

Return of Organization Exempt From Income Tax

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

Department of the Treasury
Internal Revenue Service

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

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <u>DIMENSIONS HEALTH CORPORATION</u> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>7300 VAN DUSEN ROAD</u> City or town, state or country, and ZIP + 4 <u>LAUREL, MD 20707</u>	D Employer identification number <u>52-1289729</u> E Telephone number <u>(240) 456-2245</u>
	F Name and address of principal officer: <u>GT DUNLOP ECKER</u> <u>7300 VAN DUSEN RD LAUREL, MD 20707</u>		G Gross receipts \$ <u>378,782,358.</u> H(a) Is this a group return for affiliates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all affiliates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. (see instructions)
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (<u>3</u>) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ <u>WWW.DIMENSIONHEALTH.COM</u> K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: <u>1982</u> M State of legal domicile: <u>MD</u>

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: _____		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	14
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5	Total number of employees (Part V, line 2a)	5	2,701
	6	Total number of volunteers (estimate if necessary)	6	
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	NONE	
Revenue	8	Contribution and grants (Part VIII, line 1h)	Prior Year 18,099,314.	Current Year 27,293,535.
	9	Program service revenue (Part VIII, line 2g)	338,181,807.	349,535,551.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	889,232.	205,046.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,241,612.	1,623,984.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	358,411,965.	378,658,116.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	19,333.	NONE
	14	Benefits paid to or for members (Part IX, column (A), line 4)		NONE
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	167,776,134.	186,648,042.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		NONE
	16b	Total fundraising expenses, Part IX, column (D), line 25 ▶	NONE	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	180,307,843.	179,221,178.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	348,103,310.	365,869,220.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	10,308,655.	12,788,896.
	20	Total assets (Part X, line 16)	Beginning of Year 244,170,783.	End of Year 239,171,176.
	21	Total liabilities (Part X, line 26)	226,584,785.	260,757,230.
	22	Net assets or fund balances. Subtract line 21 from line 20	17,585,998.	-21,586,054.

Part II Signature Block

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

Sign Here ▶ *[Signature]* Date 5/17/10
 Signature of officer
 ▶ NELJ MOORE Type or print name and title
 ▶ CFO

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	<u>COHEN, RUTHERFORD + KNIGHT, PC</u>	<u>05/17/2010</u>	<u>P00482524</u>
			EIN	<u>52-1202280</u>
			Phone no.	<u>301-828-1002</u>

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

SEE STATEMENT 1

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

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

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

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

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

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

4a (Code: _____) (Expenses \$ 337,993,035. including grants of \$ _____) (Revenue \$ 349,535,551.)

SEE STATEMENT 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 ► \$ 337,993,035. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, Yes, No. Contains 27 rows of questions regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Form 990 (2008) Part V Statements Regarding Other IRS Filings and Tax Compliance. Includes sections 1a-12b with Yes/No columns and input fields for various tax-related questions.

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

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990		X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

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

Section C. Disclosure

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

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

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

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

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

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

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

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

Table with columns: (A) Name and title, (B) Average hours per week, (C) Position (check all that apply: Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (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.

1b Total 2,820,835 NONE 411,298

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 228

Table with 3 rows of questions and Yes/No columns: 3 Did the organization list any former officer... 4 For any individual listed on line 1a... 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization?

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Row 1: SEE STATEMENT 5

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 185

Part VIII Statement of Revenue

52-1289729

			(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	72,725.			
	d	Related organizations	1d	62,170.			
	e	Government grants (contributions)	1e	25,657,697.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,500,943.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		27,293,535.			
Program Service Revenue	2a	NET PATIENT REVENUE	Business Code	347,893,438.	347,893,438.		
	b	CAFETERIA/MEAL SERVICE/ VENDING		784,605.	784,605.		
	c	PARKING		370,922.	370,922.		
	d	TRAUMA FEES		443,906.	443,906.		
	e	SMOKING CESSATION PROGRAM		42,680.	42,680.		
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		349,535,551.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	STMT 6	199,346.		199,346.
4		Income from investment of tax-exempt bond proceeds		NONE			
5		Royalties		NONE			
6a		Gross Rents	(i) Real				
			(ii) Personal				
				701,695.			
b		Less: rental expenses					
c		Rental income or (loss)		701,695.			
d		Net rental income or (loss)		701,695.		701,695.	
7a		Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other		5,700.		
b		Less: cost or other basis and sales expenses					
c	Gain or (loss)		5,700.				
d	Net gain or (loss)		5,700.		5,700.		
8a	Gross income from fundraising events (not including \$ 72,725. of contributions reported on line 1c). See Part IV, line 18.		STMT 9				
		a		52,000.			
		b		124,242.			
c	Net income or (loss) from fundraising events	STMT 10		-72,242.		-51,517.	
9a	Gross income from gaming activities. See Part IV, line 19.	a					
		b					
		c	Net income or (loss) from gaming activities		NONE		
10a	Gross sales of inventory, less returns and allowances	a					
		b					
		c	Net income or (loss) from sales of inventory		NONE		
Miscellaneous Revenue		Business Code					
11a	OTHER		994,531.		994,531.		
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		994,531.				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		378,658,116.	349,535,551.		1,849,755.	

