

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Form 8879-EO

For calendar year 2016, or fiscal year beginning JUL 1, 2016, and ending JUN 30, 2017

2016

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records.

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo

Name of exempt organization

Employer identification number

DIMENSIONS HEALTH CORPORATION

52-1289729

Name and title of officer WILLIAM BROSIUS CFO

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

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

Table with 5 rows (1a-5a) and 2 columns (b Total revenue, etc.). Row 1b contains the value 399,987,050.

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize DIXON HUGHES GOODMAN LLP to enter my PIN 22102. Enter five numbers, but do not enter all zeros.

as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature William A Brosius Date 5/9/18

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

5492222102 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature DIXON HUGHES GOODMAN LLP Date 05/09/18

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2016)

623051 09-26-16

DIXON HUGHES GOODMAN LLP  
1410 SPRING HILL ROAD, 5TH FLOOR  
TYSONS, VA 22102

DIMENSIONS HEALTH CORPORATION  
7300 VAN DUSEN ROAD  
LAUREL, MD 20707



COPY

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CLIENT'S COPY

COPY



MAY 9, 2018

DIMENSIONS HEALTH CORPORATION  
7300 VAN DUSEN ROAD  
LAUREL, MD 20707

DEAR NEIL,

ENCLOSED ARE THE ORGANIZATION'S 2016 EXEMPT ORGANIZATION RETURNS AND 2017 ESTIMATED TAX PAYMENTS INFORMATION. THE PAPER FILED RETURN(S) SHOULD BE SIGNED, DATED, AND MAILED, AS INDICATED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY MAY 15, 2018.

FORM 990-T RETURN:

FORM 990-T HAS AN OVERPAYMENT OF \$1,545. THE ENTIRE OVERPAYMENT HAS BEEN APPLIED TO THE ESTIMATED TAX PAYMENTS.

NO AMOUNT IS DUE ON FORM 990-T.

THE 990-T RETURN INCLUDES A PENALTY FOR UNDERPAYMENT OF ESTIMATED TAX FROM FORM 2220 OF \$43.

PLEASE SIGN AND MAIL ON OR BEFORE MAY 15, 2018.

MAIL TO:

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0027

ESTIMATED TAX PAYMENTS FOR FORM 990-T:

FOR YOUR REFERENCE WE HAVE LISTED ALL ESTIMATED TAX PAYMENTS AND THEIR ORIGINAL DUE DATES BELOW.

INSTALLMENT NO. 4 BY 06/15/18 ..... \$1,495

PAYMENTS SHOULD BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENT SYSTEM (EFTPS). TAXPAYERS CAN MAKE DEPOSITS ONLINE AT [WWW.EFTPS.GOV](http://WWW.EFTPS.GOV) OR BY CALLING EFTPS CUSTOMER SERVICE AT 1-800-555-4477. FOR DEPOSITS MADE BY EFTPS TO BE ON TIME, THE ORGANIZATION MUST INITIATE THE TRANSACTION DURING BUSINESS HOURS AT LEAST 1 BUSINESS DAY BEFORE THE DATE THE DEPOSIT IS DUE. THE DEPOSITS MUST BE MADE BY THE 15TH DAY OF THE MONTH IN WHICH THE RETURN IS DUE. IF YOU ARE USING ACH CREDIT OR SAME-DAY FEDWIRE METHODS, PLEASE CHECK WITH THE APPROPRIATE FINANCIAL INSTITUTION FOR THE DEADLINE TO ENSURE TIMELY TRANSMISSION OF FUNDS.

THE MARYLAND FORM 500 HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED YOUR RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FOR EL101B TO OUR OFFICE. WE WILL THEN TRANSMIT YOUR RETURN ELECTRONICALLY TO THE MDDOR. DO NOT MAIL THE PAPER COPY OF THE RETURN TO MDDOR. RETURN FORM EL101B TO US BY MAY 15, 2018.

NO PAYMENT IS REQUIRED WITH THIS RETURN WHEN FILED.

YOUR OVERPAYMENT IN THE AMOUNT OF \$458 HAS BEEN APPLIED TO YOUR MARYLAND ESTIMATED TAX.

THIS RETURN INCLUDES A PENALTY FOR UNDERPAYMENT OF ESTIMATED TAX OF \$223.

THE MARYLAND FORM 500D ESTIMATED INCOME TAX DUE DATES AND REQUIRED PAYMENTS ARE AS FOLLOWS:

INSTALLMENT NO. 4 BY 06/15/18. . . . . \$1,639

MAIL THE MARYLAND FORM 500D ESTIMATED TAX PAYMENTS TO:

COMPTROLLER OF MARYLAND  
REVENUE ADMINISTRATION DIV.  
110 CARROLL STREET  
ANNAPOLIS, MD 21411-0001

COPIES OF ALL THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

WE HAVE FURNISHED INSTRUCTIONS REGARDING THE ABOVE FORM(S) FOR EASY REFERENCE. THE ORIGINAL RETURN(S) SHOULD BE SIGNED AND DATED WHERE INDICATED. THE COPY SHOULD BE RETAINED FOR YOUR FILES. IF APPLICABLE, WE HAVE ENCLOSED AN ADDITIONAL COPY OF FORM 990 FOR FILING WITH THE STATE AUTHORITIES.

FEDERAL LAW REQUIRES THAT EVERY ORGANIZATION WHICH FILES FORM 990 MUST MAKE IT AVAILABLE FOR PUBLIC INSPECTION. HOWEVER, INFORMATION REGARDING THE NAME AND ADDRESS OF ANY CONTRIBUTOR TO THE ORGANIZATION SHOULD NOT BE MADE AVAILABLE. FOR YOUR CONVENIENCE, WE HAVE ENCLOSED AN EXTRA COPY OF FORM 990 TO BE USED FOR PUBLIC INSPECTION. THIS COPY DOES NOT CONTAIN ANY CONTRIBUTOR INFORMATION.

PLEASE NOTE THAT WE HAVE PROVIDED YOUR COPY OF THE RETURN AND THE COPY FOR PUBLIC INSPECTION IN CD-ROM FORMAT. WE HAVE ENCLOSED SEPARATE INSTRUCTIONS FOR ACCESSING THE CD-ROM.

WE RECOMMEND THAT YOU FILE YOUR RETURN USING CERTIFIED MAIL WITH A POSTMARKED RECEIPT FOR PROOF OF TIMELY FILING. YOU SHOULD WRITE THE CERTIFIED MAIL RECEIPT NUMBER ON THE RETURN IN THE MARGIN NEAR YOUR SIGNATURE PRIOR TO FILING. YOU SHOULD ALSO RETAIN THE CERTIFIED MAIL RECEIPT WITH YOUR COPY OF THE RETURN.

KIND REGARDS,

TAMARA VINEYARD

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING  
JUNE 30, 2017

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**PREPARED FOR:**

DIMENSIONS HEALTH CORPORATION  
7300 VAN DUSEN ROAD  
LAUREL, MD 20707

---

**PREPARED BY:**

DIXON HUGHES GOODMAN LLP  
1410 SPRING HILL ROAD, 5TH FLOOR  
TYSONS, VA 22102

---

**AMOUNT DUE OR REFUND:**

NOT APPLICABLE

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

NOT APPLICABLE

---

**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

---

**SPECIAL INSTRUCTIONS:**

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY MAY 15, 2018

# TAX RETURN FILING INSTRUCTIONS

FORM 990-T

**FOR THE YEAR ENDING**

JUNE 30, 2017

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**PREPARED FOR:**

DIMENSIONS HEALTH CORPORATION  
7300 VAN DUSEN ROAD  
LAUREL, MD 20707

---

**PREPARED BY:**

DIXON HUGHES GOODMAN LLP  
1410 SPRING HILL ROAD, 5TH FLOOR  
TYSONS, VA 22102

---

**AMOUNT DUE OR REFUND:**

OVERPAYMENT OF \$1,545. THE ENTIRE OVERPAYMENT HAS BEEN APPLIED TO THE ESTIMATED TAX PAYMENTS.

---

**MAKE CHECK PAYABLE TO:**

NO AMOUNT IS DUE.

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0027

---

**RETURN MUST BE MAILED ON OR BEFORE:**

MAY 15, 2018

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**SPECIAL INSTRUCTIONS:**

THE RETURN SHOULD BE SIGNED AND DATED.

WE RECOMMEND THAT YOU FILE YOUR RETURN USING CERTIFIED MAIL WITH A POSTMARKED RECEIPT FOR PROOF OF TIMELY FILING. YOU SHOULD WRITE THE CERTIFIED MAIL RECEIPT NUMBER ON THE RETURN IN THE MARGIN NEAR YOUR SIGNATURE PRIOR TO FILING. YOU SHOULD ALSO RETAIN THE CERTIFIED MAIL RECEIPT WITH YOUR COPY OF THE RETURN.

# 2017 ESTIMATED TAX FILING INSTRUCTIONS

FORM 990-W

FOR THE YEAR ENDING

JUNE 30, 2018

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**PREPARED FOR:**

DIMENSIONS HEALTH CORPORATION  
7300 VAN DUSEN ROAD  
LAUREL, MD 20707

---

**PREPARED BY:**

DIXON HUGHES GOODMAN LLP  
1410 SPRING HILL ROAD, 5TH FLOOR  
TYSONS, VA 22102

---

**AMOUNT OF TAX:**

TOTAL ESTIMATED TAX	\$	3,040
LESS CREDIT FROM PRIOR YEAR	\$	1,545
LESS AMT ALREADY PAID ON 2017 ESTIMATE	\$	0
BALANCE DUE	\$	1,495

**PAYABLE IN FULL OR IN INSTALLMENTS AS FOLLOWS:**

VOUCHER	AMOUNT	DUE DATE
NO 1	\$ 0	
NO 2	\$ 0	
NO 3	\$ 0	
NO 4	\$ 1,495	JUNE 15, 2018

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**MAKE CHECK PAYABLE TO:**

PAYMENTS SHOULD BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENT SYSTEM (EFTPS).

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**MAIL VOUCHER AND CHECK (IF APPLICABLE) TO:**

NOT APPLICABLE

---

**SPECIAL INSTRUCTIONS:**



Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning JUL 1, 2016, and ending JUN 30, 2017

# 2016

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**

Name of exempt organization

Employer identification number

**DIMENSIONS HEALTH CORPORATION**

52-1289729

Name and title of officer

**WILLIAM BROSIUS**

**CFO**

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

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here	▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> <u>399,987,050.</u>
<b>2a</b> Form 990-EZ check here	▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here	▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here	▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here	▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c)	<b>5b</b> _____

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated financial agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software to payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke payment, must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize DIXON HUGHES GOODMAN LLP to enter my PIN 22102  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

54922222102

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ DIXON HUGHES GOODMAN LLP Date ▶ 05/09/18

**ERO Must Retain This Form - See Instructions**

**Do Not Submit This Form To the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2016)

623051 09-26-16

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2016**  
Open to Public Inspection

**A** For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>DIMENSIONS HEALTH CORPORATION</b>		<b>D</b> Employer identification number <b>52-1289729</b>
	Doing business as		<b>E</b> Telephone number <b>240-456-2245</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>7300 VAN DUSEN ROAD</b>	<b>G</b> Gross receipts \$ <b>399,987,050.</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>LAUREL, MD 20707</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	<b>F</b> Name and address of principal officer: <b>NEIL MOORE</b> <b>7300 VAN DUSEN RD, LAUREL, MD 20707</b>		<b>H(c)</b> Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527  
**J** Website: ▶ **WWW.DIMENSIONSHALTH.COM**  
**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **1982** **M** State of legal domicile: **MD**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>OUR STATED MISSION IS TO PROVIDE HIGH QUALITY, EFFICIENT HEALTHCARE SERVICES TO PRESERVE, RESTORE AND</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>15</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>14</b>
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	<b>2750</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>220</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>26,446.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>20,081.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>21,888,552.</b>	<b>47,363,916.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>363,611,319.</b>	<b>349,901,509.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>68,711.</b>	<b>249,321.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (C), line 12)	<b>3,830,096.</b>	<b>2,472,304.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>389,398,678.</b>	<b>399,987,050.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>17,800.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16 a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>193,331,955.</b>	<b>202,897,973.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>154,863,326.</b>	<b>167,251,165.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>348,213,081.</b>	<b>370,149,138.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>41,185,597.</b>	<b>29,837,912.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>205,209,774.</b>	<b>221,642,928.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>173,965,237.</b>	<b>168,964,810.</b>
		<b>31,244,537.</b>	<b>52,678,118.</b>

**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.

<b>Sign Here</b>	Signature of officer		Date		
	<b>WILLIAM BROSIUS, CFO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>TAMARA VINEYARD</b>	<b>TAMARA VINEYARD</b>	<b>05/09/18</b>	<input type="checkbox"/>	<b>P01775208</b>
	Firm's name ▶ <b>DIXON HUGHES GOODMAN LLP</b>	Firm's EIN ▶ <b>56-0747981</b>			
	Firm's address ▶ <b>1410 SPRING HILL ROAD, 5TH FLOOR TYSONS, VA 22102</b>			Phone no. <b>703-970-0040</b>	

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

Part III Statement of Program Service Accomplishments

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 313,147,901. including grants of \$ ) (Revenue \$ 350,852,515. ) 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 ENHANCE THE HEALTH AND WELLNESS OF OUR PATIENTS AND COMMUNITIES, PROVIDING STATE OF THE ART CLINICAL CARE AND COMMUNITY LEADERSHIP WITH COMPASSION, DIGNITY AND RESPECT.

THIS MISSION IS PURSUED IN COLLABORATION WITH 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: HTTPS://UMCAPITALREGION.ORG/

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 313,147,901.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 17? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	X	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	X	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	X	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No boxes. Includes rows for backup withholding (1a-1c), employee reporting (2a-2b), unrelated business income (3a-3b), foreign accounts (4a-4b), prohibited tax shelter transactions (5a-5c), annual gross receipts (6a-6b), deductible contributions (7a-7h), sponsoring organizations (8-9), and section 501(c)(7), (12), (11), (12a), (29) organizations (10-14b).

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a	15	
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	1b	14	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		X

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

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

**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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **S. MICHELLE LEE - 410-328-1376**  
**250 W. PRATT ST, SUITE 1400, BALTIMORE, MD 21230**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) C PHILIP NICHOLS JR CHAIRMAN OF THE BOARD	1.00	X		X			0.	0.	0.	
(2) BARBARA FRUSH SECRETARY	1.00	X		X			0.	0.	0.	
(3) HARBHAJAN AJRAWAT, MD DIRECTOR	1.00	X					0.	0.	0.	
(4) JOHN ASHWORTH DIRECTOR	1.00	X					0.	0.	0.	
(5) STEPHEN BARTLETT, MD DIRECTOR	1.00	X					0.	0.	0.	
(6) PAMELA CREEKMUR, RN DIRECTOR	1.00	X					0.	0.	0.	
(7) ULRIC DONAWA DIRECTOR	1.00	X					0.	0.	0.	
(8) ANDREA HARRISON DIRECTOR	1.00	X					0.	0.	0.	
(9) THOMAS HENDERSHOT DIRECTOR	1.00	X					0.	0.	0.	
(10) LIPSHREE NAYAK, MD DIRECTOR	1.00	X					0.	0.	0.	
(11) TRISTAN J ORELLANO, MD DIRECTOR	1.00	X					0.	0.	0.	
(12) BRADFORD SEAMON DIRECTOR	1.00	X					0.	0.	0.	
(13) JOSEPH WRIGHT, MD DIRECTOR	1.00	X					0.	0.	0.	
(14) SHAWN WRIGHT, ESQ DIRECTOR	1.00	X					0.	0.	0.	
(15) NEIL MOORE PRESIDENT/CEO	39.00	X		X			778,003.	0.	46,787.	
(16) KANWALJIT SINGH TANEJA COO	39.00			X			320,219.	0.	37,251.	
(17) JOHN SPEARMAN PRESIDENT & COO/LRH (THROUGH 1/7/17)	40.00			X			389,260.	0.	12,462.	



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LISA GOODLETT SENIOR VP, CFO (THROUGH 7/8/16)	40.00			X				241,183.	0.	30,043.
(19) SHERRY PERKINS EVP & COO	40.00			X				355,892.	0.	20,184.
(20) JOHN PEEPLES SENIOR VP, HR (THROUGH 11/5/16)	40.00				X			239,068.	0.	24,621.
(21) CARL JEAN-BAPTISTE GENERAL COUNSEL (THROUGH 5/6/17)	40.00				X			300,047.	0.	18,651.
(22) CANDACE HANRAHAN VP, CNO, PCHC (THROUGH 6/28/17)	40.00				X			220,463.	0.	41,275.
(23) ESLANDA DASHER DEPUTY GENERAL COUNSEL	40.00					X		220,852.	0.	27,401.
(24) TRUDY HALL VP, MEDICAL AFFAIRS	39.00 1.00					X		337,620.	0.	23,469.
(25) SYLVANUS ACHU PRN NURSE	40.00					X		248,806.	0.	24,000.
(26) CARNELL COOPER VP/MED AFFAIRS/CMO	39.00 1.00					X		491,054.	0.	45,000.
<b>1b Sub-total</b>								4,142,467.	0.	351,144.
<b>c Total from continuation sheets to Part VII, Section A</b>								265,639.	0.	10,059.
<b>d Total (add lines 1b and 1c)</b>								4,408,106.	0.	361,203.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 260

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
FIDES INFO SYS., INC. 3609 PINE VIEW LANE, ROCKVILLE, MD 20850	INFORMATION TECHNOLOGY	3,205,952.
SHOCK TRAUMA ASSOCIATES, PA 11 S. PACA ST, STE 500, BALTIMORE, MD 21201	HEALTHCARE SERVICES	2,912,112.
WIMOT SANZ, 18310 MONTGOMERY VILLAGE AVE, GAITHERSBURG, MD 20879	ARCHITECTURAL SERVICES	2,702,611.
MARYLAND EMERGENCY MEDICINE NETWORK 110 S. PACA ST, BALTIMORE, MD 21201	HEALTHCARE SERVICES	2,669,279.
SOUND PHYSICIANS 1498 PACIFIC AVE, STE 400, TACOMA, WA 98402	HEALTHCARE SERVICES	2,563,636.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 83

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	43,930,168.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	3,433,748.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....						
	<b>h Total.</b> Add lines 1a-1f .....		47,363,916.				
<b>Program Service Revenue</b>	<b>2 a</b> NET PATIENT REVENUE .....	<b>Business Code</b>	349,011,097.	349,011,097.			
	<b>b</b> TRAUMA FEES .....		620,582.	620,582.			
	<b>c</b> PARKING .....		269,830.	269,830.			
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....		349,901,509.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		249,321.		26,446.	222,875.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	684,795.				
		(ii) Personal					
		Less: rental expenses .....	0.				
	<b>c</b> Rental income or (loss) .....		684,795.				
	<b>d</b> Net rental income or (loss) .....		684,795.			684,795.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities					
		(ii) Other					
		Less: cost or other basis and sales expenses .....					
		<b>d</b> Net gain or (loss) .....					
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> OTHER .....			951,006.	951,006.			
	<b>b</b> CAFETERIA/MEAL SERVICE/ VENDING .....		836,503.			836,503.	
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....		1,787,509.				
<b>12 Total revenue.</b> See instructions. ....		399,987,050.	350,852,515.	26,446.	1,744,173.		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	3,075,407.		3,075,407.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	160,110,069.	150,895,593.	9,214,476.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	13,139,748.	12,297,712.	842,036.	
9 Other employee benefits .....	16,165,173.	15,052,802.	1,112,371.	
10 Payroll taxes .....	10,407,576.	9,637,415.	770,161.	
11 Fees for services (non-employees):				
a Management .....	397,395.		397,395.	
b Legal .....	1,664,167.		1,664,167.	
c Accounting .....	332,055.		332,055.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	44,115,345.	27,508,130.	16,607,215.	
12 Advertising and promotion .....	207,935.	128,919.	79,016.	
13 Office expenses .....	1,865,585.	1,343,221.	522,364.	
14 Information technology .....	270,313.	27,031.	243,282.	
15 Royalties .....				
16 Occupancy .....	7,181,124.	6,965,690.	215,434.	
17 Travel .....	458,005.	261,063.	196,942.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings .....				
20 Interest .....	104,703.	95,280.	9,423.	
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	14,075,211.	11,400,921.	2,674,290.	
23 Insurance .....	6,756,758.		6,756,758.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>SUPPLIES</b> .....	55,405,984.	54,851,914.	554,070.	
b <b>REPAIRS AND MAINTENANCE</b> .....	13,736,758.	9,478,363.	4,258,395.	
c <b>CONTRACT SERVICES</b> .....	7,899,812.	5,450,870.	2,448,942.	
d <b>PURCHASED SERVICE</b> .....	5,582,990.	3,852,263.	1,730,727.	
e All other expenses .....	7,197,025.	3,900,714.	3,296,311.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	370,149,138.	313,147,901.	57,001,237.	0.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A)		(B)	
		Beginning of year		End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	39,344,342.	<b>1</b>	47,703,678.	
	<b>2</b> Savings and temporary cash investments .....	4,082,993.	<b>2</b>	3,933,302.	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>		
	<b>4</b> Accounts receivable, net .....	42,082,056.	<b>4</b>	40,923,484.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....	7,046,257.	<b>8</b>	5,041,029.	
	<b>9</b> Prepaid expenses and deferred charges .....	6,030,119.	<b>9</b>	6,153,914.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 334,685,442.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 251,356,121.	71,854,007.	<b>10c</b>	83,329,321.
	<b>11</b> Investments - publicly traded securities .....	10,016,051.	<b>11</b>	10,072,216.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	6,839,837.	<b>13</b>	6,787,591.	
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	17,914,112.	<b>15</b>	17,698,393.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	205,209,774.	<b>16</b>	221,642,928.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	48,747,484.	<b>17</b>	61,786,671.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	125,217,753.	<b>25</b>	107,178,139.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	173,965,237.	<b>26</b>	168,964,810.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	23,647,939.	<b>27</b>	41,175,966.	
	<b>28</b> Temporarily restricted net assets .....	7,596,598.	<b>28</b>	11,502,152.	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
<b>33</b> Total net assets or fund balances .....	31,244,537.	<b>33</b>	52,678,118.		
<b>34</b> Total liabilities and net assets/fund balances .....	205,209,774.	<b>34</b>	221,642,928.		

