Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07/01, **2010, and ending** 06/30, **20** 11

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
DIMENSIONS HEALTH CORPORATION

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
7300 VAN DUSEN ROAD

City or town, state or country, and ZIP + 4
LAUREL, MD 20707

D Employer identification number
52-1289729

E Telephone number
(240) 456-2245

G Gross receipts $ 366,041,938.

F Name and address of principal officer: NEIL MOORE
7300 VAN DUSEN RD LAUREL, MD 20707

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.DIMENSIONSHEALTH.COM

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ **L** Year of formation: 1982 **M** State of legal domicile: MD

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
OUR STATED MISSION IS TO PROVIDE HIGH QUALITY, EFFICIENT HEALTHCARE SERVICES TO PRESERVE, RESTORE AND IMPROVE THE HEALTH STATUS OF OUR COMMUNITY.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	10.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9.
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	3,039.
6	Total number of volunteers (estimate if necessary)	6	224.
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	23,770,781.	34,749,148.
9	Program service revenue (Part VIII, line 2g)	330,127,848.	328,912,185.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	230,549.	180,254.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,502,656.	2,128,049.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	355,631,834.	365,969,636.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,403.	5,403.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	187,973,101.	187,358,227.
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-24f)	157,395,006.	151,001,275.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	345,373,510.	338,364,905.
19	Revenue less expenses. Subtract line 18 from line 12	10,258,324.	27,604,731.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	235,174,785.	206,986,139.
21	Total liabilities (Part X, line 26)	286,565,345.	221,301,652.
22	Net assets or fund balances. Subtract line 21 from line 20	-51,390,560.	-14,315,513.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

▶ Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
TINA ECKLOFF		05/15/2012		P01074058

Firm's name ▶ COHEN, RUTHERFORD + KNIGHT, PC — Firm's EIN ▶ 52-1202280

Firm's address ▶ 6903 ROCKLEDGE DRIVE, SUITE 500 BETHESDA, MD 20817-1800 — Phone no. 301-828-1008

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2010)

JSA
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5/15/2012 8:33:35 AM

Part III **Statement of Program Service Accomplishments**
Check if Schedule O contains a response to any question in this Part III . . . . . ☐

1 Briefly describe the organization's mission:
ATTACHMENT 1

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 310,255,575. including grants of $ 5,403.) (Revenue $ 330,331,312.)
ATTACHMENT 2

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

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

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

4e Total program service expenses ▶ 310,255,575.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	X	
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	X	
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* [X] Yes [ ] No			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	X	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	**1a**	388		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		**1c**	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return .	**2a**	3,039		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**2b**		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file*. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		**3a**		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		**4a**	X	
b	If "Yes," enter the name of the foreign country: ▶ CAYMAN ISLANDS See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .		**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		**8**		X
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		**9b**		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		**13a**		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		**14b**		

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

Check if Schedule O contains a response to any question in this Part VI X

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 10		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 9		
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?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		X

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ NEIL MOORE 7300 VAN DUSEN ROAD LAUREL, MD 20707
301-618-2109

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

Check if Schedule O contains a response to any question in this Part VII X

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ATTACHMENT 3										
(1) WILLIAM F WILLIAMS DIRECTOR	1.00	X						0.	0.	0.
(2) TOM HENDERSHOTT DIRECTOR	1.00	X						0.	0.	0.
(3) ELIZABETH HEWLETT DIRECTOR	1.00	X						0.	0.	0.
(4) BARBARA FRUSH SECRETARY	1.00	X						0.	0.	0.
(5) C PHILIPS NICHOLS JR CHAIRMAN OF THE BOARD	1.00	X						0.	0.	0.
(6) SAYED SADIQ MD DIRECTOR	1.00	X						0.	0.	0.
(7) BENJAMIN STALLINGS MD TREASURER	1.00	X						0.	0.	0.
(8) V PREM CHANDAR DIRECTOR	1.00	X						71,000.	0.	0.
(9) TAWANA GAINES VICE CHAIR	1.00	X						0.	0.	0.
(10) INGRID TURNER DIRECTOR	1.00	X						0.	0.	0.
(11) GWEN MCCALL DIRECTOR	1.00	X								
(12) MICHAEL HERMAN DIRECTOR	1.00	X						0.	0.	0.
(13) CAMILLE EXUM DIRECTOR	1.00	X						0.	0.	0.
(14) M ALI KHAN DIRECTOR	1.00	X						0.	0.	0.
(15) RICHARD MACPHERSON DIRECTOR	1.00	X						0.	0.	0.
(16) NEIL MOORE CEO/CFO	20.00			X				323,029.	0.	21,589.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) JOHN O BRIEN COO AND PRES PGHC	20.00			X				319,940.	0.	38,621.
(18) STEWART SEITZ PRES GSSHNC AEI BHC	40.00			X				163,961.		24,763.
(19) DAVID GOLDMAN VICE PRESIDENT MEDICAL AFFAIRS	39.00			X				260,183.	0.	34,047.
(20) KENNETH GLOVER CEO	20.00			X				189,106.	0.	9,524.
(21) K SINGH TANEJA VP PHYSICAN CLIN PGM	20.00				X			255,412.		36,570.
(22) RUBY ANDERSON VP CNO PGHC	40.00					X		177,088.	0.	24,902.
(23) SHEILA JARRETT RN	40.00					X		218,405.	0.	15,104.
(24) SUSANA OLBES RN	40.00					X		187,833.	0.	23,533.
(25) MICHAEL JACOBS VP HR	40.00					X		182,000.	0.	28,384.
(26) OSAZEE OMOZEE RN	40.00					X		180,083.	0.	15,959.
(27) GT DUNLOP ECKER PRES & CEO	20.00						X	474,963.	0.	26,449.
(28)										
1b Sub-total ▶								3,003,003.	0.	299,445.
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								3,003,003.	0.	299,445.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 189

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3	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*	4	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*	5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 4		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 37

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	51,400.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	32,671,153.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,026,595.			
	g	Noncash contributions included in lines 1a-1f: $ 2,805.					
	h	**Total.** Add lines 1a-1f		34,749,148.			
Program Service Revenue			**Business Code**				
	2a	NET PATIENT REVENUE		327,306,932.	327,306,932.	0.	
	b	CAFETERIA/MEAL SERVICE/ VENDING		813,719.	813,719.		
	c	PARKING		349,783.	349,783.		
	d	TRAUMA FEES		441,751.	441,751.		
	e						
	f	All other program service revenue				0.	
	g	**Total.** Add lines 2a-2f		328,912,185.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ATTACHMENT 5		177,754.			177,754.
	4	Income from investment of tax-exempt bond proceeds		0.			
	5	Royalties		0.			
			(i) Real / (ii) Personal				
	6a	Gross Rents	721,824.				
	b	Less: rental expenses					
	c	Rental income or (loss)	721,824.				
	d	Net rental income or (loss)		721,824.			721,824.
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	2,500.				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)	2,500.				
	d	Net gain or (loss)		2,500.			2,500.
	8a	Gross income from fundraising events (not including $ 51,400. of contributions reported on line 1c). See Part IV, line 18 ATCH 6	a 59,400.				
	b	Less: direct expenses	b 72,302.				
	c	Net income or (loss) from fundraising events ATCH. 7.		-12,902.			-12,902.
	9a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less: cost of goods sold	b				
	c	Net income or (loss) from sales of inventory		0.			
		Miscellaneous Revenue	**Business Code**				
	11a	OTHER		1,419,127.	1,419,127.		
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a-11d		1,419,127.			
	12	**Total revenue.** See instructions		365,969,636.	330,331,312.	0.	889,176.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	5,403.	5,403.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,765,577.		1,765,577.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	147,007,440.	139,775,386.	7,232,054.	0.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	15,075,420.	14,170,895.	904,525.	0.
9 Other employee benefits	14,107,536.	13,261,084.	846,452.	0.
10 Payroll taxes	9,402,254.	8,838,119.	564,135.	0.
11 Fees for services (non-employees):				
a Management	612,374.	0.	612,374.	0.
b Legal	816,639.	0.	816,639.	0.
c Accounting	25,612.	0.	25,612.	0.
d Lobbying	4,105.		4,105.	0.
e Professional fundraising services. See Part IV, line 17	0.			0.
f Investment management fees	0.	0.	0.	0.
g Other	27,853,248.	19,218,741.	8,634,507.	0.
12 Advertising and promotion	328,109.	203,428.	124,681.	0.
13 Office expenses	317,894.	228,884.	89,010.	0.
14 Information technology	186,987.	18,699.	168,288.	0.
15 Royalties	0.	0.	0.	0.
16 Occupancy	5,490,206.	5,325,500.	164,706.	0.
17 Travel	169,195.	96,441.	72,754.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.	0.	0.	0.
19 Conferences, conventions, and meetings	0.	0.	0.	0.
20 Interest	3,463,051.	3,151,376.	311,675.	0.
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	8,959,406.	7,257,119.	1,702,287.	0.
23 Insurance	6,822,922.	6,262,860.	560,062.	0.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a PROFESSIONAL FEES	3,406,717.	2,350,635.	1,056,082.	0.
b PHYSICIAN FEES	13,130,588.	13,130,588.	0.	0.
c REPAIRS AND MAINT	4,705,020.	3,246,464.	1,458,556.	0.
d DUES AND MEMBERSHIPS	46,332.	44,479.	1,853.	0.
e SUPPLIES	50,369,818.	49,866,120.	503,698.	0.
f All other expenses	24,293,052.	23,803,354.	489,698.	0.
25 **Total functional expenses.** Add lines 1 through 24f	338,364,905.	310,255,575.	28,109,330.	0.
26 **Joint Costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	8,209,810.	1	12,642,565.
	2	Savings and temporary cash investments	15,667,011.	2	23,881,815.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	52,196,801.	4	46,442,351.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	4,799,616.	8	5,321,168.
	9	Prepaid expenses and deferred charges ATCH 8	4,145,080.	9	4,030,187.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 236,723,223.			
	b	Less: accumulated depreciation — 10b: 182,679,727.	57,671,467.	10c	54,043,496.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	11,077,117.	12	11,178,784.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	80,200.	14	68,200.
	15	Other assets. See Part IV, line 11	81,327,683.	15	49,377,573.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	235,174,785.	16	206,986,139.
Liabilities	17	Accounts payable and accrued expenses	49,011,876.	17	46,387,655.
	18	Grants payable		18	
	19	Deferred revenue ATCH 9	2,745,409.	19	4,259,835.
	20	Tax-exempt bond liabilities	61,315,225.	20	58,575,454.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	173,492,835.	25	112,078,708.
	26	**Total liabilities.** Add lines 17 through 25	286,565,345.	26	221,301,652.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	-53,269,681.	27	-18,584,932.
	28	Temporarily restricted net assets	1,879,121.	28	4,269,419.
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	-51,390,560.	33	-14,315,513.
	34	Total liabilities and net assets/fund balances	235,174,785.	34	206,986,139.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	365,969,636.
2	Total expenses (must equal Part IX, column (A), line 25)	2	338,364,905.
3	Revenue less expenses. Subtract line 2 from line 1	3	27,604,731.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-51,390,560.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	9,470,316.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	-14,315,513.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
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?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
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?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization	**Employer identification number**
DIMENSIONS HEALTH CORPORATION	52-1289729

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

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

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 [X] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 [ ] An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a [ ] Type I **b** [ ] Type II **c** [ ] Type III - Functionally integrated **d** [ ] Type III - Other

e [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . [ ]

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

h Provide the following information about the supported organization(s).

