATIENTS WITH THE FINANCIAL ASSISTANCE APPLICATION PROCESS. FINANCIAL ASSISTANCE APPLICATION AND INSTRUCTIONS COVER SHEET IS AVAILABLE IN RUSSIAN, SPANISH AND FRENCH. GRACE MEDICAL HOSTS AND PARTICIPATES IN VARIOUS DEPARTMENT OF HEALTH AND MENTAL HYGIENE AND MARYLAND HOSPITAL ASSOCIATION SPONSORED CAMPAIGNS LIKE 'COVER THE UNINSURED WEEK'.

PART VI, LINE 4:

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

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

Part VI Supplemental Information (Continuation)

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

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

PART VI, LINE 5:

GRACE MEDICAL OPERATES AN EMERGENCY ROOM OPEN TO ALL PERSONS REGARDLESS OF ABILITY TO PAY. IN ADDITION TO PROVIDING EMERGENCY SERVICES, GRACE MEDICAL ALSO PROVIDES MINOR EMERGENCY AND URGENT CARE SERVICES TO ALL REGARDLESS OF ABILITY TO PAY. GRACE MEDICAL HAS AN OPEN MEDICAL STAFF WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS IN THE AREA. GRACE MEDICAL

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

PARTICIPATES IN MEDICAID, MEDICARE, CHAMPUS, AND OTHER
 GOVERNMENT-SPONSORED HEALTH CARE PROGRAMS. GRACE MEDICAL'S EMERGENCY
 DEPARTMENT TREATS A LARGE NUMBER OF PATIENTS WHO USE THE FACILITY FOR
 PRIMARY CARE NEEDS. PATIENT DEMOGRAPHICS REFLECT THE CHANGING COMMUNITY.
 AS IN OTHER COMMUNITIES, SOME AREA PHYSICIANS PLACE LIMITS ON THEIR
 ACCEPTANCE OF MEDICAID PATIENTS. IN ADDITION, SOME PRIMARY CARE PHYSICIANS
 REFER PATIENTS WITH AFTERHOURS NEEDS DIRECTLY TO AREA EMERGENCY ROOMS.
 COMMUNITY GROUPS AND INDIVIDUALS ARE VERY SUPPORTIVE OF GRACE MEDICAL
 CENTER.

PART VI, LINE 6:

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

PART VI, LINE 7:

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization: **GRACE MEDICAL CENTER, INC.**
 Employer identification number: **52-0591555**

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? **4a** Yes No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** Yes No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** Yes No
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? **5a** Yes No
- b** Any related organization? **5b** Yes No
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? **6a** Yes No
- b** Any related organization? **6b** Yes No
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7** Yes No

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** Yes No

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** Yes No

	Yes	No
1b		
2		
4a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4c	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MATTHEW POFFENROTH VICE PRESIDENT, DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	429,468.	110,960.	27,796.	62,202.	24,425.	654,851.	0.
(2) DAVID KRAJEWSKI ASSISTANT TREASURER, DIRECTOR (PT YR)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	763,808.	350,836.	147,315.	364,121.	26,336.	1,652,416.	90,169.
(3) JASON WEINER ASSISTANT SECRETARY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	382,090.	198,002.	11,727.	87,237.	20,060.	699,116.	0.
(4) NEIL MELTZER PRESIDENT/CEO LBH, DIRECTOR (PT YR)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	999,827.	842,880.	485,431.	388,916.	20,227.	2,737,281.	357,770.
(5) SAMUEL ROSS, MD DIRECTOR BSHB, CEO BSHB (PT YR)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	654,158.	231,737.	118,770.	16,800.	21,315.	1,042,780.	0.
(6) LESLIE SIMMONS DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	704,152.	318,661.	156,357.	265,490.	19,941.	1,464,601.	100,342.
(7) MICHAEL BROZIC CFO BSHB (PT YR)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	228,590.	100,339.	225.	13,049.	30,029.	372,232.	0.
(8) ARSALAN SHEIKH, MD CHAIR OF MEDICINE	(i)	305,260.	0.	52,579.	11,200.	23,869.	392,908.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) CATHY NEWHOUSE COO BSHB	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	243,124.	19,173.	77,612.	14,778.	11,339.	366,026.	0.
(10) ALIYA JONES, MD CHAIR OF PSYCHIATRY	(i)	278,236.	0.	43,319.	10,300.	30,358.	362,213.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) IBRAHIM HANNA, MD CHAIR OF SURGERY	(i)	303,244.	0.	25,486.	11,200.	10,589.	350,519.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) THEODORA BALIS, MD PRIMARY CARE PHYSICIAN	(i)	230,694.	5,000.	45,616.	11,200.	29,763.	322,273.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) DAVID HAUSER, MD PSYCHIATRIST	(i)	207,532.	0.	50,304.	10,392.	7,437.	275,665.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) USHA JAIN, MD CHIEF PATHOLOGIST	(i)	247,619.	0.	2,725.	9,930.	1,689.	261,963.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) LAURA BUCZKOWSKI FORMER OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	470,394.	54,835.	237,671.	64,704.	28,413.	856,017.	2,818.
(16) CHRISTINE LAY, JD FORMER DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	78,768.	56,980.	478,637.	5,166.	14,016.	633,567.	39,040.

Schedule J (Form 990) 2019

Part III Supplemental Information

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

PART I, LINE 3:

PRIOR TO NOVEMBER 1, 2019, THE ORGANIZATION WAS PART OF BON SECOURS MERCY HEALTH ("BSMH"). BSMH USED THE FOLLOWING METHODS TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S CEO/EXECUTIVE DIRECTOR: COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, WRITTEN EMPLOYMENT CONTRACT, COMPENSATION SURVEY OR STUDY, APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.

SINCE NOVEMBER 1, 2019, THE ORGANIZATION HAS BEEN PART OF LIFEBRIDGE HEALTH ("LBH"). THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT IS ESTABLISHED BY LBH AS PART OF ITS PROCESS FOR SETTING EXECUTIVE COMPENSATION ACROSS THE HEALTH SYSTEM. METHODS USED BY LBH INCLUDE A COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.

PART I, LINES 4A-B:

DURING THE YEAR, THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE:

CATHY NEWHOUSE \$ 39,822

Part III Supplemental Information

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

CHRISTINE LAY \$233,700

DURING THE YEAR, THE FOLLOWING DIRECTORS AND OFFICERS PARTICIPATED IN A
LIFEBRIDGE HEALTH SPONSORED SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN:

NEIL MELTZER \$361,442

DAVID KRAJEWSKI \$337,265

LESLIE SIMMONS \$241,199

JASON WEINER \$ 68,318

MATTHEW POFFENROTH \$ 48,160

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

NEIL MELTZER \$428,403

DAVID KRAJEWSKI \$105,878

LESLIE SIMMONS \$115,877

DURING THE YEAR, THE FOLLOWING DIRECTORS AND OFFICERS PARTICIPATION IN A
BON SECOURS MERCY HEALTH SPONSORED SUPPLEMENTAL NONQUALIFIED RETIREMENT

Part III Supplemental Information

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

PLAN:

LAURA BUCZKOWSKI \$ 47,904

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

LAURA BUCZKOWSKI \$ 3,564

CHRISTINE LAY \$41,244

BOARD MEMBERS WHO ARE NOT ALSO SERVING IN AN EXECUTIVE ROLE WITH THE ORGANIZATION OR A RELATED ENTITY GENERALLY SERVE VOLUNTARILY, WITHOUT COMPENSATION. DIRECTORS WHO ARE ALSO EMPLOYEES OF THE ORGANIZATION OR A RELATED ENTITY ARE COMPENSATED ONLY FOR THEIR EMPLOYED POSITION AND DO NOT RECEIVE ADDITIONAL COMPENSATION FOR THEIR BOARD RESPONSIBILITIES.

SR. ANNE LUTZ, BR. FRANK O'DONNELL, AND SR. MARY SHIMO DID NOT RECEIVE PAYROLL DISTRIBUTIONS AS THEY HAVE TAKEN A VOW OF POVERTY.

FORM 990, PART VII, LINE 5 - DISCLOSURE INFORMATION

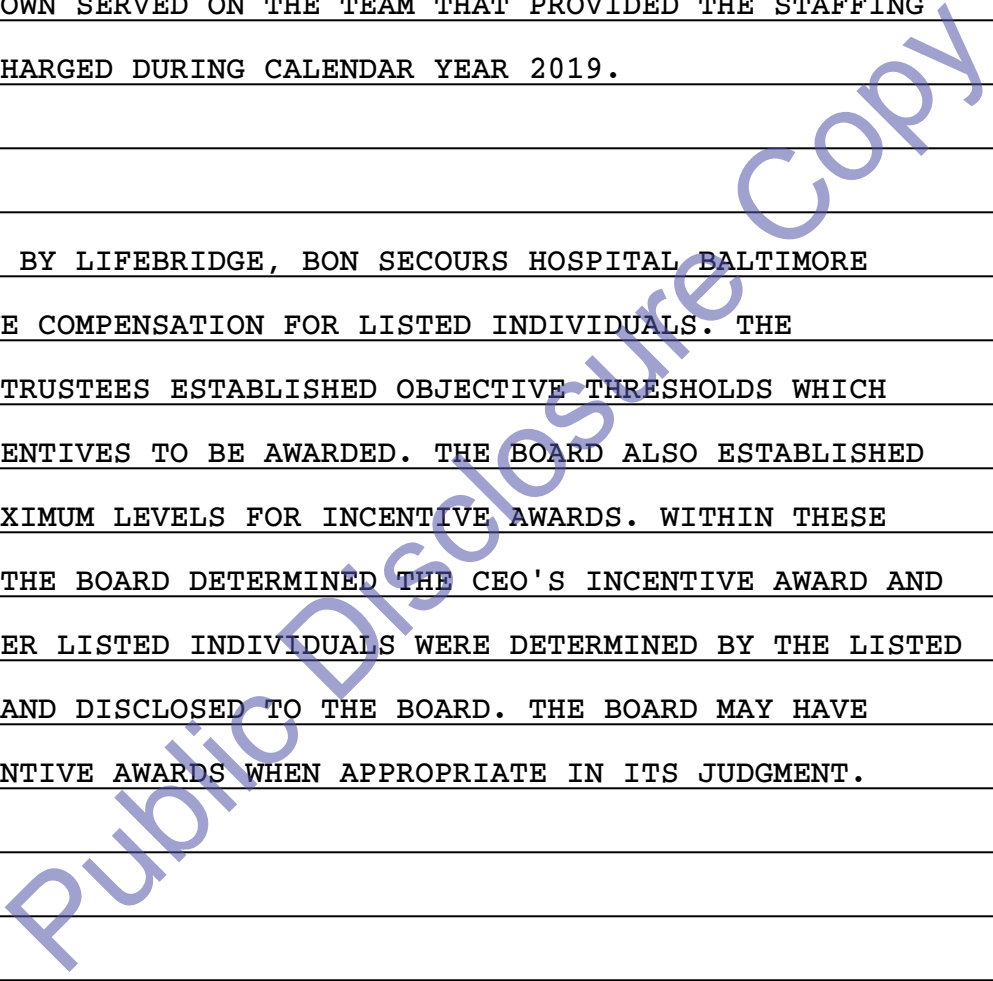
Part III Supplemental Information

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

THE ORGANIZATION AND ITS AFFILIATES PAID US ACUTE CARE SOLUTIONS FOR STAFFING SERVICES. DR BROWN SERVED ON THE TEAM THAT PROVIDED THE STAFFING SERVICES. NO FEES WERE CHARGED DURING CALENDAR YEAR 2019.

PART I, LINE 7:

PRIOR TO THE ACQUISITION BY LIFEBRIDGE, BON SECOURS HOSPITAL BALTIMORE PROVIDED ANNUAL INCENTIVE COMPENSATION FOR LISTED INDIVIDUALS. THE ORGANIZATION'S BOARD OF TRUSTEES ESTABLISHED OBJECTIVE THRESHOLDS WHICH MUST BE ACHIEVED FOR INCENTIVES TO BE AWARDED. THE BOARD ALSO ESTABLISHED THRESHOLD, TARGET AND MAXIMUM LEVELS FOR INCENTIVE AWARDS. WITHIN THESE ESTABLISHED PARAMETERS, THE BOARD DETERMINED THE CEO'S INCENTIVE AWARD AND INCENTIVE AWARDS FOR OTHER LISTED INDIVIDUALS WERE DETERMINED BY THE LISTED INDIVIDUAL'S SUPERVISOR AND DISCLOSED TO THE BOARD. THE BOARD MAY HAVE AUTHORIZED MODIFIED INCENTIVE AWARDS WHEN APPROPRIATE IN ITS JUDGMENT.



SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

GRACE MEDICAL CENTER, INC.

Employer identification number

52-0591555

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

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

FORM 990, PART VI, SECTION A, LINE 4:

PRIOR TO NOVEMBER 1, 2019 (THE "TRANSITION DATE"), THE ORGANIZATION WAS
KNOWN AS BON SECOURS HOSPITAL BALTIMORE, INC. ("BSHB"), AND WAS A SUBSIDIARY
OF BON SECOURS MERCY HEALTH ("BSMH"). BSHB, BSMH, AND LIFEBRIDGE HEALTH,
INC. ("LBH") ENTERED INTO A MASTER AFFILIATION AGREEMENT WHEREBY, AS OF THE
TRANSITION DATE, BSHB BECAME PART OF THE LBH SYSTEM. AS PART OF THE
TRANSACTION, THE CHARTER AND BYLAWS OF BSHB WERE AMENDED AND RESTATED SO
THAT, AMONG OTHER THINGS: BSHB'S NAME WAS CHANGED TO GRACE MEDICAL CENTER,
INC. ("GMC"), LBH BECAME THE SOLE MEMBER OF GMC, AND LBH WAS GRANTED
VARIOUS RESERVED POWERS IN ITS CAPACITY AS MEMBER, INCLUDING THE POWER TO
DESIGNATE AND REMOVE GMC'S DIRECTORS AND OFFICERS AND THE POWER TO AMEND
GMC'S GOVERNING DOCUMENTS.