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	399,987,050.
2	Total expenses (must equal Part IX, column (A), line 25)	2	370,149,138.
3	Revenue less expenses. Subtract line 2 from line 1	3	29,837,912.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	31,244,537.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-8,404,331.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	52,678,118.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?  Yes  No  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?  Yes  No  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  Yes  No  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  Yes  No
- b If "Yes," did the organization undergo the required audit or audits?  Yes  No  
If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
1		
2a		X
b	X	
c	X	
3a		X
b		

Form 990 (2016)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

<b>Name of the organization</b> DIMENSIONS HEALTH CORPORATION	<b>Employer identification number</b> 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: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  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 in lines 12a through 12d that describes the type of supporting organization, and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2016.** 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 - 2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

	Yes	No
<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

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

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

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

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

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

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
<b>3</b> Excess distributions carryover, if any, to 2016:			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2016 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b> Excess from 2013			
<b>c</b> Excess from 2014			
<b>d</b> Excess from 2015			
<b>e</b> Excess from 2016			

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

COPY

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and  
its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

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

**Special Rules**

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

<b>Name of organization</b>  DIMENSIONS HEALTH CORPORATION	<b>Employer identification number</b>  52-1289729
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

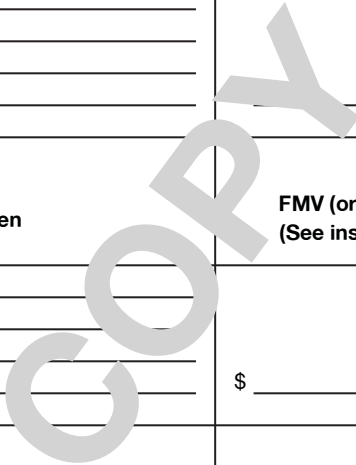
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	STATE OF MD DEPT HUMAN SERVICES  311 W SARATOGA ST  BALTIMORE, MD 21201	\$ 33,359,864.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	PRINCE GEORGES COUNTY GOVT  14741 GOVERNOR ODEN BOWIE DR  UPPER MARLBORO, MD 20772	\$ 9,552,438.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	MAGRUDER MEMORIAL HOSPITAL TRUST  PO BOX 658  UPPER MARLBORO, MD 20772	\$ 1,042,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ROSS UNIVERSITY  2300 SW 145TH AVENUE, SUITE 200  MIRAMAR, FL 33027	\$ 1,811,986.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>DIMENSIONS HEALTH CORPORATION</b>	Employer identification number  <b>52-1289729</b>
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**Part II Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

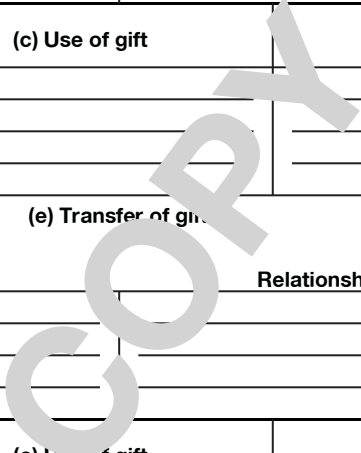
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____



Name of organization <b>DIMENSIONS HEALTH CORPORATION</b>	Employer identification number <b>52-1289729</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for public use, natural habitat, open space, historic land area, historic structure). 2. Conservation easement details (2a-2d table). 3-7. Monitoring and enforcement details. 8-9. Reporting requirements.

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

Form with sections 1a-1b and 2. 1a-1b: Reporting requirements for works of art, historical treasures, or other similar assets. 2: Reporting requirements for financial gain on such assets.

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

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

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

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

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		15,191,819.		15,191,819.
b Buildings		69,257,787.	47,801,190.	21,456,597.
c Leasehold improvements		49,313,633.	36,514,645.	12,798,988.
d Equipment		188,243,673.	167,040,286.	21,203,387.
e Other		12,678,530.		12,678,530.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				83,329,321.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	10,707,787.
(2) NON-CURRENT ACCOUNTS RECEIVABLE	3,377,056.
(3) DEFERRED FINANCING COSTS	32,691.
(4) OTHER ACCOUNTS RECEIVABLE	3,580,859.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	17,698,393.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ADVANCES FROM THIRD PARTIES	15,133,342.
(3) CAPITAL LEASE OBLIGATIONS	1,043,514.
(4) ACCRUED EMPLOYEE BENEFIT LIABILITY	91,001,283.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	107,178,139.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

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

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part VII, line 16.)		<b>5</b>

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

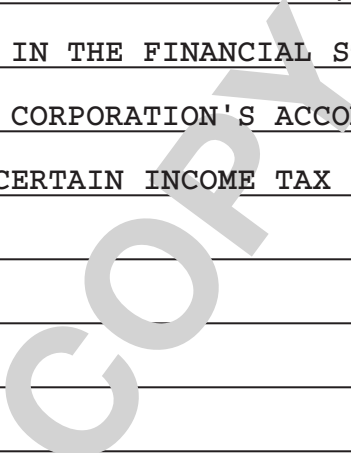
THE CORPORATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AS A PUBLIC CHARITY. FEDERAL TAX LAW REQUIRES THAT THE CORPORATION BE OPERATED IN A MANNER CONSISTENT WITH ITS INITIAL EXEMPTION APPLICATION IN ORDER TO MAINTAIN ITS EXEMPT STATUS. MANAGEMENT HAS ANALYZED THE OPERATIONS OF THE CORPORATION AND CONCLUDED THAT IT REMAINS IN COMPLIANCE WITH THE REQUIREMENTS FOR EXEMPTION. THE STATE IN WHICH THE CORPORATION OPERATES ALSO RECOGNIZES THIS EXEMPTION FOR STATE INCOME TAX PURPOSES.

ORGANIZATIONS OTHERWISE EXEMPT FROM FEDERAL AND STATE INCOME TAXATION ARE NONETHELESS SUBJECT TO TAXATION AT CORPORATE TAX RATES AT BOTH THE FEDERAL

**Part XIII** Supplemental Information (continued)

AND STATE LEVELS ON THEIR UNRELATED BUSINESS INCOME. EXEMPTION FROM OTHER STATE TAXES, SUCH AS REAL AND PERSONAL PROPERTY TAX, IS SEPARATELY DETERMINED. FOR TAX YEARS 2017 AND 2016, MANAGEMENT HAS DETERMINED THAT IT DID NOT HAVE ANY INCOME TAX LIABILITY.

CURRENT ACCOUNTING STANDARDS DEFINE THE THRESHOLD FOR RECOGNIZING UNCERTAIN INCOME TAX RETURN POSITIONS IN THE FINANCIAL STATEMENTS AS "MORE LIKELY THAN NOT" THAT THE POSITION IS SUSTAINABLE, BASED ON ITS TECHNICAL MERITS, AND ALSO PROVIDE GUIDANCE ON THE MEASUREMENT, CLASSIFICATION AND DISCLOSURE OF TAX RETURN POSITIONS IN THE FINANCIAL STATEMENTS. MANAGEMENT BELIEVES THERE IS NO IMPACT ON THE CORPORATION'S ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS RELATED TO UNCERTAIN INCOME TAX POSITIONS.







**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

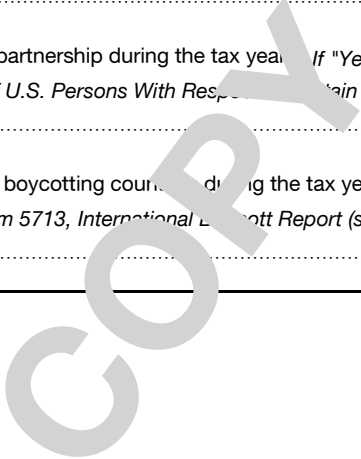
3 Enter total number of other organizations or entities



Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* .....  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* .....  Yes  No

Schedule F (Form 990) 2016

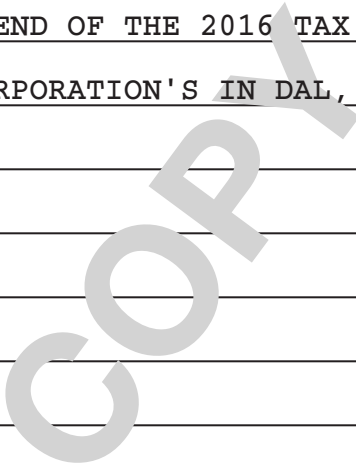


**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**PART I, LINE 3**

THE AMOUNT INDICATED AS FOREIGN INVESTMENTS IN PART I WAS DIMENSIONS HEALTH CORPORATION'S EQUITY OWNERSHIP INTEREST IN DIMENSIONS ASSURANCE COMPANY, LTD ("DAL"), A CAYMAN ISLAND CORPORATION. DAL IS A WHOLLY-OWNED SUBSIDIARY OF DIMENSIONS HEALTH CORPORATION THAT PROVIDES DIRECT COVERAGE FOR PROFESSIONAL, MALPRACTICE, AND COMPREHENSIVE GENERAL LIABILITY FOR DIMENSIONS HEALTH CORPORATION AND ITS ASSOCIATED HEALTH CARE FACILITIES. AS OF THE END OF THE 2016 TAX YEAR, THE INVESTMENT OF DIMENSIONS HEALTH CORPORATION'S IN DAL, ACCORDING TO THE BOOK, WAS \$1,000,000



**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
▶ **Attach to Form 990.**  
▶ **Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

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

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

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

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

	(a) Number of activities or programs (optional)	(b) Percent served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>7 Financial Assistance and Certain Other Community Benefits at Cost</b>						
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)			8920052.		8920052.	2.41%
<b>b</b> Medicaid (from Worksheet 3, column a)						
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs			8920052.		8920052.	2.41%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			2950150.		2950150.	.80%
<b>f</b> Health professions education (from Worksheet 5)			4478277.		4478277.	1.21%
<b>g</b> Subsidized health services (from Worksheet 6)			42563704.	7952442.	34611262.	9.35%
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			10,200.		10,200.	.00%
<b>j Total.</b> Other Benefits			50002331.	7952442.	42049889.	11.36%
<b>k Total.</b> Add lines 7d and 7j			58922383.	7952442.	50969941.	13.77%



Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 2

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

1 PRINCE GEORGES HOSPITAL CENTER
3001 HOSPITAL DR
CHEVERLY, MD 20707

Table with columns: Licensed hospital, Gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Rows 1 and 2 contain data for Prince Georges Hospital Center and Laurel Regional Hospital.



**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group PRINCE GEORGES HOSPITAL CENTER

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

	Yes	No
<b>Community Health Needs Assessment</b>		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>15</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....	X	
7 Did the hospital facility make its CHNA report widely available to the public? .....	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.DIMENSIONSHALTH.ORG</u>		
b <input type="checkbox"/> Other website (list url): .....		
c <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	X	
a If "Yes," (list url): <u>WWW.DIMENSIONSHALTH.ORG</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		



**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group PRINCE GEORGES HOSPITAL CENTER

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>X</b>	
If "Yes," indicate the eligibility criteria explained in the FAP:		
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>500</u> %		
<b>b</b> <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Asset level		
<b>d</b> <input checked="" type="checkbox"/> Medical indigency		
<b>e</b> <input checked="" type="checkbox"/> Insurance status		
<b>f</b> <input type="checkbox"/> Underinsurance status		
<b>g</b> <input type="checkbox"/> Residency		
<b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>X</b>	
<b>15</b> Explained the method for applying for financial assistance? .....	<b>X</b>	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>X</b>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.DIMENSIONSHALTH.COM</u>		
<b>b</b> <input type="checkbox"/> The FAP application form was widely available on a website (list url): _____		
<b>c</b> <input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): _____		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b> <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2016

**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group PRINCE GEORGES HOSPITAL CENTER

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

**Policy Relating to Emergency Medical Care**

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

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

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

Name of hospital facility or letter of facility reporting group PRINCE GEORGES HOSPITAL CENTER

**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d  The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? .....

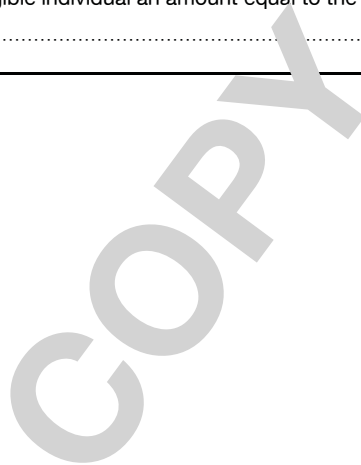
If "Yes," explain in Section C.

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? .....

If "Yes," explain in Section C.

	Yes	No
<b>23</b>		X
<b>24</b>		X

Schedule H (Form 990) 2016



**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group LAUREL REGIONAL HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

	Yes	No
<b>Community Health Needs Assessment</b>		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>2015</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....	X	
7 Did the hospital facility make its CHNA report widely available to the public? .....	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.DIMENSIONSHALTH.ORG</u>		
b <input type="checkbox"/> Other website (list url): .....		
c <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>2015</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	X	
a If "Yes," (list url): <u>WWW.DIMENSIONSHALTH.ORG</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group LAUREL REGIONAL HOSPITAL

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>X</b>	
If "Yes," indicate the eligibility criteria explained in the FAP:		
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>500</u> %		
<b>b</b> <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Asset level		
<b>d</b> <input checked="" type="checkbox"/> Medical indigency		
<b>e</b> <input checked="" type="checkbox"/> Insurance status		
<b>f</b> <input type="checkbox"/> Underinsurance status		
<b>g</b> <input type="checkbox"/> Residency		
<b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>X</b>	
<b>15</b> Explained the method for applying for financial assistance? .....	<b>X</b>	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>X</b>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.DIMENSIONSHALTH.COM</u>		
<b>b</b> <input type="checkbox"/> The FAP application form was widely available on a website (list url): _____		
<b>c</b> <input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): _____		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b> <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group LAUREL REGIONAL HOSPITAL

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

**Policy Relating to Emergency Medical Care**

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

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

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

Name of hospital facility or letter of facility reporting group LAUREL REGIONAL HOSPITAL

**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

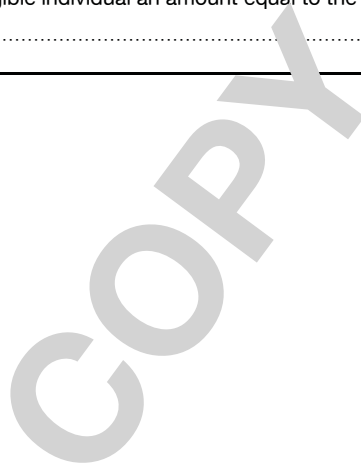
- a  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d  The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? .....  
If "Yes," explain in Section C.

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? .....  
If "Yes," explain in Section C.

	Yes	No
<b>23</b>		X
<b>24</b>		X

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**Part V Facility Information** (continued)

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

PRINCE GEORGES HOSPITAL CENTER:

PART V, SECTION B, LINE 5: THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) TOOK INTO ACCOUNT INPUT FROM REPRESENTATIVES OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY, INCLUDING PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, AS WELL AS LEADER SAND REPRESENTATIVES OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS. IN PARTICULAR, THE PROCESS INCLUDED KEY INFORMANT INTERVIEWS OF 24 COUNTY LEADERS ON ISSUES MINORITY POPULATIONS. IN PARTICULAR, THE PROCESS INCLUDED KEY INFORMANT INTERVIEWS OF 24 COUNTY LEADERS ON ISSUES RELATED TO HEALTH, SOCIAL DETERMINANTS OF HEALTH, BARRIERS TO HEALTH AND WELL BEING, BEHAVIORAL HEALTH AND ENVIRONMENTAL HEALTH ISSUES. IN ADDITION, ELECTRONIC SURVEYS WERE SENT TO 250 COMMUNITY EXPERTS. A SEPARATE SURVEY WAS SENT TO COMMUNITY RESIDENTS, ELECTRONICALLY AND BY PAPER, WITH 201 RESPONDEDENTS IN ENGLISH AND 115 IN SPANISH. TWO COMMUNITY INPUT MEETINGS WERE HELD, ONE WITH COMMUNITY LEADERS AND ONE WITH HEALTH EXPERTS. PARTICIPANTS INCLUDED REPRESENTATIVES FRM THE PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT, FEDERALLY QUALIFIED HEALTH CENTERS, FAITH-BASED ORGANIZATIONS, AND BUSINESS LEADERS. AT THE MEETING WITH PUBLIC HEALTH EXPERTS, ATTENDEES INCLUDED HOSPITAL BOARD MEMBERS, ADMINISTRATORS, PHYSICIANS, AND NURSES. FURTHERMORE, THE CHNA TOOK INTO ACCOUNT DATA RECEIVED PURSUANT TO THE UNIVERSITY OF MARYLAND SCHOOL OF PUBLIC HEALTH PUBLIC HEALTH IMPACT STUDY (SPHPHIS) PRINCE GEORGE'S COUNTY PRIMARY HEALTHCARE STRATEGIC PLAN (2015), 2015 PRINCE GEORGE'S COUNTY FOOD SYSTEM STUDY, NOVEMBER 2015.

LAUREL REGIONAL HOSPITAL:

PART V, SECTION B, LINE 5: THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)



**Part V Facility Information** (continued)

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

TOOK INTO ACCOUNT INPUT FROM REPRESENTATIVES OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY, INCLUDING PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, AS WELL AS LEADER SAND REPRESENTATIVES OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS. IN PARTICULAR, THE PROCESS INCLUDED KEY INFORMANT INTERVIEWS OF 24 COUNTY LEADERS ON ISSUES MINORITY POPULATIONS. IN PARTICULAR, THE PROCESS INCLUDED KEY INFORMANT INTERVIEWS OF 24 COUNTY LEADERS ON ISSUES RELATED TO HEALTH, SOCIAL DETERMINANTS OF HEALTH, BARRIERS TO HEALTH AND WELL BEING, BEHAVIORAL HEALTH AND ENVIRONMENTAL HEALTH ISSUES. IN ADDITION, ELECTRONIC SURVEYS WERE SENT TO 250 COMMUNITY EXPERTS. A SEPARATE SURVEY WAS SENT TO COMMUNITY RESIDENTS, ELECTRONICALLY AND BY PAPER, WITH 201 RESPONDEDENTS IN ENGLISH AND 115 IN SPANISH. TWO COMMUNITY INPUT MEETINGS WERE HELD, ONE WITH COMMUNITY LEADERS AND ONE WITH HEALTH EXPERTS. PARTICIPANTS INCLUDED REPRESENTATIVES FRM THE PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT, FEDERALLY QUALIFIED HEALTH CENTERS, FAITH-BASED ORGANIZATIONS, AND BUSINESS LEADERS. AT THE MEETING WITH PUBLIC HEALTH EXPERTS, ATTENDEES INCLUDED HOSPITAL BOARD MEMBERS, ADMINISTRATORS, PHYSICIANS, AND NURSES. FURTHERMORE, THE CHNA TOOK INTO ACCOUNT DATA RECEIVED PURSUANT TO THE UNIVERSITY OF MARYLAND SCHOOL OF PUBLIC HEALTH PUBLIC HEALTH IMPACT STUDY (SPHPHIS) PRINCE GEORGE'S COUNTY PRIMARY HEALTHCARE STRATEGIC PLAN (2015), 2015 PRINCE GEORGE'S COUNTY FOOD SYSTEM STUDY, NOVEMBER 2015.

PRINCE GEORGES HOSPITAL CENTER:

PART V, SECTION B, LINE 6A: THE HOSPITAL FACILITY'S CHNA WAS CONDUCTED WITH THE FOLLOWING HOSPITAL FACILITIES: DOCTORS COMMUNITY HOSPITAL, FORT WASHINGTON MEDICAL CENTER, LAUREL REGIONAL HOSPITAL, AND MEDSTAR SOUTHERN

**Part V Facility Information** (continued)

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

MARYLAND HOSPITAL CENTER.