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 %

15 Public support percentage from 2009 Schedule A, Part II, line 14 . . . . . 15 %

16a **33 1/3% support test - 2010.** 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 . . . . . ▶ ☐

b **33 1/3% support test - 2009.** 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 . . . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2010.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organzation meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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 . . . . . ▶ ☐

JSA

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Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 IV.)						
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 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2010.** 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 - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2010

Name of the organization
DIMENSIONS HEALTH CORPORATION

Employer identification number
52-1289729

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 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

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

Special Rules

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

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

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

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

Name of organization DIMENSIONS HEALTH CORPORATION | **Employer identification number** 52-1289729

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	STATE OF MD DEPT HUMAN SERVICES 311 W SARATOGA ST BALTIMORE, MD 21201	$ 15,315,989.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2	PRINCE GEORGES COUNTY GOVT 14741 GOVERNOR ODEN BOWIE DR UPPER MARLBORO, MD 20772	$ 15,125,164.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3	MAGRUDER MEMEORIAL HOSPITAL TRUST PO BOX 658 UPPER MARLBORO, MD 20772	$ 1,042,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
4	LAUREL REGIONAL HOSPITAL FOUNDATION 7300 VAN DUSEN ROAD LAUREL, MD 20707	$ 85,182.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
5	MD DEPT OF HEALTH AND MENTAL HYGINE 201 W PRESTON ST BALTIMORE, MD 21201	$ 2,230,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
6	ROSS HEALTH SCIENCES INC 630 ROUTE 1 STE 300 BRUNSWICK, NJ 08902	$ 638,150.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization DIMENSIONS HEALTH CORPORATION | Employer identification number 52-1289729

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	GEORGETOWN UNIVERSITY 37TH STREET NW WASHINGTON, DC 20057	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
8	MARYLAND HOSPITAL ASSOCIATION INC 6820 DEERPATH RD ELKRIDGE, MD 21075	$ 90,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
9	CAREFIRST BLUECROSS BLUESHIELD 840 FIRST STREE NE WASHINGTON, DC 20065	$ 45,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
10	AMERIGROUP CHARITABLE FOUNDATION 4425 CORPORATION LANE VIRGINIA BEACH, VA 23462	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
11	NORTHERN VIRGNINIA HOSPITAL ALLIANCE 10332 MAIN STREET STE 273 FAIRFAX, VA 22030	$ 52,912.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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.** ▶ **See separate instructions.**

OMB No. 1545-0047

2010

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

Name of organization	Employer identification number
DIMENSIONS HEALTH CORPORATION	52-1289729

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 on behalf of or in opposition to candidates for public office in Part IV.

2 Political expenditures . . . . . ▶ $ _____

3 Volunteer hours . . . . . _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . ☐ Yes ☐ No

4a Was a correction made? . . . . . ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ $ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? . . . . . ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2 a 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) Yes	(a) No	(b) 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		4,105.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i	Other activities? If "Yes," describe in Part IV			
j	Total. Add lines 1c through 1i			4,105.
2 a	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 carryover lobbying and political 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) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if 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**

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

Part IV **Supplemental Information** *(continued)*

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

DIMENSIONS HEALTH CORPORATION

Employer identification number

52-1289729

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ 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? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, 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? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (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 XIV, the text of the footnote to its financial statements that describes these items.

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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 year end balance held as:

- a Board designated or quasi-endowment ▶ _____%
- b Permanent endowment ▶ _____%
- c Term endowment ▶ _____%

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		743,311.		743,311.
b Buildings		64,048,386.	35,199,291.	28,849,095.
c Leasehold improvements		35,231,159.	31,169,686.	4,061,473.
d Equipment		134,720,192.	116,310,750.	18,409,442.
e Other		1,980,175.	0.	1,980,175.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				54,043,496.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) BOND FUNDS HELD IN TRUST	11,178,784.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	11,178,784.	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 13.)* ▶		

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	35,590,508.
(2) NON-CURRENT ACCOUNTS RECEIVABL	4,298,627.
(3) INVESTMENT AEI	4,834,485.
(4) INVESTMENT DAL	1,000,000.
(5) DEFERRED FINANCING COSTS	274,266.
(6) DEFERRED COMPENSATION	66,683.
(7) OTHER ACCOUNTS RECEIVABLE	3,313,004.
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	49,377,573.

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) ADVANCES FROM THIRD PARTIES	12,163,428.
(3) CAPITAL LEASE OBLIGATIONS	3,039,262.
(4) DUE TO AFFILIATES	19,067,131.
(5) ACCRUED EMPLOYEE BENEFIT LIAB	77,808,887.
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	112,078,708.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

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

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

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

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

Part XIV Supplemental Information

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

Part XIV Supplemental Information *(continued)*

SCHEDULE G
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No. 1545-0047
2010
Open To Public Inspection

Name of the organization
DIMENSIONS HEALTH CORPORATION

Employer identification number
52-1289729

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total ▶							

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

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

		(a) Event #1 GOLF (event type)	(b) Event #2 (event type)	(c) Other Events 0. (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	110,800.			110,800.
	2 Less: Charitable contributions	51,400.			51,400.
	3 Gross income (line 1 minus line 2)	59,400.			59,400.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	8,705.			8,705.
	6 Rent/facility costs	25,737.			25,737.
	7 Food and beverages	21,075.			21,075.
	8 Entertainment				
	9 Other direct expenses	16,785.			16,785.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(72,302.)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				-12,902.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes % No	Yes % No	Yes % No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				

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

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

b If "No," explain:

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

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in:

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

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

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

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

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ $ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

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

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization
DIMENSIONS HEALTH CORPORATION

Employer identification number
52-1289729

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	X	
b	If "Yes," was it a written policy?	1b	X	
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. [X] Applied uniformly to all hospital facilities [ ] Applied uniformly to most hospital facilities [ ] 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) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: [ ] 100% [ ] 150% [X] 200% [ ] Other _____ %	3a	X	
b	Did the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: [ ] 200% [ ] 250% [ ] 300% [ ] 350% [ ] 400% [X] Other 500.0000 %	3b	X	
c	If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	X	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a		X
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	X	
b	If "Yes," did the organization make it available to the public?	6b	X	
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheets 1 and 2)			20,104,716.		20,104,716.	6.35
b Unreimbursed Medicaid (from Worksheet 3, column a)						
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			20,104,716.		20,104,716.	6.35
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			193,261.	11,951.	181,310.	.06
f Health professions education (from Worksheet 5)			322,023.		322,023.	.10
g Subsidized health services (from Worksheet 6)			39,691,068.	8,393,849.	31,297,219.	9.89
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			20,325.		20,325.	.01
j **Total.** Other Benefits			40,226,677.	8,405,800.	31,820,877.	10.06
k **Total.** Add lines 7d and 7j			60,331,393.	8,405,800.	51,925,593.	16.41

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			2,337.		2,337.	
9 Other						
10 Total			2,337.		2,337.	

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

Section A. Bad Debt Expense

			Yes	No
1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1			X
2 Enter the amount of the organization's bad debt expense (at cost)	2	14,977,291.		
3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	3			
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts in community benefit.				

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	92,631,761.		
6 Enter Medicare allowable costs of care relating to payments on line 5	6	77,323,726.		
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	15,308,035.		
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:				

☐ Cost accounting system ☐ Cost to charge ratio ☒ Other

Section C. Collection Practices

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

Part IV **Management Companies and Joint Ventures**

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 4

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)
1 PRINCE GEORGES HOSPITAL CENTER 3001 HOSPITAL DR CHEVERLY MD 20707	X	X					X		
2 LAUREL REGIONAL HOSPITAL 7300 VAN DUSEN RD LAUREL MD 20707	X	X					X		
3 BOWIE HEALTH CENTER 15001 HEALTH CENTER DR BOWIE MD 20707	X							X	
4 GLADYS SPELMAN SPECIALTY HOSPITAL 2900 MERCY LANE CHEVERLY MD 20707	X								
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: PRINCE GEORGES HOSPITAL CENTER

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

			Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)				
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply):			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 __ __			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):			
a	☐ Hospital facility's website			
b	☐ Available upon request from the hospital facility			
c	☐ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):			
a	☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b	☐ Execution of the implementation strategy			
c	☐ Participation in the development of a community-wide community benefit plan			
d	☐ Participation in the execution of a community-wide community benefit plan			
e	☐ Inclusion of a community benefit section in operational plans			
f	☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g	☐ Prioritization of health needs in its community			
h	☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7		
Financial Assistance Policy				
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
8	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care to low income individuals?	9		
	If "Yes," indicate the FPG family income limit for eligibility for free care: __ __ __ %			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: LAUREL REGIONAL HOSPITAL

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 2

			Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)				
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply):			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 __ __			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):			
a	☐ Hospital facility's website			
b	☐ Available upon request from the hospital facility			
c	☐ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):			
a	☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b	☐ Execution of the implementation strategy			
c	☐ Participation in the development of a community-wide community benefit plan			
d	☐ Participation in the execution of a community-wide community benefit plan			
e	☐ Inclusion of a community benefit section in operational plans			
f	☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g	☐ Prioritization of health needs in its community			
h	☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7		
Financial Assistance Policy				
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
8	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care to low income individuals?	9		
	If "Yes," indicate the FPG family income limit for eligibility for free care: __ __ __ %			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: BOWIE HEALTH CENTER

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 3

			Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)				
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply):			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 __ __			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):			
a	☐ Hospital facility's website			
b	☐ Available upon request from the hospital facility			
c	☐ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):			
a	☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b	☐ Execution of the implementation strategy			
c	☐ Participation in the development of a community-wide community benefit plan			
d	☐ Participation in the execution of a community-wide community benefit plan			
e	☐ Inclusion of a community benefit section in operational plans			
f	☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g	☐ Prioritization of health needs in its community			
h	☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7		
Financial Assistance Policy				
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
8	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care to low income individuals?	9		
	If "Yes," indicate the FPG family income limit for eligibility for free care: __ __ __ %			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: GLADYS SPELMAN SPECIALTY HOSPITAL

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 4

			Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)				
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply):			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 __ __			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):			
a	☐ Hospital facility's website			
b	☐ Available upon request from the hospital facility			
c	☐ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):			
a	☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b	☐ Execution of the implementation strategy			
c	☐ Participation in the development of a community-wide community benefit plan			
d	☐ Participation in the execution of a community-wide community benefit plan			
e	☐ Inclusion of a community benefit section in operational plans			
f	☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g	☐ Prioritization of health needs in its community			
h	☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7		
Financial Assistance Policy				
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
8	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9	Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care to low income individuals?	9		
	If "Yes," indicate the FPG family income limit for eligibility for free care: __ __ __ %			

Part V **Facility Information** *(continued)* PRINCE GEORGES HOSPITAL CENTER

			Yes	No
10	Used FPG to determine eligibility for providing *discounted* care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care: _ _ _ %			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply):			
a	☐ Income level			
b	☐ Asset level			
c	☐ Medical indigency			
d	☐ Insurance status			
e	☐ Uninsured discount			
f	☐ Medicaid/Medicare			
g	☐ State regulation			
h	☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
13	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	☐ The policy was posted on the hospital facility's website			
b	☐ The policy was attached to billing invoices			
c	☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d	☐ The policy was posted in the hospital facility's admissions offices			
e	☐ The policy was provided, in writing, to patients on admission to the hospital facility			
f	☐ The policy was available on request			
g	☐ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year:			
a	☐ Reporting to credit agency			
b	☐ Lawsuits			
c	☐ Liens on residences			
d	☐ Body attachments			
e	☐ Other actions (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to perform any of the following collection actions during the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply):			
a	☐ Reporting to credit agency			
b	☐ Lawsuits			
c	☐ Liens on residences			
d	☐ Body attachments			
e	☐ Other actions (describe in Part VI)			
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in line 16 (check all that apply):			
a	☐ Notified patients of the financial assistance policy on admission			
b	☐ Notified patients of the financial assistance policy prior to discharge			
c	☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d	☐ Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance			
e	☐ Other (describe in Part VI)			