UNTIL THE TRANSITION DATE, BSHB CAME UNDER THE GROUP EXEMPTION OF THE
CONFERENCE OF CATHOLIC BISHOPS (GROUP EXEMPTION #0928). AS PART OF THE
AFFILIATION WITH LBH, THE ORGANIZATION APPLIED FOR AND RECEIVED SEPARATE

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization GRACE MEDICAL CENTER, INC.	Employer identification number 52-0591555
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TAX-EXEMPT STATUS AS A HOSPITAL UNDER SECTION 501(C)(3), UNDER THE NAME
GRACE MEDICAL CENTER.

MUCH OF THE INFORMATION CONTAINED IN THIS FORM 990 RELATING TO PERIODS
BEFORE THE TRANSITION DATE IS BASED ON INFORMATION PROVIDED TO LBH BY BSMH.

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

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

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

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

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

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

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

THE LIFE BRIDGE EXEMPT ENTITIES 990'S ARE INITIALLY REVIEWED BY THE

Name of the organization GRACE MEDICAL CENTER, INC.	Employer identification number 52-0591555
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ASSISTANT VICE PRESIDENT OF FINANCIAL REPORTING. IN ADDITION, AN INDEPENDENT ACCOUNTING FIRM ALSO REVIEWS ALL THE 990 RETURNS. A FORMAL MEETING IS THEN SCHEDULED WITH THE CHIEF FINANCIAL OFFICER, VICE PRESIDENT OF FINANCIAL REPORTING, GENERAL COUNSEL AND THE ASSISTANT VICE PRESIDENT OF FINANCIAL REPORTING TO REVIEW IN THEIR ENTIRETY ALL THE LIFEBRIDGE EXEMPT ENTITIES 990'S. MANAGEMENT THEN PROVIDES A COPY OF THE 990'S TO THE AUDIT AND COMPLIANCE COMMITTEE OF THE LIFEBRIDGE HEALTH BOARD AND TO EACH INDIVIDUAL BOARD DIRECTOR PRIOR TO THE FILING DATE FOR REVIEW.

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

ALL DIRECTORS, OFFICERS, EMPLOYEES, MEDICAL STAFF MEMBERS, AND VOLUNTEERS ARE EXPECTED TO RECOGNIZE AND DISCLOSE AT THE EARLIEST POSSIBLE TIME ACTUAL AND POTENTIAL CONFLICTS OF INTEREST.

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

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

Name of the organization GRACE MEDICAL CENTER, INC.	Employer identification number 52-0591555
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THE INDIVIDUAL ON BEHALF OF LIFE BRIDGE OR ANY OF ITS SUBSIDIARIES.

AN INDIVIDUAL IS CONSIDERED TO HAVE A "PERSONAL INTEREST" IN A MATTER IF IT IS LIKELY TO HAVE A DIRECT AND MATERIAL IMPACT ON THE INDIVIDUAL'S RELATIONSHIP WITH LIFE BRIDGE OR ANY OF ITS SUBSIDIARIES (E.G., THE INDIVIDUAL'S CONTINUED MEMBERSHIP ON A SUBSIDIARY HOSPITAL'S MEDICAL STAFF), OR ON THE INDIVIDUAL'S OWN HEALTH CARE, OR THE INDIVIDUAL IS PERSONALLY INVOLVED IN A SUBSTANTIAL WAY (E.G., SERVES AS AN OFFICER, DIRECTOR, TRUSTEE, OR KEY EMPLOYEE) WITH ANOTHER ORGANIZATION THAT HAS A SIGNIFICANT INTEREST IN THE MATTER.

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

FOR THE PURPOSES OF THIS POLICY, A "FAMILY MEMBER" INCLUDES SPOUSE OR DOMESTIC PARTNER, PARENTS, BROTHERS AND SISTERS, CHILDREN (WHETHER NATURAL OR ADOPTED), GRANDPARENTS, GRANDCHILDREN, GREAT-GRANDCHILDREN, AND IN-LAWS, SPOUSES OF BROTHERS, SISTERS, CHILDREN, GRANDCHILDREN, AND GREAT-GRANDCHILDREN, AND ANY OTHER MEMBER OF A HOUSEHOLD OF THE INDIVIDUAL.

Name of the organization GRACE MEDICAL CENTER, INC.	Employer identification number 52-0591555
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CONFLICTS OF INTEREST ARE TO BE REPORTED BY EMPLOYEES TO THEIR SUPERVISOR, WHO WILL BE RESPONSIBLE FOR DETERMINING WHETHER FURTHER DISSEMINATION IS NECESSARY.

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

QUESTIONNAIRES ARE SENT OUT TO MEMBERS OF THE BOARD ON AN ANNUAL BASIS. IF QUESTIONS ARISE OR FURTHER GUIDANCE IS SOUGHT, INDIVIDUALS CAN CONTACT THE CHIEF COMPLIANCE OFFICER (410-601-4832) OR CONFIDENTIAL COMPLIANCE HOTLINE (1-844-732-6233).

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

FORM 990, PART VI, SECTION C, LINE 19:
IT IS THE POLICY OF LIFE BRIDGE HEALTH INC. AND ITS SUBSIDIARIES TO MAKE AVAILABLE UPON REQUEST THE AUDITED FINANCIAL STATEMENTS TO THE GENERAL PUBLIC. THE LIFE BRIDGE HEALTH INC. AND SUBSIDIARY GOVERNING DOCUMENTS ARE NOT MADE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST OR VIA A WEBSITE. THE CONFLICT OF INTEREST POLICY IS INCLUDED ON SCHEDULE O.

FORM 990, PART IX, LINE 11G, OTHER FEES:

AMBULANCE SERVICE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	333,921.
FUNDRAISING EXPENSES	0.

Name of the organization GRACE MEDICAL CENTER, INC.	Employer identification number 52-0591555
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TOTAL EXPENSES	333,921.
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DATA PROCESSING SERVICES:

PROGRAM SERVICE EXPENSES	478,622.
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MANAGEMENT AND GENERAL EXPENSES	258,006.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	736,628.
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OTHER PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES	777,045.
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MANAGEMENT AND GENERAL EXPENSES	3,418,386.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	4,195,431.
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CONSULTING:

PROGRAM SERVICE EXPENSES	108,350.
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MANAGEMENT AND GENERAL EXPENSES	122,630.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	230,980.
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TEMP HELP:

PROGRAM SERVICE EXPENSES	33,812.
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MANAGEMENT AND GENERAL EXPENSES	4,354.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	38,166.
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LAUNDRY AND EVS:

PROGRAM SERVICE EXPENSES	130,765.
--------------------------	----------

Name of the organization GRACE MEDICAL CENTER, INC.	Employer identification number 52-0591555
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MANAGEMENT AND GENERAL EXPENSES	1,194,635.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	1,325,400.
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CAFETERIA SERVICES:

PROGRAM SERVICE EXPENSES	128,962.
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MANAGEMENT AND GENERAL EXPENSES	1,072,989.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	1,201,951.
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PROFESSIONAL AND TECHNICAL:

PROGRAM SERVICE EXPENSES	7,430,473.
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MANAGEMENT AND GENERAL EXPENSES	6,152,850.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	13,583,323.
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AGENCY NURSING:

PROGRAM SERVICE EXPENSES	1,736,926.
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MANAGEMENT AND GENERAL EXPENSES	282,332.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	2,019,258.
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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	23,665,058.
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

NET ASSETS AT ACQUISITION	93,993,303.
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INHERENT CONTRIBUTION	6,601,369.
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DUE TO BON SECOURS OF MD FOUNDATION	25,000,000.
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OTHER CHANGES DUE TO ACQUISITION	9,952.
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Name of the organization GRACE MEDICAL CENTER, INC.	Employer identification number 52-0591555
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TOTAL TO FORM 990, PART XI, LINE 9	125,604,624.
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PART XII, LINE 2C

DURING FY20, LIFE BRIDGE HEALTH, INC. ACQUIRED GRACE MEDICAL CENTER, INC. THE AUDIT COMMITTEE REVIEW PROCESS FOR GRACE MEDICAL CENTER, INC. WILL FOLLOW LIFE BRIDGE HEALTH, INC.'S AUDIT COMMITTEE REVIEW PROCESS.

Public Disclosure Copy

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **GRACE MEDICAL CENTER, INC.** Employer identification number **52-0591555**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC. - 52-0607913, 2434 WEST BELVEDERE AVE, BALTIMORE, MD 21215	GERIATRIC HOSPITAL DEDICATED TO PROVIDING SERVICE TO THE AGED	MARYLAND	501(C)(3)	3	LIFEBRIDGE HEALTH, INC.		X
SINAI HOSPITAL OF BALTIMORE, INC. - 52-0486540, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	PROVIDE MEDICAL CARE, EDUCATE STUDENTS, PERFORM MEDICAL RESEARCH	MARYLAND	501(C)(3)	3	LIFEBRIDGE HEALTH, INC.		X
COURTLAND GARDENS NURSING AND REHABILITATION CENTER - 52-0607907, 2434 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	SKILLED NURSING CARE FOR THE ELDERLY AND DISABLED	MARYLAND	501(C)(3)	10	LIFEBRIDGE HEALTH, INC.		X
NORTHWEST HOSPITAL CENTER, INC. - 52-1372665 5401 OLD COURT ROAD RANDALLSTOWN, MD 21133	A HOSPITAL ASPIRING TO IMPROVE THE WELLBEING OF THE COMMUNITY IT SERVES	MARYLAND	501(C)(3)	3	LIFEBRIDGE HEALTH, INC.		X

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SEE PART VII FOR CONTINUATIONS