Part IX Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	NONE			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	1,710,434.		1,710,434.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages	154,662,453.	145,382,706.	9,279,747.	NONE
8 Pension plan contributions (include section 401 (K) and section 403(b) employer contributions). . .	8,033,758.	7,551,733.	482,025.	
9 Other employee benefits	13,129,848.	12,342,057.	787,791.	
10 Payroll taxes	9,111,549.	8,564,856.	546,693.	
11 Fees for services (non-employees):				
a Management	600,236.		600,236.	
b Legal	926,811.		926,811.	
c Accounting	NONE			
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other	25,714,835.	17,743,236.	7,971,599.	
12 Advertising and promotion	328,732.	203,814.	124,918.	
13 Office expenses	252,126.	181,531.	70,595.	
14 Information technology	120,541.	12,054.	108,487.	
15 Royalties	NONE			
16 Occupancy	7,018,049.	6,807,508.	210,541.	
17 Travel	109,289.	62,295.	46,994.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	NONE			
20 Interest	3,695,802.	3,363,180.	332,622.	
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	8,250,526.	6,682,926.	1,567,600.	
23 Insurance	7,928,095.	7,848,814.	79,281.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a PROFESSIONAL FEES -----	2,960,799.	2,042,951.	917,848.	
b PHYSICIAN FEES -----	12,512,562.	12,512,562.		
c REPAIRS AND MAINT -----	3,535,909.	2,439,777.	1,096,132.	
d DUES AND MEMBERSHIPS -----	49,948.	47,950.	1,998.	
e SUPPLIES -----	51,753,747.	51,236,210.	517,537.	
f All other expenses -----	53,463,171.	52,966,875.	496,296.	
25 Total functional expenses. Add lines 1 through 24f	365,869,220.	337,993,035.	27,876,185.	NONE
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	4,444,978.	1	9,512,339.
	2	Savings and temporary cash investments	18,644,400.	2	12,854,293.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	49,947,290.	4	52,033,626.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sales or use	4,803,633.	8	4,688,975.
	9	Prepaid expenses and deferred charges SFMT. 11 .	3,783,959.	9	3,610,582.
	10a	Land, buildings, and equipment: cost basis	10a 223,317,122.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D.	10b 164,988,948.	58,172,068.	10c 58,328,174.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	10,848,949.	12	11,381,662.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	93,525,506.	15	86,761,525.
16	Total assets. Add lines 1 through 15 (must equal line 34)	244,170,783.	16	239,171,176.	
Liabilities	17	Accounts payable and accrued expenses	42,041,549.	17	43,680,859.
	18	Grants payable		18	
	19	Deferred revenue SFMT. 12 .	54,137.	19	1,660,000.
	20	Tax-exempt bond liabilities	66,369,767.	20	63,908,996.
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties SFMT. 13 .	1,350,000.	23	846,000.
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	116,769,332.	25	150,661,375.
	26	Total liabilities. Add lines 17 through 25	226,584,785.	26	260,757,230.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	13,189,032.	27	-23,850,980.
	28	Temporarily restricted net assets	4,396,966.	28	2,264,926.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	17,585,998.	33	-21,586,054.	
34	Total liabilities and net assets/fund balances	244,170,783.	34	239,171,176.	

Part XI Financial Statements and Reporting

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization DIMENSIONS HEALTH CORPORATION	Employer identification number 52-1289729
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Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally Integrated d Type III - Other

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

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

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

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

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

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

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

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1-3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 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.); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Percentage, %. Rows include: 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f; 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization; b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 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.