Part V **Facility Information** *(continued)* LAUREL REGIONAL HOSPITAL

			Yes	No
10	Used FPG to determine eligibility for providing *discounted* care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care: _ _ _ %			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply):			
a	☐ Income level			
b	☐ Asset level			
c	☐ Medical indigency			
d	☐ Insurance status			
e	☐ Uninsured discount			
f	☐ Medicaid/Medicare			
g	☐ State regulation			
h	☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
13	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	☐ The policy was posted on the hospital facility's website			
b	☐ The policy was attached to billing invoices			
c	☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d	☐ The policy was posted in the hospital facility's admissions offices			
e	☐ The policy was provided, in writing, to patients on admission to the hospital facility			
f	☐ The policy was available on request			
g	☐ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year:			
a	☐ Reporting to credit agency			
b	☐ Lawsuits			
c	☐ Liens on residences			
d	☐ Body attachments			
e	☐ Other actions (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to perform any of the following collection actions during the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply):			
a	☐ Reporting to credit agency			
b	☐ Lawsuits			
c	☐ Liens on residences			
d	☐ Body attachments			
e	☐ Other actions (describe in Part VI)			
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in line 16 (check all that apply):			
a	☐ Notified patients of the financial assistance policy on admission			
b	☐ Notified patients of the financial assistance policy prior to discharge			
c	☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d	☐ Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance			
e	☐ Other (describe in Part VI)			

Part V **Facility Information** *(continued)* BOWIE HEALTH CENTER

			Yes	No
10	Used FPG to determine eligibility for providing *discounted* care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care: _ _ _ %			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply):			
a	☐ Income level			
b	☐ Asset level			
c	☐ Medical indigency			
d	☐ Insurance status			
e	☐ Uninsured discount			
f	☐ Medicaid/Medicare			
g	☐ State regulation			
h	☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
13	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	☐ The policy was posted on the hospital facility's website			
b	☐ The policy was attached to billing invoices			
c	☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d	☐ The policy was posted in the hospital facility's admissions offices			
e	☐ The policy was provided, in writing, to patients on admission to the hospital facility			
f	☐ The policy was available on request			
g	☐ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year:			
a	☐ Reporting to credit agency			
b	☐ Lawsuits			
c	☐ Liens on residences			
d	☐ Body attachments			
e	☐ Other actions (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to perform any of the following collection actions during the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply):			
a	☐ Reporting to credit agency			
b	☐ Lawsuits			
c	☐ Liens on residences			
d	☐ Body attachments			
e	☐ Other actions (describe in Part VI)			
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in line 16 (check all that apply):			
a	☐ Notified patients of the financial assistance policy on admission			
b	☐ Notified patients of the financial assistance policy prior to discharge			
c	☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d	☐ Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance			
e	☐ Other (describe in Part VI)			

Part V **Facility Information** *(continued)* GLADYS SPELMAN SPECIALTY HOSPITAL

			Yes	No
10	Used FPG to determine eligibility for providing *discounted* care to low income individuals?	10		
	If "Yes," indicate the FPG family income limit for eligibility for discounted care: _ _ _ %			
11	Explained the basis for calculating amounts charged to patients?	11		
	If "Yes," indicate the factors used in determining such amounts (check all that apply):			
a	☐ Income level			
b	☐ Asset level			
c	☐ Medical indigency			
d	☐ Insurance status			
e	☐ Uninsured discount			
f	☐ Medicaid/Medicare			
g	☐ State regulation			
h	☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12		
13	Included measures to publicize the policy within the community served by the hospital facility?	13		
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	☐ The policy was posted on the hospital facility's website			
b	☐ The policy was attached to billing invoices			
c	☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d	☐ The policy was posted in the hospital facility's admissions offices			
e	☐ The policy was provided, in writing, to patients on admission to the hospital facility			
f	☐ The policy was available on request			
g	☐ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15	Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year:			
a	☐ Reporting to credit agency			
b	☐ Lawsuits			
c	☐ Liens on residences			
d	☐ Body attachments			
e	☐ Other actions (describe in Part VI)			
16	Did the hospital facility engage in or authorize a third party to perform any of the following collection actions during the tax year?	16		
	If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply):			
a	☐ Reporting to credit agency			
b	☐ Lawsuits			
c	☐ Liens on residences			
d	☐ Body attachments			
e	☐ Other actions (describe in Part VI)			
17	Indicate which actions the hospital facility took before initiating any of the collection actions checked in line 16 (check all that apply):			
a	☐ Notified patients of the financial assistance policy on admission			
b	☐ Notified patients of the financial assistance policy prior to discharge			
c	☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d	☐ Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance			
e	☐ Other (describe in Part VI)			

Part V **Facility Information** *(continued)* PRINCE GEORGES HOSPITAL CENTER

Policy Relating to Emergency Medical Care

			Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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?	18		
	If "No," indicate the reasons why (check all that apply):			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility did not have a policy relating to emergency medical care			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d	☐ Other (describe in Part VI)			

Charges for Medical Care

19	Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply):			
a	☐ The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b	☐ The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c	☐ The hospital facility used the Medicare rate for those services			
d	☐ Other (describe in Part VI)			
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?	20		
	If "Yes," explain in Part VI.			
21	Did the hospital facility charge any of its patients an amount equal to the gross charge for any service provided to that patient?	21		
	If "Yes," explain in Part VI.			

Part V **Facility Information** *(continued)* LAUREL REGIONAL HOSPITAL

Policy Relating to Emergency Medical Care

			Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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?	18		
	If "No," indicate the reasons why (check all that apply):			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility did not have a policy relating to emergency medical care			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d	☐ Other (describe in Part VI)			

Charges for Medical Care

19	Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply):			
a	☐ The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b	☐ The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c	☐ The hospital facility used the Medicare rate for those services			
d	☐ Other (describe in Part VI)			
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?	20		
	If "Yes," explain in Part VI.			
21	Did the hospital facility charge any of its patients an amount equal to the gross charge for any service provided to that patient?	21		
	If "Yes," explain in Part VI.			

Part V **Facility Information** *(continued)* BOWIE HEALTH CENTER

Policy Relating to Emergency Medical Care

			Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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?	18		
	If "No," indicate the reasons why (check all that apply):			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility did not have a policy relating to emergency medical care			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d	☐ Other (describe in Part VI)			

Charges for Medical Care

19	Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply):			
a	☐ The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b	☐ The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c	☐ The hospital facility used the Medicare rate for those services			
d	☐ Other (describe in Part VI)			
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?	20		
	If "Yes," explain in Part VI.			
21	Did the hospital facility charge any of its patients an amount equal to the gross charge for any service provided to that patient?	21		
	If "Yes," explain in Part VI.			

Part V **Facility Information** *(continued)* GLADYS SPELMAN SPECIALTY HOSPITAL

Policy Relating to Emergency Medical Care

			Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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?	18		
	If "No," indicate the reasons why (check all that apply):			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility did not have a policy relating to emergency medical care			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d	☐ Other (describe in Part VI)			

Charges for Medical Care

19	Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply):			
a	☐ The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b	☐ The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c	☐ The hospital facility used the Medicare rate for those services			
d	☐ Other (describe in Part VI)			
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?	20		
	If "Yes," explain in Part VI.			
21	Did the hospital facility charge any of its patients an amount equal to the gross charge for any service provided to that patient?	21		
	If "Yes," explain in Part VI.			

Part V **Facility Information** *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, measured by total revenue per facility, from largest to smallest)

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

	Name and address	Type of Facility (describe)
1	CORA B WOOD SENIOR CENTER 3601 TAYLOR STREET STE 108 BRENTWOOD MD 20722	SENIOR HEALTH CENTER
2	GLENRIDGE MEDICAL CENTER 7582 ANNAPOLIS ROAD LANHAM MD 20784	MEDICAL CENTER
3	DIMENSIONS SURGERY CENTER 14999 HEALTH CENTER DR STE 103 BOWIE MD 20716	AMBULATORY SURGERY CENTER
4	LARKIN CHASE CARE & REHABILITATION 15005 HEALTH CENTER DRIVE BOWIE MD 20716	REHABILITATION CENTER
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments 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 hospitals 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 5

THE ORGANIZATION DOESN'T BUDGET A PRESET PERCENTAGE FOR CHARITY CARE. IT IS THE ORGANIZATION'S POLICY TO PROVIDE FINANCIAL ASSISTANCE TO ANY INDIVIDUAL THAT QUALIFIES UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, REGARDLESS OF THE AMOUNT OF CHARITY CARE PROVIDED BY THE ORGANIZATION DURING THE YEAR. IT IS PART OF OUR MISSION TO SERVE AS THE SAFETY NET FOR THE UNINSURED AND UNDERINSURED.

PART I, LINE 6A COMMUNITY BENEFIT REPORT

THE ORGANIZATION SUBMITS A COMMUNITY BENEFIT REPORT ANNUALLY TO THE MARYLAND HSCRC.

PART I, LINE 7A COLUMN D CHARITY CARE

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE-SETTING

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL-PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE.

PART I, LINE 7B COLUMNS C-F UNREIMBURSED MEDICAID

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE-SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL-PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY DIRECTED OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE. COMMUNITY BENEFIT EXPENSES ARE EQUAL TO MEDICAID REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT IS ZERO. THE EXCEPTION TO THIS IS THE IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT. IN RECENT YEARS, THE

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

STATE OF MARYLAND HAS CLOSED FISCAL GAPS IN THE STATE MEDICAID BUDGET BY ASSESSING HOSPITALS THROUGH THE RATE-SETTING SYSTEM.

PART I, LINE 7F HEALTH PROFESSIONS EDUCATION COLUMN D

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE-SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL-PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE.

PART I, LINE 7 COLUMN F

THE ORGANIZATION'S BAD DEBT EXPENSE THAT WAS REPORTED ON FORM 990, PART IX $21,765,846 WAS REDUCED FROM TOTAL EXPENSE TO DETERMINE THE PERCENTAGES OF TOTAL EXPENSES.

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.

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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 hospitals 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 7G COLUMN C

NONE OF THE SUBSIDIZED HEALTH SERVICES STEM FROM PHYSICIAN CLINICS. DHC PROVIDES DIRECT SUBSIDIES, WHICH ARE NOT REIMBURSED, TO PHYSICIANS THAT PROVIDE CARE TO PATIENTS CARED FOR AT PGHC AND LAUREL. IN PARTICULAR, DHC PAYS PHYSICIANS TO COVER THEIR BAD DEBTS, WHICH IS IN ACCORDANCE WITH DHC'S SAFETY NET MISSION THAT ALLOWS GAPS TO EXIST IN THE HOSPITAL'S PROFITS BUT NOT IN ITS PATIENT CARE SERVICES. THE PROVISION OF THESE PHYSICIAN SUBSIDIES MEETS AN IDENTIFIED COMMUNITY NEED.