LAUREL REGIONAL HOSPITAL:

PART V, SECTION B, LINE 6A: THE HOSPITAL FACILITY'S CHNA WAS CONDUCTED WITH THE FOLLOWING HOSPITAL FACILITIES: DOCTORS COMMUNITY HOSPITAL, FORT WASHINGTON MEDICAL CENTER, PRINCE GEORGE'S HOSPITAL CENTER, AND MEDSTAR SOUTHERN MARYLAND HOSPITAL CENTER.

PRINCE GEORGES HOSPITAL CENTER:

PART V, SECTION B, LINE 6B: THE HOSPITAL FACILITY'S CHNA WAS CONDUCTED WITH THE FOLLOWING ORGANIZATIONS OTHER THAN HOSPITAL FACILITIES: PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT.

LAUREL REGIONAL HOSPITAL:

PART V, SECTION B, LINE 6B: THE HOSPITAL FACILITY'S CHNA WAS CONDUCTED WITH THE FOLLOWING ORGANIZATIONS OTHER THAN HOSPITAL FACILITIES: PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT.

PRINCE GEORGES HOSPITAL CENTER:

PART V, SECTION B, LINE 11: THE HOSPITAL FACILITY IS ADDRESSING THE SIGNIFICANT NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA THROUGH INITIATIVES SPECIFICALLY DESIGNED TO ADDRESSED IDENTIFIED PRIORITY NEEDS. THROUGH A PRIORITIZATION PROCESS INVOLVING INTERNAL AND COMMUNITY STAKEHOLDERS THE HOSPITAL INDENTIFIED PRIORITY AREAS OF FOCUS FOR NEEDS IDENTIFIED IN THE CHNA. THE ARE: PRIORITY AREA 1 SOCIAL DETERMINANTS OF

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

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

HEALTH; PRIORITY AREA 2 PHYSICAL HEALTH AND CHRONIC DISEASE MANAGEMENT;  
 PRIORITY AREA 3 BEHAVIORAL HEALTH. GOALS ARE ESTABLISHED UNDER EACH  
 PRIORITY AREA AND INITIATIVES ALIGNED WITH THE GOALS WERE IMPLEMENTED TO  
 ADDRESS TO IDENTIFIED NEED. THE CURRENT ARE DESIGNED TO ADDRESS EACH OF  
 THE PRIORITY NEEDS IDENTIFIED IN THE CHIP: PHYSICAL HEALTH AND CHRONIC  
 DISEASE MANAGEMENT, BEHAVIORAL HEALTH AND SOCIAL DETERMINANTS OF HEALTH  
 RISK FACTORS

THE CHNA CHARACTERIZED THE NEEDS IN PRINCE GEORGE'S COUNTY AND THE  
 HOSPITAL SERVICE AREA UNDER THREE HEADINGS WHICH WERE DECIDED AS PART OF A  
 PRIORITIZATION PROCESS INVOLVING REPRESENTATIVES FROM ALL HOSPITALS IN  
 PRINCE GEORGE'S COUNTY, PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT AND A  
 WIDE RANGE OF COMMUNITY STAKEHOLDERS (INCLUDING PUBLIC HEALTH, FQHCs AND  
 COMMUNITY-BASED ORGANIZATIONS). THE THREE HEADINGS DECIDED DURING THE  
 PRIORITIZATION PROCESS ARE; BEHAVIORAL HEALTH (MENTAL HEALTH, SUBSTANCE  
 USE, DOMESTIC VIOLENCE/VIOLENCE); METABOLIC SYNDROME (OBESITY, DIABETES,  
 HEART DISEASE, HYPERTENSION, STROKE) AND CANCER. THE HOSPITAL HAS  
 IMPLEMENTED SPECIFIC INITIATIVES RELATED TO BEHAVIORAL HEALTH AND  
 METABOLIC SYNDROME. ADDITIONALLY, IT IS ENGAGED IN CANCER SCREENING  
 PROGRAMS AND HAS INITIATED PLANNING FOR A COMPREHENSIVE CANCER PROGRAM TO  
 SERVE THE RESIDENTS OF PRINCE GEORGE'S COUNTY AND SOUTHERN MARYLAND.

LAUREL REGIONAL HOSPITAL:

PART V, SECTION B, LINE 11: THE HOSPITAL FACILITY IS ADDRESSING THE  
 SIGNIFICANT NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA THROUGH  
 INITIATIVES SPECIFICALLY DESIGNED TO ADDRESS IDENTIFIED PRIORITY NEEDS.  
 THROUGH A PRIORITIZATION PROCESS INVOLVING INTERNAL AND COMMUNITY

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

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

STAKEHOLDERS THE HOSPITAL INDENTIFIED PRIORITY AREAS OF FOCUS FOR NEEDS  
 INDENTIFIED IN THE CHNA. THE ARE: PRIORITY AREA 1 SOCIAL DETERMINANTS OF  
 HEALTH; PRIORITY AREA 2 PHYSICAL HEALTH AND CHRONIC DISEASE MANAGEMENT;  
 PRIORITY AREA 3 BEHAVIORAL HEALTH. GOALS ARE ESTABLISHED UNDER EACH  
 PRIORITY AREA AND INITIATIVES ALIGNED WITH THE GOALS WERE IMPLEMENTED TO  
 ADDRESS TO INDENTIFIED NEED. THE CURRENT ARE DESIGNED TO ADDRESS EACH OF  
 THE PRIORITY NEEDS IDENTIFIED IN THE CHIP: PHYSICAL HEALTH AND CHRONIC  
 DISEASE MANAGEMENT, BEHAVIORAL HEALTH AND SOCIAL DETERMINANTS OF HEALTH  
 RISK FACTORS

THE CHNA CHARACTERIZED THE NEEDS IN PRINCE GEORGE'S COUNTY AND THE  
 HOSPITAL SERVICE AREA UNDER THREE HEADINGS WHICH WERE DECIDED AS PART OF A  
 PRIORITIZATION PROCESS INVOLVING REPRESENTATIVES FROM ALL HOSPITALS IN  
 PRINCE GEORGE'S COUNTY, PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT AND A  
 WIDE RANGE OF COMMUNITY STAKEHOLDERS (INCLUDING PUBLIC HEALTH, FQHCS AND  
 COMMUNITY-BASED ORGANIZATIONS). THE THREE HEADINGS DECIDED DURING THE  
 PRIORITIZATION PROCESS ARE; BEHAVIORAL HEALTH (MENTAL HEALTH, SUBSTANCE  
 USE, DOMESTIC VIOLENCE/VIOLENCE); METABOLIC SYNDROME (OBESITY, DIABETES,  
 HEART DISEASE, HYPERTENSION, STROKE) AND CANCER. THE HOSPITAL HAS  
 IMPLEMENTED SPECIFIC INITIATIVES RELATED TO BEHAVIORAL HEALTH AND  
 METABOLIC SYNDROME. ADDITIONALLY, IT HAS CANCER SCREENING PROGRAMS AND HAS  
 INITIATED PLANNING FOR A COMPREHENSIVE CANCER PROGRAM TO SERVE THE  
 RESIDENTS OF PRINCE GEORGE'S COUNTY AND SOUTHERN MARYLAND. LAUREL REGIONAL  
 HOSPITAL IS ENGAGED IN A COMPREHENSIVE PLANNING PROCESS TO CONVERT  
 FINALLY, THERE IS A PLAN TO CONVERT LAUREL REGIONAL HOSPITAL FROM AN ACUTE  
 CARE FACILITY TO A FREE STANDING MEDICAL FACILITY. THE PLAN WILL CONTINUE  
 THE CAPACITY OF THE FACILITY TO ADDRESS THE COMMUNITY NEEDS INDENTIFIED IN

**Part V Facility Information** (continued)

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

THE CHNA AT THE NEW FACILITY AND IN COMMUNITY BASED SETTINGS.

PRINCE GEORGES HOSPITAL CENTER:

PART V, SECTION B, LINE 13H: FAILURE TO PAY CO-PAYMENTS AS REQUIRED BY THE FINANCIAL ASSISTANCE PROGRAM; FAILURE TO KEEP CURRENT ON EXISTING PAYMENT ARRANGEMENTS WITH DHS; FAILURE TO MAKE APPROPRIATE ARRANGEMENTS ON PAST PAYMENT OBLIGATIONS OWED TO UM CAPITAL REGION HEALTH (INCLUDING THOSE PATIENTS WHO WERE REFERRED TO AN OUTSIDE COLLECTION AGENCY FOR A PREVIOUS DEBT); REFUSAL TO BE SCREENED FOR OTHER ASSISTANCE PROGRAMS PRIOR TO SUBMITTING AN APPLICATION TO THE FINANCIAL CLEARANCE PROGRAM; REFUSAL TO DIVULGE INFORMATION PERTAINING TO A PENDING LEGAL LIABILITY CLAIM; FOREIGN-NATIONALS TRAVELING TO THE UNITED STATES SEEKING ELECTIVE, NON-EMERGENT MEDICAL CARE.

LAUREL REGIONAL HOSPITAL:

PART V, SECTION B, LINE 13H: FAILURE TO PAY CO-PAYMENTS AS REQUIRED BY THE FINANCIAL ASSISTANCE PROGRAM; FAILURE TO KEEP CURRENT ON EXISTING PAYMENT ARRANGEMENTS WITH DHS; FAILURE TO MAKE APPROPRIATE ARRANGEMENTS ON PAST PAYMENT OBLIGATIONS OWED TO UM CAPITAL REGION HEALTH (INCLUDING THOSE PATIENTS WHO WERE REFERRED TO AN OUTSIDE COLLECTION AGENCY FOR A PREVIOUS DEBT); REFUSAL TO BE SCREENED FOR OTHER ASSISTANCE PROGRAMS PRIOR TO SUBMITTING AN APPLICATION TO THE FINANCIAL CLEARANCE PROGRAM; REFUSAL TO DIVULGE INFORMATION PERTAINING TO A PENDING LEGAL LIABILITY CLAIM; FOREIGN-NATIONALS TRAVELING TO THE UNITED STATES SEEKING ELECTIVE, NON-EMERGENT MEDICAL CARE.

**Part V Facility Information** (continued)

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

PRINCE GEORGES HOSPITAL CENTER:

PART V, SECTION B, LINE 20E: THE HOSPITAL FACILITY OR AN AUTHORIZED THIRD PARTY DID NOT UNDERTAKE ANY OF THE COLLECTION ACTIONS NOTED IN PART V, SECTION B, LINE 16 BEFORE MAKING REASONABLE EFFORTS TO DETERMINE ANY PATIENT'S ELIGIBILITY UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY. IN ORDER TO HELP DETERMINE PATIENTS' ELIGIBILITY UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY, THE HOSPITAL UNDERTAKES A NUMBER OF ACTIONS, INCLUDING NOTIFYING PATIENTS OF THE FINANCIAL ASSISTANCE POLICY ON ADMISSION, NOTIFYING PATIENTS OF THE FINANCIAL ASSISTANCE POLICY PRIOR TO DISCHARGE, NOTIFYING PATIENTS OF THE FINANCIAL ASSISTANCE POLICY IN COMMUNICATIONS WITH THE PATIENTS' BILLS, AND DOCUMENTING ITS DETERMINATION OF WHETHER PATIENTS WERE ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY.

LAUREL REGIONAL HOSPITAL:

PART V, SECTION B, LINE 20E: THE HOSPITAL FACILITY OR AN AUTHORIZED THIRD PARTY DID NOT UNDERTAKE ANY OF THE COLLECTION ACTIONS NOTED IN PART V, SECTION B, LINE 17 BEFORE MAKING REASONABLE EFFORTS TO DETERMINE ANY PATIENT'S ELIGIBILITY UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY. IN ORDER TO HELP DETERMINE PATIENTS' ELIGIBILITY UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY, THE HOSPITAL UNDERTAKES A NUMBER OF ACTIONS, INCLUDING NOTIFYING PATIENTS OF THE FINANCIAL ASSISTANCE POLICY ON ADMISSION, NOTIFYING PATIENTS OF THE FINANCIAL ASSISTANCE POLICY PRIOR TO DISCHARGE, NOTIFYING PATIENTS OF THE FINANCIAL ASSISTANCE POLICY IN COMMUNICATIONS WITH THE PATIENTS' BILLS, AND DOCUMENTING ITS DETERMINATION OF WHETHER PATIENTS WERE ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THE

**Part V Facility Information** (continued)

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

HOSPITAL'S FINANCIAL ASSISTANCE POLICY.

PRINCE GEORGES HOSPITAL CENTER:

PART V, SECTION B, LINE 24: THE HOSPITAL FACILITY DOES NOT CHARGE ANY INDIVIDUALS THAT IT KNOWS ARE ELIGIBLE FOR FINANCIAL ASSISTANCE AN AMOUNT EQUAL TO THE GROSS CHARGE FOR ANY SERVICE. THE HOSPITAL USES THE CHARGE MASTER RATES FOR A SERVICE AS A STARTING POINT AGAINST WHICH THE DISCOUNTS MANDATED IN THE HOSPITAL FACILITY'S FINANCIAL ASSISTANCE POLICY ARE APPLIED TO DETERMINE THE AMOUNT ACTUALLY BILLED TO PATIENTS ELIGIBLE UNDER THE FINANCIAL ASSISTANCE POLICY.

THE HOSPITAL FACILITY WILL NOT COLLECT PAYMENT FROM ANY PATIENT ELIGIBLE UNDER THE FINANCIAL ASSISTANCE POLICY IN EXCESS OF THE REDUCED AMOUNT THAT IS ACTUALLY BILLED TO SUCH FINANCIAL ASSISTANCE PATIENT. IN ADDITION, IF THE HOSPITAL CHARGED AN INDIVIDUAL THAT HAD NOT YET BEEN DETERMINED TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE AT THE TIME OF THE CHARGE AN AMOUNT EQUAL TO GROSS CHARGES, THEN UPON DETERMINING THE INDIVIDUAL WAS ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY, THE HOSPITAL PROMPTLY CORRECTS THE BILL.

LAUREL REGIONAL HOSPITAL:

PART V, SECTION B, LINE 24: THE HOSPITAL FACILITY DOES NOT CHARGE ANY INDIVIDUALS THAT IT KNOWS ARE ELIGIBLE FOR FINANCIAL ASSISTANCE AN AMOUNT EQUAL TO THE GROSS CHARGE FOR ANY SERVICE. THE HOSPITAL USES THE CHARGE MASTER RATES FOR A SERVICE AS A STARTING POINT AGAINST WHICH THE DISCOUNTS MANDATED IN THE HOSPITAL FACILITY'S FINANCIAL ASSISTANCE POLICY ARE

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

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

APPLIED TO DETERMINE THE AMOUNT ACTUALLY BILLED TO PATIENTS ELIGIBLE UNDER THE FINANCIAL ASSISTANCE POLICY. THE HOSPITAL FACILITY WILL NOT COLLECT PAYMENT FROM ANY PATIENT ELIGIBLE UNDER THE FINANCIAL ASSISTANCE POLICY IN EXCESS OF THE REDUCED AMOUNT THAT IS ACTUALLY BILLED TO SUCH FINANCIAL ASSISTANCE PATIENT. IN ADDITION, IF THE HOSPITAL CHARGED AN INDIVIDUAL THAT HAD NOT YET BEEN DETERMINED TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE AT THE TIME OF THE CHARGE AN AMOUNT EQUAL TO GROSS CHARGES, THEN UPON DETERMINING THE INDIVIDUAL WAS ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY, THE HOSPITAL PROMPTLY CORRECTS THE BILL.

PART V, SECTION B, LINE 8:

NOTICE OF CORRECTION UNDER REV. PROC. 2015-21

AS INDICATED ABOVE, DHC CONDUCTED ITS CHNA IN 2015 (FY2016) AND DEVELOPED ITS IMPLEMENTATION STRATEGIES FOR PRINCE GEORGE'S HOSPITAL CENTER AND LAUREL REGIONAL HOSPITAL BASED ON THIS ASSESSMENT. DUE TO MANAGEMENT CHANGES OCCURRING AT THE END OF FY2016, FUNDING WAS DELAYED AND THE IMPLEMENTATION STRATEGIES WERE NOT APPROVED BY THE HOSPITALS' GOVERNING BODIES BY THE END OF THE 2015 TAX YEAR IN WHICH THE CHNAS WERE CONDUCTED.

ON NOVEMBER 22, 2016, THE LAUREL REGIONAL HOSPITAL'S IMPLEMENTATION STRATEGY (A.K.A. "COMMUNITY HEALTH IMPROVEMENT PLAN" OR "CHIP") WAS PRESENTED TO AND REVIEWED BY THE INSTITUTIONAL BOARD OF DIRECTORS FOR LAUREL REGIONAL HOSPITAL. THE BOARD UNANIMOUSLY APPROVED THE CHNA/CHIP

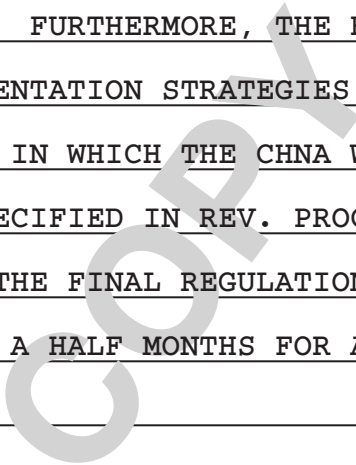


**Part V Facility Information** (continued)

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

AT THE MEETING. ON JANUARY 26, 2017, PRINCE GEORGE'S HOSPITAL CENTER'S CHIP WAS PRESENTED AND UNANIMOUSLY APPROVED BY THE BOARD OF DIRECTORS OF PRINCE GEORGE'S HOSPITAL CENTER.

WHILE THE 2013 PROPOSED REGULATIONS IN EFFECT FOR TAX YEAR 2015 CALLED FOR THE IMPLEMENTATION STRATEGIES TO BE ADOPTED IN THE SAME TAX YEAR AS THE CHNA IS CONDUCTED, THE FAILURE BY DHC TO MEET THE DATE OF ADOPTION WAS NEITHER WILLFUL NOR EGREGIOUS. FURTHERMORE, THE HOSPITAL FACILITIES EACH ADOPTED ITS IMPLEMENTATION STRATEGIES WITHIN SEVEN MONTHS AFTER THE CLOSE OF THE YEAR IN WHICH THE CHNA WAS CONDUCTED, THUS CORRECTING THE FAILURES AS SPECIFIED IN REV. PROC. 2015-21. FOR FUTURE TAX YEARS, DHC WILL FOLLOW THE FINAL REGULATIONS FOR IRC 501(R) WHICH ALLOW AN ADDITIONAL FOUR AND A HALF MONTHS FOR ADOPTION OF IMPLEMENTATION STRATEGIES.





**Part VI Supplemental Information**

Provide the following information.

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

PART I, LINE 3C:

IN THE EVALUATION OF AN APPLICATION FOR FINANCIAL ASSISTANCE, A PATIENT'S TOTAL RESOURCE WILL BE TAKEN INTO ACCOUNT WHICH WILL INCLUDE AN ANALYSIS OF THE ASSETS HELD BY THE PATIENT.

IN ADDITION, IF A SELF-PAY PATIENT THAT RECEIVES EMERGENCY OR OTHER MEDICALLY NECESSARY SERVICES DOES NOT PROVIDE THE ORGANIZATION WITH SUFFICIENT INFORMATION FOR THE ORGANIZATION TO DETERMINE WHETHER THE PATIENT MAY QUALIFY FOR FINANCIAL ASSISTANCE PURSUANT TO THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, AND THE ORGANIZATION DETERMINES THAT THE ACCOUNT IS LIKELY UNCOLLECTIBLE BECAUSE THE PATIENT HAS NOT PAID AT ALL, OR A PORTION, OF THE SUBSEQUENT BILL FOR SERVICES PROVIDED, THE ORGANIZATION WILL RUN THE PATIENT'S ACCOUNT THROUGH A PROGRAM CALLED ISOLUTIONS TO DETERMINE WHETHER THE PATIENT MAY QUALIFY FOR PRESUMPTIVE CHARITY CARE. ISOLUTIONS TAKES THE PATIENT'S FINANCIAL AND DEMOGRAPHIC INFORMATION AND DETERMINES WHETHER THE PATIENT IS LIKELY TO QUALIFY UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY. IF THE ISOLUTIONS PROGRAM INDICATES THAT A PATIENT IS LIKELY TO QUALIFY FOR FREE

**Part VI Supplemental Information**

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- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

OR DISCOUNTED CARE, THE ORGANIZATION WILL ACCEPT THAT PATIENT INTO ITS FINANCIAL ASSISTANCE POLICY AND DISCOUNT THE PATIENT'S ACCOUNT FROM 25 TO 100%, DEPENDING UPON THE RESULTS OF THE ISOLUTIONS PROGRAM.

PART I, LINE 5

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

PART I, LINE 6A

THE ORGANIZATION SUBMITS A COMMUNITY BENEFIT REPORT ANNUALLY TO THE MARYLAND HSCRC. THE COMMUNITY BENEFIT REPORT FOR EACH HOSPITAL, THE CHNA AND IMPLEMENTATION PLAN ARE PUBLISHED ON THE DHS WEBSITE AT WWW.DIMENSIONHEALTH.ORG.