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

Section A. Public Support

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

Section B. Total Support

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

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

[Dashed lines for supplemental information input]

Schedule of Contributors

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

2008

Name of the organization
DIMENSIONS HEALTH CORPORATION

Employer identification number
52-1289729

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

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	\$ 14,132,321.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	PRINCE GEORGES COUNTY GOVT 14741 GOVERNOR ODEN BOWIE DR UPPER MARLBORO, MD 20772	\$ 11,314,576.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	US DEPT HEALTH AND HUMAN SERVICES 11400 ROCKVILLE PIKE ROCKVILLE, MD 20852	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	LAUREL HOSPITAL FOUNDATION 7300 VAN DUSEN RD LAUREL, MD 20707	\$ 33,673.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	MAGRUDER MEMEORIAL HOSPITAL TRUST PO BOX 658 UPPER MARLBORO, MD 20772	\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	PRINCE GEORGES HOSPITAL GUILD 3001 HOSPITAL DR CHEVERLY, MD 20785	\$ 25,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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	MD DEPT OF HEALTH AND MENTAL HYGINE 201 W PRESTON ST BALTIMORE, MD 21201	\$ 180,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	GOLF TOURN 3001 HOSPITAL DR CHEVERLY, MD 20785	\$ 72,725.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

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.

Table with 3 columns: Question number, Question text, and Yes/No checkboxes. Questions 1-4 ask for total number, aggregate contributions, aggregate grants, and aggregate value. Questions 5-6 ask about donor advisement and private benefit.

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

Table with 3 columns: Question number, Question text, and Yes/No checkboxes. Questions 1-9 cover purpose of easements, monitoring, and reporting requirements.

Table titled 'Held at the End of the Year' with rows 2a, 2b, 2c, and 2d for tracking conservation easements.

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

Table with 3 columns: Question number, Question text, and Yes/No checkboxes. Questions 1a-1b and 2a-2b cover reporting requirements for art and historical treasures.

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or 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:

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		743,311.		743,311.
b Buildings		61,656,594.	30,392,617.	31,263,977.
c Leasehold improvements		34,825,302.	28,549,448.	6,275,854.
d Equipment		124,464,002.	106,046,883.	18,417,119.
e Other		1,627,913.		1,627,913.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				58,328,174.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other _____		

Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.) ▶		

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

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

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

(a) Description	(b) Book value
<u>DUE FROM AFFILIATES</u>	72,676,240.
<u>NON-CURRENT ACCOUNTS RECEIVABL</u>	3,242,496.
<u>INVESTMENT AEI</u>	4,834,485.
<u>INVESTMENT DAL</u>	1,000,000.
<u>DEFERRED FINANCING COSTS</u>	337,618.
<u>DEFERRED COMPENSATION</u>	1,253,806.
<u>OTHER ACCOUNTS RECEIVABLE</u>	3,416,880.
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) ▶	86,761,525.

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

(a) Description of liability	(b) Amount
Federal income taxes	
<u>ADVANCES FROM THIRD PARTIES</u>	10,444,243.
<u>CAPITAL LEASE OBLIGATIONS</u>	2,201,586.
<u>DUE TO AFFILIATES</u>	56,341,398.
<u>ACCRUED EMPLOYEE BENEFIT LIAB</u>	81,674,148.
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.) ▶	150,661,375.

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)		1
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 4-8		9
10	Excess or (deficit) for the year per 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 should 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	Losses reported on Form 990, Part IX, line 25	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 should 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

Part XIV Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

2008

Open To Public Inspection

Name of the organization
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.

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

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

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

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

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

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))	
		GOLF TOURN (event type)	(event type)	NONE (total number)		
Revenue	1	Gross receipts	124,725.		124,725.	
	2	Less: Charitable contributions	72,725.		72,725.	
	3	Gross revenue (line 1 minus line 2)	52,000.		52,000.	
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Other direct expenses	124,242.		124,242.	
	8	Direct expense summary. Add lines 4 through 7 in column (d)				(124,242.)
	9	Net income summary. Combine lines 3 and 8 in column (d)				-72,242.

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))	
		Yes	No	Yes	No	Yes	No		
Revenue	1	Gross revenue							
Direct Expenses	2	Cash prizes							
	3	Non-cash 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 lines 1 and 7 in column (d)							

	Yes	No
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? _____	9a	
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers? _____	11	
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? _____	12	

13 Indicate the percentage of gaming activity operated in:

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

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

Name ▶ _____

Address ▶ _____

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

15a

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

c If "Yes," enter name and address:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

17a

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

SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2008

Open to Public Inspection

► To be completed by organizations that answer "Yes" to Form 990,

Part IV, line 20.

► Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

DIMENSIONS HEALTH CORPORATION

52-1289729

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

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

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

7 Charity Care and Certain Other Community Benefits at Cost

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

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

Schedule H (Form 990) 2008

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

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

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

Section A. Bad Debt Expense

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

Section B. Medicare

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

Section C. Collection Practices

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

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

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

Part V Facility Information (Required for 2008)

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER - 24 hours	ER - other	Other (Describe)
PRINCE GEORGES HOSPITAL CENTER 3001 HOSPITAL DR CHEVERLY MD 20785	X								
LAUREL REGIONAL HOSPITAL 7300 VAN DUSEN RD LAUREL MD 20707	X								
BOWIE HEALTH CENTER 15001 HEALTH CENTER DR BOWIE MD 20716	X								
GLADYS SPELMAN SPECIALTY HOSPITAL 2900 MERCY LANE CHEVERLY MD 20785	X								

Part VI Supplemental Information (Optional for 2008)

Complete this part to provide the following information.

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

DIMENSTIONS HEALTH CORPORATION

Employer identification number

52-1289729

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- | | | | |
|--|-----------|---|---|
| a Receive a severance payment or change of control payment? | 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 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

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

- | | | | |
|--|-----------|--|---|
| a The organization? | 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

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

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

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

Schedule J (Form 990) 2008

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
NEIL MOORE	(i) 275,874 (ii) NONE (iii) NONE	NONE NONE NONE	NONE NONE NONE	24,039 NONE NONE	16,104 NONE NONE	316,017 NONE NONE	
GT DUNLOP ECKER	(i) 469,676 (ii) NONE (iii) NONE	NONE NONE NONE	NONE NONE NONE	17,166 NONE NONE	16,662 NONE NONE	503,504 NONE NONE	
JOHN O BRIEN	(i) 304,751 (ii) NONE (iii) NONE	NONE NONE NONE	NONE NONE NONE	40,177 NONE NONE	12,799 NONE NONE	357,727 NONE NONE	
K SINGH TANEJA	(i) 252,661 (ii) NONE (iii) NONE	NONE NONE NONE	NONE NONE NONE	30,606 NONE NONE	5,529 NONE NONE	288,796 NONE NONE	
STEWART SETTZ	(i) 163,758 (ii) NONE (iii) NONE	NONE NONE NONE	NONE NONE NONE	31,701 NONE NONE	8,477 NONE NONE	203,936 NONE NONE	
DOUGLAS SHEPHERD	(i) 243,713 (ii) NONE (iii) NONE	NONE NONE NONE	NONE NONE NONE	11,862 NONE NONE	6,145 NONE NONE	261,720 NONE NONE	
SUHASINI DEVI	(i) 208,139 (ii) NONE (iii) NONE	NONE NONE NONE	NONE NONE NONE	42,855 NONE NONE	6,314 NONE NONE	257,308 NONE NONE	
MICHAEL BROU	(i) 181,003 (ii) NONE (iii) NONE	NONE NONE NONE	NONE NONE NONE	20,364 NONE NONE	15,983 NONE NONE	217,350 NONE NONE	
SUSANA OLBES	(i) 218,999 (ii) NONE (iii) NONE	NONE NONE NONE	NONE NONE NONE	42,165 NONE NONE	16,199 NONE NONE	277,363 NONE NONE	
MICHAEL CHANCE	(i) 184,350 (ii) NONE (iii) NONE	NONE NONE NONE	NONE NONE NONE	13,155 NONE NONE	13,472 NONE NONE	210,977 NONE NONE	
OLIVIA ZAMA	(i) 219,811 (ii) NONE (iii) NONE	NONE NONE NONE	NONE NONE NONE	8,792 NONE NONE	10,732 NONE NONE	239,335 NONE NONE	
	(i) ----- (ii) ----- (iii) -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	
	(i) ----- (ii) ----- (iii) -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	
	(i) ----- (ii) ----- (iii) -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	
	(i) ----- (ii) ----- (iii) -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	
	(i) ----- (ii) ----- (iii) -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	
	(i) ----- (ii) ----- (iii) -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	----- ----- -----	

Part III Supplemental Information

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

SEVERANCE PAYMENT

DOUGLAS SHEPHERD RECEIVED \$76,990 IN SEVERANCE PAYMENT.