PART III, LINE 4 BAD DEBT

THE CORPORATION'S POLICY IS TO WRITE OFF ALL PATIENT ACCOUNTS THAT HAVE BEEN IDENTIFIED AS UNCOLLECTIBLE. AN ALLOWANCE FOR DOUBTFUL ACCOUNTS IS RECORDED FOR ACCOUNTS NOT YET WRITTEN OFF THAT ARE ANTICIPATED TO BECOME UNCOLLECTIBLE IN FUTURE PERIODS. DISCOUNTS RANGING FROM 2% TO 6% OF HOSPITAL CHARGES ARE GIVEN TO MEDICARE, MEDICAID AND CERTAIN APPROVED COMMERCIAL HEALTH INSURANCE AND HEALTH MAINTENANCE ORGANIZATIONS (HMOS).

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

ALSO, THESE PAYERS ROUTINELY REVIEW PATIENT BILLINGS AND DENY PAYMENT FOR CERTAIN PROCEDURES THAT THEY DEEM MEDICALLY UNNECESSARY OR PERFORMED WITHOUT APPROPRIATE PRE-AUTHORIZATION. DISCOUNTS AND DENIALS ARE RECORDED AS REDUCTIONS OF NET PATIENT REVENUE. ACCOUNTS RECEIVABLE FROM THESE THIRD-PARTY PAYERS HAVE BEEN ADJUSTED TO REFLECT THE DIFFERENCE BETWEEN CHARGES AND THE ESTIMATED REIMBURSABLE AMOUNTS. THE COST OF BAD DEBT EXPENSE WAS DETERMINED USING THE RATIO OF PATIENT CARE COST TO CHARGES DETERMINED IN WORKSHEET 2.

PART III, LINE 8 MEDICARE

THE COSTING SOURCE IS THE MEDICARE COST REPORT AND THE METHODOLOGY IS MEDICARE ALLOWABLE COST TO MEDICARE REVENUES RECEIVED.

PART III, LINE 9 DEBT COLLECTION POLICY

THE ORGANIZATION HAS A WRITTEN DEBT COLLECTION POLICY. UNDER THE POLICY, THE ORGANIZATION ATTEMPTS TO COLLECT ON ACCOUNTS THAT HAVE NOT QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY. HOWEVER, AFTER THE COLLECTION PROCESS HAS BEGUN WITH RESPECT TO

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.

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7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

AN ACCOUNT, THE ORGANIZATION CONTINUES TO MONITOR WHETHER THE PATIENT

QUALIFIES FOR CHARITY CARE UNDER THE FINANCIAL ASSISTANCE POLICY. IF THE

ORGANIZATION DETERMINES THAT A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE

AT ANY POINT, INCLUDING ONCE THE COLLECTION PROCESS HAS BEGUN, THE

ORGANIZATION WILL APPROVE THE PATIENT FOR CHARITY CARE. THE WRITE OFF

(RANGING FROM 25% TO 100%) TO CHARITY CARE IS ACCORDING TO A SLIDING FEE

SCALE FOR INCOME. ONCE CHARITY CARE HAS BEEN APPROVED, THERE IS NO

FURTHER ATTEMPT MADE BY THE ORGANIZATION TO COLLECT.

PART VI, LINE 2 NEEDS ASSESSMENT

A PRINCE GEORGE'S COUNTY HEALTH PROFILE SNAPSHOT REPORT WAS COMPLETED BY

PGHC IN JUNE 2006. THE REPORT WAS GENERATED AS A RESULT OF A

COLLABORATIVE EFFORT BETWEEN PGHC AND THE PRINCE GEORGES' COUNTY HEALTH

DEPARTMENT. THE DATA REFERENCED IN THE REPORT WAS ACQUIRED FROM US CENSUS

DATA AND FROM THE PUBLIC HEALTH QUICK STATS FOR PRINCE GEORGES' COUNTY,

MARYLAND, AS WELL AS THE MARYLAND VITAL STATISTICS REPORT. IN ADDITION,

THE ORGANIZATION HAS USED THE HEALTHCARE ASSESSMENT REPORT PREPARED BY

THE RAND CORPORATION IN FEBRUARY 2009 TO ASSIST IN DETERMINING ITS

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.

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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 hospitals 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.

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COMMUNITY HEALTH NEEDS.

THE MAIN FINDINGS OF BOTH THE 2006 PG COUNTY HEALTH PROFILE SNAPSHOT REPORT AND THE 2009 RAND REPORT IS THAT THERE ARE SIGNIFICANT HEALTH DISPARITIES AMONG THE RESIDENTS OF PRINCE GEORGES' COUNTY AND THAT THE COUNTY LACKS A ROBUST HEALTH SAFETY NET FOR THOSE PATIENTS THAT ARE UNINSURED OR UNDERINSURED. PER THE RAND REPORT, SIGNIFICANT DISPARITIES WERE FOUND AMONG RESIDENTS OF PRINCE GEORGES' COUNTY WITH RESPECT TO THE (1) RATES OF UNINSURANCE AND UNDERINSURANCE AND (2) ACCESS TO PRIMARY CARE PHYSICIANS WITHIN THE COUNTY.

IN ADDITION, THE 2006 PG COUNTY HEALTH PROFILE SNAPSHOT REPORT DEMONSTRATED THE MAJOR ROLE DIABETES PLAYS IN THE HEALTH NEEDS OF THE COMMUNITY. THE 50,000 COUNTY DIAGNOSES OF DIABETES COMPRISED MORE THAN 16% OF THE STATE OF MARYLAND DIABETES CASES FROM 2002 TO 2006, RAISING CONCERNS THAT THE POPULATION IS NOT RECEIVING ENOUGH GUIDANCE ON HOW TO HANDLE AND PREVENT THE CONDITION OF DIABETES.

Part VI Supplemental Information

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FURTHERMORE, THE ORGANIZATION THROUGH ITS ROLE AS THE LARGEST PROVIDER OF HEALTHCARE TO THE COMMUNITY (INCLUDING THE UNDERSERVED PORTION OF THE COMMUNITY) HAS IDENTIFIED SEVERAL HEALTH-RELATED TRENDS, NEEDS, AND PROBLEMS FACING THE COMMUNITY, INCLUDING ADEQUATE ACCESS TO PRENATAL CARE, ISSUES RELATED TO AGING, SUBSTANCE ABUSE, ACCESS TO SPECIALTY CARE, MATERNAL AND CHILD HEALTH, ETC. WE ARE ALSO PROUD TO PARTNER WITH OUTREACH GROUPS SUCH AS ALCOHOLICS ANONYMOUS, NARCOTICS ANONYMOUS, AND A PARKINSON'S SUPPORT GROUP.

IN MARCH 2008, THE PGHC BOARD OF DIRECTORS ESTABLISHED A COMMUNITY HEALTH TASK FORCE (CHTF) COMMITTEE IN ORDER TO HELP ADDRESS COMMUNITY HEALTH NEEDS. THE CHTF INCLUDES COLLABORATIONS WITH SUCH ORGANIZATIONS AS THE PRINCE GEORGE'S COUNTY HEALTH ACTION FORUM AND THE PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT. THE CHTF ASSISTS THE ORGANIZATION'S MANAGEMENT IN THE DEVELOPMENT OF RELATIONSHIPS BETWEEN THE ORGANIZATION AND OTHER COMMUNITY-BASED HEALTH SERVICE ORGANIZATIONS IN ORDER TO MAKE AN OPTIMAL RANGE OF HEALTH SERVICES MORE WIDELY AVAILABLE TO THE COMMUNITY TO IMPROVE COMMUNITY HEALTH STATUS. IN ADDITION, THE CHTF HAS WORKED TO

Part VI Supplemental Information

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FOCUS ATTENTION ON COMMUNITY HEALTH NEEDS, PROVIDING IMPROVED HEALTH INFORMATION TO THE COMMUNITY, AND IS CURRENTLY WORKING WITH THE NATIONAL INSTITUTE OF HEALTH - NATIONAL LIBRARY OF MEDICINE (NIH - NLM) TO IDENTIFY SUSTAINABLE COMMUNITY HEALTH DELIVERY INITIATIVES.

PURSUANT TO THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (ACA) ALL HOSPITAL FACILITIES MUST CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), WHICH INCLUDES BOARD APPROVAL OF THE CHNA WRITTEN REPORT AND IMPLEMENTATION STRATEGY, BY THEIR 2012 TAX YEAR. ALL OF THE ORGANIZATION'S HOSPITAL FACILITIES ARE CURRENTLY IN THE PROCESS OF UNDERTAKING THEIR CHNAS, AND WILL EACH COMPLETE A FORMAL CHNA, PER ACA GUIDELINES, PRIOR TO THE END OF THEIR 2012 TAX YEAR.

PART VI, LINE 3 PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

DIMENSIONS HEALTHCARE SYSTEM PROVIDES COMPASSIONATE CARE FOR ALL, REGARDLESS OF AN INDIVIDUAL'S ABILITY TO PAY. IT IS OUR MISSION TO SERVE AS THE SAFETY NET FOR THE UNINSURED AND UNDERINSURED AND TO HELP SAVE

Part VI Supplemental Information

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LIVES AND IMPROVE OUR PATIENTS' QUALITY OF LIVING.

DIMENSIONS HEALTHCARE SYSTEM, THROUGH THE PROVISION OF DISCOUNTED OR FREE HEALTH CARE SERVICES, (DEPENDING UPON THE ESTABLISHED CRITERIA SET OUT BELOW), PROVIDES FINANCIAL ASSISTANCE TO THOSE WHO NEED MEDICAL AND HEALTH CARE SERVICES BUT DO NOT HAVE THE RESOURCES TO PAY FOR THAT CARE. IT DOES SO BY PRESERVING THE DIGNITY OF THE INDIVIDUAL WHO NEEDS ASSISTANCE.

THE PROVISION OF FREE AND DISCOUNTED CARE THROUGH OUR FINANCIAL ASSISTANCE PROGRAM IS CONSISTENT, APPROPRIATE AND ESSENTIAL TO THE EXECUTION OF OUR MISSION, VISION AND VALUES, AND IS CONSISTENT WITH OUR TAX-EXEMPT, CHARITABLE STATUS.

DIMENSIONS HEALTHCARE SYSTEM IS COMMITTED TO: COMMUNICATING THE ORGANIZATION'S MISSION TO THE PATIENT SO THEY CAN MORE FULLY AND FREELY PARTICIPATE IN PROVIDING THE NEEDED INFORMATION WITHOUT FEAR OF LOSING BASIC ASSETS AND INCOME; ASSESSING THE PATIENTS' CAPACITY TO PAY AND

Part VI Supplemental Information

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REACH PAYMENT ARRANGEMENTS THAT DO NOT JEOPARDIZE THE PATIENTS' HEALTH AND BASIC LIVING ARRANGEMENTS OR UNDERMINE THEIR CAPACITY FOR SELF-SUFFICIENCY; UPHOLDING AND HONORING PATIENTS' RIGHTS TO APPEAL DECISIONS AND SEEK RECONSIDERATION AND TO HAVE A SELF-SELECTED ADVOCATE TO ASSIST THE PATIENT THROUGHOUT THE PROCESS; AVOIDING SEEKING OR DEMANDING PAYMENT FROM OR SEIZING INCOME OR ASSETS FROM PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE; AND PROVIDING OPTIONS FOR PAYMENT ARRANGEMENTS, WITHOUT REQUIRING THAT THE PATIENT SELECT HIGHER COST OPTIONS FOR REPAYMENT.