**Part VI Supplemental Information**

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 7A COLUMN D

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

PART I, LINE 7B COLUMNS C-F

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE-SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL-PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING

Part VI Supplemental Information

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY DIRECTED OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE. COMMUNITY BENEFIT EXPENSES ARE EQUAL TO MEDICAID REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT IS ZERO. THE EXCEPTION TO THIS IS THE IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT. IN RECENT YEARS, THE STATE OF MARYLAND HAS CLOSED FISCAL GAPS IN THE STATE MEDICAID BUDGET BY ASSESSING HOSPITALS THROUGH THE RATE-SETTING SYSTEM.

PART I, LINE 7F COLUMN D

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

Part VI Supplemental Information

Provide the following information.

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- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

UNCOMPENSATED CARE.

PART I, LINE 7G COLUMN C

ACCESS TO PRIMARY AND SPECIALIST HEALTH CARE SERVICES IS CONSISTENTLY IDENTIFIED AS A CONSIDERABLE HEALTH NEED THROUGHOUT THE ORGANIZATION'S COMMUNITY. FOR EXAMPLE, THE NATIONAL BENCHMARK IS 1,040 PEOPLE : 1 PRIMARY CARE PHYSICIAN, WHEREAS, FOR PRINCE GEORGE'S COUNTY, THE NUMBER OF PEOPLE PER PRIMARY CARE PHYSICIAN IS APPROXIMATELY 1,860 : 1. THIS STEMS IN LARGE PART FROM THE COUNTY'S VERY HIGH UNINSURED AND UNDERINSURED POPULATION THAT CAN AFFORD TO PAY LITTLE TO NO REIMBURSEMENT FOR SERVICES RECEIVED.

IN ORDER TO MEET THIS SUBSTANTIAL COMMUNITY HEALTH NEED, THE ORGANIZATION HAS BROUGHT IN SPECIALISTS AND PRIMARY CARE PHYSICIANS INTO THE ORGANIZATION'S COMMUNITY AND INTO THE ORGANIZATION'S TWO HOSPITAL FACILITIES (PGHC AND LRH). FIRST, THE ORGANIZATION PAYS PHYSICIANS TO COVER THE BAD DEBTS THEY INCUR WHEN PROVIDING SERVICES TO UNINSURED AND UNDERINSURED PATIENTS AT PGHC AND LRH. SUCH PHYSICIAN

**Part VI Supplemental Information**

Provide the following information.

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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SUBSIDIES HAVE BEEN REPORTED ON PART I, LINE 7G AS SUBSIDIZED HEALTH SERVICES.

IN ADDITION, THE ORGANIZATION HAS EMPLOYED PRIMARY CARE AND SPECIALIST PHYSICIANS THROUGH ITS DIRECT TAX-EXEMPT SUBSIDIARY PHYSICIAN PRACTICE, DIMENSIONS HEALTHCARE ASSOCIATES, TO PROVIDE PATIENT SERVICES TO THE COMMUNITY, INCLUDING UNINSURED AND UNDERINSURED PATIENTS THAT WOULD NOT OTHERWISE HAVE ACCESS TO PHYSICIAN SERVICES. THE DIRECT SUBSIDIES PAID FROM THE ORGANIZATION TO DHA DURING THE TAX YEAR TO SUPPORT THE CONTINUED EXISTENCE OF THE PHYSICIAN PRACTICE, AND TO HELP REDUCE THE PHYSICIAN SHORTFALL IN THE COMMUNITY, HAVE NOT BEEN REPORTED ON PART I, LINE 7G AS SUBSIDIZED HEALTH SERVICES BECAUSE THE LOSSES WERE INCURRED BY A SUBSIDIARY ORGANIZATION. HOWEVER, THIS SUBSTANTIAL LOSS IS INCURRED INDIRECTLY BY THE HOSPITAL ORGANIZATION IN ORDER TO MEET AN IDENTIFIED COMMUNITY NEED AND HAD A NET COMMUNITY BENEFIT EXPENSE OF \$34,611,262 DURING THE 2016 TAX YEAR.



**Part VI Supplemental Information**

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART III, LINE 4:

THE ORGANIZATION'S FOOTNOTE FOR "ACCOUNTS RECEIVABLE AND CONTRACTUAL ALLOWANCES"

THE CORPORATION'S POLICY IS TO WRITE OFF ALL PATIENT ACCOUNTS THAT HAVE BEEN IDENTIFIED AS UNCOLLECTIBLE. ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR DOUBTFUL ACCOUNTS. AN ALLOWANCE FOR DOUBTFUL ACCOUNTS IS RECORDED FOR ACCOUNTS NOT YET WRITTEN OFF THAT ARE ANTICIPATED TO BECOME UNCOLLECTIBLE IN FUTURE PERIODS. IN EVALUATING THE COLLECTIBILITY OF ACCOUNTS RECEIVABLE, THE CORPORATION ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYERS OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR BAD DEBTS. MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYERS OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS. FOR ACCOUNTS RECEIVABLE ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE CORPORATION ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR BAD DEBTS, IF NECESSARY (FOR EXAMPLE, FOR EXPECTED UNCOLLECTIBLE DEDUCTIBLES

**Part VI Supplemental Information**

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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
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AND COPAYMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYER HAS NOT YET PAID, OR FOR PAYERS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY). FOR ACCOUNTS RECEIVABLE ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), THE CORPORATION RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES IF NEGOTIATED) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS.

DISCOUNTS RANGING FROM 2% TO 6% OF HOSPITAL CHARGES ARE GIVEN TO MEDICARE, MEDICAID AND CERTAIN APPROVED COMMERCIAL HEALTH INSURANCE AND HEALTH MAINTENANCE ORGANIZATIONS. ALSO, THESE PAYERS ROUTINELY REVIEW PATIENT BILLINGS AND DENY PAYMENT FOR CERTAIN PROCEDURES THAT THEY DEEM MEDICALLY

Part VI Supplemental Information

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- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
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- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

UNNECESSARY OR PERFORMED WITHOUT APPROPRIATE PRE-AUTHORIZATION. DISCOUNTS AND DENIALS ARE RECORDED AS REDUCTIONS OF NET PATIENT REVENUE. ACCOUNTS RECEIVABLE FROM THESE THIRD-PARTY PAYERS HAVE BEEN ADJUSTED TO REFLECT THE DIFFERENCE BETWEEN CHARGES AND THE ESTIMATED REIMBURSABLE AMOUNTS.

PART III, LINE 8:

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

PART III, LINE 9B:

ALL SELF-PAY PATIENTS MAY APPLY FOR THE FINANCIAL ASSISTANCE PROGRAM. PATIENTS MAY APPLY FOR THE PROGRAM IN PATIENT FINANCIAL SERVICES CUSTOMER SERVICE AREA OR PATIENT ACCESS DEPARTMENT. INCOME, ASSETS AND OTHER CRITERIA ARE EVALUATED FOR DETERMINATION OF PATIENT FINANCES TO QUALIFY FOR THE PROGRAM. ONCE THE COLLECTION PROCESS HAS BEGUN, THE ORGANIZATION CONTINUES TO MONITOR WHETHER THE PATIENT QUALIFIES FOR CHARITY CARE UNDER THE FINANCIAL ASSISTANCE POLICY. IF THE ORGANIZATION DETERMINES THAT A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE, INCLUDING ONCE THE COLLECTION

**Part VI Supplemental Information**

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PROCESS HAS BEGUN, THE ORGANIZATION WILL APPROVE THE PATIENT FOR CHARITY CARE. THE WRITE OFF (RANGING FROM 25% TO 100%) TO CHARITY CARE IS ACCORDING TO A SLIDING FEE SCALE FOR INCOME.ONCE CHARITY CARE HAS BEEN APPROVED, THERE IS NO FURTHER ATTEMPT MADE BY THE ORGANIZATION TO COLLECT. THE ORGANIZATION WILL REFUND PATIENT PAYMENTS ONCE IT IS FOUND THAT PATIENT HAS SUBMITTED A FINANCIAL ASSISTANCE APPLICATION AND IT IS APPROVED.

PART VI, LINE 2:

IN 2016, DIMENSIONS HEALTHCARE SYSTEM PARTICIPATED IN A JOINT COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS, LED BY THE PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT ("HEALTH DEPARTMENT"), TO DESIGN AND PRODUCE A COUNTY-WIDE COMMUNITY HEALTH NEEDS ASSESSMENT. THE CHNA STAKEHOLDERS ENGAGED IN A COLLABORATIVE PROCESS TO CONDUCT A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS IN PRINCE GEORGE'S COUNTY, MARYLAND THAT COMPLIES WITH THE CHNA REQUIREMENTS AS SET FORTH BY THE INTERNAL REVENUE CODE AND PUBLIC HEALTH DEPARTMENT CERTIFICATION REQUIREMENTS. THE PROCESS INVOLVED THE COLLECTION AND ANALYSIS OF VALID DATA (QUANTITATIVE AND QUALITATIVE) TO

**Part VI Supplemental Information**

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ASCERTAIN RESIDENTS' HEALTH STATUS, IDENTIFY TRENDS IN HEALTH PROBLEMS, AS WELL AS THE SOCIAL AND ECONOMIC DETERMINANTS IMPACTING THE HEALTH OF PRINCE GEORGE'S COUNTY RESIDENTS. A WRITTEN REPORT OF THE COMMUNITY HEALTH NEED ASSESSMENT PROCESS AND FINDINGS WAS PREPARED AND PRESENTED TO THE HEALTH DEPARTMENT AND HOSPITALS. THE REPORT INCLUDED RECOMMENDATIONS TO ADDRESS HEALTH NEED AND OTHER AREAS OF CONCERN TO THE HEALTH DEPARTMENT AND COUNTY-BASED HOSPITALS, BASED ON THE CHNA FINDINGS. RECOMMENDATIONS INCLUDE PUBLIC HEALTH POLICY, PROCESSES, PROGRAMS OR INTERVENTIONS.

THE JOINT CHNA ASSESSED AND IDENTIFIED SIGNIFICANT COMMUNITY HEALTH NEEDS IN THE COUNTY. ALTHOUGH THE JOINT CHNA ENCOMPASSED THE NEEDS OF THE COUNTY'S HOSPITALS AS A WHOLE IT WAS NOT A SERIES OF HOSPITAL-SPECIFIC NEEDS ASSESSMENTS. THE ASSESSMENT UTILIZED QUANTITATIVE AND QUALITATIVE DATA, AS AVAILABLE. THE JOINT COUNTY-WIDE CHNA PROVIDES REQUIRED DATA AND INFORMATION FOR THE HOSPITALS TO USE. EACH HOSPITAL IS RESPONSIBLE FOR USING THE CHNA TO: 1) IDENTIFY THEIR OWN GEOGRAPHICAL PRIORITY ISSUES; 2) DEVELOP AND IMPLEMENT STRATEGIES AND ACTION PLANS FOR EACH PRIORITY ISSUE, AND 3) ESTABLISH ACCOUNTABILITY TO ENSURE MEASURABLE HEALTH IMPROVEMENT.

Part VI Supplemental Information

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IT IS BELIEVED THE PROPOSED COMMUNITY INVOLVEMENT IN THE COUNTY-WIDE CHNA PROCESS WILL MEET THE REQUIREMENTS OF THE INTERNAL REVENUE SERVICE (IRS) FOR CHNA FOR THE HOSPITALS, INCLUDING IMPLEMENTATION PLANS THAT OUTLINE THE HOSPITALS' APPROACHES TO ADDRESSING THE NEEDS IDENTIFIED IN THE JOINT CHNA.

PGHC'S MANAGEMENT ACTIVELY SOLICITS INFORMATION FROM THE PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT AND OTHER COMMUNITY-BASED ORGANIZATIONS TO ASSESS HEALTH NEEDS IN THE COMMUNITY. PGHC REPRESENTATIVES SERVE AS MEMBERS ON A VARIETY OF HEALTHCARE FOCUSED COMMUNITY ORGANIZATIONS AND PROVIDE STAFF EXPERTISE AND OTHER RESOURCES, INCLUDING HOSTING MEETINGS AT OUR FACILITIES, AND THE PROVISION OF HEALTH SCREENING SERVICES AT LOCAL COMMUNITY EVENTS. SOME OF THESE ORGANIZATIONS INCLUDE:

- PRINCE GEORGE'S HEALTH ENTERPRISE ZONE
- PRINCE GEORGE COUNTY HEALTH DEPARTMENT COMMUNITY CARE COORDINATION TEAM
- TOTALLY LINKING CARE MARYLAND COALITION
- HEALTH ACTION FORUM OF PRINCE GEORGE'S COUNTY
- PRINCE GEORGE'S HEALTHCARE ACTION COALITION

**Part VI Supplemental Information**

Provide the following information.

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- NATIONAL CAPITAL AREA BREAST HEALTH QUALITY CONSORTIUM
- THE PRINCE GEORGE'S COUNTY LOCAL HEALTH DISPARITIES COMMITTEE
- THE HEALTH EMPOWERMENT NETWORK OF MARYLAND, INC. (HENM) - A COMMUNITY BASED ORGANIZATION MADE UP OF PARTNERS SUCH AS THE PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT, UNIVERSITY OF MARYLAND PREVENTION RESOURCE CENTER, PRINCE GEORGE'S COUNTY AREA AGENCY ON AGING, DEPARTMENT OF HEALTH AND MENTAL HYGIENE, INTEGRITY HEALTH PARTNERS AND THE CITY OF SEAT PLEASANT, AMONG OTHERS.
- PRIMARY CARE COALITION OF MONTGOMERY COUNTY
- SUSAN G. KOMEN FOUNDATION

PART VI, LINE 3:

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

DIMENSIONS HEALTHCARE SYSTEM, THROUGH THE PROVISION OF DISCOUNTED OR FREE

**Part VI Supplemental Information**

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HEALTH CARE SERVICES, (DEPENDING UPON THE ESTABLISHED CRITERIA SET OUT BELOW), PROVIDES FINANCIAL ASSISTANCE TO THOSE WHO NEED EMERGENCY AND OTHER MEDICALLY NECESSARY SERVICES BUT DO NOT HAVE THE RESOURCES TO PAY FOR THAT CARE. IT DOES SO BY PRESERVING THE DIGNITY OF THE INDIVIDUAL WHO NEEDS ASSISTANCE.

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

DIMENSIONS HEALTHCARE SYSTEM IS COMMITTED TO: COMMUNICATING THE ORGANIZATION'S MISSION TO THE PATIENT SO THEY CAN MORE FULLY AND FREELY PARTICIPATE IN PROVIDING THE NEEDED FINANCIAL INFORMATION WITHOUT FEAR OF LOSING BASIC ASSETS AND INCOME; ASSESSING THE PATIENTS' CAPACITY TO PAY AND REACH PAYMENT ARRANGEMENTS THAT DO NOT JEOPARDIZE THE PATIENTS' HEALTH AND BASIC LIVING ARRANGEMENTS OR UNDERMINE THEIR CAPACITY FOR SELF-SUFFICIENCY; UPHOLDING AND HONORING PATIENTS' RIGHTS TO APPEAL



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DECISIONS AND SEEK RECONSIDERATION FOR FINANCIAL ASSISTANCE AND TO HAVE A SELF-SELECTED ADVOCATE TO ASSIST THE PATIENT THROUGHOUT THE PROCESS; AVOIDING SEEKING OR DEMANDING PAYMENT FROM OR SEIZING INCOME OR ASSETS FROM PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE; AND PROVIDING OPTIONS FOR PAYMENT ARRANGEMENTS, WITHOUT REQUIRING THAT THE PATIENT SELECT HIGHER COST OPTIONS FOR REPAYMENT.

IN ORDER TO PROMOTE THE HEALTH AND WELL-BEING OF THE COMMUNITY SERVED, INDIVIDUALS WITH LIMITED FINANCIAL RESOURCES WHO ARE UNABLE TO ACCESS ENTITLEMENT PROGRAMS SHALL BE ELIGIBLE FOR FREE OR DISCOUNTED HEALTH CARE SERVICES BASED ON ESTABLISHED CRITERIA. ELIGIBILITY CRITERIA WILL BE BASED, IN LARGE PART, UPON THE FEDERAL POVERTY GUIDELINES AND WILL BE UPDATED ANNUALLY IN CONJUNCTION WITH THE PUBLISHED UPDATES BY THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES. ALL OPEN SELF-PAY BALANCES MAY BE CONSIDERED FOR FINANCIAL ASSISTANCE. IF A DETERMINATION IS MADE THAT THE PATIENT HAS THE ABILITY TO PAY ALL OR A PORTION OF THE BILL, SUCH A DETERMINATION DOES NOT PREVENT A REASSESSMENT OF THE PERSON'S ABILITY TO PAY AT A LATER DATE. THE NEED FOR FINANCIAL ASSISTANCE IS TO BE

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RE-EVALUATED AT THE FOLLOWING TIMES:

\*SUBSEQUENT RENDERING OF SERVICES,

\*INCOME CHANGE,

\*FAMILY SIZE CHANGE,

\*WHEN AN ACCOUNT THAT IS CLOSED IS TO BE REOPENED, OR

\*WHEN THE LAST FINANCIAL EVALUATION WAS COMPLETED MORE THAN SIX MONTHS

BEFORE.

APPROPRIATE SIGNAGE WILL BE VISIBLE IN THE FACILITY IN ORDER TO CREATE

AWARENESS OF THE FINANCIAL ASSISTANCE PROGRAM AND THE ASSISTANCE

AVAILABLE. AT A MINIMUM, SIGNAGE WILL BE POSTED IN ALL PATIENT INTAKE

AREAS, INCLUDING, BUT NOT LIMITED TO, THE EMERGENCY DEPARTMENT, THE

BILLING OFFICE, AND THE ADMISSION/PATIENT REGISTRATION AREAS. INFORMATION

SUCH AS BROCHURES WILL BE INCLUDED IN PATIENT SERVICES/INFORMATION FOLDERS

AND/OR AT PATIENT INTAKE AREAS. ALL PUBLIC INFORMATION AND/OR FORMS

REGARDING THE PROVISION OF FINANCIAL ASSISTANCE WILL USE LANGUAGES THAT

ARE APPROPRIATE FOR THE FACILITY'S SERVICE AREA IN ACCORDANCE WITH THE

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STATE'S LANGUAGE ASSISTANCE SERVICES ACT.

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

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

A) ROUTINE AND COMPREHENSIVE DEMOGRAPHIC AND FINANCIAL DATA.

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**B) COMPLETE INFORMATION REGARDING ALL EXISTING THIRD PARTY COVERAGE.**

IDENTIFICATION OF POTENTIALLY ELIGIBLE PATIENTS CAN TAKE PLACE AT ANY TIME DURING THE RENDERING OF SERVICES OR DURING THE COLLECTION PROCESS. ALSO, THOSE PATIENTS WHO MAY QUALIFY FOR MEDICAL ASSISTANCE FROM A GOVERNMENTAL PROGRAM SHOULD BE REFERRED TO THE APPROPRIATE PROGRAM, SUCH AS MEDICAID, PRIOR TO CONSIDERATION FOR FINANCIAL ASSISTANCE.

**MEDICAID ELIGIBILITY**

ALL UNINSURED INPATIENTS AT DIMENSIONS ARE ASSISTED BY DHS MEDICAID ELIGIBILITY STAFF TO EVALUATE THE PATIENTS FOR MARYLAND MEDICAID ELIGIBILITY. ONCE THEY ARE EVALUATED, THE STAFF WILL ASSIST THE PATIENTS WITH THE COMPLETION OF THE MEDICAID APPLICATION. THE APPLICATION IS PRESENTED TO DSS FOR REVIEW AND CERTIFICATION. THE STAFF MONITORS THE APPLICATION PROCESS TO ENSURE THAT A DETERMINATION IS MADE ON THE APPLICATION. DHS PATIENTS DO NOT RECEIVE A BILL DURING THIS PROCESS. ONCE THE MEDICAID APPLICATION DETERMINATION HAS BEEN MADE, PATIENTS WHO QUALIFY

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WILL RECEIVE A BILL. IF A PATIENT IS DEEMED INELIGIBLE FOR MEDICAID, THE PATIENT WILL BE CATEGORIZED AS SELF PAY AND ASSESSED FOR POSSIBLE ELIGIBILITY UNDER THE FINANCIAL ASSISTANCE PROGRAM.

PART VI, LINE 4:

DIMENSIONS HEALTHCARE SYSTEM (DHS) IS THE LARGEST NOT-FOR-PROFIT PROVIDER OF HEALTH CARE SERVICES IN PRINCE GEORGE'S COUNTY. ADDITIONAL COUNTIES AND AREAS SERVED INCLUDE ANNE ARUNDEL, HOWARD, AND MONTGOMERY COUNTIES AND THE DISTRICT OF COLUMBIA.