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

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the Organization

Employer Identification number

DIMENSIONS HEALTH CORPORATION

52-1289729

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL HERMAN TREASURER	5.	X						NONE	NONE	NONE
WILLIAM F WILLIAMS CHARIMAN OF THE BOARD	5.	X						NONE	NONE	NONE
TOM HENDERSHOTT DIRECTOR	5.	X						NONE	NONE	NONE
ELIZABETH HEWLETT DIRECTOR	5.	X						NONE	NONE	NONE
M ALI KHAN DIRECTOR	5.	X					98,100.	NONE	NONE	NONE
BARBARA FRUSH DIRECTOR	5.	X					NONE	NONE	NONE	NONE
NEIL MOORE CFO	40.	X		X			275,874.	NONE	40,143.	
RICHARD MACPHERSON SECRETARY	5.	X					NONE	NONE	NONE	NONE
CAMILLE EXUM DIRECTOR	5.	X					NONE	NONE	NONE	NONE
C PHILIPS NICHOLS JR DIRECTOR	5.	X					NONE	NONE	NONE	NONE
SAYED SADIQ DIRECTOR	5.	X					NONE	NONE	NONE	NONE
JAMES CHESLEY VICE CHAIR	5.	X					NONE	NONE	NONE	NONE
GT DUNLOP ECKER PRES & CEO	40.			X			469,676.	NONE	33,828.	
JOHN O BRIEN COO AND PRES PGHC	40.			X			304,751.	NONE	52,976.	
K SINGH TANEJA VP PHYSICAN CLIN PGM	40.			X			252,661.	NONE	36,135.	
STEWART SEITZ PRES GSSHNC AEI DSC	40.			X			163,758.	NONE	40,178.	
DOUGLAS SHEPHERD PRESIDENT LRH	40.			X			243,713.	NONE	18,007.	
SUHASINI DEVI RN	40.					X	208,139.	NONE	49,169.	
MICHAEL BROU RN	40.					X	181,003.	NONE	36,347.	
SUSANA OLBES RN	40.					X	218,999.	NONE	58,364.	
MICHAEL CHANCE SR MULTI MODE TECH	40.					X	184,350.	NONE	26,627.	

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

Schedule J-2 (Form 990) 2008

JSA
8E1294 1.000

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Continuation Sheet for Form 990

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the Organization

Employer Identification number

DIMENSIONS HEALTH CORPORATION

52-1289729

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<u>OLIVIA ZAMA</u> <u>RADIOGRAPHER</u>	40.					X		219,811.	NONE	19,524.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990

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

OMB No. 1545-0047

2008

**Open to Public
Inspection**

DIMENSIONS HEALTH CORPORATION

Employer identification number

52-1289729

DESCRIPTION OF 990 REVIEW PROCESS

PART VI, LINE 10

THE 990 WORKPAPERS ARE REVIEWED BY CORPORATE FINANCE DEPARTMENT, WITH
INPUT FROM OPERATIONS. ONCE THE RETURNS ARE COMPLETED AND READY FOR
FILING, THE RETURNS ARE REVIEWED AND SIGNED BY THE CHIEF FINANCIAL
OFFICER AND THE INTERIM PRESIDENT AND CEO OF THE SYSTEM.

Name of the organization

Employer identification number

DIMENSIONS HEALTH CORPORATION

52-1289729

CONFLICTS MONITORING AND ENFORCEMENT

PART VI, LINE 12

Name of the organization

Employer identification number

DIMENSIONS HEALTH CORPORATION

52-1289729

DETERMINATION OF COMPENSATION

PART VI, LINE 15

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.

Name of the organization

Employer identification number

DIMENSIONS HEALTH CORPORATION

52-1289729

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.