IN ORDER TO PROMOTE THE HEALTH AND WELL-BEING OF THE COMMUNITY SERVED, INDIVIDUALS WITH LIMITED FINANCIAL RESOURCES WHO ARE UNABLE TO ACCESS ENTITLEMENT PROGRAMS SHALL BE ELIGIBLE FOR FREE OR DISCOUNTED HEALTH CARE SERVICES BASED ON ESTABLISHED CRITERIA. ELIGIBILITY CRITERIA WILL BE BASED UPON THE FEDERAL POVERTY GUIDELINES AND WILL BE UPDATED ANNUALLY IN CONJUNCTION WITH THE PUBLISHED UPDATES BY THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES. ALL OPEN SELF-PAY BALANCES MAY BE CONSIDERED FOR FINANCIAL ASSISTANCE. IF A DETERMINATION IS MADE THAT THE PATIENT

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HAS THE ABILITY TO PAY ALL OR A PORTION OF THE BILL, SUCH A DETERMINATION DOES NOT PREVENT A REASSESSMENT OF THE PERSON'S ABILITY TO PAY AT A LATER DATE.

APPROPRIATE SIGNAGE WILL BE VISIBLE IN THE FACILITY IN ORDER TO CREATE AWARENESS OF THE FINANCIAL ASSISTANCE PROGRAM AND THE ASSISTANCE AVAILABLE. AT A MINIMUM, SIGNAGE WILL BE POSTED IN ALL PATIENT INTAKE AREAS, INCLUDING, BUT NOT LIMITED TO, THE EMERGENCY DEPARTMENT, THE BILLING OFFICE, AND THE ADMISSION/PATIENT REGISTRATION AREAS. INFORMATION SUCH AS BROCHURES WILL BE INCLUDED IN PATIENT SERVICES/INFORMATION FOLDERS AND/OR AT PATIENT INTAKE AREAS. ALL PUBLIC INFORMATION AND/OR FORMS REGARDING THE PROVISION OF FINANCIAL ASSISTANCE WILL USE LANGUAGES THAT ARE APPROPRIATE FOR THE FACILITY'S SERVICE AREA IN ACCORDANCE WITH THE STATE'S LANGUAGE ASSISTANCE SERVICES ACT.

THE NECESSITY FOR MEDICAL TREATMENT OF ANY PATIENT WILL BE BASED ON THE CLINICAL JUDGMENT OF THE PROVIDER WITHOUT REGARD TO THE FINANCIAL STATUS OF THE PATIENT. ALL PATIENTS WILL BE TREATED WITH RESPECT AND FAIRNESS

Part VI Supplemental Information

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REGARDLESS OF THEIR ABILITY TO PAY.

WHERE POSSIBLE, PRIOR TO THE ADMISSION OF THE PATIENT, THE HOSPITAL WILL CONDUCT A PRE-ADMISSION INTERVIEW WITH THE PATIENT, THE GUARANTOR, AND/OR HIS/HER LEGAL REPRESENTATIVE. IF A PRE-ADMISSION INTERVIEW IS NOT POSSIBLE, THIS INTERVIEW SHOULD BE CONDUCTED UPON ADMISSION OR AS SOON AS POSSIBLE THEREAFTER. IN THE CASE OF AN EMERGENCY ADMISSION, THE HOSPITAL'S EVALUATION OF PAYMENT ALTERNATIVES SHOULD NOT TAKE PLACE UNTIL THE REQUIRED MEDICAL CARE HAS BEEN PROVIDED. AT THE TIME OF THE INITIAL INTERVIEW, THE FOLLOWING INFORMATION SHOULD BE GATHERED:

A) ROUTINE AND COMPREHENSIVE DEMOGRAPHIC DATA.

B) COMPLETE INFORMATION REGARDING ALL EXISTING THIRD PARTY COVERAGE.

IDENTIFICATION OF POTENTIALLY ELIGIBLE PATIENTS CAN TAKE PLACE AT ANY

Part VI Supplemental Information

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TIME DURING THE RENDERING OF SERVICES OR DURING THE COLLECTION PROCESS.

THOSE PATIENTS WHO MAY QUALIFY FOR FINANCIAL ASSISTANCE FROM A

GOVERNMENTAL PROGRAM SHOULD BE REFERRED TO THE APPROPRIATE PROGRAM, SUCH

AS MEDICAID, PRIOR TO CONSIDERATION FOR FINANCIAL ASSISTANCE.

MEDICAID ELIGIBILITY

ALL UNINSURED INPATIENTS AT DIMENSIONS ARE ASSISTED BY DHS MEDICAID

ELIGIBILITY STAFF TO EVALUATE THE PATIENTS FOR MARYLAND MEDICAID

ELIGIBILITY. ONCE THEY ARE EVALUATED, THE STAFF WILL ASSIST THE

PATIENTS WITH THE COMPLETION OF THE MEDICAID APPLICATION. THE

APPLICATION IS PRESENTED TO DSS FOR REVIEW AND CERTIFICATION. THE STAFF

MONITORS THE APPLICATION PROCESS TO ENSURE THAT A DETERMINATION IS MADE

ON THE APPLICATION.

PART VI, LINE 4 COMMUNITY INFORMATION

DIMENSIONS HEALTHCARE SYSTEM IS THE LARGEST NOT-FOR-PROFIT PROVIDER OF

HEALTH CARE SERVICES IN PRINCE GEORGE'S COUNTY. ADDITIONAL COUNTIES

SERVED INCLUDE ANNE ARUNDEL, HOWARD, AND MONTGOMERY COUNTIES. DHS

Part VI Supplemental Information

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HOSPITALS' PRIMARY COVERAGE AREA IS PRINCE GEORGE'S COUNTY AND ANNE ARUNDEL COUNTY. THE POPULATION ESTIMATE FOR PRINCE GEORGE'S COUNTY IN 2010 WAS 863,420. ANNE ARUNDEL COUNTY HAS A POPULATION OF 537,656. THE US CENSUS BUREAU STATE AND COUNTY QUICK FACTS INDICATED THAT THE MEDIAN HOUSEHOLD INCOME WAS $69,545 AND THE PERCENTAGE OF PERSONS BELOW THE POVERTY LEVEL WAS 7.8% IN PRINCE GEORGE'S COUNTY. THE MEDIAN HOUSEHOLD INCOME IN ANNE ARUNDEL COUNTY WAS 79,843, WITH THE PERCENTAGE OF PERSONS BELOW POVERTY LEVEL BEING 6.8% IN 2009.

BETWEEN THE TWO COUNTIES, 9-12% OF THE POPULATION IS 65 YEARS OF AGE OR OLDER AND APPROXIMATELY 7 - 8% REPRESENT MEDICAID PATIENTS.

ACCESS TO PRIMARY HEALTH CARE SERVICES REMAINS AN ISSUE OF CONCERN IN PRINCE GEORGE'S COUNTY. PRINCE GEORGE'S COUNTY HAS SUBSTANTIALLY LOWER PER CAPITA NUMBERS OF PRIMARY CARE PHYSICIANS WHEN COMPARED TO NEIGHBORING JURISDICTIONS. THE NATIONAL BENCHMARK IS 631:1 FOR ACCESS TO PRIMARY CARE PHYSICIAN, COMPARED TO 1,077:1 FOR PRINCE GEORGE'S COUNTY.

Part VI Supplemental Information

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IN PRINCE GEORGE'S AND ANNE ARUNDEL COUNTIES SMOKING, OBESITY AND EXCESSIVE ALCOHOL CONSUMPTION ARE HEALTH RISK FACTORS. THERE ARE RISK FACTORS FOR PREMATURE DEATH IN BOTH COUNTIES; SUCH AS HIGH BLOOD PRESSURE RANGING BETWEEN 26.2% -28.2%; OBESITY 23.3% - 25.5%; SMOKER 17.8% - 22.4%.

COMMUNITY CHALLENGES & HEALTH STATISTICS:

DESPITE THE HIGHER THAN AVERAGE MEDIAN HOUSEHOLD INCOME, EDUCATIONAL ATTAINMENT, AND PERCENTAGE OF INDIVIDUALS IN THE WORK FORCE REPRESENTED BY PRINCE GEORGIANS IN COMPARISON WITH NATIONAL FIGURES, THE COUNTY DOES CONTAIN SEVERAL POCKETS OF LOW SOCIOECONOMIC STATUS. THE 2009 COMMUNITY HEALTH STATUS REPORT DATA REVEALS THAT MEDICALLY VULNERABLE PRINCE GEORGIAN'S (UNINSURED AND MEDICAID ENROLLED INDIVIDUALS) NUMBER APPROXIMATELY 297,784 OR 35.7% OF THE POPULATION.

ACCORDING TO THE CDC DOCUMENT SUMMARY HEALTH STATISTICS OF THE U.S. POPULATION: NATIONAL HEALTH INTERVIEW SURVEY (2004) BEING POOR AND UNINSURED ARE TWO OF THE STRONGEST DETERMINANTS OF WHETHER A PERSON "DID

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NOT RECEIVE MEDICAL CARE", OR WHETHER THEY "DELAYED" SEEKING CARE. AS A

RESULT, ISSUES SUCH AS DIABETES MORTALITY, HEART DISEASE, HYPERTENSION,

STROKE, AND DEATHS FROM BREAST, COLORECTAL AND PROSTATE CANCERS, HIV AND

INFANT MORTALITY ALL REPRESENT SIGNIFICANT HEALTH CHALLENGES FOR

COMMUNITY MEMBERS.

FURTHERMORE, PERSISTENT DISPARITIES IN MORTALITY AND HEALTH STATUS FOR

SEVERAL HEALTH INDICES ARE SEEN IN VARIOUS RACIAL AND ETHNIC POPULATIONS.

THESE ARE CERTAINLY PLANNING CONSIDERATIONS IN THIS MAJORITY MINORITY

COMMUNITY. ADDITIONALLY, THE RACIAL AND ETHNIC MINORITIES ARE

APPROXIMATELY 2/3 OF PRINCE GEORGE'S COUNTY MEDICAID BENEFICIARIES.

COUNTY AND MARYLAND STATE HEALTH STATISTICS ARE SIMILAR TO NATIONAL

TRENDS REGARDING THE STATUS OF MINORITY HEALTH.

PART VI, LINE 5 PROMOTION OF COMMUNITY HEALTH

DIMENSIONS HEALTH CORPORATION (DHC) UNDERTAKES AN ARRAY OF DIFFERENT

ACTIVITIES TO PROMOTE THE HEALTH OF ITS COMMUNITY.

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

FIRST, DHC PLAYS A CRITICAL ROLE IN PROVIDING ACCESS TO PHYSICIANS FOR MEMBERS OF ITS COMMUNITY. DHC PROVIDES DIRECT SUBSIDIES, WHICH ARE NOT REIMBURSED, TO PHYSICIANS THAT PROVIDE CARE TO PATIENTS CARED FOR AT PGHC AND LAUREL. IN PARTICULAR, DHC PAYS PHYSICIANS TO COVER THEIR BAD DEBTS, WHICH IS IN ACCORDANCE WITH DHC'S SAFETY NET MISSION THAT ALLOWS GAPS TO EXIST IN THE HOSPITAL'S PROFITS BUT NOT IN ITS PATIENT CARE SERVICES. ALSO, DHC HAS RESPONDED TO THE IDENTIFIED COMMUNITY NEED OF A PRIMARY CARE PHYSICIAN SHORTAGE IN THE COMMUNITY BY EMPLOYING PRIMARY CARE PHYSICIANS IN ORDER TO BRING THOSE PHYSICIANS INTO THE COMMUNITY.