DHS HOSPITALS' PRIMARY COVERAGE AREA IS PRINCE GEORGE'S COUNTY. THE 2016 POPULATION ESTIMATE FOR PRINCE GEORGE'S COUNTY IN 2015 WAS 919,417. IN PRINCE GEORGE'S COUNTY, THE MEDIAN HOUSEHOLD INCOME WAS \$72,290 WHICH IS LOWER THAN MARYLAND (\$73,971), AND THE PERCENTAGE OF PERSONS BELOW POVERTY LEVEL WAS 10%. OF THE COUNTIES AND AREAS SERVED, PRINCE GEORGE'S COUNTY HAS THE HIGHEST PERCENTAGE OF HOUSEHOLDS WITH INCOME BELOW THE FEDERAL POVERTY LINE AS WELL AS THE HIGHEST MORTALITY RATE (720.3/100,000).

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

FOR EACH OF THE COUNTIES AND AREAS COMPRISING THE SERVICE AREA, 11% OF THE POPULATION IS 65 YEARS OF AGE OR OLDER.

FROM 2010-2014, 16,585 DEATHS OCCURED TO PRINCE GEORGE'S COUNTY RESIDENTS. THE LEADING TWO CAUSES OF DEATH, HEART DISEASE AND CANCER, ACCOUNT FOR HALF OF ALL RESIDENT DEATHS. OVERALL, THE AGE-ADJUSTED DEATH RATE FOR THE COUNTY IS HIGHER THAN MARYLAND, BUT LOWER THAN THE U.S. FOR 2012-2014. FOR THE LEADING CAUSES OF DEATH, THE COUNTY'S AGE-ADJUSTED MORTALITY RATES ARE HIGHER THAN MARYLAND AND THE U.S. FOR HEART DISEASE, CANCER, STROKE, DIABETES, SEPTICEMIA, NEPHRITIS, HOMICIDE, HYPERTENSION, AND PERINATAL CONDITIONS.

ACCESS TO QUALITY, COMPREHENSIVE HEALTH CARE SERVICES LEADS TO AN OVERALL BETTER QUALITY OF LIFE THROUGH PREVENTION AND TIMELY TREATMENT FOR HEALTH ISSUES. THE IMPLEMENTATION OF THE AFFORDABLE CARE ACT HAS RESULTED IN AN INCREASE OF COUNTY RESIDENTS WITH HEALTH INSURANCE, WHICH IS A KEY COMPONENT TO ACCESSING CARE; HOWEVER, THE RESULTS ARE STILL BEING COLLECTED AND WILL BE REFLECTED STARTING IN 2015 DATA. ACCESS TO CARE GOES

**Part VI Supplemental Information**

Provide the following information.

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

BEYOND INSURANCE, AND INCLUDES PROVIDER PROXIMITY, ABILITY TO GET AN APPOINTMENT WITH A MEDICAL PROVIDER, TRANSPORTATION, AND ABILITY TO PAY CO-PAYS OR FEES. PRINCE GEORGE'S COUNTY ADULTS WITH HEALTH INSURANCE IN 2014 IS 82.5%, LOWER THAN MARYLAND (89%), AND CHILDREN WITH HEALTH INSURANCE IN 2014 IS 94.6%, ALSO LOWER THAN MARYLAND (96.8%),

IN LIGHT OF THE COUNTY'S HIGH UNINSURED OR UNDERINSURED POPULATION THAT PAYS LITTLE TO NO REIMBURSEMENT FOR SERVICES RECEIVED, THE COUNTY'S LEVEL OF PRIVATE-PRACTICE PRIMARY CARE DOCTORS AND PRIMARY CARE CLINICS HAS NOT KEPT PACE WITH THE HEALTH CARE NEEDS OF COUNTY RESIDENTS. THE CAPACITY OF COMMUNITY-BASED CARE, INCLUDING SAFETY-NET CLINICS, REMAINS SEVERELY LIMITED. THIS LACK OF PRIMARY CARE SERVICES AND PATIENT "MEDICAL HOMES" HAS RESULTED IN AN INCREASE USE OF THE HOSPITAL'S EMERGENCY DEPARTMENTS AND OTHER SPECIALTY HEALTH CARE SERVICES.

COMMUNITY CHALLENGES & HEALTH STATISTICS:

DESPITE THE HIGHER THAN AVERAGE MEDIAN HOUSEHOLD INCOME, EDUCATIONAL

Part VI Supplemental Information

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

ATTAINMENT, AND PERCENTAGE OF INDIVIDUALS IN THE WORK FORCE REPRESENTED BY PRINCE GEORGIANS IN COMPARISON WITH NATIONAL FIGURES, THE COUNTY DOES CONTAIN SEVERAL POCKETS OF LOW SOCIOECONOMIC STATUS. ISSUES SUCH AS DIABETES MORTALITY, HEART DISEASE, HYPERTENSION, STROKE, AND DEATHS FROM BREAST, COLORECTAL AND PROSTATE CANCERS, HIV AND INFANT MORTALITY ALL REPRESENT SIGNIFICANT HEALTH CHALLENGES FOR COMMUNITY MEMBERS.

FURTHERMORE, PERSISTENT DISPARITIES IN MORTALITY AND HEALTH STATUS FOR SEVERAL HEALTH INDICES ARE SEEN IN VARIOUS RACIAL AND ETHNIC POPULATIONS. THE RACIAL AND ETHNIC MINORITIES ARE APPROXIMATELY 2/3 OF PRINCE GEORGE'S COUNTY MEDICAID BENEFICIARIES. COUNTY AND MARYLAND STATE HEALTH STATISTICS ARE SIMILAR TO NATIONAL TRENDS REGARDING THE STATUS OF MINORITY HEALTH.

PART VI, LINE 5:

DIMENSIONS HEALTH CORPORATION (DHC) MAINTAINS CLINICAL AFFILIATION AGREEMENTS WITH AND SUPPORTS CLINICAL PLACEMENTS FOR BOTH NURSING AND ANCILLARY PROGRAMS IN AND OUT OF STATE. IN ADDITION, WITH STATE SUPPORT, DHC PARTICIPATES IN THE NSP II GRANT WHICH IS A PARTNERSHIP DESIGNED TO PROMOTE BSN AND MSN COMPLETION FOR RNS.



**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

IN TERMS OF COMMUNITY-BASED MENTORING DHC STAFF MEMBERS PARTICIPATE ON A SMALL SCALE IN CAREER DAYS AT LOCAL COUNTY SCHOOLS. IN 2014, DIMENSIONS PARTNERED WITH PRINCE GEORGE'S COUNTY ECONOMIC DEVELOPMENT CORPORATION, PRINCE GEORGE'S COUNTY SCHOOL SYSTEM AND LOCKHEED MARTIN ON A SUCCESSFUL APPLICATION FOR A FEDERAL GRANT TO SUPPORT YOUTH CAREER DEVELOPMENT. UNDER THE YOUTH CAREERCONNECT GRANT, OVER A FOUR YEAR PERIOD DIMENSIONS WILL WORK WITH THE HEALTH CARE ACADEMY AT BLADENSBURG HIGH SCHOOL TO PROVIDE MENTORING FOR STUDENTS AND TEACHERS, INTERNSHIPS AND EDUCATIONAL OPPORTUNITIES FOR STUDENTS INTERESTED IN CAREERS IN HEALTH CARE. DHC HAS ESTABLISHED COLLABORATIONS WITH SUCH ORGANIZATIONS AS THE PRINCE GEORGE'S COUNTY (MARYLAND) HEALTH ACTION FORUM AND THE PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT. THE PURPOSE OF THE COLLABORATIONS IS TO WORK COLLECTIVELY TO DEVELOP CARE MODELS AND RELATIONSHIPS THAT FACILITATE QUALITY AND COST EFFECTIVE CARE FOR RESIDENTS IN THE COMMUNITIES SERVED BY DIMENSIONS' FACILITIES AND PROGRAMS. DIMENSIONS CONTINUES TO WORK WITH COMMUNITY PARTNERS TO DEVELOP PLANS AND PROGRAM DESIGNED TO PROVIDE COMMUNITY-BASED HEALTH SERVICES AND EXPAND ACCESS TO AN OPTIMAL RANGE

Part VI Supplemental Information

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

OFHEALTH RELATED SERVICES THAT WILL IMPROVE COMMUNITY HEALTH STATUS.

DIMENSIONS HAS PARTNERED ON THE DEVELOPMENT OF THE PRINCE GEORGE'S COUNTY HEALTH ENTERPRISE ZONE, IT FACILITATES ACCESS TO CARE BY PROVIDING FREE CLINICAL SUPPORT SERVICES TO FQHCS AND COMMUNITY ORGANIZATIONS THAT SERVE INDIVIDUALS WHO OTHERWISE WOULD NOT HAVE ACCESS TO CARE. DIMENSIONS' FOCUS ON COMMUNITY HEALTH NEEDS ALSO INCLUDED THE DISTRIBUTION OF IMPROVED HEALTH INFORMATION. AS IN PRIOR YEARS, DHC ALSO PROVIDED A NUMBER OF HEALTH FAIRS, HEALTH EMPLOYEE INTERNSHIPS, AND OTHER PROGRAMS TO PROMOTE HEALTH IN THE SURROUNDING COMMUNITIES.

DHC IS COMPRISED OF AN 16 MEMBER BOARD. THE BOARD IS PRIMARILY COMPOSED OF INDEPENDENT INDIVIDUALS WHO LIVE IN THE COMMUNITY. BOTH OF DHC'S HOSPITAL FACILITIES, PGHC AND LRH, EXTEND MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS FOR ALL OF ITS DEPARTMENTS. ALL FINANCIAL SURPLUSES THAT ARE GENERATED ARE USED EXCLUSIVELY TO FURTHER THE EXEMPT PURPOSES OF THE HOSPITAL.

THE DIMENSIONS HEALTH SYSTEM PROVIDES A BROAD ARRAY OF INPATIENT AND COMMUNITY BASED SERVICES TO RESIDENTS IN THE METROPOLITAN REGION. THE

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SYSTEM OPERATES SEVERAL FACILITIES, INCLUDING TWO ACUTE CARE HOSPITALS.

ALL PHYSICIANS LICENSED IN THE STATE OF MARYLAND WHO MEET THE FACILITY

BYLAW REQUIREMENTS ARE ELIGIBLE TO APPLY FOR PRIVILEGES AT THE TWO ACUTE

CARE HOSPITALS, PGHC AND LRH. ALTHOUGH PGHC HAS ONE OF THE LARGEST

POPULATIONS OF UNINSURED PATIENTS IN THE STATE, WE BELIEVE THAT ALL

PATIENTS SHOULD RECEIVE THE HIGHEST LEVEL OF CARE REGARDLESS OF ECONOMIC

STANDING. THIS GOAL CAN ONLY BE ACHIEVED WITH EXPERIENCED SPECIALIST

PHYSICIANS CARING FOR ALL OF OUR PATIENTS, EVEN WHEN SO MANY OF OUR

PATIENTS CANNOT AFFORD TO PAY. TO OVERCOME THIS FORMIDABLE DILEMMA, WE

REIMBURSE PHYSICIANS FOR BAD DEBTS INCURRED BY THE PHYSICIANS CARING FOR

HOSPITAL PATIENTS, SO THE "GAP" EXISTS IN THE HOSPITAL'S PROFITS BUT NOT

IN PATIENT CARE. IN PARTICULAR, WE ARE NOT REIMBURSED FROM THE HSCRC

ALL-PAYOR SYSTEM FOR THESE PHYSICIAN SUBSIDY PAYMENTS.

WE HAVE ALSO IDENTIFIED SEVERAL HEALTH-RELATED TRENDS, NEEDS, AND PROBLEMS

FACING OUR POPULATION, INCLUDING ACCESS TO SPECIALTY CARE, MATERNAL AND

CHILD HEALTH, ETC. THE ORGANIZATION'S STRATEGIES FOR ADDRESSING THESE

ISSUES INCLUDE PROVIDING CLASSES, SEMINARS, SCREENING AND HEALTH SERVICES,

Part VI Supplemental Information

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
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- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

DIABETES EDUCATION, CPR, ACLS, PREEMIE SUPPORT GROUP, SMOKING CESSATION PRESENTATIONS, PROVIDE FLU SHOTS TO THE PUBLIC, PROVIDE BLOOD PRESSURE SCREENINGS TO LOCAL CHURCHES.

PRINCE GEORGE'S HOSPITAL CENTER (PGHC) AND LAUREL REGIONAL HOSPITAL (LRH) HAVE PARTNERED WITH COMMUNITY-BASED ORGANIZATIONS TO INCREASE THEIR CAPACITY TO PROVIDE SERVICES TO THE COMMUNITY. THIS INCLUDES:

PROVIDING VARIOUS FEDERALLY QUALIFIED HEALTH CENTERS (FQHC) SITES IN PRINCE GEORGE'S COUNTY WITH ADDITIONAL HEALTHCARE PROVIDERS TO FACILITATE ACCESS TO SUB-SPECIALTY SERVICES FOR UNINSURED AND UNDERINSURED RESIDENTS. WE ARE ALSO PROUD TO PARTNER WITH OUTREACH GROUPS SUCH AS ALCOHOLICS ANONYMOUS, NARCOTICS ANONYMOUS, AND PARKINSON'S SUPPORT GROUP. THE HOSPITALS HAVE ALSO WORKED WITH LOCAL AND STATE HEALTH OFFICIALS TO DEVELOP THE PRINCE GEORGE'S COUNTY AND THE STATE HEALTH IMPROVEMENT PLANS AND CONTINUES TO WORK CLOSELY WITH THE HEALTH DEPARTMENT TO IMPLEMENT PROGRAMS THAT ADDRESS THE HEALTH PLAN GOALS.

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PGHC AND LRH ARE IMPROVING AND ADAPTING CURRENT HEALTH PROGRAMS INTO SUSTAINABLE COMMUNITY-BASED PROGRAMS TO IMPACT THE OVERALL HEALTH AND WELLNESS OF THE COMMUNITY IN A POSITIVE WAY. THIS SERVICE EXPANSION AND ADAPTATION IS BEING ACHIEVED THROUGH COLLABORATIVE PARTNERSHIPS WITH COMMUNITY ORGANIZATIONS AS WELL AS STATE AND LOCAL HEALTH AGENCIES.

PART VI, LINE 6:

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

**Part VI Supplemental Information**

Provide the following information.

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SERVICES INCLUDING EMERGENCY SERVICES, CRITICAL CARE SERVICES, CARDIAC CARE SERVICES, LABORATORY AND PATHOLOGY TESTING, MEDICAL AND SURGICAL SERVICES, MATERNAL AND CHILD HEALTH, PHYSICAL REHABILITATION (ONLY HOSPITAL-BASED CARE ACCREDITED REHAB UNIT IN THE COUNTY), PULMONARY REHABILITATION PROGRAM, WOUND CARE CENTER (94 PERCENT HEALING RATE). GLADYS SPELLMAN, WHICH IS NOW LOCATED WITHIN LRH'S FACILITY, PROVIDES NURSING HOME CARE. BOWIE HEALTH CENTER IS A HOSPITAL-BASED EMERGENCY SERVICE CENTER.

IN ADDITION, DIMENSIONS HEALTHCARE ASSOCIATES, INC. (DHA), A SUBSIDIARY OF DIMENSIONS HEALTH CORPORATION, EMPLOYS MULTI-SPECIALTY PHYSICIANS, INCLUDING PRIMARY CARE PHYSICIANS, TO PROVIDE PATIENT SERVICES TO THE COMMUNITY, INCLUDING UNINSURED AND UNDERINSURED PATIENTS THAT WOULD NOT OTHERWISE HAVE ACCESS TO PHYSICIAN SERVICES. THE COST TO DHC OF FUNDING THE SHORTFALL OF THIS TAX-EXEMPT PHYSICIAN PRACTICE WAS \$30,365,669 DURING THE 2016 TAX YEAR. IT HAS BEEN DETERMINED THAT SUBSIDIZING THE OPERATING LOSSES OF DHA MEETS AN IDENTIFIED COMMUNITY NEED FOR PROVIDING ADDITIONAL PRIMARY CARE AND SPECIALIST PHYSICIANS IN THE COMMUNITY.



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2016**

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

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

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

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

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

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

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

- |  |   |
|--|---|
| <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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2016



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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) NEIL MOORE PRESIDENT/CEO	(i) 623,775. (ii) 0.	(ii) 150,000. (iii) 0.	(iii) 4,228. (iii) 0.	24,000.	22,787.	824,790.	0.
(2) KANWALJIT SINGH TANEJA COO	(i) 247,825. (ii) 0.	(ii) 0. (iii) 0.	(iii) 72,394. (iii) 0.	22,496.	14,755.	357,470.	0.
(3) JOHN SPEARMAN PRESIDENT & COO/LRH (THROUGH 1/7/17)	(i) 120,399. (ii) 0.	(ii) 0. (iii) 0.	(iii) 268,861. (iii) 0.	0.	12,462.	401,722.	0.
(4) LISA GOODLETT SENIOR VP, CFO (THROUGH 7/8/16)	(i) 239,705. (ii) 0.	(ii) 0. (iii) 0.	(iii) 1,478. (iii) 0.	14,669.	15,374.	271,226.	0.
(5) SHERRY PERKINS EVP & COO	(i) 353,394. (ii) 0.	(ii) 0. (iii) 0.	(iii) 2,498. (iii) 0.	18,422.	1,762.	376,076.	0.
(6) JOHN PEEPLES SENIOR VP, HR (THROUGH 11/5/16)	(i) 236,800. (ii) 0.	(ii) 0. (iii) 0.	(iii) 2,268. (iii) 0.	22,075.	2,546.	263,689.	0.
(7) CARL JEAN-BAPTISTE GENERAL COUNSEL (THROUGH 5/6/17)	(i) 298,012. (ii) 0.	(ii) 0. (iii) 0.	(iii) 2,035. (iii) 0.	18,000.	651.	318,698.	0.
(8) CANDACE HANRAHAN VP, CMO, PCHC (THROUGH 6/28/17)	(i) 216,711. (ii) 0.	(ii) 0. (iii) 0.	(iii) 3,752. (iii) 0.	21,057.	20,218.	261,738.	0.
(9) ESLANDA DASHER DEPUTY GENERAL COUNSEL	(i) 218,267. (ii) 0.	(ii) 0. (iii) 0.	(iii) 2,585. (iii) 0.	24,000.	3,401.	248,253.	0.
(10) TRUDY HALL VP, MEDICAL AFFAIRS	(i) 334,667. (ii) 0.	(ii) 0. (iii) 0.	(iii) 2,953. (iii) 0.	0.	23,469.	361,089.	0.
(11) SYLVANUS ACHU PRN NURSE	(i) 247,306. (ii) 0.	(ii) 1,500. (iii) 0.	(iii) 0. (iii) 0.	24,000.	0.	272,806.	0.
(12) CARNELL COOPER VP/MED AFFAIRS/CMO	(i) 485,045. (ii) 0.	(ii) 0. (iii) 0.	(iii) 6,009. (iii) 0.	24,000.	21,000.	536,054.	0.
(13) STEVEN TWADDLE EXECUTIVE DIRECTOR DHA	(i) 156,937. (ii) 0.	(ii) 0. (iii) 0.	(iii) 108,702. (iii) 0.	6,225.	3,834.	275,698.	0.
	(i) 0. (ii) 0.	(ii) 0. (iii) 0.	(iii) 0. (iii) 0.	0.	0.	0.	0.
	(i) 0. (ii) 0.	(ii) 0. (iii) 0.	(iii) 0. (iii) 0.	0.	0.	0.	0.
	(i) 0. (ii) 0.	(ii) 0. (iii) 0.	(iii) 0. (iii) 0.	0.	0.	0.	0.
	(i) 0. (ii) 0.	(ii) 0. (iii) 0.	(iii) 0. (iii) 0.	0.	0.	0.	0.
	(i) 0. (ii) 0.	(ii) 0. (iii) 0.	(iii) 0. (iii) 0.	0.	0.	0.	0.
	(i) 0. (ii) 0.	(ii) 0. (iii) 0.	(iii) 0. (iii) 0.	0.	0.	0.	0.