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
CHILDREN'S HOSPITAL OF BALTIMORE CITY - 52-0591592, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	CHARITY SUPPORT FOR SINAI HOSPITAL OF BALTIMORE INC	MARYLAND	501(C)(3)	12B	LIFEBRIDGE HEALTH, INC.		X
THE BALTIMORE JEWISH HEALTH FOUNDATION, INC. - 52-2111541, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	CHARITY SUPPORT FOR SINAI HOSPITAL OF BALTIMORE INC	MARYLAND	501(C)(3)	12B	LIFEBRIDGE HEALTH, INC.		X
CHILDREN'S HOSPITAL AT SINAI FOUNDATION - 52-2167587, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	CHARITY SUPPORT FOR SINAI HOSPITAL OF BALTIMORE INC	MARYLAND	501(C)(3)	12B	LIFEBRIDGE HEALTH, INC.		X
THE BALTIMORE JEWISH ELDERCARE FOUNDATION - 52-2337669, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	CHARITY SUPPORT FOR LEVINDALE HEBREW GERIATRIC CENTER HOSPITAL	MARYLAND	501(C)(3)	12B	LIFEBRIDGE HEALTH, INC.		X
CARROLL COUNTY HEALTH SERVICES CORPORATION - 52-0691413, 200 MEMORIAL AVENUE, WESTMINSTER, MD 21157	CHARITY SUPPORT FOR CARROLL HOSPITAL CENTER, INC.	MARYLAND	501(C)(3)	LINE 12B, II	LIFEBRIDGE HEALTH, INC.		X
CARROLL HOSPITAL CENTER, INC. - 52-1452024 200 MEMORIAL AVENUE WESTMINSTER, MD 21157	A HOSPITAL COMMITTED TO THE HIGHEST QUALITY HEALTH CARE	MARYLAND	501(C)(3)	3	CARROLL COUNTY HEALTH SERVICES CORPORATION		X
CARROLL HOSPITAL CENTER FOUNDATION, INC. - 52-1115038, 200 MEMORIAL AVENUE, WESTMINSTER, MD 21157	CHARITY SUPPORT FOR CARROLL HOSPITAL CENTER, INC. & CARROLL HOSPICE	MARYLAND	501(C)(3)	12A	CARROLL HOSPITAL CENTER INC.		X
BRIDGINGLIFE, INC. (FKA CARROLL HOSPICE, INC.) - 52-1565870, 292 STONER AVENUE, WESTMINSTER, MD 21157	HOSPICE	MARYLAND	501(C)(3)	7	CARROLL HOSPITAL CENTER INC.		X
PARTNERSHIP FOR A HEALTHIER CARROLL COUNTY, INC - 52-2156892, 200 MEMORIAL AVENUE, WESTMINSTER, MD 21157	HEALTH SERVICES	MARYLAND	501(C)(3)	7	CARROLL HOSPITAL CENTER INC.		X
THE BALTIMORE CHILD ABUSE CENTER, INC. - 52-1681279, 2300 NORTH CHARLES STREET BALTIMORE, MD 21218	CHILD ABUSE SUPPORT, TREATMENT, AND PREVENTION	MARYLAND	501(C)(3)	7	LIFEBRIDGE HEALTH, INC.		X
LIFEBRIDGE HEALTH, INC. - 52-1402373 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215	TO SUPPORT THE CHARITABLE MISSIONS OF ITS SUBSIDIARIES.	MARYLAND	501(C)(3)	LINE 12C, III-FI	N/A		X
WEST BALTIMORE RENAISSANCE FOUNDATION, INC. - 84-3355332, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	COMMUNITY RESOURCE CENTER	MARYLAND	501(C)(3)	7	LIFEBRIDGE HEALTH, INC.		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
BON SECOURS MERCY HEALTH, INC. - 52-1301088 1701 MERCY HEALTH PLACE CINCINNATI, OH 45237	HEALTHCARE SYSTEM PARENT	MARYLAND	501(C)(3)	3	N/A		X
BON SECOURS BALTIMORE COMMUNITY WORKS, INC. - 52-1732800, 26 NORTH FULTON AVENUE, BALTIMORE, MD 21223	GRANT MAKING FOUNDATION	MARYLAND	501(C)(3)	12	BON SECOURS MERCY HEALTH, INC.		X
BON SECOURS MERCY HEALTH FOUNDATION - 20-1072726, 1701 MERCY HEALTH PLACE, CINCINNATI, OH 45237	FUNDRAISING	OHIO	501(C)(3)	7	BON SECOURS MERCY HEALTH, INC.		X
BON SECOURS NEW JERSEY HEALTH SYSTEM, INC. - 22-2754781, 1505 MARRIOTTSVILLE ROAD, MARRIOTTSVILLE, MD 27104	LOCAL SYSTEM PARENT ORG.	NEW JERSEY	501(C)(3)	12	BON SECOURS MERCY HEALTH, INC.		X
BON SECOURS NEW YORK HEALTH SYSTEM, INC. - 91-2135196, 2975 INDEPENDENCE AVENUE, BRONX, NY 10463	LOCAL SYSTEM PARENT ORG.	NEW YORK	501(C)(3)	12	BON SECOURS MERCY HEALTH, INC.		X
BON SECOURS RICHMOND HEALTH SYSTEM - 52-1988421, 8580 MAGELLAN PARKWAY, RICHMOND, VA 23227	LOCAL SYSTEM PARENT ORG.	VIRGINIA	501(C)(3)	12	BON SECOURS MERCY HEALTH, INC.		X
BON SECOURS ST. FRANCIS HEALTH SYSTEM, INC. - 58-2504528, 1 ST. FRANCIS DRIVE, GREENVILLE, SC 29601	LOCAL SYSTEM PARENT ORG.	SOUTH CAROLINA	501(C)(3)	12	BON SECOURS MERCY HEALTH, INC.		X
COMMUNITY MERCY HEALTH SYSTEM - 30-0272454 100 MEDICAL CENTER DRIVE SPRINGFIELD, OH 45504	MARKET PARENT	OHIO	501(C)(3)	12	BON SECOURS MERCY HEALTH, INC.		X
HEALTHSPAN PARTNERS - 46-3055925 1701 MERCY HEALTH PLACE CINCINNATI, OH 45237	MARKET PARENT	OHIO	501(C)(3)	12	BON SECOURS MERCY HEALTH, INC.		X
MERCY HEALTH RETIREMENT TRUST - 31-6046304 1701 MERCY HEALTH PLACE CINCINNATI, OH 45237	RETIREMENT TRUST	OHIO	501(C)(3)	7	BON SECOURS MERCY HEALTH, INC.		X
MERCY HEALTH SERVICES - 25-1585441 1505 MARRIOTTSVILLE ROAD MARRIOTTSVILLE, MD 27104	LOCAL SYSTEM PARENT ORG.	PENNSYLVANIA	501(C)(3)	12	BON SECOURS MERCY HEALTH, INC.		X
ST. FRANCIS PHYSICIAN SERVICES, INC. - 13-4290167, ONE ST. FRANCIS DRIVE, GREENVILLE, SC 29601	PHYSICIAN SERVICES	SOUTH CAROLINA	501(C)(3)	10	BON SECOURS MERCY HEALTH MEDICAL GROUP LLC		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
MERCY FRANCISCAN SENIOR HEALTH AND HOUSING SERVICES INC. - 31-1308729, 7010 ROWAN HILLS DR, CINCINNATI, OH 45227	RETIREMENT HOME	OHIO	501(C)(3)	10	MERCY HEALTH CINCINNATI LLC		X
MERCY FRANCISCAN SOCIAL MINISTRIES INC. - 31-1222942, 1800 LOGAN STREET, CINCINNATI, OH 45210	LOW INCOME HOUSING	OHIO	501(C)(3)	7	MERCY HEALTH CINCINNATI LLC		X
BON SECOURS - STUART CIRCLE HOSPITAL, INC. - 54-1740128, 8580 MAGELLAN PARKWAY, RICHMOND, VA 23227	HEALTH CARE	VIRGINIA	501(C)(3)	3	BON SECOURS RICHMOND HEALTH SYSTEM		X
LABURNUM PROPERTIES - 52-1260700 8580 MAGELLAN PARKWAY RICHMOND, VA 23227	TITLE HOLDING COMPANY	VIRGINIA	501(C)(2)		BON SECOURS RICHMOND HEALTH SYSTEM		X
RAPPAHANNOCK GENERAL HOSPITAL FOUNDATION - 54-1210450, 101 HARRIS ROAD, KILMARNOCK, VA 22482	SUPPORTING ORGANIZATION	VIRGINIA	501(C)(3)	7	BON SECOURS RICHMOND HEALTH SYSTEM		X
IVNA HEALTH SERVICES - 54-1479847 5008 MONUMENT AVENUE RICHMOND, VA 23230	HOME CARE SERVICES	VIRGINIA	501(C)(3)	10	BON SECOURS HOME CARE, LLC		X
BAYLEY PROPERTIES - 54-1424748 7007 HARBOUR VIEW BLVD. SUFFOLK, VA 23435	TITLE HOLDING COMPANY	VIRGINIA	501(C)(2)		BON SECOURS - DEPAUL MEDICAL CENTER LLC		X
LOURDES HOSPITAL AUXILIARY GIFT SHOP - 61-0927805, 1530 LONE OAK ROAD, PADUCAH, KY 42003	FUNDRAISING	KENTUCKY	501(C)(3)	10	MERCY HEALTH FOUNDATION		X
C H HEALTH SERVICES COMPANY - 31-1181984 100 MEDICAL CENTER DRIVE SPRINGFIELD, OH 45504	HOSPITAL	OHIO	501(C)(3)	3	COMMUNITY MERCY HEALTH SYSTEM		X
COMMUNITY MERCY HEALTH PARTNERS - 31-0785684 100 MEDICAL CENTER DRIVE SPRINGFIELD, OH 45504	HOSPITAL	OHIO	501(C)(3)	3	COMMUNITY MERCY HEALTH SYSTEM		X
THE WALLACE S MURRAY AND FRANCES RABBITTS MURRAY MEMORIAL TRUST - 34-6827136, 100 MEDICAL CENTER DRIVE, SPRINGFIELD, OH 45504	INDIGENT MEDICAL CARE	OHIO	501(C)(3)	12	N/A		X
SIMON OUTREACH SERVICES - 34-1383325 2600 NAVARRE AVENUE OREGON, OH 43616	MEDICAL OFFICE RENTAL	OHIO	501(C)(3)	10	MERCY HEALTH NORTH LLC		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

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						Yes	No
MERCY PROPERTY HOLDINGS - 30-0699825 2200 JEFFERSON AVENUE TOLEDO, OH 43604	TITLE HOLDING COMPANY	OHIO	501(C)(2)		MERCY HEALTH NORTH LLC		X
MERCY COLLEGE OF OHIO - 34-1726619 2221 MADISON AVENUE TOLEDO, OH 43604	MEDICAL COLLEGE	OHIO	501(C)(3)	2	MERCY HEALTH - ST. VINCENT MEDICAL CENTER		X
HOSPICE OF THE VALLEY - 34-1288745 5190 MARKET STREET YOUNGSTOWN, OH 44512	HOSPICE SERVICES	OHIO	501(C)(3)	10	MERCY HEALTH YOUNGSTOWN LLC		X
HUMILITY HOUSE - 34-1894783 755 OHLTOWN ROAD AUSTINTOWN, OH 44515	NURSING HOME	OHIO	501(C)(3)	10	MERCY HEALTH YOUNGSTOWN LLC		X
ST JOSEPH HEALTH CENTER AUXILIARY - 34-6556121, 677 EASTLAND SE, WARREN, OH 44484	FUNDRAISING	OHIO	501(C)(3)	10	MERCY HEALTH YOUNGSTOWN LLC		X
THE ASSUMPTION VILLAGE - 34-1013695 9800 N. MARKET STREET NORTH LIMA, OH 44452	NURSING HOME	OHIO	501(C)(3)	10	MERCY HEALTH YOUNGSTOWN LLC		X
NEW VISION MEDICAL LABORATORIES INC. - 34-1937267, 750 W. HIGH ST STE 400, LIMA, OH 45801	MEDICAL LAB SERVICES	OHIO	501(C)(3)	3	ST RITA'S MEDICAL CENTER LLC		X
ALLEN MEDICAL CENTER MEDICAL OFFICE BUILDING - 36-4504991, 200 WEST LORAIN ST, OBERLIN, OH 44074	MEDICAL OFFICE RENTAL	OHIO	501(C)(3)	10	MERCY HEALTH - ALLEN HOSPITAL LLC		X
COMMUNITY HEALTH PARTNERS PHYSICIANS OFFICE BUILDINGS - 34-1268828, 3700 KOLBE ROAD, LORAIN, OH 44053	MEDICAL OFFICE RENTAL	OHIO	501(C)(3)	10	MERCY HEALTH - REGIONAL MEDICAL CENTER LLC		X
ST. FRANCIS HOSPITAL, INC. - 58-2504530 ONE ST. FRANCIS DRIVE GREENVILLE, SC 29601	HOSPITAL	SOUTH CAROLINA	501(C)(3)	3	BON SECOURS ST. FRANCIS HEALTH SYSTEM, INC.		X
BON SECOURS HOUSING II, INC. - 52-1543174 26 NORTH FULTON AVENUE BALTIMORE, MD 21223	LOW INCOME HOUSING	MARYLAND	501(C)(3)	10	BON SECOURS BALTIMORE COMMUNITY WORKS,		X
BON SECOURS HOUSING, INC. - 52-1442707 26 NORTH FULTON AVENUE BALTIMORE, MD 21223	LOW INCOME HOUSING	MARYLAND	501(C)(3)	10	BON SECOURS BALTIMORE COMMUNITY WORKS,		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
LIBERTY MEDICAL CENTER - 52-1466304 1505 MARRIOTTSTVILLE ROAD MARRIOTTSTVILLE, MD 27104	HEALTH CARE	MARYLAND	501(C)(3)	3	BON SECOURS BALTIMORE COMMUNITY WORKS,		X
OUR MONEY PLACE, INC. - 56-2306119 26 NORTH FULTON AVENUE BALTIMORE, MD 21223	FINANCIAL SERVICES EDUCATION	MARYLAND	501(C)(3)	10	BON SECOURS BALTIMORE COMMUNITY WORKS,		X
UNITY PROPERTIES, INC. - 52-1857768 26 NORTH FULTON AVENUE BALTIMORE, MD 21223	LOW INCOME HOUSING	MARYLAND	501(C)(3)	7	BON SECOURS BALTIMORE COMMUNITY WORKS,		X
BON SECOURS BALTIMORE DEVELOPMENT, INC. - 76-0785344, 26 NORTH FULTON AVENUE, BALTIMORE, MD 21223	COMMUNITY HOUSING	MARYLAND	501(C)(3)	7	UNITY PROPERTIES, INC.		X
HEALTHSPAN INTEGRATED CARE - 34-0922268 1701 MERCY HEALTH PLACE CINCINNATI, OH 45237	HMO	OHIO	501(C)(3)	10	HEALTHSPAN PARTNERS		X
ROPER ST. FRANCIS HEALTHCARE - 57-0831165 8536 PALMETTO COMMERCE PKWY LADSON, SC 29456	LOCAL SYSTEM PARENT ORG.	SOUTH CAROLINA	501(C)(3)	3	HEALTHSPAN PARTNERS		X
BON SECOURS - ST. FRANCIS XAVIER HOSPITAL, INC. - 57-1067254, 8536 PALMETTO COMMERCE PKWY, LADSON, SC 29456	HOSPITAL	SOUTH CAROLINA	501(C)(3)	3	ROPER ST. FRANCIS HEALTHCARE		X
CLINICAL BIOTECHNOLOGY RESEARCH INSTITUTE AT RSFH - 47-5407453, 8536 PALMETTO COMMERCE PKWY, LADSON, SC 29456	HEALTHCARE	SOUTH CAROLINA	501(C)(3)		ROPER ST. FRANCIS HEALTHCARE		X
ROPER HOSPITAL, INC. - 57-0828733 8536 PALMETTO COMMERCE PKWY LADSON, SC 29456	HOSPITAL	SOUTH CAROLINA	501(C)(3)	3	ROPER ST. FRANCIS HEALTHCARE		X
ROPER ST. FRANCIS FOUNDATION - 57-1068509 8536 PALMETTO COMMERCE PKWY LADSON, SC 29456	FUNDRAISING	SOUTH CAROLINA	501(C)(3)	12	ROPER ST. FRANCIS HEALTHCARE		X
ROPER ST. FRANCIS HOSPITAL - BERKELEY, INC. - 26-3710229, 8536 PALMETTO COMMERCE PKWY, LADSON, SC 29456	HOSPITAL	SOUTH CAROLINA	501(C)(3)	3	ROPER ST. FRANCIS HEALTHCARE		X
ROPER ST. FRANCIS MOUNT PLEASANT HOSPITAL - 57-0360499, 8536 PALMETTO COMMERCE PKWY, LADSON, SC 29456	HOSPITAL	SOUTH CAROLINA	501(C)(3)	3	ROPER ST. FRANCIS HEALTHCARE		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
ROPER ST. FRANCIS PHYSICIANS NETWORK - 26-2946628, 8536 PALMETTO COMMERCE PKWY, LADSON, SC 29456	PHYSICIAN SERVICES	SOUTH CAROLINA	501(C)(3)	10	ROPER ST. FRANCIS HEALTHCARE		X
FRANCES SCHERVIER HOME AND HOSPITAL - 13-1740397, 2975 INDEPENDENCE AVENUE, BRONX, NY 10463	LONG TERM NURSING CARE	NEW YORK	501(C)(3)	10	BON SECOURS NY HEALTH SYSTEM		X
SCHERVIER APARTMENTS, LLC - 47-1364217 2975 INDEPENDENCE AVENUE BRONX, NY 10463	LONG TERM NURSING CARE	NEW YORK	501(C)(3)	10	BON SECOURS NY HEALTH SYSTEM		X
ST. MARY HOSPITAL, INC. - 22-1487324 308 WILLOW HOBOKEN, NJ 07030	HOSPITAL	NEW JERSEY	501(C)(3)	3	BON SECOURS NEW JERSEY HEALTH SYSTEM, INC.		X
BON SECOURS HEALTH SYSTEM CLG COLLEGE ROAD CORK, IRELAND	HOSPITAL	IRELAND	501(C)(3)	3	BON SECOURS IRELAND DAC		X
PENNSYLVANIA HEALTH CHOICE PLAN 1505 MARRIOTTSVILLE ROAD MARRIOTTSVILLE, MD 27104	HEALTH CARE	MARYLAND	501(C)(3)	10	MERCY HEALTH SERVICES		X
BSHS MEMBER 3 LIMITED COLLEGE ROAD CORK, IRELAND	HOLDING COMPANY	IRELAND	501(C)(3)		BON SECOURS IRELAND DAC		X
BSHS MEMBER 2 LIMITED COLLEGE ROAD CORK, IRELAND	HOLDING COMPANY	IRELAND	501(C)(3)		BON SECOURS IRELAND DAC		X
BON SECOURS IRELAND DAC COLLEGE ROAD CORK, IRELAND	LOCAL SYSTEM PARENT ORG.	IRELAND	501(C)(3)	12	BON SECOURS MERCY HEALTH, INC.		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
CARDIOVASCULAR ASSOCIATES OF MARYLAND, LLC - 46-2935110, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CARROLL COUNTY RADIOLOGY, LLC - 52-2190849, 7253 AMBASSADOR ROAD, BALTIMORE, MD 21244	RADIOLOGY	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CARROLL OCCUPATIONAL HEALTH, LLC - 20-2769332, 7001 CORPORATE CENTER COURT, WESTMINSTER, MD 21157	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
HOMECARE MARYLAND, LLC - 26-1378175, 8028 RITCHIE HIGHWAY, SUITE 210B, PASADENA, MD 21122	HOME HEALTH SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
LIFEBRIDGE INVESTMENTS, INC. - 52-1483166 2401 WEST BELVEDERE AVENUE BALTIMORE, MD 21215	INVESTMENT	MD	N/A	C CORP	N/A	N/A	N/A		X
HEALTHSTAR MEDICAL SERVICES, INC. - 52-1829098, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	HEALTHCARE	MD	N/A	C CORP	N/A	N/A	N/A		X
PRACTICE DYNAMICS, INC. - 52-1960319 124 BUSINESS CENTER DRIVE REISTERSTOWN, MD 21136	MANAGEMENT	MD	N/A	C CORP	N/A	N/A	N/A		X
LIFEBRIDGE INSURANCE COMPANY, LTD. - 98-0415396, PO BOX 1109 KY1-1102, GRAND CAYMAN, CAYMAN ISLANDS	INSURANCE	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A		X
LIFEBRIDGE COMMUNITY PHYSICIANS, INC. - 80-0719005, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	HEALTHCARE	MD	N/A	C CORP	N/A	N/A	N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, 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?		(k) Percentage ownership
							Yes	No		Yes	No	
LIFEBRIDGE CARDIOLOGY OF PARKVILLE, LLC - 46-3742313, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
LIFEBRIDGE COMMUNITY GASTROENTEROLOGY, LLC - 46-2863298, 2401 WEST BELVEDERE AVENUE, BALTIMORE,	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
LIFEBRIDGE COMMUNITY PEDIATRICS, LLC - 46-2842468, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
LIFEBRIDGE COMMUNITY PULMONOLOGY, LLC - 46-1401312, 2401 WEST BELVEDERE AVENUE, BALTIMORE,	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
LIFEBRIDGE GYNECOLOGY OF PIKESVILLE, LLC - 46-2949092, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
LIFEBRIDGE MEDICAL ASSOCIATES, LLC - 46-2941505, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
LIFEBRIDGE NEUROSCIENCES, LLC (FORMERLY ORTHOPEDIC SPECIALISTS, LLC) - 45-07, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
LIFEBRIDGE PRIMARY CARE OF ELDERSBURG, LLC - 38-3897702, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
LIFEBRIDGE PRIMARY CARE OF NORTH CARROLL, LLC - 80-0883321, 2401 WEST BELVEDERE AVENUE, BALTIMORE,	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, 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?		(k) Percentage ownership
							Yes	No		Yes	No	
LIFEBRIDGE REHABILITATION SERVICES, LLC - 81-1504380, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	REHABILITATION SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
ELLCOTT CITY ASC MANAGEMENT, LLC - 52-2331663, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SURGICENTER OF BALTIMORE, LLC - 52-1658841, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MOUNT AIRY MED-SERVICES, LLC - 46-5632176, 200 MEMORIAL AVENUE, WESTMINSTER, MD 21157	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SPRINGWELL PARTNERS, LLC - 27-1971171, 2200 PINE HILL FARMS LANE, HUNT VALLEY, MD 21030	ASSISTED LIVING	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
LIFEBRIDGE SUBURBAN PHYSICIAN GROUP II, LLC - 81-4209029, 5401 OLD COURT ROAD, RANDALLSTOWN, MD 21133	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
LIFEBRIDGE LAB MANAGEMENT, LLC - 82-1113874, 2401 WEST BELVEDERE AVENUE, BALTIMORE, MD 21215	LABORATORY SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
LIFEBRIDGE METROPOLITAN PHYSICIAN GROUP II, LLC - 81-4223537, 2401 WEST BELVEDERE AVENUE, BALTIMORE,	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
LIFEBRIDGE MULTI-SPECIALTY, LLC - 46-3753120, 41 MAGNA WAY, SUITE 100, WESTMINSTER, MD 21157	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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							Yes	No		Yes	No	
BRINTON WOODS HEALTH CARE CENTER, LLC - 26-0107427, 9515 DEERECO ROAD, SUITE 407, TIMONIUM, MD 21093	REHABILITATION SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
BRINTON WOODS SENIOR LIVING, LLC - 74-3137876, 9515 DEERECO ROAD, SUITE 407, TIMONIUM, MD 21093	ASSISTED LIVING	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
ELLCOTT CITY AMBULATORY SURGERY CENTER LLLP - 52-2331663, 2850 NORTH RIDGE ROAD, ELLICOTT CITY, MD	MEDICAL SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
OAK FARM SOLUTIONS, LLC - 47-4944865, 1122 KENILWORTH DRIVE, SUITE 307, TOWSON, MD 21204	HOME HEALTH SERVICES	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MERCY FRANCISCAN AT WINTON WOODS I, LP - 31-1624311, 10290 MILL ROAD, CINCINNATI, OH 45231	RENTAL REAL ESTATE	OH	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
BROAD/64 IMAGING, LLC - 20-5886018, 8580 MAGELLAN PARKWAY, RICHMOND, VA 23227	IMAGING SERVICES	VA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MEMORIAL AMBULATORY SURGERY CENTER, LLC - 59-3813233, 8580 MAGELLAN PARKWAY, RICHMOND, VA 23227	AMBULATORY SURGERY CENTER	VA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
RICHMOND RADIATION ONCOLOGY CENTER I, LLC - 20-8444551, 8580 MAGELLAN PARKWAY, RICHMOND, VA 23227	RADIATION ONCOLOGY SERVICES	VA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
RI, L.P. - 54-1708835 8580 MAGELLAN PARKWAY RICHMOND, VA 23227	IMAGING SERVICES	VA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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