Name of the organization

Employer identification number

DIMENSIONS HEALTH CORPORATION

52-1289729

BLANK LINES

THE ORGANIZATION DID NOT COMPLETE PART V, LINES 8 AND 9 BECAUSE IT DID

NOT SPONSOR ANY DONOR ADVISED FUNDS.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

DIMENSIONS HEALTH CORPORATION

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2008

Open to Public
Inspection

Employer identification number
52-1289729

Part I Identification of Disregarded Entities

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

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
DIMENSIONS HEALTHCARE ASSOCIATES 7300 VAN DUSEN RD LAUREL, MD 20707 52-1902711	HEALTHCARE	MD	501 (C) (3)	509 (A) (3)	N/A

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

Schedule R (Form 990) 2008

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
AFFILIATED ENTERPRISES 7300 DUSEN RD LAUREL, MD 20707 52-1542144	HEALTHCARE	MD	DHC	C CORP	133,366.	4,817,637.	100.0000
DIMENSIONS ASSURANCE PO BOX 1363 GENESIS BUILDING GEORGE TOWN, GRAND CAYMAN MADISON MANOR 7300 VAN DUSEN RD LAUREL, MD 20707 52-1269059	HEALTHCARE	CJ	DHC	FOREIGN	-931,431.	30,495,973.	100.0000
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Part V Transactions With Related Organizations

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

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

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

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

	(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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 OF OUR RELATED ORGANIZATIONS. WE URGE THOSE INTERESTED TO ACCESS MORE DETAILED AND COMPLETE INFORMATION AT WWW.DIMENSIONSHEALTH.ORG

FORM 990, PART III - PROGRAM SERVICES

4A PROGRAM SERVICE

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 MISSION IS TO PRESERVE, RESTORE AND IMPROVE THE HEALTH STATUS OF MEMBERS OF OUR COMMUNITY BY OFFERING THE HIGHEST QUALITY HEALTH CARE SERVICES.

THIS MISSION IS PURSUED IN COLLABORATION OUR RELATED ORGANIZATIONS, WHICH ARE LISTED IN TAB R SCHEDULES. WHILE WE HAVE ATTEMPTED TO SUMMARIZE OUR PROGRAM SERVICE ACCOMPLISHMENTS BELOW, WE URGE THOSE INTERESTED TO ACCESS MORE DETAILED AND COMPLETE INFORMATION AT WWW.DIMENSIONSHALTH.ORG

THE ORGANIZATION OPERATES AN ACUTE CARE HOSPITAL PROVIDING QUALITY HEALTHCARE SERVICES TO THE SOUTHERN MARYLAND REGION SINCE 1944 WITH A POPULATION OF APPROXIMATELY 1,500,000. IN ACCORDANCE WITH OUR TAX-EXEMPT FUNCTION THE ORGANIZATION OPERATES AN EMERGENCY ROOM OPEN TO ALL PERSONS REGARDLESS OF ABILITY TO PAY THAT SERVED APPROXIMATELY 45,561 PATIENTS, HAS AN OPEN MEDICAL STAFF WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS IN THE AREA, AND A GOVERNING BODY PRIMARILY COMPRISED OF 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 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 \$872,119 IN CHARITY CARE TO THE COMMUNITY.

ADDITIONALLY, THE ORGANIZATION EXPENDED APPROXIMATELY \$18,629,658 TO COMMUNITY BENEFIT PROGRAMS SUCH AS EDUCATION AND OUTREACH, GRANTS AND SCHOLARSHIPS, AND MISSION DRIVEN HEALTH CARE SERVICES ON PROGRAMS AND ACTIVITIES BENEFITING THE COMMUNITIES WE SERVE. 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. AND DIRECTLY AFFECTED APPROXIMATELY 2,542 PERSONS

FORM 990, PART III - PROGRAM SERVICES

IN THE COMMUNITY. FOR MORE DETAILED INFORMATION, PLEASE VISIT THE WEB SITE IDENTIFIED ABOVE.

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.DIMENSIONSHALTH.ORG.

THE ORGANIZATION OPERATES AN ACUTE CARE HOSPITAL SERVING 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 FUNCTION THE ORGANIZATION OPERATES AN EMERGENCY ROOM OPEN TO ALL PERSONS REGARDLESS OF ABILITY TO PAY THAT SERVED APPROXIMATELY 36,249 PATIENTS, HAS AN OPEN MEDICAL STAFF WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS IN THE AREA, AND A GOVERNING BODY PRIMARILY COMPRISED OF 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 THE ORGANIZATION PROVIDED A TOTAL OF \$287,780.56 IN CHARITY CARE TO THE COMMUNITY.