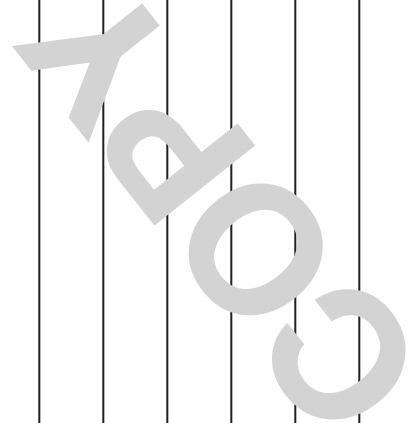
**Part III** Supplemental Information

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

**PART I, LINE 4A:**

**SERVERANCE PAYMENT WERE MADE TO THE FOLLOWING INDIVIDUAL(S):**

KANWALJIT SINGH TANEJA	\$67,199
JOHN SPEARMAN	\$265,699
STEVEN TWADDLE	\$104,031



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

DIMENSIONS HEALTH CORPORATION

Employer identification number

52-1289729

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IMPROVE THE HEALTH STATUS OF OUR COMMUNITY. THIS MISSION IS PURSUED IN  
COLLABORATION WITH OUR RELATED ORGANIZATIONS. WE URGE THOSE INTERESTED  
TO ACCESS MORE DETAILED AND COMPLETE INFORMATION AT  
[WWW.DIMENSIONSHALTH.ORG](http://WWW.DIMENSIONSHALTH.ORG)

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMPLETE INFORMATION AT [WWW.DIMENSIONSHALTH.ORG](http://WWW.DIMENSIONSHALTH.ORG)

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

THE COMMUNITIES LOCATED IN PRINCE GEORGE'S, ANNE ARUNDEL, HOWARD, AND  
MONTGOMERY COUNTIES WITH A POPULATION OF APPROXIMATELY 2,800,000. IN  
ACCORDANCE WITH OUR TAX-EXEMPT PURPOSE, THE ORGANIZATION OPERATES AN  
EMERGENCY ROOM OPEN TO ALL PERSONS REGARDLESS OF THE ABILITY TO PAY  
THAT SERVED APPROXIMATELY 26,570 PATIENTS DURING THE 2017 TAX YEAR. ALL  
PHYSICIANS LICENSED IN THE STATE OF MARYLAND WHO MEET THE FACILITY  
BYLAW REQUIREMENTS ARE ELIGIBLE TO APPLY FOR MEDICAL STAFF PRIVILEGES.  
THE ORGANIZATION HAS 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 SOCIAL DETERMINANTS OF HEALTH, BEHAVIORAL HEALTH (MENTAL  
HEALTH, SUBSTANCE ABUSE, DOMESTIC VIOLENCE/VIOLENCE) ,METABOLIC

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization DIMENSIONS HEALTH CORPORATION	Employer identification number 52-1289729
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SYNDROME (OBESITY, DIABETES, HEART DISEASE, HYPERTENSION/STROKE),  
CANCER, 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, CARE TRANSION, CARE COORDINATION, CARE  
MANAGEMENT AND COMMUNITY SUPPORTS TO ADDRESS SOCIAL DETERMINANTS OF  
HEALTH. MORE INFORMATION ABOUT THESE STRATEGIES IS AVAILABLE ON THE WEB  
SITE IDENTIFIED ABOVE.

DURING THE MOST RECENT REPORTING PERIOD LRH PROVIDED OVER \$1.9 MILLION  
IN CHARITY CARE, AT NO COST, TO THE COMMUNITY. LRH EXPENDED A TOTAL OF  
APPROXIMATELY \$11 MILLION ON COMMUNITY BENEFIT PROGRAMS SUCH AS  
MISSION-DRIVEN HEALTH SERVICES, EDUCATION AND OUTREACH, GRANTS AND  
SCHOLARSHIPS. THESE ARE PROGRAMS AND ACTIVITIES BENEFITING THE  
COMMUNITIES WE SERVE, INCLUDING SCREENINGS AND SPEAKERS WHO ARE  
EDUCATED ON A WIDE RANGE OF TOPICS. LRH ALSO OFFERS CPR, ACLS, AND  
SMOKING CESSATION CLASSES. LRH IS PROUD TO PARTNER WITH OUTREACH GROUPS  
SUCH AS ALCOHOLICS ANONYMOUS, NARCOTICS ANONYMOUS, AND A PARKINSON'S  
SUPPORT GROUP. FOR MORE DETAILED INFORMATION, PLEASE VISIT THE WEB SITE  
IDENTIFIED ABOVE.

IN ADDITION, THE ORGANIZATION OPERATES PRINCE GEORGE'S HOSPITAL CENTER  
(PGHC), AN ACUTE CARE HOSPITAL IN PRINCE GEORGE'S COUNTY, WHICH  
PROVIDES QUALITY CARE TO A POPULATION OF APPROXIMATELY 1,500,000. IN  
ACCORDANCE WITH OUR TAX-EXEMPT PURPOSE PGHC OPERATES AN EMERGENCY ROOM  
OPEN TO ALL PERSONS REGARDLESS OF ABILITY TO PAY THAT SERVED  
APPROXIMATELY 48,272 PATIENTS DURING THE 2017 TAX YEAR. ALL PHYSICIANS  
LICENSED IN THE STATE OF MARYLAND WHO MEET THE FACILITY BYLAW

Name of the organization

DIMENSIONS HEALTH CORPORATION

Employer identification number

52-1289729

REQUIREMENTS ARE ELIGIBLE TO APPLY FOR MEDICAL STAFF PRIVILEGES. THE ORGANIZATION THAT OPERATES PRINCE GEORGES HOSPITAL CENTER HAS A GOVERNING BODY PRIMARILY COMPRISED OF INDEPENDENT PERSONS REPRESENTATIVE OF THE COMMUNITY, AND PGHC PARTICIPATES IN THE MEDICARE AND MEDICAID PROGRAMS.

WE HAVE IDENTIFIED SEVERAL HEALTH-RELATED TRENDS, NEEDS, AND PROBLEMS FACING OUR POPULATION, INCLUDING ACCESS TO PRENATAL CARE; ISSUES RELATED TO SOCIAL DETERMINANTS OF HEALTH, BEHAVIORAL HEALTH (MENTAL HEALTH, SUBSTANCE ABUSE, DOMESTIC VIOLENCE/VIOLENCE), METABOLIC SYNDROME (OBESITY, DIABETES, HEART DISEASE, HYPERTENSION/STROKE), CANCER, 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, CARE TRANSION, CARE COORDINATION, CARE MANAGEMENT AND COMMUNITY SUPPORTS TO ADDRESS SOCIAL DETERMINANTS OF HEALTH. MORE INFORMATION ABOUT THESE STRATEGIES IS AVAILABLE ON THE WEB SITE IDENTIFIED ABOVE.

DURING THE MOST RECENT REPORTING PERIOD PGHC PROVIDED OVER \$6.9 MILLION IN CHARITY CARE, AT NO COST, TO THE COMMUNITY. PGHC EXPENDED A TOTAL OF APPROXIMATELY \$40 MILLION 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 PGHC SERVES. THESE PROGRAMS AND ACTIVITIES INCLUDED TRAUMA SERVICES,PREEMIE SUPPORT GROUP, SMOKING CESSATION PRESENTATIONS, PROVIDED FLU SHOTS TO THE PUBLIC, PROVIDE BLOOD PRESSURE SCREENINGS TO LOCAL CHURCHES, ETC. FOR MORE DETAILED INFORMATION, PLEASE VISIT THE

Name of the organization DIMENSIONS HEALTH CORPORATION	Employer identification number 52-1289729
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WEB SITE IDENTIFIED ABOVE.

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

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

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

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

FORM 990, PART VI, SECTION B, LINE 15:

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

Name of the organization

DIMENSIONS HEALTH CORPORATION

Employer identification number

52-1289729

IN ADDITION, DHC HAS A PROCESS IN PLACE TO ENSURE THE COMPENSATION PAID TO EMPLOYED PHYSICIANS IS NOT GREATER THAN FAIR MARKET VALUE, WHICH COVERS DHC AND ITS AFFILIATES. IN PARTICULAR, COMPENSATION SURVEYS ARE REGULARLY CONSULTED AND EACH PHYSICIAN CONTRACT IS APPROVED BY DHC COUNSEL, DHC CEO, AND DHC CFO.

FORM 990, PART VI, SECTION C, LINE 19:

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

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

CONSULTING:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	14,690,440.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	14,690,440.

COLLECTION AND BILLING:

PROGRAM SERVICE EXPENSES	1,229,357.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,229,357.

PROFESSIONAL & TECHNICAL FEES:

PROGRAM SERVICE EXPENSES	4,266,371.
MANAGEMENT AND GENERAL EXPENSES	1,916,775.
FUNDRAISING EXPENSES	0.

Name of the organization DIMENSIONS HEALTH CORPORATION	Employer identification number 52-1289729
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TOTAL EXPENSES 6,183,146.

PHYSICIAN FEES:

PROGRAM SERVICE EXPENSES 22,012,402.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 22,012,402.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 44,115,345.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

NET ASSETS TRANSFER TO DHA -30,473,169.

CHANGE IN MINIMUM PENSION LIABILITY 22,228,544.

CHANGE IN BENEFICIAL INTEREST IN FOUNDATIONS -52,246.

NET ASSETS RELEASED FROM RESTRICTION -107,460.

TOTAL TO FORM 990, PART XI, LINE 9 -8,404,331.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

PART XII, QUESTIONS 2 AND 3

DIMENSIONS HEALTH CORPORATION AND ITS SUBSIDIARIES UNDERWENT A CONSOLIDATED AUDIT OF THEIR FINANCIAL STATEMENT THAT COMPLIED WITH SINGLE AUDIT ACT/OMB CIRCULAR A-133 REQUIREMENTS DUE TO THE EXPENDITURE OF FEDERAL AWARDS. THE ACCOUNTING FIRM OF DIXON HUGHES GOODMAN LLP HAS ISSUED AN UNMODIFIED OPINION REGARDING THE CONSOLIDATED FINANCIAL STATEMENTS IN CONFORMANCE WITH GENERALLY ACCEPTED AUDIT STANDARDS AND GOVERNMENT AUDITING STANDARDS AND UNMODIFIED REPORT RELATED TO THE



Name of the organization

DIMENSIONS HEALTH CORPORATION

Employer identification number

52-1289729

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS IN ACCORDANCE WITH THE SINGLE AUDIT ACT/OMB CIRCULAR A-133 REQUIREMENTS FOR THE FISCAL YEAR THAT CORRESPONDS TO THE TAX REPORTING YEAR GOVERNED BY THIS FORM 990.

COPY





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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DIMENSIONS HEALTHCARE ASSOCIATES	P	30,473,169.FMV	
(2) DIMENSIONS ASSURANCE LTD	M	5,040,000.FMV	
(3)			
(4)			
(5)			
(6)			



**Part VII** Supplemental Information.

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

COPY

Form **990-W**

**Estimated Tax on Unrelated Business Taxable  
Income for Tax-Exempt Organizations**

OMB No. 1545-0976

(Worksheet)

(and on Investment Income for Private Foundations) FORM 990-T

**2017**

Department of the Treasury  
Internal Revenue Service

Keep for your records. Do not send to the Internal Revenue Service.

1	Unrelated business taxable income expected in the tax year .....	1			
2	Tax on the amount on line 1. See instructions for tax computation .....	2			
3	Alternative minimum tax. See instructions .....	3			
4	Total. Add lines 2 and 3 .....	4			
5	Estimated tax credits. See instructions .....	5			
6	Subtract line 5 from line 4 .....	6			
7	Other taxes. See instructions .....	7			
8	Total. Add lines 6 and 7 .....	8			
9	Credit for federal tax paid on fuels. See instructions .....	9			
10a	Subtract line 9 from line 8. <b>Note:</b> If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions .....	10a			
b	Enter the tax shown on the 2016 return. See instructions. <b>Caution:</b> If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c .....	10b		3,012.	
c	<b>2017 Estimated Tax.</b> Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c .....	10c		<b>ADJUSTED TO</b>	3,040.
			(a)	(b)	(c)
11	<b>Installment due dates.</b> See instructions .....	11			06/15/18
12	<b>Required installments.</b> Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization." .....	12			3,040.
13	<b>2016 Overpayment.</b> See instructions .....	13			1,545.
14	<b>Payment due</b> (Subtract line 13 from line 12) .....	14			1,495.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2017)

ESTIMATED TAX	3,040.
OVERPAYMENT APPLIED	1,545.
AMOUNT DUE	1,495.

Form **990-T**

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

OMB No. 1545-0687

For calendar year 2016 or other tax year beginning JUL 1, 2016, and ending JUN 30, 2017

**2016**

Department of the Treasury  
Internal Revenue Service

▶ Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p>	<p>Print or Type</p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>DIMENSIONS HEALTH CORPORATION</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>7300 VAN DUSEN ROAD</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>LAUREL, MD 20707</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)  <b>52-1289729</b></p> <p><b>E</b> Unrelated business activity codes (See instructions.)  <b>900003</b></p>
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**C** Book value of all assets at end of year: **221,642,928.**

**F** Group exemption number (See instructions.)

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

**H** Describe the organization's primary unrelated business activity. ▶ **INTEREST RECEIVED FROM CONTROLLED SUBSIDIARY**

**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 ▶ **S. MICHELLE LEE** Telephone number ▶ **410-328-1376**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances			
<b>c</b> Balance	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4 a</b> Capital gain net income (attach Schedule D)	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)	<b>5</b>		
<b>6</b> Rent income (Schedule C)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule I)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b> Advertising income (Schedule J)	<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b>	<b>26,446.</b>	<b>26,446.</b>

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>		
<b>15</b> Salaries and wages	<b>15</b>		
<b>16</b> Repairs and maintenance	<b>16</b>		
<b>17</b> Bad debts	<b>17</b>		
<b>18</b> Interest (attach schedule)	<b>18</b>		
<b>19</b> Taxes and licenses	<b>19</b>		<b>5,365.</b>
<b>20</b> Charitable contributions (See instructions for limitation rules)	<b>20</b>		
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>		
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>		
<b>23</b> Depletion	<b>23</b>		
<b>24</b> Contributions to deferred compensation plans	<b>24</b>		
<b>25</b> Employee benefit programs	<b>25</b>		
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>		
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>		
<b>28</b> Other deductions (attach schedule)	<b>28</b>		
<b>29 Total deductions.</b> Add lines 14 through 28	<b>29</b>		<b>5,365.</b>
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>		<b>21,081.</b>
<b>31</b> Net operating loss deduction (limited to the amount on line 30)	<b>31</b>		
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	<b>32</b>		<b>21,081.</b>
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	<b>33</b>		<b>1,000.</b>
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	<b>34</b>		<b>20,081.</b>



**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:			
<b>a</b>	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
<b>b</b>	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
<b>c</b>	Income tax on the amount on line 34	<b>35c</b>	3,012.
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		<b>36</b>	
<b>37 Proxy tax.</b> See instructions		<b>37</b>	
<b>38 Alternative minimum tax</b>		<b>38</b>	
<b>39 Tax on Non-Compliant Facility Income.</b> See instructions		<b>39</b>	
<b>40 Total.</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies		<b>40</b>	3,012.

**Part IV Tax and Payments**

<b>41a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>41a</b>	
<b>b</b>	Other credits (see instructions)	<b>41b</b>	
<b>c</b>	General business credit. Attach Form 3800	<b>41c</b>	
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>41d</b>	
<b>e</b>	<b>Total credits.</b> Add lines 41a through 41d	<b>41e</b>	
<b>42</b>	Subtract line 41e from line 40	<b>42</b>	3,012.
<b>43</b>	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form _____ Other (attach schedule)	<b>43</b>	
<b>44</b>	<b>Total tax.</b> Add lines 42 and 43	<b>44</b>	3,012.
<b>45a</b>	Payments: A 2015 overpayment credited to 2016	<b>45a</b>	
<b>b</b>	2016 estimated tax payments	<b>45b</b>	4,600.
<b>c</b>	Tax deposited with Form 8868	<b>45c</b>	
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>45d</b>	
<b>e</b>	Backup withholding (see instructions)	<b>45e</b>	
<b>f</b>	Credit for small employer health insurance premiums (Attach Form 8941)	<b>45f</b>	
<b>g</b>	Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	<b>45g</b>	
<b>46</b>	<b>Total payments.</b> Add lines 45a through 45g	<b>46</b>	4,600.
<b>47</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>47</b>	43.
<b>48</b>	<b>Tax due.</b> If line 46 is less than the total of lines 44 and 47, enter amount owed	<b>48</b>	
<b>49</b>	<b>Overpayment.</b> If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	<b>49</b>	1,545.
<b>50</b>	Enter the amount of line 49 you want: Credited to 2017 estimated tax 1,545. Refunded	<b>50</b>	0.

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

<b>51</b>	At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here <b>CAYMAN ISLANDS</b>	Yes	No
<b>52</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
<b>53</b>	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

**Sign Here**

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.

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Title **CFO**

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

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>TAMARA VINEYARD</b>	Preparer's signature <b>TAMARA VINEYARD</b>	Date <b>05/09/18</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P01775208</b>
	Firm's name <b>DIXON HUGHES GOODMAN LLP</b>			Firm's EIN <b>56-0747981</b>	
	Firm's address <b>1410 SPRING HILL ROAD, 5TH FLOOR TYSONS, VA 22102</b>			Phone no. <b>703-970-0040</b>	

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

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

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

(see instructions)

1. Description of property

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

2. Rent received or accrued

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

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.**

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

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

1. Description of debt-financed property	2. Gross income reportable (column 7) 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)
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Totals</b>		Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
		0.	0.
<b>Total dividends-received deductions</b> included in column 8			0.

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

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) <b>AFFILIATED</b>					
(2) <b>ENTERPRISES, INC.</b>	52-1542144				
(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)		26,446.	26,446.	
(3)				
(4)				
<b>Totals</b>			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).
			26,446.	0.

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

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>		0.		0.

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

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b>		0.	0.			0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

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

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....	0.	0.				0.
<b>Totals, Part II (lines 1-5)</b> .....	0.	0.				0.

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

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

Form 990-T (2016)

COPY

# Underpayment of Estimated Tax by Corporations

Department of the Treasury  
Internal Revenue Service

▶ Attach to the corporation's tax return. **FORM 990-T**

**2016**

▶ Information about Form 2220 and its separate instructions is at [www.irs.gov/form2220](http://www.irs.gov/form2220).

Name **DIMENSIONS HEALTH CORPORATION** Employer identification number **52-1289729**

**Note:** Generally, the corporation isn't required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

**Part I Required Annual Payment**

1	Total tax (see instructions)		1	3,012.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1			
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method			
2c	Credit for federal tax paid on fuels (see instructions)			
2d	<b>Total.</b> Add lines 2a through 2c			
3	Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation doesn't owe the penalty		3	3,012.
4	Enter the tax shown on the corporation's 2015 income tax return. See instructions. <b>Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5</b>		4	4,592.
5	<b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to complete line 4, enter the amount from line 3		5	3,012.

**Part II Reasons for Filing** - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it doesn't owe a penalty. See instructions.

- 6  The corporation is using the adjusted seasonal installment method.
- 7  The corporation is using the annualized income installment method.
- 8  The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

**Part III Figuring the Underpayment**

	(a)	(b)	(c)	(d)	
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	10/15/16	12/15/16	03/15/17	06/15/17
10 <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column.	10	753.	753.	753.	753.
11 <b>Estimated tax paid or credited for each period.</b> For column (a) only, enter the amount from line 11 on line 15. See instructions	11				4,600.
<i>Complete lines 12 through 18 of one column before going to the next column.</i>					
12 Enter amount, if any, from line 18 of the preceding column	12				
13 Add lines 11 and 12	13				4,600.
14 Add amounts on lines 16 and 17 of the preceding column	14		753.	1,506.	2,259.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	0.	0.	2,341.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		753.	1,506.	
17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	753.	753.	753.	
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. <i>(C Corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.)</i> See instructions .....	<b>19</b>			
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19 .....	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2016 and before 7/1/2016 .....	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 4\% (0.04)}{366}$ ...	<b>22</b> \$	\$	\$	\$
<b>23</b> Number of days on line 20 after 06/30/2016 and before 10/1/2016 .....	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 4\% (0.04)}{366}$ ...	<b>24</b> \$	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2016 and before 1/1/2017 .....	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 4\% (0.04)}{366}$ ...	<b>26</b> \$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2016 and before 4/1/2017 .....	<b>27</b>	SEE ATTACHED WORKSHEET		
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 4\% (0.04)}{365}$ ...	<b>28</b> \$	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2017 and before 7/1/2017 .....	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$ .....	<b>30</b> \$	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2017 and before 10/1/2017 .....	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$ .....	<b>32</b> \$	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2017 and before 1/1/2018 .....	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$ .....	<b>34</b> \$	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2017 and before 3/16/2018 .....	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$ .....	<b>36</b> \$	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 .....	<b>37</b> \$	\$	\$	\$
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 33; or the comparable line for other income tax returns .....	<b>38</b> \$			43.

\* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.



Form **5471**

**Information Return of U.S. Persons With Respect To Certain Foreign Corporations**

OMB No. 1545-0704

(Rev. December 2015)  
Department of the Treasury  
Internal Revenue Service

► For more information about Form 5471, see [www.irs.gov/form5471](http://www.irs.gov/form5471)  
Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning **JAN 1, 2016**, and ending **DEC 31, 2016**

Attachment  
Sequence No. **121**

Name of person filing this return  <b>DIMENSIONS HEALTH CORPORATION</b> Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) <b>7300 VAN DUSEN ROAD</b> City or town, state, and ZIP code <b>LAUREL, MD 20707</b>	<b>A Identifying number</b>  <b>52-1289729</b>  <b>B Category of filer</b> (See instructions. Check applicable box(es): 1 (repealed) 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/>  <b>C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period</b> <b>100.00 %</b>
Filer's tax year beginning <b>JUL 1, 2016</b> , and ending <b>JUN 30, 2017</b>	

**D** Check if any excepted specified foreign financial assets are reported on this form (see instructions)

**E Person(s) on whose behalf this information return is filed:**

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director

**Important:** Fill in all applicable lines and schedules. All information must be in English. All amounts must be stated in U.S. dollars unless otherwise indicated.