SECOND, DHC ATTEMPTS TO IMPROVE THE EDUCATION OF ITS COMMUNITY ABOUT ONE OF THE MOST PERSISTENT HEALTH CARE PROBLEMS IN ITS COMMUNITY: DIABETES. FOR THOSE WITHOUT INSURANCE OR WITH HIGH DEDUCTIBLE INSURANCE PLANS, THE DIABETES CENTER AT PGHC WORKED WITH THE GLEN RIDGE MEDICAL CENTER (A DIMENSIONS FACILITY) TO DEVELOP AND PROVIDE FREE DIABETES EDUCATION SERVICES TO PATIENTS. MORE THAN 150 PARTICIPANTS HAVE BEEN ENROLLED IN THE EDUCATION SERVICES AND THE PLAN IS TO CONTINUE THIS INITIATIVE ON AN ONGOING BASIS.

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.

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7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

IN ADDITION, LAUREL REGIONAL HOSPITAL AND CLINICIANS HAVE DEVOTED MORE THAN 4,000 HOURS OF THEIR TIME TO PROVIDING HEALTH SCREENINGS AND EDUCATION TO COMMUNITY MEMBERS AT VARIOUS LOCATIONS THROUGHOUT THE COUNTY. EVENTS AND PROGRAMS LIKE THE HOSPITAL'S ANNUAL "STEP FORWARD TO A HEALTHIER LIFE COMMUNITY HEALTH FAIR", "SENIOR DINING AND LECTURE SERIES" AND BLOOD PRESSURE AND SCREENING EDUCATION PROGRAM RESPOND TO THE NEED TO PROVIDE HEALTH SERVICES AND EDUCATION TO THE COMMUNITY TO PROMOTE AWARENESS AND PREVENTION.

FURTHERMORE, THE ORGANIZATION THROUGH ITS ROLE AS THE LARGEST PROVIDER OF HEALTHCARE TO THE COMMUNITY (INCLUDING THE UNDERSERVED PORTION OF THE COMMUNITY) HAS IDENTIFIED SEVERAL HEALTH-RELATED TRENDS, NEEDS, AND PROBLEMS FACING THE COMMUNITY, INCLUDING ADEQUATE ACCESS TO PRENATAL CARE, ISSUES RELATED TO AGING, SUBSTANCE ABUSE, ACCESS TO SPECIALTY CARE, MATERNAL AND CHILD HEALTH. THE ORGANIZATION'S STRATEGIES FOR ADDRESSING THESE ISSUES INCLUDES PROVIDING CLASSES, SEMINARS, SCREENING AND HEALTH SERVICES, DIABETES EDUCATION, CPR, ACLS, PREEMIE SUPPORT GROUP, SMOKING

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.

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CESSATION PRESENTATIONS, PROVIDE FLU SHOTS TO THE PUBLIC, PROVIDE BLOOD PRESSURE SCREENINGS TO LOCAL CHURCHES, ETC. WE ARE ALSO PROUD TO PARTNER WITH OUTREACH GROUPS SUCH AS ALCOHOLICS ANONYMOUS, NARCOTICS ANONYMOUS, AND A PARKINSON'S SUPPORT GROUP.

FURTHERMORE, DHC MAINTAINS CLINICAL AFFILIATION AGREEMENTS WITH AND SUPPORTS CLINICAL PLACEMENTS FOR BOTH NURSING AND ANCILLARY PROGRAMS IN AND OUT OF STATE. FOR INSTANCE, DHC PARTICIPATES IN THE NSP II GRANT WHICH IS A PARTNERSHIP DESIGNED TO PROMOTE BSN AND MSN COMPLETION FOR RNS. DHC ALSO PARTICIPATED IN THE NSP I GRANT. ONE OF THE PROVISIONS IN THIS GRANT IS THE AVAILABILITY OF $4,000 PER YEAR FOR UP TO 15 PRINCE GEORGE'S COUNTY RESIDENTS WHO ARE ENROLLED IN AN ENTRY LEVEL NURSING PROGRAM.

DHC STAFF MEMBERS PARTICIPATE ON A SMALL SCALE IN CAREER DAYS AT LOCAL COMMUNITY SCHOOLS. DHC ALSO PROVIDED A NUMBER OF HEALTH FAIRS, HEALTH EMPLOYEE INTERNSHIPS, AND OTHER PROGRAMS TO PROMOTE HEALTH IN THE SURROUNDING COMMUNITIES.

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.

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7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

ADDITIONALLY, DHC HAS ESTABLISHED COLLABORATIONS WITH SUCH ORGANIZATIONS AS THE PRINCE GEORGES COUNTY (MARYLAND) HEALTH ACTION FORUM, NATIONAL INSTITUTE OF HEALTH- NATIONAL LIBRARY OF MEDICINE, AND THE PRINCE GEORGES COUNTY HEALTH DEPARTMENT TO ASSIST MANAGEMENT IN THE DEVELOPMENT OF RELATIONSHIPS AND A PLAN TO WORK WITH IDENTIFIED COMMUNITY-BASED HEALTH SERVICES AND TO MAKE AN OPTIMAL RANGE OF SERVICES MORE WIDELY AVAILABLE TO IMPROVE COMMUNITY HEALTH STATUS. TO DATE, THIS EFFORT HAS FOCUSED ATTENTION ON COMMUNITY HEALTH NEEDS, PROVIDING IMPROVED HEALTH INFORMATION ACCESS, AND IDENTIFYING SUSTAINABLE COMMUNITY HEALTH INFORMATION DELIVERY INITIATIVES.

IN ORDER TO ENSURE THAT DHC IS ALWAYS OPERATED TO PROMOTE THE HEALTH OF ITS COMMUNITY, DHC HAS A BOARD OF DIRECTORS COMPRISED OF PEOPLE FROM THE COMMUNITY, HAS AN OPEN MEDICAL STAFF, AND USES ITS SURPLUS FUNDS EXCLUSIVELY TO ENHANCE PATIENT CARE SERVICES AND PROVIDE COMMUNITY BENEFIT ACTIVITIES.

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.

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7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

DHC IS COMPRISED OF AN 11 MEMBER BOARD OF DIRECTORS AND NONE OF THE MEMBERS ARE EMPLOYED BY DIMENSIONS. THE BOARD MEMBERS ARE PREDOMINANTLY FROM THE COMMUNITY SERVED BY DHC. ALL PHYSICIANS LICENSED IN THE STATE OF MARYLAND WHO MEET THE FACILITY BYLAW REQUIREMENTS ARE ELIGIBLE TO APPLY FOR PRIVILEGES. APPROXIMATELY 366 PHYSICIANS CURRENTLY HOLD PRIVILEGES AT THE DIMENSIONS' LAUREL REGIONAL HOSPITAL AND 547 HAVE PRIVILEGES AT THE PRINCE GEORGE'S HOSPITAL CENTER. ALTHOUGH PGHC HAS ONE OF THE LARGEST POPULATIONS OF UNINSURED PATIENTS IN THE STATE, WE BELIEVE THAT ALL PATIENTS SHOULD RECEIVE THE HIGHEST LEVEL OF CARE REGARDLESS OF ECONOMIC STANDING. THIS GOAL CAN ONLY BE ACHIEVED WITH EXPERIENCED SPECIALIST PHYSICIANS CARING FOR ALL OF OUR PATIENTS EVEN WHEN SO MANY OF OUR PATIENTS CANNOT AFFORD TO PAY. WHEN DHC HAS SURPLUS FUNDS IT USES SUCH FUNDS TO IMPROVE PATIENT CARE SERVICES, PROVIDE ADDITIONAL COMMUNITY BENEFIT ACTIVITIES, AND ENHANCE ITS ROLE AS THE HEALTH SAFETY NET FOR THE COMMUNITY IT PROVIDES.

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.

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PART VI, LINE 6 AFFILIATED HEALTH CARE SYSTEM

PRINCE GEORGE'S HOSPITAL CENTER, LAUREL REGIONAL HOSPITAL, GLADYS SPELLMAN SPECIALTY HOSPITAL AND NURSING HOME, BOWIE HEALTH CENTER ARE MEMBERS OF DIMENSIONS HEALTHCARE SYSTEM, THE LARGEST NOT-FOR-PROFIT PROVIDER OF HEALTH CARE SERVICES IN PRINCE GEORGE'S COUNTY. DIMENSION HEALTH CORPORATION IS A VERY UNIQUE ORGANIZATION IN THAT IT PROVIDES SO MANY DIFFERENT SERVICES TO THE COMMUNITY IT SERVES. PGHC OFFERS A COMPREHENSIVE RANGE OF INPATIENT AND OUTPATIENT MEDICAL AND SURGICAL SERVICES INCLUDING: EMERGENCY AND TRAUMA SERVICES (DESIGNATED LEVEL II REGIONAL TRAUMA CENTER FOR SOUTHERN MARYLAND), CRITICAL CARE SERVICES, CARDIAC CARE SERVICES (COMPREHENSIVE CARDIAC CARE - ONLY PROGRAM OF ITS KIND IN THE COUNTY).

LAUREL REGIONAL HOSPITAL OFFERS A COMPREHENSIVE RANGE OF INPATIENT AND OUTPATIENT MEDICAL AND SURGICAL SERVICES INCLUDING EMERGENCY SERVICES, CRITICAL CARE SERVICES, CARDIAC CARE SERVICES, LABORATORY AND PATHOLOGY TESTING, MEDICAL AND SURGICAL SERVICES, MATERNAL AND CHILD HEALTH, PHYSICAL REHABILITATION (IT IS THE ONLY HOSPITAL-BASED CARF ACCREDITED

Part VI Supplemental Information

Complete this part to provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.

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7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

REHAB UNIT IN THE COUNTY), PULMONARY REHABILITATION SERVICES, AND WOUND CARE SERVICES.

GLADYS SPELLMAN PROVIDES NURSING HOME CARE AND BOWIE HEALTH CENTER IS A HOSPITAL-BASED EMERGENCY SERVICE CENTER.

IN ADDITION, DIMENSIONS HEALTHCARE ASSOCIATES, INC., A SUBSIDIARY OF DIMENSIONS HEALTH CORPORATION, EMPLOYS MULTI-SPECIALTY PHYSICIANS, INCLUDING PRIMARY CARE PHYSICIANS, TO PROVIDE PATIENT SERVICES TO THE COMMUNITY, INCLUDING UNINSURED AND UNDERINSURED PATIENTS THAT WOULD NOT OTHERWISE HAVE ACCESS TO PHYSICIAN SERVICES.

Part VI Supplemental Information

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1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.