ADDITIONALLY, THE ORGANIZATION EXPENDED APPROXIMATELY \$8,811,405 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. THESE PROGRAMS AND ACTIVITIES INCLUDED SCREENINGS AND SPEAKERS WHO ARE EDUCATED ON A WIDE RANGE OF TOPICS. THE HOSPITAL ALSO OFFERS CPR, ACLS, AND SMOKING CESSATION CLASSES. LAUREL REGIONAL HOSPITAL IS PROUD TO PARTNER WITH OUTREACH GROUPS SUCH AS

FORM 990, PART III - PROGRAM SERVICES

=====

ALCOHOLICS ANONYMOUS, NARCOTICS ANONYMOUS, AND A PARKINSON'S SUPPORT GROUP AND DIRECTLY AFFECTED APPROXIMATELY 3,518 PERSONS IN THE COMMUNITY. FOR MORE DETAILED INFORMATION, PLEASE VISIT THE WEB SITE IDENTIFIED ABOVE.

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

=====

NAME AND ADDRESS	DESCRIPTION OF SERVICES COMPENSATION	
-----	-----	
PHOENIX HEALTH SYSTEMS 910 CLOPPER RD GAITHERSBURG, MD 20877	MIS SERVICES	4,353,076.
EMCARE OF MARYLAND LLC 7032 COLLECTION CTR DR CHICAGO, IL 60693	MEDICAL CONSULTANT	1,662,279.
INNOVATIVE STAFFING SOLUTIONS 4041 POWDER MILL RD BELTSVILLE, MD 20705	MEDICAL CONSULT AGCY	1,679,380.
SODEXHO INC P.O. BOX 536922 ATLANTA, GA 30353	FOOD SERVICES	3,530,708.
K FORCE PO BOX 277997 ATLANTA, GA 30301	BILLING	2,467,274.
TOTAL COMPENSATION		----- 13,692,717. =====

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INVESTMENT INCOME	199,346.			199,346.
TOTALS	199,346.			199,346.

RENT AND ROYALTY INCOME

Taxpayer's Name DIMENSIONS HEALTH CORPORATION		Identifying Number 52-1289729							
DESCRIPTION OF PROPERTY RENTAL PROPERTY									
<input type="checkbox"/> Yes <input type="checkbox"/> No Did you actively participate in the operation of the activity during the tax year?									
REAL RENTAL INCOME		701,695.							
OTHER INCOME									
TOTAL GROSS INCOME		701,695.							
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)		701,695.							
Less Amount to									
Rent or Royalty									
Depreciation									
Depletion									
Investment Interest Expense									
Other Expenses									
Net Income (Loss) to Others									
Net Rent or Royalty Income (Loss)		701,695.							
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	701,695.			701,695.
TOTALS	701,695.			701,695.

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS
=====

DESCRIPTION -----	AMOUNT -----
GOLF TOURNAMENT	72,725.
TOTAL	----- 72,725. =====

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
GOLF TOURNAMENT	52,000.	124,242.	-72,242.
TOTALS	52,000.	124,242.	-72,242.

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION	ENDING BOOK VALUE
PREPAID EXPENSES	3,610,582.
TOTALS	3,610,582.

FORM 990, PART X - DEFERRED REVENUE
=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
DEFERRED REVENUE	1,660,000.
TOTALS	----- 1,660,000. =====

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE
=====

LENDER: MARYLAND HEALTH & HIGHER ED FACILITIES

BEGINNING BALANCE DUE	1,350,000.
ENDING BALANCE DUE	846,000.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	1,350,000.
	=====

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	846,000.
	=====

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

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return

Identifying number

DIMENSIONS HEALTH CORPORATION

52-1289729

1 Enter the gross proceeds from sales or exchanges reported to you for 2008 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)

- 3 Gain, if any, from Form 4684, line 45 **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**

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):

SEE STATEMENT 1							5,700.

- 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 37 and 44a **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** 5,700.

- 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 41, 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**

For Paperwork Reduction Act Notice, see separate instructions. Form 4797 (2008)

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
20 Gross sales price (Note: See line 1 before completing.)		20	20
21 Cost or other basis plus expense of sale		21	21
22 Depreciation (or depletion) allowed or allowable		22	22
23 Adjusted basis. Subtract line 22 from line 21		23	23
24 Total gain. Subtract line 23 from line 20		24	24
25 If section 1245 property:			
a Depreciation allowed or allowable from line 22		25a	25a
b Enter the smaller of line 24 or 25a		25b	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	26a
b Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions)		26b	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	26c
d Additional depreciation after 1969 and before 1976		26d	26d
e Enter the smaller of line 26c or 26d		26e	26e
f Section 291 amount (corporations only)		26f	26f
g Add lines 26b, 26e, and 26f		26g	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	27a
b Line 27a multiplied by applicable percentage (see instructions)		27b	27b
c Enter the smaller of line 24 or 27b		27c	27c
28 If section 1254 property:			
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, and mining exploration costs (see instructions)		28a	28a
b Enter the smaller of line 24 or 28a		28b	28b
29 If section 1255 property:			
a Applicable percentage of payments excluded from income under section 126 (see instructions)		29a	29a
b Enter the smaller of line 24 or 29a (see instructions)		29b	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 39. 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 Recaptured depreciation (see instructions)	34	
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