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							Yes	No		Yes	No	
HARBOUR VIEW MOB 2, LLC - 82-2484997, 5818 HARBOUR VIEW BLVD, SUITE A1, SUFFOLK, VA 23435	REAL ESTATE	VA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
LOURDES AMBULATORY SURGERY CENTER - 20-5588350, 225 MEDICAL CENTER DRIVE, PADUCAH, KY 42003	SURGERY CENTER	KY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MARSHALL COUNTY MRI, LLC - 61-0601267, 615 OLD SYMSONIA ROAD, BENTON, KY 42025	MRI FACILITY	KY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
COMMUNITY MERCY HOME CARE SERVICES OF SPRINGFIELD, LLC - 31-1746556, 1700 EDISON DRIVE, MILFORD, OH 45150	HOME CARE	OH	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
NWO INTEGRATED LABORATORIES, MERCY LLC - 34-1898285, 2200 JEFFERSON AVENUE, TOLEDO, OH 43624	LABORATORY SERVICES	OH	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
TIFFIN AMBULATORY SURGICAL ASSOCIATES - 37-1567866, 45 ST LAWRENCE DRIVE, TIFFIN, OH 44833	AMBULATORY SURGERY CENTER	OH	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
UROLOGIC ONCOLOGY OF MAHONING VALLEY, LLC - 26-2989686, 1044 BELMONT AVE., YOUNGSTOWN, OH 44501	RADIATION THERAPY	OH	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
NEW VISION MEDICAL LAB, LLC - 34-1913433, 750 W HIGH STREET, LIMA, OH 45801	LAB SERVICES	OH	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
WEST CENTRAL OHIO GROUP LTD. - 34-1848147, 801 MEDICAL DRIVE, LIMA, OH 45804	ORTHOPEDIC HOSPITAL	OH	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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

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							Yes	No		Yes	No	
PREMIUM SURGERY CENTER, LLC - 20-0400753, 5217 MARYLAND WAY, BRENTWOOD, TN 37027	SURGERY CENTER	TN	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
UPSTATE SURGERY CENTER, LLC - 56-2186977, ONE ST. FRANCIS DRIVE, GREENVILLE, SC 29601	AMBULATORY SURGERY CENTER	SC	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
BON SECOURS PLACE AT ST. PETERSBURG, LLP - 59-3589729, 10300 FOURTH STREET NORTH, ST. PETERSBURG, FL 33716	ASSISTED LIVING/SENIOR CARE	FL	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
BON SECOURS APARTMENTS CONSOLIDATED GP, LLC - 85-0795104, 1800 WEST BALTIMORE ST., BALTIMORE, MD	LOW INCOME HOUSING	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
BON SECOURS APARTMENTS CONSOLIDATED LP - 85-0766183, 1800 WEST BALTIMORE ST., BALTIMORE, MD 21223	LOW INCOME HOUSING	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
BON SECOURS APARTMENTS II LP - 52-2063512, 1800 WEST BALTIMORE ST., BALTIMORE, MD 21223	LOW INCOME HOUSING	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
BON SECOURS APARTMENTS III LP - 52-2134444, 1800 WEST BALTIMORE ST., BALTIMORE, MD 21223	LOW INCOME HOUSING	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
BON SECOURS APARTMENTS LP - 52-1952505, 1800 WEST BALTIMORE ST., BALTIMORE, MD 21223	LOW INCOME HOUSING	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
BON SECOURS BENET HOUSE, LLC - 46-3055312, 26 NORTH FULTON AVE, BALTIMORE, MD 21223	LOW INCOME HOUSING	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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

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							Yes	No		Yes	No	
BON SECOURS BENET HOUSE, LP - 36-4765400, 26 NORTH FULTON AVE, BALTIMORE, MD 21223	LOW INCOME HOUSING	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
BON SECOURS CHESAPEAKE APARTMENTS LP - 20-0107034, 26 NORTH FULTON AVE, BALTIMORE, MD 21223	LOW INCOME HOUSING	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
BON SECOURS GIBBONS APARTMENTS, LP - 47-2322323, 26 NORTH FULTON AVE, BALTIMORE, MD 21223	LOW INCOME HOUSING	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
BON SECOURS NEW SHILOH II LIMITED PARTNERSHIP - 82-0655142, 26 NORTH FULTON AVE, BALTIMORE, MD 21223	LOW INCOME HOUSING	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
BON SECOURS SHILOH LP - 20-3965243, 26 NORTH FULTON AVE, BALTIMORE, MD 21223	LOW INCOME HOUSING	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
BON SECOURS SMALLWOOD SUMMIT LP - 52-2280175, 26 NORTH FULTON AVE, BALTIMORE, MD 21223	LOW INCOME HOUSING	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
BON SECOURS WAYLAND LP - 27-0468688, 26 NORTH FULTON AVE, BALTIMORE, MD 21223	LOW INCOME HOUSING	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
LIBERTY SENIOR HOUSING LP - 52-2134447, 1800 WEST BALTIMORE ST., BALTIMORE, MD 21223	LOW INCOME HOUSING	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
BON SECOURS MERCY HEALTH INNOVATIONS LLC - 82-0639499, 1701 MERCY HEALTH PLACE, CINCINNATI, OH 45237	BUSINESS DEVELOPMENT	OH	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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

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								Yes	No
CARROLL COUNTY GENERAL HOSPITAL SOUTH CARROLL MEDICAL CENTER CONDOMINIUM, 200 MEMORIAL AVENUE, WESTMINSTER, MD 21157	REAL ESTATE	MD	N/A	C CORP	N/A	N/A	N/A		X
MED-SERVICES HOLDINGS, INC. 200 MEMORIAL AVENUE WESTMINSTER, MD 21157	MEDICAL SERVICES	MD	N/A	C CORP	N/A	N/A	N/A		X
CARROLL COUNTY MED-SERVICES, INC. - 52-1891102, 200 MEMORIAL AVENUE, WESTMINSTER, MD 21157	MEDICAL SERVICES	MD	N/A	C CORP	N/A	N/A	N/A		X
CARROLL BILLING SERVICES, INC. - 30-0026598 200 MEMORIAL AVENUE WESTMINSTER, MD 21157	BILLING SERVICES	MD	N/A	C CORP	N/A	N/A	N/A		X
CARROLL HEALTH GROUP, LLC - 27-1956453 200 MEMORIAL AVENUE WESTMINSTER, MD 21157	HEALTHCARE	MD	N/A	C CORP	N/A	N/A	N/A		X
CARROLL URGENT CARE, LLC - 46-5739154 200 MEMORIAL AVENUE WESTMINSTER, MD 21157	HEALTHCARE	MD	N/A	C CORP	N/A	N/A	N/A		X
LIFEBRIDGE HEALTH ISRAEL LTD - 51-5804516 16 ABBA HILLEL ROAD RAMAT GAN, ISRAEL 5250608	HEALTHCARE CALL CENTER	ISRAEL	N/A	C CORP	N/A	N/A	N/A		X
MERCY HEALTH INSURANCE COMPANY (SPC), LTD. - 98-0621978, P.O. BOX 10073, GRAND CAYMAN, CAYMAN ISLANDS	SELF-INSURANCE	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A		X
MERCY FRANCISCAN AT WINTON WOODS I INC. - 31-1658668, 10290 MILL ROAD, CINCINNATI, OH 45231	LOW-INCOME HOUSING	OH	N/A	C CORP	N/A	N/A	N/A		X
MERCY HEALTH VENTURES INC. - 31-1185477 1701 MERCY HEALTH PLACE CINCINNATI, OH 45237	DIVERSIFIED ACTIVITIES	OH	N/A	C CORP	N/A	N/A	N/A		X
BON SECOURS-VIRGINIA HEALTHSOURCE, INC. - 54-1417686, 8580 MAGELLAN PARKWAY, RICHMOND, VA 23227	AMBULATORY HEALTHCARE SERVICES	VA	N/A	C CORP	N/A	N/A	N/A		X
RICHMOND RADIATION ONCOLOGY CENTER, INC. - 54-1570244, 8580 MAGELLAN PARKWAY, RICHMOND, VA 23227	AMBULATORY HEALTHCARE SERVICES	VA	N/A	C CORP	N/A	N/A	N/A		X