<b>1a Name and address of foreign corporation</b> <b>DIMENSIONS ASSURANCE, LTD.</b> <b>GENESIS BUILDING, P.O. BOX 1363</b> <b>GEORGE TOWN, GRAND CAYMAN</b> <b>CAYMAN ISLANDS</b>	<b>b(1) Employer identification number, if any</b> <b>98-0348082</b>  <b>b(2) Reference ID number (see instructions)</b>  <b>c Country under whose laws incorporated</b> <b>CAYMAN ISLANDS</b>										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:15%;">d Date of incorporation</th> <th style="width:25%;">e Principal place of business</th> <th style="width:20%;">f Principal business activity code number</th> <th style="width:20%;">g Principal business activity</th> <th style="width:20%;">h Functional currency</th> </tr> <tr> <td>12/31/94</td> <td>CAYMAN ISLANDS</td> <td>524290</td> <td>OTHER INSURANC</td> <td>UNITED STATES, DOLLAR</td> </tr> </table>	d Date of incorporation	e Principal place of business	f Principal business activity code number	g Principal business activity	h Functional currency	12/31/94	CAYMAN ISLANDS	524290	OTHER INSURANC	UNITED STATES, DOLLAR	
d Date of incorporation	e Principal place of business	f Principal business activity code number	g Principal business activity	h Functional currency							
12/31/94	CAYMAN ISLANDS	524290	OTHER INSURANC	UNITED STATES, DOLLAR							

**2 Provide the following information for the foreign corporation's accounting period stated above.**

<b>a Name, address, and identifying number of branch office or agent (if any) in the United States</b>	<b>b If a U.S. income tax return was filed, enter:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">(i) Taxable income or (loss)</th> <th style="width:50%;">(ii) U.S. income tax paid (after all credits)</th> </tr> <tr> <td> </td> <td> </td> </tr> </table>	(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)		
(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)				
<b>c Name and address of foreign corporation's statutory or resident agent in country of incorporation</b>  <b>GLOBAL CAPTIVE MANAGEMENT (CAYMAN) L</b> <b>PO BOX 1363</b> <b>GEORGE TOWN KY1-1108</b> <b>CAYMAN ISLANDS</b>	<b>d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different</b>  <b>HEATHER SAUNDERS</b> <b>PO BOX 1363</b> <b>GEORGE TOWN KY1-1108</b> <b>CAYMAN ISLANDS</b>				

<b>Schedule A Stock of the Foreign Corporation</b>		
(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period
COMMON	50,000	50,000

LHA For Paperwork Reduction Act Notice, see instructions. Form **5471** (Rev. 12-2015)  
**SEE STATEMENT 1** **SEE STATEMENT 2**





**Schedule E Income, War Profits, and Excess Profits Taxes Paid or Accrued**

	(a) Name of country or U.S. possession	Amount of tax		
		(b) In foreign currency	(c) Conversion rate	(d) In U.S. dollars
1	U.S.			
2				
3				
4				
5				
6				
7				
8	Total			

**Schedule F Balance Sheet**

**Important:** Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash	195,717.	2,924,519.
2a	Trade notes and accounts receivable		
b	Less allowance for bad debts		
3	Inventories		
4	Other current assets (attach statement) SEE STATEMENT 5	195,369.	249,135.
5	Loans to shareholders and other related persons		
6	Investment in subsidiaries (attach statement)		
7	Other investments (attach statement) SEE STATEMENT 6	45,210,525.	47,838,337.
8a	Buildings and other depreciable assets		
b	Less accumulated depreciation		
9a	Depletable assets		
b	Less accumulated depletion		
10	Land (net of any amortization)		
11	Intangible assets:		
a	Goodwill		
b	Organization costs		
c	Patents, trademarks, and other intangible assets		
d	Less accumulated amortization for lines 11a, b, and c		
12	Other assets (attach statement) SEE STATEMENT 7	1,209,042.	1,251,590.
13	Total assets	46,810,653.	52,263,581.
<b>Liabilities and Shareholders' Equity</b>			
14	Accounts payable	78,371.	106,059.
15	Other current liabilities (attach statement) SEE STATEMENT 8	715,500.	692,737.
16	Loans from shareholders and other related persons		
17	Other liabilities (attach statement) SEE STATEMENT 9	26,675,237.	27,873,461.
18	Capital stock:		
a	Preferred stock		
b	Common stock	50,000.	50,000.
19	Paid-in or capital surplus (attach reconciliation)	1,174,811.	1,174,811.
20	Retained earnings	18,116,734.	22,366,513.
21	Less cost of treasury stock		
22	Total liabilities and shareholders' equity	46,810,653.	52,263,581.

**Schedule G Other Information**

	Yes	No
1 During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," see the instructions for required statement.		
2 During the tax year, did the foreign corporation own an interest in any trust? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During the tax year, did the foreign corporation own any foreign entities that were disregarded as entities separate from their owners under Regulations sections 301.7701-2 and 301.7701-3? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," you are generally required to attach Form 8858 for each entity (see instructions).		
4 During the tax year, was the foreign corporation a participant in any cost sharing arrangement? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).		
7 During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Schedule H Current Earnings and Profits**

**Important:** Enter the amounts on lines 1 through 5c in functional currency.

1 Current year net income or (loss) per foreign books of account .....	1	4,249,779.
2 Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):		
	Net Additions	Net Subtractions
a Capital gains or losses .....		
b Depreciation and amortization .....		
c Depletion .....		
d Investment or incentive allowance .....		
e Charges to statutory reserves .....		
f Inventory adjustments .....		
g Taxes .....		
h Other (attach statement) .....	STATEMENT 10	3,944,813.
3 Total net additions .....		3,944,813.
4 Total net subtractions .....		
5a Current earnings and profits (line 1 plus line 3 minus line 4) .....	5a	8,194,592.
b DASTM gain or (loss) for foreign corporations that use DASTM .....	5b	
c Combine lines 5a and 5b .....	5c	8,194,592.
d Current earnings and profits in U.S. dollars (line 5c translated at the appropriate exchange rate as defined in section 989(b) and the related regulations) .....	5d	8,194,592.

Enter exchange rate used for line 5d ▶

**Schedule I Summary of Shareholder's Income From Foreign Corporation**

If item E on page 1 is completed, a separate Schedule I must be filed for each Category 4 or 5 filer for whom reporting is furnished on this Form 5471. This schedule I is being completed for:

Name of U.S. shareholder ▶	Identifying number ▶
1 Subpart F income (line 38b, Worksheet A in the instructions) .....	1
2 Earnings invested in U.S. property (line 17, Worksheet B in the instructions) .....	2
3 Previously excluded subpart F income withdrawn from qualified investments (line 6b, Worksheet C in the instructions) .....	3
4 Previously excluded export trade income withdrawn from investment in export trade assets (line 7b, Worksheet D in the instructions) .....	4
5 Factoring income .....	5
6 Total of lines 1 through 5. Enter here and on your income tax return .....	6
7 Dividends received (translated at spot rate on payment date under section 989(b)(1)) .....	7
8 Exchange gain or (loss) on a distribution of previously taxed income .....	8

	Yes	No
• Was any income of the foreign corporation blocked? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Did any such income become unblocked during the tax year (see section 964(b))? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If the answer to either question is "Yes," attach an explanation.

FORM 5471 AMOUNT AND TYPE OF INDEBTEDNESS OF FOREIGN CORPORATION TO THE RELATED PERSONS DESCRIBED IN REGULATIONS SECTION 1.6046-1(B)(11) STATEMENT 1

AMOUNT	DESCRIPTION
	N/A

FORM 5471 NAME, ADDRESS, IDENTIFYING NUMBER AND NUMBER OF SHARES SUBSCRIBED TO BY EACH SUBSCRIBER TO THE STOCK OF THE FOREIGN CORPORATION STATEMENT 2

NAME AND ADDRESS	IDENTIFYING NUMBER	NUMBER OF SHARES
N/A		

FORM 5471 OTHER INCOME STATEMENT 3

DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
MOVEMENT IN OUSTANDING LOSSES			2,436,472.
TOTAL TO 5471, SCHEDULE C, LINE 8			2,436,472.

FORM 5471 OTHER DEDUCTIONS STATEMENT 4

DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
LOSSES AND LOSS EXPENSES PAID			781,906.
BROKER FEES			105,000.
AMORTIZATION FIXED INCOME SECURITIE			102,542.
INVESTMENT MANAGEMENT FEES			126,923.
ADMINISTRATIVE EXPENSES			286,526.
MOVEMENT IN NET UNREALIZED GAIN			350,998.
MOVEMENT IN LEGAL POSITION			3,593,815.
TOTAL TO 5471, SCHEDULE C, LINE 16			5,347,710.

FORM 5471	OTHER CURRENT ASSETS	STATEMENT 5	
DESCRIPTION		BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
INTEREST RECEIVABLE		195,369.	249,135.
TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 4		195,369.	249,135.

FORM 5471	OTHER INVESTMENTS	STATEMENT 6	
DESCRIPTION		BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
CASH HELD BY INVESTMENT CUSTODIAN		10,400,043.	3,139,695.
MONEY MARKET FUNDS		1,448,557.	0.
FIXED INCOME SECURITIES		25,141,066.	37,114,463.
EQUITIES		8,220,859.	7,584,179.
TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 7		45,210,525.	47,838,337.

FORM 5471	OTHER ASSETS	STATEMENT 7	
DESCRIPTION		BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
LOSS ESCROW FUND		100,000.	100,000.
OUTSTANDING LOSS RECOVERABLE		1,096,272.	1,137,153.
PREPAID EXPENSES		12,770.	14,437.
TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 12		1,209,042.	1,251,590.

FORM 5471

OTHER CURRENT LIABILITIES

STATEMENT 8

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
DUE TO PARENT	105,000.	210,000.
INSURANCE BALANCES PAYABLE	79,000.	0.
LOSSES PAYABLE	5,500.	4,763.
WITHHOLDING TAX PAYABLE	526,000.	477,974.
TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 15	<u>715,500.</u>	<u>692,737.</u>

FORM 5471

OTHER LIABILITIES

STATEMENT 9

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
OUTSTANDING LOSSES	26,675,237.	24,279,646.
LEGAL PROVISION	0.	3,593,815.
TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 17	<u>26,675,237.</u>	<u>27,873,461.</u>

FORM 5471

OTHER NET ADJUSTMENTS

STATEMENT 10

DESCRIPTION	NET ADDITIONS	NET SUBTRACTIONS
MOVEMENT IN UNREALIZED GAIN	350,998.	
MOVEMENT IN LEGAL PROVISION	3,593,815.	
TOTAL TO 5471, PAGE 4, SCHEDULE H, LINE 2H	<u>3,944,813.</u>	

**SCHEDULE J  
(Form 5471)**

(Rev. December 2012)  
Department of the Treasury  
Internal Revenue Service

**Accumulated Earnings and Profits (E&P)  
of Controlled Foreign Corporation**

► Information about Schedule J (Form 5471) and its instructions is at [www.irs.gov/form5471](http://www.irs.gov/form5471).  
► Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471

Identifying number

**DIMENSIONS HEALTH CORPORATION**

Name of foreign corporation

Reference ID number

52-1289729

**DIMENSIONS ASSURANCE, LTD.**

EIN (if any)  
98-0348082

	<b>(a)</b> Post-1986 Undistributed Earnings (post-86 section 959(c)(3) balance)	<b>(b)</b> Pre-1987 E&P Not Previously Taxed (pre-87 section 959(c)(3) balance)	<b>(c)</b> Previously Taxed E&P (sections 959(c)(1) and (2) balances)		<b>(d)</b> Total Section 964(a) E&P (combine columns (a), (b), and (c))
			<b>(i)</b> Earnings Invested in U.S. Property	<b>(ii)</b> Earnings Invested in Excess Passive Assets <b>(iii)</b> Subpart F Income	
<b>1</b> Balance at beginning of year	- 6,121,604.				- 6,121,604.
<b>2a</b> Current year E&P	8,194,592.				
<b>b</b> Current year deficit in E&P					
<b>3</b> Total current and accumulated E&P not previously taxed (line 1 plus line 2a or line 1 minus line 2b)	2,072,988.				
<b>4</b> Amounts included under section 951(a) or reclassified under section 959(c) in current year					
<b>5a</b> Actual distributions or reclassifications of previously taxed E&P					
<b>b</b> Actual distributions of nonpreviously taxed E&P					
<b>6a</b> Balance of previously taxed E&P at end of year (line 1 plus line 4, minus line 5a)					
<b>b</b> Balance of E&P not previously taxed at end of year (line 3 minus line 4, minus line 5b)	2,072,988.				
<b>7</b> Balance at end of year. (Enter amount from line 6a or line 6b, whichever is applicable.)	2,072,988.				2,072,988.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule J (Form 5471) (Rev. 12-2012)

**SCHEDULE M  
(Form 5471)**

(Rev. December 2012)

Department of the Treasury  
Internal Revenue Service

**Transactions Between Controlled Foreign Corporation  
and Shareholders or Other Related Persons**

► Information about Schedule M (Form 5471) and its instructions is at [www.irs.gov/form5471](http://www.irs.gov/form5471).

► Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471  <b>DIMENSIONS HEALTH CORPORATION</b>	Identifying number  <b>52-1289729</b>
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Name of foreign corporation  <b>DIMENSIONS ASSURANCE, LTD.</b>	EIN (if any)  <b>98-0348082</b>	Reference ID number
--	---------------------------------------	---------------------

**Important:** Complete a separate Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ► **UNITED STATES, DOLLAR**

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
1 Sales of stock in trade (inventory) ...					
2 Sales of tangible property other than stock in trade .....					
3 Sales of property rights (patents, trademarks, etc.) .....					
4 Platform contribution transaction payments received .....					
5 Cost sharing transaction payments received .....					
6 Compensation received for technical, managerial, engineering, construction, or like services .....					
7 Commissions received .....					
8 Rents, royalties, and license fees received .....					
9 Dividends received (exclude deemed distributions under subpart F and distributions of previously taxed income) .....					
10 Interest received .....					
11 Premiums received for insurance or reinsurance .....					
12 Add lines 1 through 11 .....					
13 Purchases of stock in trade (inventory) .....					
14 Purchases of tangible property other than stock in trade .....					
15 Purchases of property rights (patents, trademarks, etc.) .....					
16 Platform contribution transaction payments paid .....					
17 Cost sharing transaction payments paid .....					
18 Compensation paid for technical, managerial, engineering, construction, or like services .....					
19 Commissions paid .....					
20 Rents, royalties, and license fees paid .....					
21 Dividends paid .....					
22 Interest paid .....					
23 Premiums paid for insurance or reinsurance .....					
24 Add lines 13 through 23 .....					
25 Amounts borrowed (enter the maximum loan balance during the year) - see instr.	210,000.				
26 Amounts loaned (enter the maximum loan balance during the year) - see instr.					





**SCHEDULE O  
(Form 5471)**

(Rev. December 2012)

Department of the Treasury  
Internal Revenue Service

**Organization or Reorganization of Foreign Corporation, and Acquisitions and Dispositions of its Stock**

Information about Schedule O (Form 5471) and its instructions is at [www.irs.gov/form5471](http://www.irs.gov/form5471)

▶ Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471		Identifying number
DIMENSIONS HEALTH CORPORATION		52-1289729
Name of foreign corporation	EIN (if any)	Reference ID number
DIMENSIONS ASSURANCE, LTD.	98-0348082	

**Important:** Complete a separate Schedule O for each foreign corporation for which information must be reported.

<b>Part I To Be Completed by U.S. Officers and Directors</b>				
(a) Name of shareholder for whom acquisition information is reported	(b) Address of shareholder	(c) Identifying number of shareholder	(d) Date of original 10% acquisition	(e) Date of additional 10% acquisition

**Part II To Be Completed by U.S. Shareholders**

**Note:** If this return is required because one or more shareholders became U.S. persons, attach a list showing the names of such persons and the date each became a U.S. person.

<b>Section A - General Shareholder Information</b>				
(a) Name, address, and identifying number of shareholder(s) filing this schedule	(b) For shareholder's latest U.S. income tax return filed, indicate:			(c) Date (if any) shareholder last filed information return under section 6046 for the foreign corporation
	(1) Type of return (enter form number)	(2) Date return filed	(3) Internal Revenue Service Center where filed	
STMT 11 DIMENSIONS HEALTH CORP 7300 VAN DUSEN ROAD LAUREL, MD 52-1289729	990			

<b>Section B - U.S. Persons Who Are Officers or Directors of the Foreign Corporation</b>				
(a) Name of U.S. officer or director	(b) Address	(c) Social security number	(d) Check appropriate box(es)	
			Officer	Director

<b>Section C - Acquisition of Stock</b>						
(a) Name of shareholder(s) filing this schedule	(b) Class of stock acquired	(c) Date of acquisition	(d) Method of acquisition	(e) Number of shares acquired		
				(1) Directly	(2) Indirectly	(3) Constructively

(f) Amount paid or value given	(g) Name and address of person from whom shares were acquired

**Section D - Disposition of Stock**

(a) Name of shareholder disposing of stock	(b) Class of stock	(c) Date of disposition	(d) Method of disposition	(e) Number of shares disposed of		
				(1) Directly	(2) Indirectly	(3) Constructively

(f) Amount received	(g) Name and address of person to whom disposition of stock was made

**Section E - Organization or Reorganization of Foreign Corporation**

(a) Name and address of transferor	(b) Identifying number (if any)	(c) Date of transfer

(d) Assets transferred to foreign corporation			(e) Description of assets transferred by, or notes or securities issued by, foreign corporation
(1) Description of assets	(2) Fair market value	(3) Adjusted basis (if transferor was U.S. person)	

**Section F - Additional Information**

(a) If the foreign corporation or a predecessor U.S. corporation filed (or joined with a consolidated group in filing) a U.S. income tax return for any of the last 3 years, attach a statement indicating the year for which a return was filed (and, if applicable, the name of the corporation filing the consolidated return), the taxable income or loss, and the U.S. income tax paid (after all credits).

(b) List the date of any reorganization of the foreign corporation that occurred during the last 4 years while any U.S. person held 10% or more in value or vote (directly or indirectly) of the corporation's stock ►

(c) If the foreign corporation is a member of a group constituting a chain of ownership, attach a chart, for each unit of which a shareholder owns 10% or more in value or voting power of the outstanding stock. The chart must indicate the corporation's position in the chain of ownership and the percentages of stock ownership (see instructions for an example).

SCHEDULE O

GENERAL SHAREHOLDER INFORMATION

STATEMENT 11

(A) NAME, ADDRESS, AND IDENTIFYING NUMBER OF SHAREHOLDER(S) FILING THIS SCHEDULE	(B) FOR SHAREHOLDER'S LATEST U.S. INCOME TAX RETURN FILED INDICATE:			(C) DATE SHAREHOLD -ER LAST FILED IN- FORMATION RTN UNDER SEC. 6046
	(1) TYPE OF RETURN (ENTER FORM NUMBER)	(2) DATE RETURN FILED	(3) INTERNAL REVENUE SERVICE CENTER WHERE FILED	
DIMENSIONS HEALTH CORP 7300 VAN DUSEN ROAD LAUREL, MD 52-1289729	990			

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**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

▶ **Information about Form 926 and its separate instructions is at [www.irs.gov/form926](http://www.irs.gov/form926).**  
 ▶ **Attach to your income tax return for the year of the transfer or distribution.**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>DIMENSIONS HEALTH CORPORATION</b>	Identifying number (see instructions) <b>52-1289729</b>
--	--

- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, is it the parent corporation?  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made?  Yes  No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

3 Name of transferee (foreign corporation) <b>DIMENSIONS ASSURANCE, LTD</b>	4a Identifying number, if any <b>98-0348082</b>
--	--

5 Address (including country) <b>23 LIME TREE BAY, BLDG 3, 2ND FLOOR    GEORGE TOWN, GRAND CAYMAN CAYMAN ISLANDS</b>	4b Reference ID number
---	------------------------

6 Country code of country of incorporation or organization  
**CJ**

7 Foreign law characterization (see instructions)  
**CORPORATION**

- 8** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

**Part III Information Regarding Transfer of Property** (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	STMT 12				
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

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**Supplemental Information Required To Be Reported** (see instructions):

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Part IV Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before 100.0000 % (b) After 100.0000 %

10 Type of nonrecognition transaction (see instructions) SECTION 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3)
b Gain recognition under section 904(f)(5)(F)
c Recapture under section 1503(d)
d Exchange gain under section 987

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?

13 Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

- a Tainted property
b Depreciation recapture
c Branch loss recapture
d Any other income recognition provision contained in the above-referenced regulations

14 Did the transferor transfer assets which qualify for the trade or business exception under section 1.367(a)(3)?

15 a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?

b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred \$

16 Was cash the only property transferred?

17 a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?

b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

Horizontal lines for text entry.

CASH

(A) DATE OF TRANSFER	(C) FAIR MARKET VALUE ON DATE OF TRANSFER
08/02/2016	393,167.
08/30/2016	468,367.
09/28/2016	468,366.
10/28/2016	468,367.
11/23/2016	468,366.
12/21/2016	468,367.
01/31/2017	415,500.
02/27/2017	415,500.
03/30/2017	415,500.
04/28/2017	415,500.
05/31/2017	415,500.
06/26/2017	415,500.
	5,228,000.