Department of the Treasury
Internal Revenue Service

For calendar year 2008 or other tax year beginning 07/01, 2008, and
ending 06/30, 2009. See separate instructions.

2008

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

A Check box if address changed

Name of organization (Check box if name changed and see instructions.)

D **Employer identification number**
(Employees' trust, see instructions for Block D on page 9.)

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

Print or Type

DIMENSIONS HEALTH CORPORATION

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

52-1289729

7300 VAN DUSEN ROAD

City or town, state, and ZIP code

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

LAUREL, MD 20707

C Book value of all assets at end of year

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

239,171,176.

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

H Describe the organization's primary unrelated business activity.

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

J The books are in care of **NEIL MOORE**

Telephone number **301-618-2109**

Part I Unrelated Trade or Business Income

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

Part II Deductions Not Taken Elsewhere (See page 11 of the instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	NONE
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See page 13 of the instructions for limitation rules.)	20	
21 Depreciation (attach Form 4562)	21	NONE
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b NONE
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	NONE
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	NONE
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	NONE
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	33	
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	NONE

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation on page 15. Controlled group members (sections 1561 and 1563) check here... 36 Trusts Taxable at Trust Rates. See instructions for tax computation on page 16. Income tax on the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041) 37 Proxy tax. See page 16 of the instructions 38 Alternative minimum tax 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40b Other credits (see page 17 of the instructions) 40c General business credit. Attached Form 3800 40d Credit for prior year minimum tax (attach Form 8801 or 8827) 40e Total credits. Add lines 40a through 40d 41 Subtract line 40e from line 39 42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8868 Other (attach schedule) 43 Total tax. Add lines 41 and 42 44a Payments: A 2007 overpayment credited to 2008 44b 2008 estimated tax payments 44c Tax deposited with Form 8868 44d Foreign organizations: Tax paid or withheld at source (see instructions) 44e Backup withholding (see instructions) 44f Other credits and payments: Form 2439 Form 4136 Other Total 45 Total payments. Add lines 44a through 44f 46 Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 49 Enter the amount of line 48 you want: Credited to 2009 estimated tax Refunded

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

1 At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file. 3 Enter the amount of tax-exempt interest received or accrued during the tax year

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

1 Inventory at beginning of year 2 Purchases 3 Cost of labor 4a Additional section 263A costs (attach schedule) 4b Other costs (attach schedule) 5 Total. Add lines 1 through 4b 6 Inventory at end of year 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2. 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

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

Sign Here Signature of officer Date Title CFO 05/17/10 May the IRS discuss this return with the preparer shown below (see instructions)? Yes No Preparer's signature Date 05/17/2010 Check if self-employed Preparer's SSN or PTIN P0482524 Paid Preparer's Use Only Firm's name (or yours if self-employed), address, and ZIP code COHEN, RUTHERFORD + KNIGHT, PC 6903 ROCKLEDGE DRIVE, SUITE 500 BETHESDA, MD 20817-1800 EIN 52-1202280 Phone no. 301-828-1002

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

1 Description of property

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

2 Rent received or accrued

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

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

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

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

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

Total dividends-received deductions included in column 8 ▶

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

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

Nonexempt Controlled Organizations

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

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

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

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

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

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

Part I Income From Periodicals Reported on a Consolidated Basis

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

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

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

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

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
STMT 1			%
			%
			%
			%
Total. Enter here and on page 1, Part II, line 14 ▶			NONE

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES
 =====

NAME AND ADDRESS =====	TITLE =====	BUSINESS PERCENT =====	COMPENSATION =====
ELIZABETH HEWLETT 3001 HOSPITAL DR CHEVERLY, MD 20785	DIRECTOR		NONE
OLIVIA ZAMA 3001 HOSPITAL DR CHEVERLY, MD 20785	RADIOGRAPHER		
TOTAL COMPENSATION			----- NONE =====