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

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								Yes	No
IRONBRIDGE ASSISTED LIVING RETIREMENT COMMUNITY, L.C. - 54-1807857, 5801 BREMO ROAD, RICHMOND, VA 23226	AMBULATORY HEALTHCARE SERVICES	VA	N/A	C CORP	N/A	N/A	N/A		X
RICHMOND MRI, INC. - 54-1568452 8580 MAGELLAN PARKWAY RICHMOND, VA 23227	MEDICAL SERVICES	VA	N/A	C CORP	N/A	N/A	N/A		X
CHESTERFIELD COMMUNITY HEALTHCARE CENTER, INC - 54-1812738, 8580 MAGELLAN PARKWAY, RICHMOND, VA 23227	AMBULATORY HEALTHCARE SERVICES	VA	N/A	C CORP	N/A	N/A	N/A		X
RHS MANAGEMENT CORP. - 54-1313425 8580 MAGELLAN PARKWAY RICHMOND, VA 23227	INDEPENDENT LIVING FACILITY	VA	N/A	C CORP	N/A	N/A	N/A		X
PROFESSIONAL HEALTH CARE MANAGEMENT SERVICES, INC. - 54-1241031, 150 KINGSLEY LANE, NORFOLK, VA 23505	ADMINISTRATIVE	VA	N/A	C CORP	N/A	N/A	N/A		X
MARYVIEW BUILDING CORPORATION - 54-1306612 3636 HIGH STREET PORTSMOUTH, VA 23707	ADMINISTRATIVE	VA	N/A	C CORP	N/A	N/A	N/A		X
BON SECOURS - TIDEWATER DIVERSIFIED, INC. - 54-1431826, 160 KINGSLEY LANE, NORFOLK, VA 23505	PHARMACY	VA	N/A	C CORP	N/A	N/A	N/A		X
O.S.F., INC. - 54-1369919 2 BERNADINE DRIVE NEWPORT NEWS, VA 23602	RENTAL	VA	N/A	C CORP	N/A	N/A	N/A		X
NORTHPARKE MEDICAL COMMONS CONDO ASSN. - 31-1391230, 333 N. LIMESTONE ST, SPRINGFIELD, OH 45503	REAL PROPERTY MGMNT	OH	N/A	C CORP	N/A	N/A	N/A		X
NORTHSIDE CORPORATION - 34-1318438 2200 JEFFERSON AVENUE TOLEDO, OH 43604	RESIDENT RENTALS	OH	N/A	C CORP	N/A	N/A	N/A		X
RALPH EWE TRUST - 34-6866422 270 PARK AVENUE NEW YORK, NY 10017	BENEFICIAL TRUST	NY	N/A	C CORP	N/A	N/A	N/A		X
ELIZABETH HINES CATES TRUST - 34-6515678 PNC 1900 E. 9TH ST CLEVELAND, OH 44114	BENEFICIAL TRUST	OH	N/A	C CORP	N/A	N/A	N/A		X

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								Yes	No
WILLIS PARK TRUST - 34-6519904 PNC 1900 E. 9TH ST CLEVELAND, OH 44114	BENEFICIAL TRUST	OH	N/A	C CORP	N/A	N/A	N/A		X
ERMA GIBSON BALDWIN TRUST - 34-6515566 PNC 1900 E. 9TH ST CLEVELAND, OH 44114	BENEFICIAL TRUST	OH	N/A	C CORP	N/A	N/A	N/A		X
MCAULEY MANAGEMENT SERVICES INC. - 34-1379037, 730 W. MARKET STREET, LIMA, OH 45801	PROPERTY RENTAL	OH	N/A	C CORP	N/A	N/A	N/A		X
LIMA MEDICAL SUPPLIES INC. - 34-0944477 730 W. MARKET STREET LIMA, OH 45801	MEDICAL EQUIPMENT	OH	N/A	C CORP	N/A	N/A	N/A		X
CORNERSTONE ALLIANCE, INC. - 34-1834730 2615 FORT AMANDA ROAD LIMA, OH 45804	MEDICAL MANAGEMENT	OH	N/A	C CORP	N/A	N/A	N/A		X
COMMUNITY HEALTH PARTNERS ENTERPRISES INC. - 34-1455525, 3700 KOLBE ROAD, LORAIN, OH 44053	HOLDING COMPANY	OH	N/A	C CORP	N/A	N/A	N/A		X
OPTIMUM HEALTH NETWORK, INC. - 57-0973524 ONE ST. FRANCIS DRIVE GREENVILLE, SC 29601	HEALTHCARE SERVICES HOLDING	SC	N/A	C CORP	N/A	N/A	N/A		X
BON SECOURS-FLORIDA INTEGRATED SERVICES, INC. - 65-0779777, 10300 FOURTH STREET NORTH, ST. PETERSBURG, FL 33716	COMPANY/ASSISTED LIVING	FL	N/A	C CORP	N/A	N/A	N/A		X
UNITY HOUSING, INC. - 52-1952507 26 NORTH FULTON AVENUE BALTIMORE, MD 21223	LOW INCOME HOUSING	MD	N/A	C CORP	N/A	N/A	N/A		X
BON SECOURS WAYLAND LLC - 27-0468561 26 NORTH FULTON AVENUE BALTIMORE, MD 21223	LOW INCOME HOUSING	MD	N/A	C CORP	N/A	N/A	N/A		X
BON SECOURS NEW SHILOH II, LLC - 82-0631206 26 NORTH FULTON AVENUE BALTIMORE, MD 21223	LOW INCOME HOUSING	MD	N/A	C CORP	N/A	N/A	N/A		X
HEALTHSPAN, INC. - 31-1431434 225 PICTORIA DR CINCINNATI, OH 45246	INSURANCE	OH	N/A	C CORP	N/A	N/A	N/A		X

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								Yes	No
HEALTHSPAN SOLUTIONS, INC. - 30-0810766 1701 MERCY HEALTH PLACE CINCINNATI, OH 45237	CONSULTING	OH	N/A	C CORP	N/A	N/A	N/A		X
HEALTHCARE SERVICES AND SUPPORT - 81-2388652 1701 MERCY HEALTH PLACE CINCINNATI, OH 45237	HEALTHCARE SERVICES	OH	N/A	C CORP	N/A	N/A	N/A		X
BON SECOURS NEW YORK HOUSING DEVELOPMENT FUND CORPORATION - 47-2224316, 2975 INDEPENDENCE AVENUE, BRONX, NY 10463	LOW INCOME HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
POST OFFICE PLAZA OWNERS ASSOCIATION, INC. 1807 N. BOULEVARD ANDERSON, SC 29621	REAL PROPERTY MGMNT	SC	N/A	C CORP	N/A	N/A	N/A		X
BARRINGTONS HOSPITAL LIMITED GEORGE'S QUAY LIMERICK, IRELAND	HOSPITAL	IRELAND	N/A	C CORP	N/A	N/A	N/A		X
BMC PROPERTIES LIMITED GEORGE'S QUAY LIMERICK, IRELAND	REAL PROPERTY MGMNT	IRELAND	N/A	C CORP	N/A	N/A	N/A		X

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

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

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

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b		X
1c		X
1d	X	
1e	X	
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m		X
1n		X
1o		X
1p	X	
1q		X
1r	X	
1s		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) LIFEBRIDGE HEALTH, INC	R	10,000,000.	FMV
(2) SINAI HOSPITAL OF BALTIMORE, INC	P	4,418,005.	FMV
(3) LIFEBRIDGE HEALTH, INC	D	2,484,000.	FMV
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Public Disclosure Copy

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

MERCY COLLEGE OF OHIO

DIRECT CONTROLLING ENTITY: MERCY HEALTH - ST. VINCENT MEDICAL CENTER LLC

NAME OF RELATED ORGANIZATION:

BON SECOURS HOUSING II, INC.

DIRECT CONTROLLING ENTITY: BON SECOURS BALTIMORE COMMUNITY WORKS, INC.

NAME OF RELATED ORGANIZATION:

BON SECOURS HOUSING, INC.

DIRECT CONTROLLING ENTITY: BON SECOURS BALTIMORE COMMUNITY WORKS, INC.

NAME OF RELATED ORGANIZATION:

LIBERTY MEDICAL CENTER

DIRECT CONTROLLING ENTITY: BON SECOURS BALTIMORE COMMUNITY WORKS, INC.

NAME OF RELATED ORGANIZATION:

OUR MONEY PLACE, INC.

DIRECT CONTROLLING ENTITY: BON SECOURS BALTIMORE COMMUNITY WORKS, INC.

NAME OF RELATED ORGANIZATION:

UNITY PROPERTIES, INC.

DIRECT CONTROLLING ENTITY: BON SECOURS BALTIMORE COMMUNITY WORKS, INC.

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

Part VII Supplemental Information

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

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

LIFEBRIDGE COMMUNITY GASTROENTEROLOGY, LLC

EIN: 46-2863298

2401 WEST BELVEDERE AVENUE

BALTIMORE, MD 21215

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

LIFEBRIDGE COMMUNITY PULMONOLOGY, LLC

EIN: 46-1401312

2401 WEST BELVEDERE AVENUE

BALTIMORE, MD 21215

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

LIFEBRIDGE NEUROSCIENCES, LLC (FORMERLY ORTHOPEDIC SPECIALISTS, LLC)

EIN: 45-0719598

2401 WEST BELVEDERE AVENUE

BALTIMORE, MD 21215

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

LIFEBRIDGE PRIMARY CARE OF NORTH CARROLL, LLC

EIN: 80-0883321

2401 WEST BELVEDERE AVENUE

BALTIMORE, MD 21215

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

LIFEBRIDGE METROPOLITAN PHYSICIAN GROUP II, LLC

EIN: 81-4223537

Part VII Supplemental Information

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

2401 WEST BELVEDERE AVENUE

BALTIMORE, MD 21215

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ELLICOTT CITY AMBULATORY SURGERY CENTER LLLP

EIN: 52-2331663

2850 NORTH RIDGE ROAD

ELLICOTT CITY, MD 21043

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

BON SECOURS APARTMENTS CONSOLIDATED GP, LLC

EIN: 85-0795104

1800 WEST BALTIMORE ST.

BALTIMORE, MD 21223

PART II, III, IV, IDENTIFICATION OF RELATED ORGANIZATIONS:

AS OF NOVEMBER 1, 2019, BON SECOURS MERCY HEALTH AND THE ENTITIES LISTED HERE AS BEING UNDER ITS DIRECT AND INDIRECT CONTROL CEASED BEING RELATED ORGANIZATIONS OF GRACE MEDICAL CENTER, AND GRACE MEDICAL CENTER BECAME RELATED TO LIFE BRIDGE HEALTH, INC. AND THE ENTITIES LISTED HERE AS BEING UNDER ITS DIRECT AND INDIRECT CONTROL.

PART V, LINE 2, TRANSACTIONS WITH RELATED ORGANIZATIONS:

THE ORGANIZATION LACKS INFORMATION REGARDING TRANSACTIONS BETWEEN GMC AND RELATED ORGANIZATIONS PRIOR TO THE EFFECTIVE DATE OF THE AFFILIATION BETWEEN GMC AND LIFE BRIDGE HEALTH.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2019

For calendar year 2019 or other tax year beginning SEP 1, 2019, and ending AUG 31, 2020

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	Print or Type	<p>Name of organization (<input checked="" type="checkbox"/> Check box if name changed and see instructions.) GRACE MEDICAL CENTER, INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 2000 W. BALTIMORE STREET</p> <p>City or town, state or province, country, and ZIP or foreign postal code BALTIMORE, MD 21223</p>	<p>D Employer identification number (Employees' trust, see instructions.) 52-0591555</p> <p>E Unrelated business activity code (See instructions.)</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>C Book value of all assets at end of year 98,374,187.</p>	<p>F Group exemption number (See instructions.) ▶</p> <p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>
---------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

H Enter the number of the organization's unrelated trades or businesses. ▶ Describe the only (or first) unrelated trade or business here ▶ . If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? **STMT 1** ▶ Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **NANCY KANE** Telephone number ▶ **410-601-5653**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13	0.	

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)			
14 Compensation of officers, directors, and trustees (Schedule K)	14		
15 Salaries and wages	15		
16 Repairs and maintenance	16		
17 Bad debts	17		
18 Interest (attach schedule) (see instructions)	18		
19 Taxes and licenses	19		
20 Depreciation (attach Form 4562)	20		
21 Less depreciation claimed on Schedule A and elsewhere on return	21a		
22 Depletion	22		
23 Contributions to deferred compensation plans	23		
24 Employee benefit programs	24		
25 Excess exempt expenses (Schedule I)	25		
26 Excess readership costs (Schedule J)	26		
27 Other deductions (attach schedule)	27		
28 Total deductions. Add lines 14 through 27	28		0.
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29		0.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30		0.
31 Unrelated business taxable income. Subtract line 30 from line 29	31		0.

Part III Total Unrelated Business Taxable Income

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	0.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules) STMT 2	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	0.

Part IV Tax Computation

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.

Part V Tax and Payments

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	0.
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51a	Payments: A 2018 overpayment credited to 2019	51a	
b	2019 estimated tax payments	51b	
c	Tax deposited with Form 8868	51c	7,000.
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	51g	
52	Total payments. Add lines 51a through 51g	52	7,000.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	7,000.
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	56	7,000.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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

Sign Here
 Signature of officer: _____ Date: _____ Title: **EXECUTIVE VP & CFO**
 May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only
 Print/Type preparer's name: **LORI S. BURGHAUSER** Preparer's signature: **LORI S. BURGHAUSER** Date: **07/13/21**
 Check if self-employed PTIN: **P00370694**
 Firm's name: **SC&H GROUP, INC.** Firm's EIN: **20-5991824**
 Firm's address: **910 RIDGEBROOK ROAD SPARKS, MD 21152** Phone no.: **(410) 403-1500**

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

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

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

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

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total
		0.

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

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals		Enter here and on page 1, Part I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
		0.		0.
Total dividends-received deductions included in column 8				0.

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

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

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

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

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

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

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 25.
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 26. 0.

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

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form **990-T** (2019)

Public Disclosure Copy

GRACE MEDICAL CENTER, INC.