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STATE FILING OF COMMUNITY BENEFIT REPORT

MD,

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

DIMENSIONS HEALTH CORPORATION

Employer identification number

52-1289729

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☒ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed . . . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶

3 Enter total number of other organizations . . . . . ▶

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS		5,403.			
2					
3					
4					
5					
6					
7					

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

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization
DIMENSIONS HEALTH CORPORATION

Employer identification number
52-1289729

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☒ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., 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	**1b**		X
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		X
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.			
	☐ Compensation committee	☒ Written employment contract		
	☐ Independent compensation consultant	☒ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**4a**		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		X
	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) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		X
b	Any related organization?	**5b**		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		X
b	Any related organization?	**6b**		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 NEIL MOORE	(i)	323,029.	0.	0.	0.	21,589.	344,618.	
	(ii)	0.	0.	0.	0.	0.	0.	
2 GT DUNLOP ECKER	(i)	474,963.	0.	0.	0.	26,449.	501,412.	
	(ii)	0.	0.	0.	0.	0.	0.	
3 JOHN O BRIEN	(i)	319,940.	0.	0.	22,000.	16,621.	358,561.	
	(ii)	0.	0.	0.	0.	0.	0.	
4 K SINGH TANEJA	(i)	255,412.	0.	0.	22,000.	14,570.	291,982.	
	(ii)							
5 STEWART SEITZ	(i)	163,961.	0.	0.	13,585.	11,178.	188,724.	
	(ii)							
6 DAVID GOLDMAN	(i)	260,183.	0.	0.	10,340.	23,707.	294,230.	
	(ii)	0.	0.	0.	0.	0.	0.	
7 KENNETH GLOVER	(i)	189,106.	0.	0.	0.	9,524.	198,630.	
	(ii)	0.	0.	0.	0.	0.	0.	
8 RUBY ANDERSON	(i)	177,088.	0.	0.	7,263.	17,639.	201,990.	
	(ii)	0.	0.	0.	0.	0.	0.	
9 SHEILA JARRETT	(i)	218,405.	0.	0.	0.	15,104.	233,509.	
	(ii)	0.	0.	0.	0.	0.	0.	
10 SUSANA OLBES	(i)	187,833.	0.	0.	22,000.	1,533.	211,366.	
	(ii)	0.	0.	0.	0.	0.	0.	
11 MICHAEL JACOBS	(i)	182,000.	0.	0.	11,366.	17,018.	210,384.	
	(ii)	0.	0.	0.	0.	0.	0.	
12 OSAZEE OMOZEE	(i)	180,083.	0.	0.	15,191.	768.	196,042.	
	(ii)	0.	0.	0.	0.	0.	0.	
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A

A SINGLE $15 GIANT GIFT CARD WAS PROVIDED AND ACCEPTED BY A MAJORITY OF THE ORGANIZATION'S EMPLOYEES (INCLUDING OFFICERS AND KEY EMPLOYEES) AS A ONE-TIME HOLIDAY GIFT. THE ORGANIZATION GROSSED-UP EACH RECIPIENT EMPLOYEE'S FORM W-2 SO THAT THE ORGANIZATION BORE THE TAX ASSOCIATED WITH THE RECEIPT OF THE GIANT GIFT CARD.

Name of the organization
DIMENSIONS HEALTH CORPORATION

Employer identification number
52-1289729

DESCRIPTION OF 990 REVIEW PROCESS

PART VI, LINE 11

A DRAFT OF THE 990 IS PREPARED IN COORDINATION BETWEEN THE ORGANIZATION'S FINANCE DEPARTMENT, THE ORGANIZATION'S OPERATIONS DEPARTMENT, AND THE ORGANIZATION'S OUTSIDE ACCOUNTANTS. THE EXECUTIVE VICE PRESIDENT AND CHIEF FINANCIAL OFFICER REVIEWS THE DRAFT 990 THAT IS PREPARED AND ANY COMMENTS OR QUESTIONS ARE REFLECTED IN A FURTHER REVISED 990. THE LATEST VERSION OF THE 990 IS MADE AVAILABLE TO ALL MEMBERS OF THE BOARD OF DIRECTORS FOR THEIR REVIEW AND COMMENTS PRIOR TO FILING.

CONFLICTS MONITORING AND ENFORCEMENT

PART VI, LINE 12

THE ORGANIZATION HAS ADOPTED A CONFLICT OF INTEREST POLICY THAT COVERS THE ORGANIZATION AND ITS SUBSIDIARIES. ANY POSSIBLE CONFLICT OF INTEREST ON THE PART OF ANY DIRECTOR SHOULD BE DISCLOSED IN WRITING TO THE MEMBERS OF THE BOARD OF DIRECTORS AND MADE A MATTER OF RECORD. ANY MEMBER OF THE BOARD OF DIRECTORS HAVING A POTENTIAL CONFLICT OF INTEREST ON ANY MATTER UNDER CONSIDERATION WILL NOT VOTE OR USE HIS OR HER PERSONAL INFLUENCE ON THE MATTER, AND HE OR SHE SHOULD NOT BE COUNTED IN DETERMINING THE QUORUM FOR THE MEETING.

DETERMINATION OF COMPENSATION

PART VI, LINE 15

THE ORGANIZATION HAS ADOPTED A PROCESS FOR DETERMINING EXECUTIVE

Name of the organization: DIMENSIONS HEALTH CORPORATION

Employer identification number: 52-1289729

COMPENSATION THAT COVERS THE ORGANIZATION AND ITS SUBSIDIARIES. THE ORGANIZATION UTILIZES A WRITTEN EMPLOYMENT CONTRACT, A COMPENSATION SURVEY OR STUDY, AN APPROVAL BY BOARD/COMPENSATION COMMITTEE AND CONTEMPORANEOUS WRITTEN SUBSTANTIATION OF THE DECISION-MAKING PROCESS.

DOCUMENT AVAILABILITY

PART VI, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

NET ASSET RECONCILIATION

PART XI, LINE 5

CHANGE IN MINIMUM PENSION LIABILITY	$26,394,000
FORGIVENESS OF INTERCOMPANY DEBT	(12,207,948)
LOSS ON DISCONTINUED OPERATIONS	(3,945,000)
RESTRICTED NET ASSETS RELEASED	(823,000)
UNREALIZED GAIN	30,000
ROUNDING	22,264
TOTAL	$ 9,470,316

ATTACHMENT 1

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

OUR STATED MISSION IS TO PROVIDE HIGH QUALITY, EFFICIENT HEALTHCARE SERVICES TO PRESERVE, RESTORE AND IMPROVE THE HEALTH STATUS OF OUR COMMUNITY. THIS MISSION IS PURSUED IN COLLABORATION WITH OUR RELATED ORGANIZATIONS. WE URGE THOSE INTERESTED TO ACCESS MORE DETAILED AND

Name of the organization: DIMENSIONS HEALTH CORPORATION

Employer identification number: 52-1289729

ATTACHMENT 1 (CONT'D)

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

COMPLETE INFORMATION AT WWW.DIMENSIONSHEALTH.ORG

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

THE MAIN FUNCTION OF THE ORGANIZATION IS TO PROVIDE COMMUNITY BENEFITS THROUGH PROGRAMS AND ACTIVITIES THAT IMPROVE ACCESS TO HEALTH CARE AND IMPROVE THE OVERALL HEALTH OF THE COMMUNITIES WE SERVE. OUR STATED IS MISSION IS TO PROVIDE HIGH QUALITY, EFFICIENT HEALTHCARE SERVICES TO PRESERVE, RESTORE AND IMPROVE THE HEALTH STATUS OF OUR COMMUNITY. THIS MISSION IS PURSUED IN COLLABORATION OUR RELATED ORGANIZATIONS, WHICH ARE LISTED IN PART VI. WHILE WE HAVE ATTEMPTED TO SUMMARIZE OUR PROGRAM SERVICE ACCOMPLISHMENTS BELOW, WE URGE THOSE INTERESTED TO ACCESS MORE DETAILED AND COMPLETE INFORMATION AT WWW.DIMENSIONSHEALTH.ORG.

THE ORGANIZATION OPERATES LAUREL REGIONAL HOSPITAL (LRH), WHICH SERVES THE COMMUNITIES LOCATED IN PRINCE GEORGE'S, ANNE ARUNDEL, HOWARD, AND MONTGOMERY COUNTIES WITH A POPULATION OF APPROXIMATELY 2,400,000. IN ACCORDANCE WITH OUR TAX-EXEMPT PURPOSE THE ORGANIZATION OPERATES AN EMERGENCY ROOM OPEN TO ALL PERSONS REGARDLESS OF THE ABILITY TO PAY. ALL PHYSICIANS LICENSED IN THE STATE OF MARYLAND WHO MEET THE FACILITY BYLAW REQUIREMENTS ARE ELIGIBLE TO APPLY FOR MEDICAL STAFF PRIVILEGES.
APPROXIMATELY, 366 HAVE PRIVILEGES AT LRH. THE SYSTEM THAT OPERATES LRH HAS A GOVERNING BODY PRIMARILY COMPRISED OF

Name of the organization: DIMENSIONS HEALTH CORPORATION

Employer identification number: 52-1289729

ATTACHMENT 2 (CONT'D)

INDEPENDENT PERSONS REPRESENTATIVE OF THE COMMUNITY, AND PARTICIPATES IN THE MEDICARE AND MEDICAID PROGRAMS.

WE HAVE IDENTIFIED SEVERAL HEALTH-RELATED TRENDS, NEEDS, AND PROBLEMS FACING OUR POPULATION, INCLUDING ACCESS TO PRENATAL CARE, ISSUES RELATED TO AGING, SUBSTANCE ABUSE, ACCESS TO SPECIALTY CARE, MATERNAL AND CHILD HEALTH ETC. THE ORGANIZATION'S STRATEGIES FOR ADDRESSING THESE ISSUES INCLUDES PROVIDING CLASSES, SEMINARS, SCREENING AND HEALTH SERVICES, DIABETES EDUCATION. MORE INFORMATION ABOUT THESE STRATEGIES IS AVAILABLE ON THE WEB SITE IDENTIFIED ABOVE.

DURING THE MOST RECENT REPORTING PERIOD LRH PROVIDED A TOTAL OF $4,466,953 IN CHARITY CARE TO THE COMMUNITY. ADDITIONALLY, LRH EXPENDED APPROXIMATELY $11,278,137 ON COMMUNITY BENEFIT PROGRAMS SUCH AS MISSION-DRIVEN HEALTH SERVICES, EDUCATION AND OUTREACH, GRANTS AND SCHOLARSHIPS. THESE ARE PROGRAMS AND ACTIVITIES BENEFITING THE COMMUNITIES WE SERVE, INCLUDING SCREENINGS AND SPEAKERS WHO ARE EDUCATED ON A WIDE RANGE OF TOPICS. LRH ALSO OFFERS CPR, ACLS, AND SMOKING CESSATION CLASSES. LRH IS PROUD TO PARTNER WITH OUTREACH GROUPS SUCH AS ALCOHOLICS ANONYMOUS, NARCOTICS ANONYMOUS, AND A PARKINSON'S SUPPORT GROUP. FOR MORE DETAILED INFORMATION, PLEASE VISIT THE WEB SITE IDENTIFIED ABOVE.

THE ORGANIZATION OPERATES PRINCE GEORGE'S HOSPITAL CENTER (PGHC),

Name of the organization
DIMENSIONS HEALTH CORPORATION

Employer identification number
52-1289729

ATTACHMENT 2 (CONT'D)

AN ACUTE CARE HOSPITAL IN PRINCE GEORGE'S COUNTY, WHICH PROVIDES QUALITY CARE TO A POPULATION OF APPROXIMATELY 1,500,000. IN ACCORDANCE WITH OUR TAX-EXEMPT PURPOSE PGHC OPERATES AN EMERGENCY ROOM OPEN TO ALL PERSONS REGARDLESS OF ABILITY TO PAY. ALL PHYSICIANS LICENSED IN THE STATE OF MARYLAND WHO MEET THE FACILITY BYLAW REQUIREMENTS ARE ELIGIBLE TO APPLY FOR MEDICAL STAFF PRIVILEGES. APPROXIMATELY, 547 HAVE PRIVILEGES AT PGHC. THE ORGANIZATION THAT OPERATES PRINCE GEORGES HOSPITAL CENTER HAS A GOVERNING BODY PRIMARILY COMPRISED OF INDEPENDENT PERSONS REPRESENTATIVE OF THE COMMUNITY, AND PGHC PARTICIPATES IN THE MEDICARE AND MEDICAID PROGRAMS.