52-0591555

FORM 990-T PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER STATEMENT 1

CORPORATION'S NAME

IDENTIFYING NO

LIFEBRIDGE HEALTH, INC.

52-1402373

Public Disclosure Copy

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 2

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT
 QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS
 FOR TAX YEAR 2014 119,816
 FOR TAX YEAR 2015 130,877
 FOR TAX YEAR 2016 134,521
 FOR TAX YEAR 2017 209,362
 FOR TAX YEAR 2018 49,027

TOTAL CARRYOVER 643,603
 TOTAL CURRENT YEAR 10% CONTRIBUTIONS

TOTAL CONTRIBUTIONS AVAILABLE 643,603
 TAXABLE INCOME LIMITATION AS ADJUSTED 0

EXCESS CONTRIBUTIONS 643,603
 EXCESS 100% CONTRIBUTIONS 0
 TOTAL EXCESS CONTRIBUTIONS 643,603

ALLOWABLE CONTRIBUTIONS DEDUCTION 0

TOTAL CONTRIBUTION DEDUCTION 0

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**SCHEDULE O
(Form 1120)**

(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.
▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

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

Part I Apportionment Plan Information

1 Type of controlled group:

- a Parent-subsidiary group
- b Brother-sister group
- c Combined group
- d Life insurance companies only

2 This corporation has been a member of this group:

- a For the entire year.
- b From **NOVEMBER 1, 2019**, until **AUGUST 31, 2020**.

3 This corporation consents and represents to:

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

4 If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment plan was:

- a Elected by the component members of the group.
- b Required for the component members of the group.

5 If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions).

- a No apportionment plan is in effect and none is being adopted.
- b An apportionment plan is already in effect. It was adopted for the tax year ending **JUNE 30, 2018**, and for all succeeding tax years.

6 If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency? See instructions.

- a Yes.
 - (i) The statute of limitations for this year will expire on _____.
 - (ii) On _____, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until _____.
- b No. The members may not adopt or amend an apportionment plan.

7 If the corporation has a short tax year that does not include December 31, check the box. See instructions.

Part II Apportionment (See instructions)

	(a) Group member's name and employer identification number	(b) Tax year end (Yr-Mo)	Apportionment		
			(c) Accumulated earnings credit	(d) Penalty for failure to pay estimated tax	(e) Other
1	GRACE MEDICAL CENTER, INC.	52-0591555	20-08		
2	LIFEBRIDGE INVESTMENTS, INC. & SUBS	52-1483166	20-08		
3	SINAI HOSPITAL OF BALTIMORE, INC.	52-0486540	20-08		
4	CARROLL COUNTY MED SERVICES, INC.	52-1891102	20-08		
5	CARROLL COUNTY HEALTH SERVICES CORP	52-0691413	20-08		
6	CARROLL HOSPITAL CENTER FOUNDATION, INC.	52-1115038	20-08		
7	CARROLL HOSPITAL CENTER, INC.	52-1452024	20-08		
8	LIFEBRIDGE HEALTH, INC.	52-1402373	20-08		
9	LEVINDALE HEBREW GERIATRIC CENTER AND HOSPITAL, INC.	52-0607913	20-08		
10	BALTIMORE CHILD ABUSE CENTER, INC.	52-1681279	20-08		
Total					

Schedule O (Form 1120) (Rev. 12-2018)

Part II Apportionment (See instructions)

(a) Group member's name and employer identification number	(b) Tax year end (Yr-Mo)	Apportionment		
		(c) Accumulated earnings credit	(d) Penalty for failure to pay estimated tax	(e) Other
1 CHILDREN'S HOSPITAL AT SINAI FOUNDATION, INC.	52-2167587	20-08		
2 NORTHWEST HOSPITAL CENTER, INC.	52-1372665	20-08		
3				
4				
5				
6				
7				
8				
9				
10				
Total				

Schedule O (Form 1120) (Rev. 12-2018)

Public Disclosure Copy



GRACE MEDICAL CENTER, INC.

Financial Statements

August 31, 2020

(With Independent Auditors' Report Thereon)

Public Disclosure Copy

GRACE MEDICAL CENTER, INC.

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

Independent Auditors' Report

The Board of Directors
Grace Medical Center, Inc.:

We have audited the accompanying financial statements of Grace Medical Center (the Corporation), which comprise the balance sheet as of August 31, 2020 (Successor), and the related statement of operations, change in net assets and cash flows for the period from November 1, 2019 to August 31, 2020 (Successor period), the period from September 1, 2019 to October 31, 2019 (Predecessor period), and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly in all material respects, the financial position of Grace Medical Center, Inc. as of August 31, 2020, and the results of its operations, changes in their net assets and their cash flows for the Successor period and the Predecessor period in accordance with U.S. generally accepted accounting principles.

KPMG LLP

January 29, 2021

GRACE MEDICAL CENTER, INC.

Balance Sheet

August 31, 2020

(Dollars in thousands)

Assets

Current assets:

Cash and cash equivalents	\$	1,956
Assets limited as to use, current portion		24,791
Patient service receivables, net		5,796
Other receivables		543
Inventory		1,231
Prepaid expenses		291
Due from parent		2,784
Total current assets		<u>37,392</u>
Property and equipment, net		34,922
Assets limited to use, net of current portion		25,000
Other assets, net		1,061
Total assets	\$	<u><u>98,375</u></u>

Liabilities and Net Assets

Current liabilities:

Accounts payable and accrued liabilities	\$	9,712
Accrued salaries, wages and benefits		3,144
Advances from third-party payors		11,183
Current portion of long-term debt and capital lease obligations, net		7,143
Other current liabilities		6,726
Total current liabilities		<u>37,908</u>
Other long-term liabilities		2,700
Long-term debt and capital lease obligations, net		42,667
Total liabilities		<u>83,275</u>
Net assets:		
Net assets without donor restrictions		15,062
Net assets with donor restrictions		38
Total net assets		<u>15,100</u>
Total liabilities and net assets	\$	<u><u>98,375</u></u>

See accompanying notes to financial statements.

GRACE MEDICAL CENTER, INC.

Statements of Operations

(Dollars in thousands)

	<u>Successor</u> <u>Period from</u> <u>November 1,</u> <u>2019 through</u> <u>August 31, 2020</u>	<u>Predecessor</u> <u>Period from</u> <u>September 1,</u> <u>2019 through</u> <u>October 31, 2019</u>
Unrestricted revenues, gains and other support:		
Net patient service revenue	\$ 39,818	18,207
Other operating revenue	7,098	267
Total operating revenues	<u>46,916</u>	<u>18,474</u>
Expenses:		
Salaries and employee benefits	34,916	9,330
Supplies	4,782	1,240
Purchased services	19,460	7,565
Depreciation, amortization and gain/loss on sale of assets	2,669	532
Repairs and maintenance	1,264	—
Interest	351	—
Total expenses	<u>63,442</u>	<u>18,667</u>
Operating loss	<u>(16,526)</u>	<u>(193)</u>
Other income (loss), net:		
Investment income	—	340
Other	—	(194)
Total other income, net	<u>—</u>	<u>146</u>
Deficit of revenues over expenses	<u>(16,526)</u>	<u>(47)</u>
Contributions from affiliates	5,118	—
Decrease in unrestricted net assets	<u>\$ (11,408)</u>	<u>(47)</u>

See accompanying notes to financial statements.

GRACE MEDICAL CENTER, INC.

Statements of Changes in Net Assets

Year ending August 31, 2020

(Dollars in thousands)

	<u>Without donor restrictions</u>	<u>With donor restrictions</u>	<u>Total net assets</u>
Net assets (deficit) at August 31, 2019	\$ (65,322)	64	(65,258)
Deficit of revenues over expenses	(47)	—	(47)
Restricted gifts and bequests	<u>—</u>	<u>31</u>	<u>31</u>
Change in net assets	<u>(47)</u>	<u>31</u>	<u>(16)</u>
Net assets (deficit) at October 31, 2019	\$ <u>(65,369)</u>	<u>95</u>	<u>(65,274)</u>
<hr/>			
Net assets at November 1, 2019	\$ 26,470	—	26,470
Deficit of revenues over expenses	(16,526)	—	(16,526)
Restricted gifts and bequests	—	38	38
Contributions from affiliates	<u>5,118</u>	<u>—</u>	<u>5,118</u>
Change in net assets	<u>(11,408)</u>	<u>38</u>	<u>(11,370)</u>
Net assets at August 31, 2020	\$ <u>15,062</u>	<u>38</u>	<u>15,100</u>

See accompanying notes to financial statements.

GRACE MEDICAL CENTER, INC.

Statements of Cash Flows

(Dollars in thousands)

	<u>Successor</u> <u>Period from</u> <u>November 1,</u> <u>2019 through</u> <u>August 31, 2020</u>	<u>Predecessor</u> <u>Period from</u> <u>September 1,</u> <u>2019 through</u> <u>October 31, 2019</u>
Cash flows from operating activities:		
Change in net assets	\$ (11,370)	(16)
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities:		
Depreciation and amortization	2,669	532
Amortization of deferred financing fees	19	
Contributions from affiliates	(5,118)	—
Realized and unrealized gains on investments, net	—	(340)
Restricted gifts and bequests	(38)	(31)
Change in operating assets and liabilities:		
Decrease (increase) in patient service receivables, net	(5,796)	192
Decrease (increase) in other receivables	(543)	168
Increase in inventory	(184)	(16)
Decrease (increase) in prepaid expenses	(162)	274
Decrease (increase) in other assets	(1,039)	54
Increase (decrease) in accounts payable and accrued liabilities, and accrued salaries, wages, and benefits	7,796	(1,999)
Increase in advances from third-party payors	8,524	—
Decrease (increase) in due from affiliates	(1,843)	1,164
Increase in other current and long-term liabilities	7,409	—
Net cash provided by (used in) operating activities	<u>324</u>	<u>(18)</u>
Cash flows from investing activities:		
Change in investments and assets limited as to use	(49,791)	(1)
Purchases of property and equipment	(3,529)	(12)
Net cash used in investing activities	<u>(53,320)</u>	<u>(13)</u>
Cash flows from financing activities:		
Payment of deferred financing costs	(209)	—
Proceeds from issuance of debt	50,000	—
Contributions from affiliates	5,118	—
Restricted gifts and bequests	38	31
Net cash provided by financing activities	<u>54,947</u>	<u>31</u>
Net increase in cash and cash equivalents	1,951	—
Cash and cash equivalents:		
Beginning of period	<u>5</u>	<u>370</u>
End of period	\$ <u>1,956</u>	<u>370</u>
Supplemental cash flow disclosures:		
Cash paid during the year for interest	\$ 351	—
Cash paid during the year for income taxes	—	—
Accounts payable related to purchase of property and equipment	2,372	—

See accompanying notes to financial statements.

GRACE MEDICAL CENTER, INC.

Notes to Financial Statements

August 31, 2020

(1) Organization

On November 1, 2019, Grace Medical Center (the Corporation) became a subsidiary of LifeBridge Health, Inc. (LifeBridge). Grace is a not-for-profit, nonstock Maryland Corporation.

Grace (formerly Bon Secours Baltimore Hospital) is the first hospital built by the Sisters of Bon Secours in the United States. After 100 years of operation, the hospital is now a LifeBridge Health facility, along with a primary care practice and two behavioral health facilities in the West Baltimore community.

Grace Medical Center offers emergency care, inpatient and outpatient behavioral health, renal dialysis and diagnostic services. Offsite locations provide primary care, drug treatment and outpatient behavioral health services.

The acquisition of the Corporation by LifeBridge is further discussed in footnote 3.

(2) Significant Accounting Policies

(a) Basis of Presentation

The Corporation's financial position as August 31, 2020 includes the impact of the acquisition as well as the application of purchase accounting to the Corporation's financial statements. The acquisition has been reflected as of November 1, 2019 and the results of operations for the period from November 1, 2019 to August 31, 2020 (after giving effect to the acquisition) are designated as "Successor" financial statements. The financial statements reflecting the results of operation of the Corporation for the period of September 1, 2019 through October 31, 2019 are designated as "Predecessor" financial statements. The financial statements include general and administrative allocated expenses. Such allocations are based on determinations that management believes are reasonable. Accordingly, expense allocations to the Company may not be representative of the costs of such services if the Corporation was not affiliated with LifeBridge or Bon Secours Mercy Health.

The financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. The accompanying financial statements include the accounts of the Corporation.

(b) Cash and Cash Equivalents

Cash equivalents include certain investments in highly liquid debt instruments with original maturities of three months or less at the date of purchase.

(c) Assets Limited as to Use

Assets limited as to use consists of assets held by trustees under bond indenture agreements.

(d) Inventory

Inventories, which consist primarily of medical supplies and pharmaceuticals, are stated at the lower of cost (using the moving average cost method of valuation) or market.

(e) Property and Equipment

Property and equipment acquisitions are recorded at cost. Depreciation is provided over the estimated useful life of each class of depreciable assets and is computed using the straight-line method.

GRACE MEDICAL CENTER, INC.

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August 31, 2020

Maintenance and repair costs are expensed as incurred. Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

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

(f) Impairment of Long-Lived Assets

Management regularly evaluates whether events or changes in circumstances have occurred that could indicate impairment in the value of long-lived assets. In accordance with the provisions of ASC 360, if there is an indication that the carrying value of an asset is not recoverable, the Corporation estimates the projected undiscounted cash flows, excluding interest and taxes, of the related individual entities to determine if an impairment loss should be recognized. The amount of impairment loss is determined by comparing the historical carrying value of the asset to its estimated fair value. Estimated fair value is determined through an evaluation of recent and projected financial performance of facilities using standard industry valuation techniques.

In addition to consideration of impairment upon the events or changes in circumstances described above, management regularly evaluates the remaining lives of its long-lived assets. If estimates are changed, the carrying value of affected assets is allocated over the remaining lives. In estimating the future cash flows for determining whether an asset is impaired and if expected future cash flows used in measuring assets are impaired, the Corporation groups its assets at the lowest level for which there are identifiable cash flows independent of other groups of assets. The Corporation did not record a loss on impairment during either the ten-month period ended August 31, 2020 or the two-month period ended October 31, 2019.