WE HAVE IDENTIFIED SEVERAL HEALTH-RELATED TRENDS, NEEDS, AND PROBLEMS FACING THE PGHC COMMUNITY POPULATION, INCLUDING ACCESS TO PRENATAL CARE, ISSUES RELATED TO AGING, SUBSTANCE ABUSE AND ACCESS TO SPECIALTY CARE, E.G. EMERGENCY AND TRAUMA SERVICES, MATERNAL AND CHILD HEALTH. THE ORGANIZATION'S STRATEGIES FOR ADDRESSING THESE ISSUES INCLUDES PROVIDING CLASSES, SEMINARS, SCREENING AND HEALTH SERVICES, DIABETES EDUCATION. MORE INFORMATION ABOUT THESE STRATEGIES IS AVAILABLE ON THE WEB SITE IDENTIFIED ABOVE.

DURING THE MOST RECENT REPORTING PERIOD THE ORGANIZATION PROVIDED A TOTAL OF $15,636,755 IN CHARITY CARE TO THE COMMUNITY. ADDITIONALLY, THE ORGANIZATION EXPENDED APPROXIMATELY $31,925,894 TO COMMUNITY BENEFIT PROGRAMS SUCH AS EDUCATION AND OUTREACH,

Name of the organization: DIMENSIONS HEALTH CORPORATION

Employer identification number: 52-1289729

ATTACHMENT 2 (CONT'D)

GRANTS AND SCHOLARSHIPS, AND MISSION DRIVEN HEALTH CARE SERVICES ON PROGRAMS AND ACTIVITIES BENEFITING THE COMMUNITIES PGHC SERVES. THESE PROGRAMS AND ACTIVITIES INCLUDED TRAUMA SERVICES,PREEMIE SUPPORT GROUP, SMOKING CESSATION PRESENTATIONS, PROVIDED FLU SHOTS TO THE PUBLIC, PROVIDE BLOOD PRESSURE SCREENINGS TO LOCAL CHURCHES, ETC. FOR MORE DETAILED INFORMATION, PLEASE VISIT THE WEB SITE IDENTIFIED ABOVE.

ATTACHMENT 3

FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

NAME AND TITLE	HOURS DEVOTED FOR RELATED ORGANIZATION
WILLIAM F WILLIAMS DIRECTOR	0.00
TOM HENDERSHOTT DIRECTOR	1.00
ELIZABETH HEWLETT DIRECTOR	0.00
BARBARA FRUSH SECRETARY	0.00
C PHILIPS NICHOLS JR CHAIRMAN OF THE BOARD	0.00
SAYED SADIQ MD DIRECTOR	0.00
BENJAMIN STALLINGS MD TREASURER	0.00
V PREM CHANDAR DIRECTOR	0.00
TAWANA GAINES VICE CHAIR	0.00
INGRID TURNER DIRECTOR	0.00
GWEN MCCALL DIRECTOR	0.00
MICHAEL HERMAN DIRECTOR	0.00
CAMILLE EXUM DIRECTOR	0.00
M ALI KHAN DIRECTOR	0.00

Name of the organization: DIMENSIONS HEALTH CORPORATION

Employer identification number: 52-1289729

ATTACHMENT 3 (CONT'D)

RICHARD MACPHERSON	
DIRECTOR	0.00
NEIL MOORE	
CEO/CFO	20.00
JOHN O BRIEN	
COO AND PRES PGHC	21.00
STEWART SEITZ	
PRES GSSHNC AEI BHC	0.00
DAVID GOLDMAN	
VICE PRESIDENT MEDICAL AFFAIRS	1.00
KENNETH GLOVER	
CEO	20.00
K SINGH TANEJA	
VP PHYSICAN CLIN PGM	20.00
RUBY ANDERSON	
VP CNO PGHC	0.00
SHEILA JARRETT	
RN	0.00
SUSANA OLBES	
RN	0.00
MICHAEL JACOBS	
VP HR	0.00
OSAZEE OMOZEE	
RN	0.00
GT DUNLOP ECKER	
PRES & CEO	20.00

ATTACHMENT 4

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
PHOENIX 910 CLOPPER RD GAITHERSBURG, MD 20878	MIS SERVICES	4,625,115.
SODEXHO PO BOX 536922 ATLANTA, GA 30353-6922	FOOD SERVICE	4,120,903.
ALLIANT/ADVANTAGE 7700 OLD GEORGETOWN RD STE 530 BETHESDA, MD 20814	AGENCY NURSES	1,980,562.
EMCARE OF MARYLAND LLC 7032 COLLECTION CTR DR DURHAM, NC 27713	EMERGENCY ROOM SERV	2,240,656.

Name of the organization: DIMENSIONS HEALTH CORPORATION

Employer identification number: 52-1289729

ATTACHMENT 4 (CONT'D)

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
BROADWAY SERVICES INC 3709 EAST MONUMENT STREET BALTIMORE, MD 21205	SECURITY	1,999,335.
TOTAL COMPENSATION		14,966,571.

ATTACHMENT 5

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INVESTMENT INCOME	177,754.			177,754.
TOTALS	177,754.			177,754.

ATTACHMENT 6

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
GOLF TOURNAMENT	51,400.
TOTAL	51,400.

ATTACHMENT 7

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
GOLF TOURNAMENT	59,400.	72,302.	-12,902.
TOTALS	59,400.	72,302.	-12,902.

Name of the organization: DIMENSIONS HEALTH CORPORATION

Employer identification number: 52-1289729

ATTACHMENT 8

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION	ENDING BOOK VALUE
PREPAID EXPENSES	4,030,187.
TOTALS	4,030,187.

ATTACHMENT 9

FORM 990, PART X - DEFERRED REVENUE

DESCRIPTION	ENDING BOOK VALUE
DEFERRED REVENUE	4,259,835.
TOTALS	4,259,835.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization
DIMENSIONS HEALTH CORPORATION

Employer identification number
52-1289729

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) DIMENSIONS HEALTHCARE ASSOCIATES 52-1902711 7300 VAN DUSEN RD LAUREL, MD 20707	HEALTHCARE	MD	501(C)(3)	509(A)(3)	DHC	X	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) AFFILIATED ENTERPRISES 52-1542144 7300 DUSEN RD LAUREL, MD 20707	HEALTHCARE	MD	DHC	C CORP	1,111,918.	4,390,246.	100.0000
(2) DIMENSIONS ASSURANCE 98-0348082 PO BOX 1363 GENESIS BUILDING GEORGE TOWN, GRAND CAYMAN CJ	INSURANCE	CJ	DHC	C CORP	7,011,730.	38,719,769.	100.0000
(3) MADISON MANOR 52-1269059 7300 VAN DUSEN RD LAUREL, MD 20707	HEALTHCARE	MD	DHC	C CORP	617,701.	2,818,014.	100.0000
(4)							
(5)							
(6)							
(7)							

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

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

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

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

	(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved	(d) Method of determining amount involved
(1)	DIMENSIONS ASSURANCE LTD	N	5,440,500.	FMV
(2)	DIMENSIONS HEALTHCARE ASSOCIATES	N	12,207,949.	FMV
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

Part VII **Supplemental Information**

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

0E7000 1.000

RENT AND ROYALTY INCOME

Taxpayer's Name	Identifying Number
DIMENSIONS HEALTH CORPORATION	52-1289729

DESCRIPTION OF PROPERTY

RENTAL PROPERTY

Yes	No	Did you actively participate in the operation of the activity during the tax year?

REAL RENTAL INCOME	721,824.	
OTHER INCOME		
TOTAL GROSS INCOME		721,824.
OTHER EXPENSES:		
DEPRECIATION (SHOWN BELOW)		
LESS: Beneficiary's Portion		
AMORTIZATION		
LESS: Beneficiary's Portion		
DEPLETION		
LESS: Beneficiary's Portion		
TOTAL EXPENSES		
TOTAL RENT OR ROYALTY INCOME (LOSS)		721,824.
Less Amount to		
Rent or Royalty		
Depreciation		
Depletion		
Investment Interest Expense		
Other Expenses		
Net Income (Loss) to Others		
Net Rent or Royalty Income (Loss)		721,824.
Deductible Rental Loss (if Applicable)		

SCHEDULE FOR DEPRECIATION CLAIMED

(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des.	(e) Bus. %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
JSA **Totals**									

RENT AND ROYALTY SUMMARY

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET INCOME
RENTAL PROPERTY	721,824.			721,824.
TOTALS	721,824.			721,824.

Form **4797**

Department of the Treasury
Internal Revenue Service (99)

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return. ▶ See separate instructions.

OMB No. 1545-0184

2010

Attachment Sequence No. **27**

Name(s) shown on return

DIMENSIONS HEALTH CORPORATION

Identifying number

52-1289729

1 Enter the gross proceeds from sales or exchanges reported to you for 2010 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) 1

Part I **Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year** (see instructions)

2 (a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
ATTACHMENT 1						2,500.

3	Gain, if any, from Form 4684, line 42	3	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	4	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5	
6	Gain, if any, from line 32, from other than casualty or theft	6	
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows:	7	2,500.

Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8	Nonrecaptured net section 1231 losses from prior years (see instructions)	8	
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions)	9	

Part II **Ordinary Gains and Losses** (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	Loss, if any, from line 7	11	( )
12	Gain, if any, from line 7 or amount from line 8, if applicable	12	
13	Gain, if any, from line 31	13	
14	Net gain or (loss) from Form 4684, lines 34 and 41a	14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17	Combine lines 10 through 16	17	
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:		
a	If the loss on line 11 includes a loss from Form 4684, line 38, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions	18a	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14	18b	

Part III **Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255** (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A		
B		
C		
D		

These columns relate to the properties on lines 19A through 19D. ▶		Property A	Property B	Property C	Property D
20 Gross sales price (**Note:** *See line 1 before completing.*)	20				
21 Cost or other basis plus expense of sale	21				
22 Depreciation (or depletion) allowed or allowable	22				
23 Adjusted basis. Subtract line 22 from line 21	23				
24 Total gain. Subtract line 23 from line 20	24				
25 **If section 1245 property:**					
a Depreciation allowed or allowable from line 22	25a				
b Enter the **smaller** of line 24 or 25a	25b				
26 **If section 1250 property:** If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a Additional depreciation after 1975 (see instructions)	26a				
b Applicable percentage multiplied by the **smaller** of line 24 or line 26a (see instructions)	26b				
c Subtract line 26a from line 24. If residential rental property **or** line 24 is not more than line 26a, skip lines 26d and 26e	26c				
d Additional depreciation after 1969 and before 1976	26d				
e Enter the **smaller** of line 26c or 26d	26e				
f Section 291 amount (corporations only)	26f				
g Add lines 26b, 26e, and 26f	26g				
27 **If section 1252 property:** Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).					
a Soil, water, and land clearing expenses	27a				
b Line 27a multiplied by applicable percentage (see instructions)	27b				
c Enter the **smaller** of line 24 or 27b	27c				
28 **If section 1254 property:** **a** Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion (see instructions)	28a				
b Enter the **smaller** of line 24 or 28a	28b				
29 **If section 1255 property:**					
a Applicable percentage of payments excluded from income under section 126 (see instructions)	29a				
b Enter the **smaller** of line 24 or 29a (see instructions)	29b				

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30		
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31		
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 36. Enter the portion from other than casualty or theft on Form 4797, line 6	32		

Part IV **Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33		
34 Recomputed depreciation (see instructions)	34		
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35		

DIMENSIONS HEALTH CORPORATION
Supplement to Form 4797 Part I Detail

52-1289729
ATTACHMENT 1

Description	Date Acquired	Date Sold	Gross Sales Price	Depreciation Allowed or Allowable	Cost or Other Basis	Gain or (Loss) for entire year
SALE OF FIXED ASSETS			2,500.			2,500.
Totals						2,500.

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