(g) Advances from Third-Party Payors

Advances from third-party payors are comprised of advance funding from CareFirst BlueCross BlueShield, Medicaid and other commercial health insurance companies. As of August 31, 2020, the Corporation had received advances of \$2,419. The Corporation also received advance funding through the Cares Act and Medicare Accelerated and Advance Payment Program in response to the COVID-19 pandemic. See Footnote 4 for further information.

(h) Self-Insurance Programs

The Corporation through LifeBridge is self-insured for professional and general liability, workers' compensation, and employee health benefits.

(i) Other Long-Term Liabilities

Other long-term liabilities consist of liabilities related to the removal of asbestos from an owned building of the Corporation and long-term self-insurance accruals.

GRACE MEDICAL CENTER, INC.

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(j) Net Assets

Net assets and revenues, expenses, gains and losses are classified based on the existence or absence of externally imposed stipulations. Accordingly, net assets of the Corporation and changes therein are classified and reported as follows:

Net assets without donor restrictions – Net assets that are not subject to externally imposed stipulations.

Net assets with donor restrictions – Net assets subject to externally imposed stipulations that may or will be met either by actions of the Corporation and/or the passage of time or they may be maintained by the Corporation in perpetuity.

Revenues are reported as increases in net assets without donor restrictions unless use of the related asset is limited by externally imposed restrictions. Expenses are reported as decreases in net assets without donor restrictions. Gains and losses are reported as increases or decreases in net assets without donor restrictions unless use of the related asset is limited by externally imposed restrictions or law. Expirations of temporary restrictions of net assets (i.e., the externally stipulated purpose has been fulfilled and/or the stipulated time period has elapsed) are reported as reclassifications between the applicable classes of net assets if used to acquire capital assets; otherwise, they are recorded as unrestricted operating revenue.

(k) Net Patient Service Revenue

Net patient service revenue for the Corporation is recorded at rates established by the State of Maryland Health Services Cost Review Commission (HSCRC) and, accordingly, reflects consideration expected to be received from patients based on rates in effect during the period in which the services are rendered over time and the Corporation's performance obligations are met. Generally, performance obligations satisfied over time relate to patients receiving inpatient acute care services. The Corporation measures the performance obligation from admission into the hospital to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge. These services are considered to be a single performance obligation. Revenue for performance obligations satisfied at a point in time is recognized when services are provided, and the Corporation does not believe it is required to provide additional services to the patient.

Because all of its performance obligations relate to contracts with a duration of less than one year, the Corporation has elected to apply the optional exemption provided in FASB ASC 606-10-50-14(a) and, therefore, is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. The unsatisfied or partially unsatisfied performance obligations referred to above are primarily related to inpatient acute care services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

The Corporation is utilizing the portfolio approach practical expedient in ASC 606 for contracts related to net patient service revenue. The Corporation accounts for the contracts within each portfolio as a collective group, rather than individual contracts, based on the payment pattern expected in each portfolio category and the similar nature and characteristics of the patients within each portfolio. The

GRACE MEDICAL CENTER, INC.

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portfolios consist of major payor classes for inpatient revenue and outpatient revenue. Based on historical collection trends and other analyses, the Corporation has concluded that revenue for a given portfolio would not be materially different than if accounting for revenue on a contract-by-contract basis.

In prior years, the Corporation and the HSCRC agreed to implement the Global Budget Revenue (GBR) methodology. The Agreement is updated annually, and was in place during the fiscal year ended June 30, 2020, and renewed for the one-year period June 30, 2021. The GBR model is a revenue constraint and quality improvement system, designed by the HSCRC to provide hospitals with strong financial incentives to manage their resources efficiently and effectively in order to slow the rate of increase in healthcare costs and improve healthcare delivery processes and outcomes. The GBR model is consistent with the Hospitals' mission to provide the highest value of care possible to their patients and the communities they serve.

The GBR agreement establishes a prospective, fixed revenue base (the GBR cap) for each fiscal year. This includes both inpatient and outpatient regulated services. Under GBR, the Corporation's revenue for all HSCRC-regulated services is predetermined for the upcoming year, regardless of changes in volume (subject to certain limits), service mix intensity, or mix of inpatient or outpatient services that occur during the year. The GBR agreement allows the Corporation to adjust unit rates, within certain limits, to achieve the overall revenue base for the Corporation at year-end. Any overcharge or undercharge versus the GBR cap, within established constraint parameters, is prospectively added to the subsequent year's GBR cap. The GBR is adjusted for changes in market share, with the market-shift adjustments made semi-annually, on January and July 1. The GBR cap is adjusted annually for inflation, changes in payor mix and uncompensated care, as well as changes in population and aging within the Corporation's service area. A hospital's GBR cap may also be adjusted based on the hospital's performance on various quality and utilization metrics established by the HSCRC. During the ten-month period ended August 31, 2020, the HSCRC issued regulations due to the impact of COVID-19 (see note 4) on all hospitals in Maryland that allows hospitals to carry over any undercharge less amount recouped from other federal programs, including funds received from programs under the CARES Act as described in note 4, to the following fiscal year GBR cap. The HSCRC also may impose various other revenue adjustments that could be significant in the future. Unique considerations to the GBR for Grace Medical Center were adopted by the HSCRC beginning November 1, 2020 with the transition to LifeBridge Health. As part of these considerations, \$57.7 million of the \$108.7 million annual GBR was added to the GBR of Sinai Hospital. At the same time, Grace Medical retained \$51 million of GBR revenue on an annual basis. In addition, the normal application of both quality-based and market-shift methodologies have been modified for a defined period of time.

Contractual adjustments, which represent the difference between amounts billed as patient service revenue and amounts paid by third-party payors, are accrued in the period in which the related performance obligations are met. Because the Corporation does not pursue collection of amounts determined to qualify as charity care, such amounts are not reported as revenue.

Implicit price concessions represent differences between amounts billed and the estimated consideration the Corporation expects to receive from patients, which are determined based on historical collection experience, current market factors, and other factors. Generally, patients who are covered by third-party payors are responsible for patient responsibility balances, including deductibles and coinsurance, which vary in amount. The Corporation estimates that transaction price for patients with deductibles and coinsurance based on historical experience and current market conditions. The

GRACE MEDICAL CENTER, INC.

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August 31, 2020

initial estimate of the transaction price is determined by reducing the standard charge by any explicit price concessions, discounts, and implicit price concessions. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient service revenue in the period of the change. Adjustments arising from a change in the transaction price were not significant during either the ten-month period ended August 31, 2020 or the two month period ended October 31, 2019.

All other patient service revenue is recorded at the estimated net realizable amounts from patients, third-party payors, and others for services rendered.

(l) Other Operating Revenue

Other operating revenue includes revenue from other support services.

(m) Grants

Federal grants are accounted for either as an exchange transaction or as a contribution based on terms and conditions of the grant. If the grant is accounted for as an exchange transaction, revenue is recognized as other operating revenue when earned. If the grant is accounted for as a contribution, the revenues are recognized as either other operating revenue or restricted contributions depending on the restrictions within the grant. During the ten-month period ended August 31, 2020, the Corporation received grants from the programs under the CARES Act. See note 4 for further information.

(n) Charity Care and Bad Debt Accounts

The Corporation provides care to patients who meet certain criteria under their charity care policies without charge or at amounts less than their established rates. Because the facilities do not pursue the collection of amounts determined to qualify as charity care, those amounts are not reported as revenue. The amount of charity care provided based on patient charges forgone, for the Successor period from November 1, 2019 through August 31, 2020, and the Predecessor periods from September 1, 2019 to October 31, 2019 were \$213 and \$140, respectively. The total direct and indirect costs to provide the care amounted for the successor period from November 1, 2019 through August 31, 2020, and the predecessor periods from September 1, 2019 to October 31, 2019 were \$162 and \$106, respectively.

All patient accounts are handled consistently and appropriately to maximize cash flow and to identify bad debt accounts timely. Active accounts are considered bad debt accounts when they met specific collection activity guidelines and/or are reviewed by the appropriate management and deemed to be uncollectible. Every effort is made to identify and pursue all account balance liquidation options, including but not limited to third party payor reimbursement, patient payment arrangements, Medicaid eligibility and financial assistance. Third party receivable management agencies provide extended business office services and insurance outsource services to ensure maximum effort is taken to recover insurance and self-pay dollars before transfer to bad debt. Contractual arrangements with third party collection agencies were used to assist in the recovery of bad debt after all internal collection efforts have been exhausted. In so doing, the collection agencies must operate consistently with the goal of maximum bad debt recovery and strict adherence with Fair Debt Collections Practices Act (FDCPA) rules and regulations, while maintaining positive patient relations.

GRACE MEDICAL CENTER, INC.

Notes to Financial Statements

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(o) Income Taxes

The Corporation has been recognized by the Internal Revenue Service as tax-exempt pursuant to Section 501(c)(3) of the Internal Revenue Code. The Corporation accounts for uncertain tax positions in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 740, *Income Taxes*.

(p) Use of Estimates

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

(q) Excess of Revenues over Expenses

The accompanying statement of operations include a performance indicator, excess of revenue over expenses. Changes in unrestricted net assets that are excluded from excess of revenues over expenses, consistent with industry practice, include changes in restricted gifts received.

(r) Management's Assessment and Plans

The Corporation adopted Accounting Standards Update (ASU) 2014-15, *Disclosure of Uncertainties about an Entity's Ability to Continue as a Going Concern*, (ASU 2014-15), which requires management to evaluate an entity's ability to continue as a going concern within one year after the date that the financial statements are issued (or available to be issued, when applicable). The Corporation incurred a net loss during the ten-month period ended August 31, 2020. LifeBridge has committed to fund the operations of the Corporation to January 29, 2022 by funding operating cash deficits, required debt payments, and capital expenditures.

(s) New Accounting Pronouncements

The FASB issued ASU No. 2016-02, *Leases* (ASU 2016-02), which will require lessees to recognize most leases on-balance sheet, increasing their reported assets and liabilities – sometimes very significantly. This update was developed to provide financial statement users with more information about an entity's leasing activities, and will require changes in processes and internal controls. The FASB issued ASU No. 2020-05, *Leases – Effective Dates for Certain Entities*, which deferred the effective date for ASU 2016-02 for one-year, which the Corporation has elected to utilize the deferral. The adoption of ASU 2016-02 is effective for fiscal year 2021. Companies can either apply this standard by either retrospectively applying the new guidance at the beginning of the earliest comparable period presented or they can use a transition method to adopt the new lease requirements by allowing entities to initially apply the requirements recognizing a cumulative effect adjustment to the opening balance of unrestricted net assets in the period of adoption.

In August 2018, the FASB issued ASU No. 2018-15, *Intangibles – Goodwill and Other – Internal-Use Software, Customer's Accounting for Implementation Costs Incurred in a Cloud Computing Arrangement that is a Service Contract*. This ASU aligns the requirements for capitalizing implementation costs incurred in a hosting arrangement that is a service contract with the requirements for capitalizing implementation costs incurred to develop or obtain internal-use software. The ASU is

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effective for the Corporation for annual reporting periods beginning after December 15, 2020, and interim periods beginning after December 15, 2021 with early adoption permitted. The Corporation is currently assessing the impact that ASU 2018-15 will have on its consolidated financial statements and will adopt the provisions upon the effective date.

Effective July 1, 2019, the Corporation adopted ASU 2016-18, *Restricted Cash* (Topic 20), which requires that the statement of cash flows explain the change during the period in the total of cash, cash equivalents, and amounts generally described as restricted cash or restricted cash equivalents. Therefore, the amounts generally described as restricted cash and restricted cash equivalents should be included with cash and cash equivalents when reconciling the beginning-of-period and end-of-period total amounts shown on the statement of cash flows. The adoption of ASU 2016-18 did not have a material impact on the Corporation's consolidated financial statements.

From time to time, new accounting guidance is issued by the FASB or other standard setting bodies that is adopted by the Corporation as of the effective date or, in some cases where early adoption is permitted, in advance of the effective date. The Corporation has assessed the recently issued guidance that is not yet effective and, unless otherwise indicated above, believes the new guidance will not have a material impact on our consolidated financial position, results of operations, or cash flows.

(3) Acquisitions

On November 1, 2019, LifeBridge entered into an agreement with Bon Secours Baltimore Health Corporation (BSB), a subsidiary of Bon Secours Mercy Health, to acquire Grace Medical Center, an acute care hospital. LifeBridge became the sole corporate member of Grace Medical Center on November 1, 2019. Beginning on that date, the financial position and results of operations of the Corporation were consolidated into LifeBridge. As part of the transaction, LifeBridge agreed to pay \$25,000 to Bon Secours Mercy Health, which is being paid over six years through 2026. The amount owed to Bon Secours Mercy Health has not been reflected in the Corporation's financial statements since Grace is not the legal obligor.

In connection with the transaction, Bon Secours Mercy Health retained certain working capital balances (approximately \$21 million) and intercompany advances provided to the Corporation prior to November 1, 2019 (approximately \$104 million), resulting in an increase in the Corporation's net assets by approximately \$83 million. In addition, LifeBridge recorded approximately \$8 million in fair value adjustments to increase the Corporation's property and equipment that was pushed down in connection with the transaction.

GRACE MEDICAL CENTER, INC.

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August 31, 2020

(4) COVID-19

The CARES Act, which was enacted on March 27, 2020, authorizes \$100 billion in funding to hospitals and other healthcare providers to be distributed through the Public Health and Social Services Emergency Fund (the "PHSSEF"), which was subsequently increased to \$175 billion. Payments from the PHSSEF are intended to compensate healthcare providers for lost revenues and incremental expenses incurred in response to the COVID-19 pandemic and are not required to be repaid provided the recipients attest to and comply with certain terms and conditions, including limitations on balance billing and not using PHSSEF funds to reimburse expenses or losses that other sources are obligated to reimburse. The U.S. Department of Health and Human Services (the "HHS") initially distributed \$30 billion of this funding based on each provider's share of total Medicare fee-for-service reimbursement in 2019, but announced that \$50 billion in CARES Act funding (including the \$30 billion already distributed) will be allocated proportional to providers' share of 2018 net patient revenue. HHS indicated that distributions of the remaining \$50 billion were targeted primarily to hospitals in COVID-19 high impact areas, to rural providers, and to reimburse providers for COVID-19-related treatment of uninsured patients. The Corporation received approximately \$12,188 in payments from the initial PHSSEF payments of which \$5,617 were recognized as revenue and included within other operating revenue for the year ended August 31, 2020 in the accompanying statement of operations. The remaining \$6,571 has been accrued as of August 31, 2020 and is included in other current liabilities.

As a way to increase cash flow to Medicare providers impacted by the COVID-19 pandemic, the CARES Act expanded the Medicare Accelerated and Advance Payment Program. Inpatient acute care hospitals may request accelerated payments of up to 100% of the Medicare payment amount for a six-month period (not including Medicare Advantage payments). CMS based payment amounts for inpatient acute care hospitals on the provider's Medicare fee-for-service reimbursements in the last six months of 2019. Such accelerated payments are interest free for inpatient acute care hospitals for 12 months, and the program initially required CMS to recoup the payments beginning 120 days after receipt by the provider, by withholding future Medicare fee-for-service payments for claims until the full accelerated payment has been recouped. On October 1, 2020, new legislation was signed that delayed the timing of the recoupments of these advances by CMS, which will now begin in April 2021. The payments are made for services a healthcare entity has provided or will provide to its Medicare patients who are the healthcare entity's customers. Therefore, they are accounted for under Topic 606 as revenue. In April 2020, the Corporation received approximately \$8,764 of accelerated payments, which have been accrued on the consolidated balance sheet as of August 31, 2020 as a contract liability, in accordance with ASC 606 and is included within advances from third-party payors on the accompanying balance sheet. This contract liability will be reduced over time as revenue is recognized for claims submitted for services provided after the 120-day period.

Due to the recent enactment of the CARES Act and the PPPHCE Act, there is still a high degree of uncertainty surrounding their implementation, and the public health emergency continues to evolve. During the period from September 2020 through January 2021, HHS issued new and additional reporting requirements that provided information on how the Corporation should report it used the funds received under these programs. The requirements changed the calculations to be based on unreimbursed healthcare-related expenses attributable to the coronavirus and lost revenues due to the coronavirus as calculated under an allowable method as described in the recent guidance. The Corporation believes that such new guidance is a non-recognized subsequent event as of August 31, 2020 and any changes will be accounted for during the fiscal year 2021. The Corporation continues to assess the potential impact of the

GRACE MEDICAL CENTER, INC.

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CARES Act, the PPPHCE Act, the potential impact of future stimulus measures, if any, and the impact of other laws, regulations, and guidance related to COVID-19 on our business, results of operations, financial condition and cash flows.

(5) Investments

Investments, which consist of assets limited as to use in the accompanying balance sheet are stated at fair value or under the equity method, as appropriate, as of August 31, 2020, and consist of the following:

Assets limited as to use:	
Construction funds:	
Cash equivalents	\$ 49,791
Total assets limited as to use	\$ 49,791

(6) Liquidity and Availability

Financial assets available for general expenditure within one year of August 31, 2020 include the following (in thousands):

Cash and cash equivalents	\$ 1,956
Patient receivables	5,796
Other receivables	543
	\$ 8,295

The Corporation has assets limited to use held by trustees, set aside for the Corporation's future construction projects. These investments are not reflected in the amounts above.

As part of the Corporation's liquidity management plan, cash in excess of daily requirements for general expenditures is invested in long-term investments.

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(7) Property and Equipment

Property and equipment are classified as follows at August 31:

	<u>Estimated useful life</u>	
Land		\$ 1,370
Land improvements	8 to 20 years	2,581
Building and improvements	10 to 40 years	59,884
Fixed equipment	8 to 20 years	12,245
Movable equipment	3 to 15 years	<u>43,371</u>
		119,451
Less accumulated depreciation		<u>(90,608)</u>
		28,843
Construction in progress		<u>6,079</u>
Property and equipment, net		<u>\$ 34,922</u>

Depreciation and amortization in the Successor period from November 1, 2019 through August 31, 2020 and the Predecessor period of September 1, 2019 through October 31, 2019 were \$2,669 and \$532, respectively. Of this, depreciation expense for the Successor period of November 1, 2019 through August 31, 2020 and the Predecessor period of September 1, 2019 through October 31, 2019 were \$2,650 and \$532, respectively.

(8) Long-Term Debt and Capital Lease Obligations

As of August 31, 2020, long-term debt and capital lease obligations consist of the following:

Bank of America note payable	\$ 50,000
Less current portion	(7,143)
Less deferred financing costs	<u>(190)</u>
Long-term debt, net	<u>\$ 42,667</u>

A single obligated group (the Obligated Group), consisting of LifeBridge, Sinai, Northwest, Grace, Levindale, BJHF, CHSF, CCHS, Carroll, CCMS, CHG, CH, and CRCCP, has been formed with respect to certain bonds issued by the Maryland Health and Higher Educational Facilities Authority (MHHEFA) and certain other obligations. Members of the Obligated Group are jointly and severally liable for all of the outstanding bonds issued by MHHEFA on behalf of LifeBridge and CCHS and their respective affiliates, together with other obligations issued on parity with such bonds.

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On April 1, 2020, Bank of America issued a \$50,000 note payable on behalf of the Obligated Group. The proceeds of the note payable have been used to finance the cost of demolition, construction, and renovation at Grace Medical Center. Accordingly, the debt has been pushed down to the Corporation's financial statements and the related interest expense since the proceeds were for the Corporation's benefit. The note payable has a maturity date of April 1, 2027 with an interest rate of 1.9%. A bond can be issued by MHHEFA at the request of Grace and will be issued for the outstanding principal amount of the note payable on that day.

The total future principal payments on long-term debt and capital lease payments are as follows:

Years ending August 31:	
2021	\$ 7,143
2022	7,143
2023	7,143
2024	7,143
2025	7,143
Thereafter	<u>14,285</u>
	<u>\$ 50,000</u>

(9) Net Assets With Donor Restrictions

Net assets without and with donor restrictions are available for the following purposes at August 31, 2020:

Without donor restrictions:	
Undesignated	\$ 15,062
With donor restrictions:	
Purpose restricted – capital	—
Purpose restricted – operations	<u>38</u>
Net assets	<u>\$ 15,100</u>

(10) Employee Benefit Plans

(a) Contributory Plans

The Corporation has a supplemental 403(b) retirement plan for eligible employees and has elected to match varying percentages of an employee's contribution up to a certain percentage of the employee's annual salary. The associated expense for the Successor period from November 1, 2019 through August 31, 2020 and the Predecessor period of September 1, 2019 through October 31, 2019 were \$215 and \$138, respectively, and is included in salaries and employee benefits in the accompanying statement of operations.

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(11) Regulation and Reimbursement

The Corporation and other healthcare providers in Maryland are subject to certain inherent risks, including the following:

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

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

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

The current rate of reimbursement for hospital services to patients under the Medicare and Medicaid programs is based on an agreement between the Centers for Medicaid and Medicare Services (CMS) and the State of Maryland. This agreement is based upon a waiver from Medicare prospective payment system reimbursement principles granted to the State of Maryland by CMS.

In January 2019, Maryland entered a newly negotiated phase of the waiver agreement with CMS. This subsequent phase is designed to last for 10 years, with two distinct five-year periods, the first five-year period ending December 31, 2023. While elements of the initial agreement pertaining to limits on hospital per capita growth and growth of total-cost-of-care per Medicare beneficiary of Maryland compared to the nation remain unchanged, the new agreement expands the scope of the waiver to focus more on a patient's total-cost-of-care. Most notably, Maryland will be required to generate annual Medicare total-cost-of-care savings of \$300 million per year by the end of 2023, with all Maryland hospitals demonstrating total-cost-of-care savings through care redesign initiatives. In addition, Maryland will continue to maintain patient quality methodologies focused on readmissions, hospital acquired conditions and potentially avoidable utilization, but will also adopt statewide measures related to national measures such as falls prevention and opioid overdoses.

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(12) Related Party Transactions

The Corporation's cash needs for operating and other needs are provided from LifeBridge. During the ten-month period ended August 31, 2020, the Corporation advanced \$2,784 to LifeBridge as a result of receiving the advances from CMS. Such advances to affiliates are non-interest bearing and do not have a stated maturity date. During the two-month period ended October 31, 2019, the Corporation had an outstanding due to affiliate balance of approximately \$103 million, which was non-interest bearing and did not have a stated maturity date. This balance was ultimately settled by Bon Secours Mercy Health in connection with the transaction as described in note 3.

(13) Self-Insurance Programs

(a) Professional/General Liability

The Corporation is self-insured, through LifeBridge Insurance, for most professional and general liability claims arising out of the operations since November 1, 2019. Claims prior to November 1, 2019 were assumed by Bon Secours Mercy Health in connection with the transaction on November 1, 2019. Estimated liabilities have been recorded for both reported and incurred but not reported claims.

LifeBridge Insurance purchases reinsurance coverage from other highly rated insurance carriers to cover their liabilities in excess of various retentions. The amounts that LifeBridge subsidiaries must transfer to LifeBridge Insurance to fund professional and general liability claims are actuarially determined and are sufficient to cover expected liabilities. Management's estimate of the liability for professional and general liability claims, including incurred but not reported claims, is principally based on actuarial estimates performed by an independent third-party actuary. Amounts in excess of the self-insured limits are insured by highly rated commercial insurance companies. The Corporation has included approximately \$700 in purchase service expense for the ten-month period ended August 31, 2020. This estimated accrual is included in other long term liabilities and a related receivable in other assets in the accompanying consolidated balance sheet. Management believes these accruals are adequate to provide for all professional liability claims that have been incurred through August 31, 2020 but the ultimate liability may be more or less than the amount recorded.

(b) Workers' Compensation and Health Insurance

The Corporation is insured for workers' compensation liability through a combination of self-insurance and excess insurance policies since November 1, 2019. Claims prior to November 1, 2019 were assumed by Bon Secours Mercy Health in connection with the transaction on November 1, 2019. The Corporation is also self-insured for employee health claims. Losses for asserted and unasserted claims are accrued based on estimates derived from past experiences, as well as other considerations including the nature of each claim or incident, relevant trend factors, and estimates of incurred but not reported amounts.

The Corporation has accrued an immaterial liability for known and incurred but not reported claims. This amount is included in accounts payable and accrued liabilities in the accompanying consolidated balance sheet. Management believes these accruals are adequate to provide for all workers' compensation and employee health claims that have been incurred through August 31, 2020 but the ultimate liability may be more or less than the amount recorded.

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LifeBridge maintains stop-loss policies on workers' compensation claims. The Corporation is insured for individual claims exceeding \$450.

(14) Net Patient Service Revenue and Patient Receivables

The Corporation grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors is as follows:

	<u>Successor</u> <u>August 31, 2020</u>
Medicare	14 %
Medicaid	68
BlueCross	2
Commercial and other	14
Self-pay	2
	<u>100 %</u>

The mix of net patient service revenue for the Corporation is as follows:

	<u>Successor</u> <u>November 1,</u> <u>2019 through</u> <u>August 31, 2020</u>	<u>Predecessor</u> <u>September 1,</u> <u>2019 through</u> <u>October 31, 2020</u>
Medicare	25 %	29 %
Medicaid	54	55
BlueCross	3	2
Commercial and other	15	11
Self-pay	3	3
	<u>100 %</u>	<u>100 %</u>

(15) Commitments and Contingencies

(a) Litigation

The Corporation is subject to numerous laws and regulations of federal, state, and local governments. The Corporation's compliance with these laws and regulations can be subject to periodic governmental review and interpretation, which can result in regulatory action unknown or unasserted at this time. Management is aware of certain asserted and unasserted legal claims and regulatory matters arising in the ordinary course of business. After consultation with legal counsel, it is management's opinion that the ultimate resolution of these claims will not have a material adverse effect on the Corporation's financial position.

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(b) Operating Leases

The Corporation has entered into operating lease agreements for hospital equipment and office space, which expire on various dates through year 2030. Total rental expense for the Successor period of November 1, 2019 through August 31, 2020 for all operating leases was approximately \$400. Future minimum lease payments under all noncancelable operating leases are as follows:

Years ending August 31:		
2021	\$	286
2022		29
2023		29
2024		29
2025		29
Thereafter		58
	\$	<u>460</u>

(16) Functional Expenses

The Corporation provides general healthcare services to patients. Expenses related to providing these services are as follows:

	Successor		
	Period from November 1, 2019 through August 31, 2020		
	Healthcare Services	General and administrative	Total
Salaries and benefits	\$ 27,830	7,086	34,916
Supplies	4,473	309	4,782
Purchased services	7,317	12,143	19,460
Depreciation and amortization	1,459	1,210	2,669
Repairs and maintenance	100	1,164	1,264
Interest	—	351	351
	<u>\$ 41,179</u>	<u>22,263</u>	<u>63,442</u>

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	Predecessor		
	Period from September 1, 2019 through October 31, 2019		
	Healthcare Services	General and administrative	Total
Salaries and benefits	\$ 5,372	3,958	9,330
Supplies	800	440	1,240
Purchased services	3,877	3,688	7,565
Depreciation and amortization	355	177	532
	<u>\$ 10,404</u>	<u>8,263</u>	<u>18,667</u>

The financial statements report certain categories of expenses that are attributable to more than one function. Therefore, these expenses require allocation on a reasonable basis that is consistently applied. The expenses that are allocated include salaries, wages and benefits, and purchased services, which include allocations on the basis of estimates of time and effort.

(17) Fair Value of Financial Instruments

The following methods and assumptions were used by the Corporation in estimating the fair value of its financial instruments:

(a) Assets and Liabilities

Cash and cash equivalents, patient service receivables, other receivables, inventory, prepaid expenses, accounts payable and accrued liabilities, advances to third-party payors, and other current liabilities – The carrying amounts reported in the balance sheet approximate the related fair values.

Investments (assets limited as to use) – Fair values are based on quoted market prices of individual securities or investments if available, or are estimated using quoted market prices for similar securities or investment managers' best estimate of underlying fair value. The Corporation believes that all of its investments are level 1 securities as of August 31, 2020.

(18) Subsequent Events

Management evaluated all events and transactions that occurred after August 31, 2020 and through January 29 2021, the date the consolidated financial statements were issued. In addition to what has been described in note 4, the Organization will be transitioning to a free-standing medical center over the next twelve months. All regulated services will be billed under the Sinai Hospital of Baltimore, Inc.'s federal tax identification number. The Corporation did not have any other material recognizable subsequent events during the period.