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# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

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

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  <b>DIMENSIONS HEALTH CORPORATION</b>	Employer identification number (EIN) or  <b>52-1289729</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>7300 VAN DUSEN ROAD</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>LAUREL, MD 20707</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990 (corporation)	07
Form 990-BL	02	Form 1041 (individual)	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 522 (trust)	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**S. MICHELLE LEE**

• The books are in the care of ▶ **250 W. PRATT ST, SUITE 1400 - BALTIMORE, MD 21230**  
Telephone No. ▶ **410-328-1376** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year \_\_\_\_\_ or
- ▶  tax year beginning **JUL 1, 2016**, and ending **JUN 30, 2017**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

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

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.



# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

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

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  <b>DIMENSIONS HEALTH CORPORATION</b>	Employer identification number (EIN) or  <b>52-1289729</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>7300 VAN DUSEN ROAD</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>LAUREL, MD 20707</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990 (corporation)	07
Form 990-BL	02	Form 1041 (trust)	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 522 (estate)	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**S. MICHELLE LEE**

• The books are in the care of ▶ **250 W. PRATT ST, SUITE 1400 - BALTIMORE, MD 21230**  
Telephone No. ▶ **410-328-1376** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year \_\_\_\_\_ or
- ▶  tax year beginning **JUL 1, 2016**, and ending **JUN 30, 2017**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

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

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Electronic Filing PDF Attachment

COPY

# **Dimensions Health Corporation and Subsidiaries**

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**Consolidated Financial Statements**

**Years Ended June 30, 2017 and 2016**



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## **Independent Auditors' Report**

Audit and Compliance Committee  
University of Maryland Medical System  
Baltimore, Maryland

We have audited the accompanying consolidated financial statements of Dimensions Health Corporation and Subsidiaries (the Corporation), which comprise the consolidated balance sheets as of June 30, 2017 and 2016, and the related consolidated statements of operations, changes in net assets and cash flows for the years then ended and the related notes to the consolidated financial statements.

### ***Management's Responsibility for the Consolidated Financial Statements***

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

### ***Auditors' Responsibility***

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

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

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

### ***Opinion***

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of Dimensions Health Corporation and Subsidiaries as of June 30, 2017 and 2016, and the consolidated results of its operations, changes in net assets and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.



***Report on Supplementary Information***

Our audits were conducted for the purpose of forming an opinion on the basic consolidated financial statements as a whole. The 2017 consolidating information on pages 29 – 31 is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position and results of operations of the individual companies, and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the consolidating information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

*Dixon Hughes Goodman LLP*

**Baltimore, Maryland**  
**October 27, 2017**

**Dimensions Health Corporation and Subsidiaries**  
**Consolidated Balance Sheets**  
**June 30, 2017 and 2016**  
**(in thousands)**

	<u>2017</u>	<u>2016</u>
<b>ASSETS</b>		
Current assets:		
Cash and cash equivalents	\$ 54,058	\$ 42,384
Patient accounts receivable, net of allowance for doubtful accounts (\$22,324 and \$22,180 in 2017 and 2016, respectively)	41,582	42,978
Other receivables	4,825	2,075
Inventories	5,041	7,046
Prepaid expenses and other assets	<u>6,345</u>	<u>6,088</u>
Total current assets	111,851	100,571
Assets limited as to use (Note 3):		
Restricted cash and cash equivalents (Note 9)	1,718	1,012
Short term investments (Note 9)	2,132	2,461
Investments held for self insurance (Note 7)	<u>49,450</u>	<u>48,347</u>
Total assets limited as to use	<u>53,300</u>	<u>51,820</u>
Property and equipment, net (Note 4)	85,801	74,451
Investments (Notes 3 and 11)	13,098	13,002
Other noncurrent assets	<u>3,377</u>	<u>5,479</u>
Total assets	<u>\$ 267,427</u>	<u>\$ 245,323</u>
<b>LIABILITIES AND NET ASSETS</b>		
Current liabilities:		
Current portion of long-term debt (Note 5)	\$ 919	\$ 1,629
Current portion of accrued employee benefit liabilities (Note 8)	13,028	12,417
Accounts payable and accrued expenses	48,766	36,175
Accrued compensation and related items	16,769	15,644
Advances from third-party payers	<u>15,342</u>	<u>12,041</u>
Total current liabilities	94,824	77,906
Noncurrent liabilities:		
Long-term debt, net of current portion (Note 5)	2,229	3,156
Other liabilities:		
Accrued professional liabilities (Notes 7 and 10)	32,209	30,540
Accrued employee benefit liabilities, net of current portion (Note 8)	<u>77,973</u>	<u>98,293</u>
Total other liabilities	110,182	128,833
Total liabilities	<u>207,235</u>	<u>209,895</u>
Net assets:		
Unrestricted	48,530	27,779
Temporarily restricted	<u>11,662</u>	<u>7,649</u>
Total net assets	<u>60,192</u>	<u>35,428</u>
Total liabilities and net assets	<u>\$ 267,427</u>	<u>\$ 245,323</u>

See accompanying notes.

**Dimensions Health Corporation and Subsidiaries**  
**Consolidated Statements of Operations**  
**Years Ended June 30, 2017 and 2016**  
**(in thousands)**

	<u>2017</u>	<u>2016</u>
Unrestricted revenue and other support:		
Patient service revenue (net of allowances and discounts)	\$ 386,564	\$ 402,679
Provision for bad debts	<u>(29,601)</u>	<u>(30,962)</u>
Net patient service revenue (Note 10)	<b>356,963</b>	371,717
Other operating income (Note 2)	<u>32,816</u>	<u>20,845</u>
Total unrestricted revenue and other support	<b>389,779</b>	392,562
Operating expenses (Note 6):		
Salaries and benefits (Note 8)	218,978	209,858
Supplies	55,843	54,993
Purchased services (Note 9)	76,006	75,885
Physician fees	37,725	32,732
Utilities	5,572	5,795
Interest expense	232	294
Depreciation and amortization	<u>14,243</u>	<u>13,924</u>
Total operating expenses	<u>408,599</u>	<u>393,481</u>
Loss from operations (Note 2)	<b>(18,820)</b>	(919)
Nonoperating gains:		
Investment income (Note 3)	<u>2,029</u>	<u>2,146</u>
Total nonoperating gains	<u>2,029</u>	<u>2,146</u>
Excess (deficit) of unrestricted revenue and other support over expenses	<u>\$ (16,791)</u>	<u>\$ 1,227</u>

See accompanying notes.



**Dimensions Health Corporation and Subsidiaries**  
**Consolidated Statements of Changes in Net Assets**  
**Years Ended June 30, 2017 and 2016**  
**(in thousands)**

	<u>2017</u>	<u>2016</u>
Changes in unrestricted net assets:		
Excess (deficit) of unrestricted revenue and other support over expenses	\$ (16,791)	\$ 1,227
Net assets released from restriction for capital acquisition	15,313	7,977
Change in post-retirement employee benefit obligation (Note 8)	<u>22,229</u>	<u>(36,961)</u>
Increase (decrease) in unrestricted net assets	20,751	(27,757)
Changes in temporarily restricted net assets:		
Contributions	19,486	8,222
Change in beneficial interest in net assets of Foundations (Note 11)	(52)	242
Net assets released from restriction for operations	(108)	(972)
Net assets released from restriction for capital acquisition	<u>(15,313)</u>	<u>(7,977)</u>
Increase (decrease) in temporarily restricted net assets	<u>4,013</u>	<u>(485)</u>
Change in net assets	24,764	(28,242)
Net assets, beginning of year	<u>35,428</u>	<u>63,670</u>
Net assets, end of year	<u>\$ 60,192</u>	<u>\$ 35,428</u>

**Dimensions Health Corporation and Subsidiaries**  
**Consolidated Statements of Cash Flows**  
**Years Ended June 30, 2017 and 2016**  
**(in thousands)**

	<u>2017</u>	<u>2016</u>
Cash flows from operating activities:		
Change in net assets	\$ 24,764	\$ (28,242)
Adjustments to reconcile change in net assets to net cash and cash equivalents provided by operating activities:		
Provision for bad debts	29,601	30,962
Restricted contributions	(19,486)	(8,222)
Depreciation and amortization	14,243	13,924
Net unrealized gain on investments	(1,027)	(626)
Gain on early extinguishment of debt	-	-
Change in post-retirement employee benefit obligation	(22,229)	36,961
Change in:		
Accounts receivable, net	(28,205)	(28,620)
Inventories	2,005	(662)
Prepaid expenses and other assets	(3,007)	1,565
Investments, trading	329	-
Other noncurrent assets	2,102	(314)
Accounts payable and accrued expenses	12,591	697
Accrued annual leave	1,125	1,219
Accrued employee benefit liabilities	2,520	(1,012)
Accrued professional liabilities	1,669	10,811
Net cash and cash equivalents provided by operating activities	<u>16,995</u>	<u>28,441</u>
Cash flows from investing activities:		
Net purchase of property and equipment	(6,369)	(9,493)
Net purchase of investments	(172)	(13,282)
Net cash and cash equivalents used in investing activities	<u>(6,541)</u>	<u>(22,775)</u>
Cash flows from financing activities:		
Payments of long-term debt and capital lease obligations	(1,637)	(1,950)
Net change in advances from third-party payers	3,301	(1,701)
Restricted contributions	262	411
Net cash and cash equivalents provided by (used in) financing activities	<u>1,926</u>	<u>(3,240)</u>
Net increase in cash and cash equivalents	12,380	2,426
Cash and cash equivalents, beginning of year	43,396	40,970
Cash and cash equivalents, end of year	<u>\$ 55,776</u>	<u>\$ 43,396</u>
Supplemental disclosure of cash flow information:		
Cash paid for interest	<u>\$ 232</u>	<u>\$ 294</u>
Supplemental disclosure of noncash transactions:		
Equipment acquired under capital lease	\$ -	\$ 463
Equipment acquired by state grant	<u>\$ 19,224</u>	<u>\$ 7,811</u>

See accompanying notes.

## **Notes to Consolidated Financial Statements**

### **1. Organization and Summary of Significant Accounting Policies**

#### ***Organization***

Dimensions Health Corporation (the Corporation) is a not-for-profit, non-stock corporation, incorporated in Maryland for charitable and scientific purposes. The Corporation is operating under the name Dimensions Healthcare System. The principal mission of the Corporation is the provision of health care through various delivery sites and the provision of services supporting health care. The Corporation's principal facilities, subsidiaries, and affiliates are as follows:

#### Acute and Ambulatory Care Facilities:

- Prince George's Hospital Center (PGHC)
- Laurel Regional Hospital (LRH)
- Bowie Health Center (BHC)

#### Long-term Care Facilities:

- Gladys Spellman Specialty Care Unit (GSS, a division of LRH)
- Madison Manor, Inc. (MM), a wholly owned subsidiary, which holds a 25% interest in the Larkin Chase Nursing and Restorative Center

#### Health Care Supporting Subsidiaries and Affiliates:

- Dimensions Healthcare Associates, Inc. (DHA), a wholly owned, not-for-profit corporation established to provide physician services to the Corporation's acute and ambulatory care facilities
- Affiliated Enterprises, Inc. (AEI), a wholly owned, for-profit corporation, which owns and operates Mullikin Medical Center, a medical office building, on the BHC campus
- Dimensions Assurance, Ltd. (DAL), a wholly owned, for-profit captive insurance company located in the Cayman Islands

#### ***Basis of presentation***

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

The consolidated financial statements include the accounts of the Corporation and its subsidiaries. Investments in affiliates for which the Corporation has the ability to significantly influence operations, but does not control, are accounted for under the equity method. Significant intercompany accounts and transactions have been eliminated in consolidation.

#### ***Use of estimates***

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amount of revenue and expenses. Actual amounts could differ from those estimates.

**Dimensions Health Corporation and Subsidiaries**  
**Notes to Consolidated Financial Statements**  
(in thousands)

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***Risk factors***

The Corporation's ability to maintain and/or increase future revenues could be adversely affected by: (1) the growth of managed care organizations promoting alternative methods for health care delivery and payment of services such as discounted fee for service networks and capitated fee arrangements (the rate setting process in the State of Maryland prohibits hospitals from entering into discounted fee arrangements, however managed care contracts may provide for exclusive service arrangements); (2) proposed and/or future changes in the laws, rules, regulations, and policies relating to the definition, activities, and/or taxation of not-for-profit tax-exempt entities; (3) the enactment into law of all or any part of the current budget resolutions under consideration by Congress related to Medicare and Medicaid reimbursement methodology and/or further reductions in payments to hospitals and other health care providers; (4) the ultimate impact of the federal Patient Protection and Affordable Care Act and the Health Care Education Affordability Reconciliation Act of 2010, including federal legislative activity to potentially repeal or significantly modify existing law; and (5) the future of Maryland's Certificate of Need (CON) program, where future deregulation could result in the entrance of new competitors, or future additional regulation may eliminate the Corporation's ability to expand new services.

The Joint Commission (JC), a non-governmental privately owned entity, provides accreditation status to hospitals and certain other health care organizations in the United States. Such accreditation is based upon the healthcare organization demonstrating compliance with approximately three hundred standards designed to ensure quality and patient safety. JC conducts unannounced triennial and "for cause" surveys. Certain managed care payers require hospitals to have appropriate JC accreditation in order to participate in those programs.

In addition, the Center for Medicare and Medicaid Services (CMS), the agency with oversight of the Medicare and Medicaid programs, provides "deemed status" for facilities having JC accreditation. By being accredited, facilities are "deemed" to be in compliance with the Medicare and Medicaid conditions of participation. Termination as a Medicare or Medicaid provider or exclusion from any or all of these programs/payers would have a materially negative impact on the future financial position, operating results and cash flows of the Corporation. The applicable health care facilities of the Corporation have maintained full JC accreditation for 2017 and 2016.

***Cash, cash equivalents and short-term investments***

Cash and cash equivalents include cash and certain investments in highly liquid debt instruments and certificates of deposit, both with original maturities of three months or less when purchased. The Corporation routinely invests its surplus operating funds in overnight repurchase agreements. These funds generally invest in highly liquid U.S. government and agency obligations. Short-term investments are highly liquid assets that have an original maturity between three months and one year. Short term investments represent amounts held by commercial banks under custody agreements as collateral for outstanding letters of credit. Cash holdings in commercial banks routinely exceed the aggregate maximum insured (\$250) by the Federal Deposit Insurance Corporation.

***Marketable investments and investment income***

Marketable investments are carried at fair value as of the balance sheet date based on quoted market prices. Investments included in assets limited as to use are restricted under self-insurance arrangements, and are not available for the general operations of the Corporation. The cost of securities sold is based on the specific-identification method. Investment income for all investments is included in consolidated non-operating income.

Management classifies the Corporation's investment portfolio restricted for self-insurance arrangements as a trading portfolio. Accordingly, realized and unrealized gains and losses on these investments are included in non-operating gains (losses) in the accompanying consolidated statements of operations.

The Corporation's investments are subject to credit, market and interest rate risks that cannot be predicted at this time. However, management has attempted to mitigate these risks by maintaining a diversified portfolio.

**Dimensions Health Corporation and Subsidiaries**  
**Notes to Consolidated Financial Statements**  
(in thousands)

***Accounts receivable and contractual allowances***

The Corporation provides services to patients in Prince George's County and surrounding jurisdictions, the majority of whom are covered by third-party health insurance programs. The Corporation bills the insurers/programs directly for the services provided. Insurance and credit information is obtained from patients at time of service or upon admission when available. No collateral is obtained for patient accounts receivable.

The Corporation's policy is to write off all patient accounts that have been identified as uncollectible. Accounts receivable are reduced by an allowance for doubtful accounts. An allowance for doubtful accounts is recorded for accounts not yet written off that are anticipated to become uncollectible in future periods. In evaluating the collectability of accounts receivable, the Corporation analyzes its past history and identifies trends for each of its major payers of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payers of revenue in evaluating the sufficiency of the allowance for doubtful accounts. For accounts receivable associated with services provided to patients who have third-party coverage, the Corporation analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payer has not yet paid, or for payers who are known to be having financial difficulties that make the realization of amounts due unlikely). For accounts receivable associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Corporation records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts. Allowances for doubtful accounts represent 30% of gross patient accounts receivable as of June 30, 2017 and 2016. The change in the allowance for doubtful accounts in 2017 reflects recent observed trends in collection experience of the Corporation.

Discounts ranging from 4% to 8% of hospital charges are given to Medicare, Medicaid and certain approved commercial health insurance and health maintenance organizations. Also, these payers routinely review patient billings and deny payment for certain procedures that they deem medically unnecessary or performed without appropriate pre-authorization. Discounts and denials are recorded as reductions of net patient revenue. Accounts receivable from these third-party payers have been adjusted to reflect the difference between charges and the estimated reimbursable amounts.

At June 30, 2017 and 2016, gross patient accounts receivable, by payer class, consisted of the following:

	<u>2017</u>	<u>2016</u>
Medicare	18%	17%
Medicaid	13%	20%
Medicaid MCO	19%	14%
Medicaid pending	6%	9%
Commercial	23%	21%
Self pay and others	<u>21%</u>	<u>19%</u>
	<u><u>100%</u></u>	<u><u>100%</u></u>

***Inventories***

Inventories, consisting principally of drugs and supplies, are carried at the lower of cost or market, using the average-cost method.

**Dimensions Health Corporation and Subsidiaries**  
**Notes to Consolidated Financial Statements**  
(in thousands)

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***Meaningful use incentives***

Under certain provisions of the American Recovery and Reinvestment Act of 2009 (ARRA), federal incentive payments are available to hospitals, physicians and certain other professionals when they adopt, implement or upgrade certified electronic health record (EHR) technology or become “meaningful users,” as defined under ARRA, of EHR technology in ways that demonstrate improved quality, safety and effectiveness of care. Incentive payments will be paid out over varying transitional schedules depending on the type of incentive (Medicare and Medicaid) and recipient (hospital or eligible provider). Eligible hospitals can attest for both Medicare and Medicaid incentives, while physicians must select to attest for either Medicare or Medicaid incentives. For Medicare incentives, eligible hospitals receive payments over four years while eligible physicians receive payments over five years. For Medicaid incentives, eligible hospitals receive payments based on the relevant State adopted payment structure and physicians receive payments over six years.

The Corporation recognizes EHR incentives when it is reasonably assured that the Corporation will successfully demonstrate compliance with the meaningful use criteria. During the year ended June 30, 2017 and 2016, certain hospitals and physicians of the Corporation satisfied the meaningful use criteria. As a result, the Corporation recognized \$582 and \$2,057 of EHR incentives during fiscal year 2017 and 2016, respectively, in other operating revenue in the accompanying consolidated statements of operations.

***Property and equipment***

Property and equipment are carried at cost or, if donated, at fair market value at the date of the gift. Expenditures over seven hundred fifty dollars with a useful life of at least two years are capitalized. Depreciation is provided over the estimated useful life of each class of depreciable asset, ranging from two to thirty years. Amortization of assets under capital lease obligations is computed using the straight-line method over the shorter of the estimated useful life or lease term of the equipment and is included in depreciation and amortization in the accompanying consolidated financial statements. Maintenance and repairs are charged to expense as incurred.

The cost of software is capitalized provided the cost of the project is at least seven hundred fifty dollars and the expected life is at least two years. Costs include payment to vendors for the purchase and assistance in its installation, payroll costs of employees directly involved in the software installation, and interest costs of the software project if financed by debt. Preliminary costs to document system requirements, vendor selection, and any costs before software purchase are expensed. Capitalization of costs will generally end when the project is completed and the software is ready to be used. Where implementation of the project is in phases, only those costs incurred which further the development of the project will be capitalized. Costs incurred to maintain the system are expensed.

***Impairment of long-lived assets***

The Corporation evaluates its long-lived assets for impairment whenever events or changes in circumstances indicate that the carrying amount of such assets may not be recoverable. Recoverability of assets to be held and used is measured by a comparison of the carrying amount of any asset to future net undiscounted cash flows expected to be generated by the asset. If such assets are considered to be impaired, the impairment to be recognized is measured by the future discounted cash flows compared to the carrying amount of the asset.

***Temporarily restricted net assets***

Resources restricted by donors for specific purposes are reported as temporarily restricted net assets until expended, at which time they are reported as net assets released from restriction.

In accordance with accounting principles generally accepted in the United States of America, assets that are restricted for capital acquisitions (or that will not be available to the Corporation within the next operating cycle) are classified as noncurrent assets in the accompanying consolidated balance sheets. Absent explicit donor stipulations about how long those capital or long-lived assets must be maintained, expirations of donor restrictions are reported when the acquired long-lived assets are placed in service. Assets that are temporarily restricted for

**Dimensions Health Corporation and Subsidiaries**  
**Notes to Consolidated Financial Statements**  
(in thousands)

supporting Corporation programs are classified as current assets if they are currently available for use by the Corporation.

Temporarily restricted net assets are available for the following purposes at June 30:

	<u>2017</u>	<u>2016</u>
Capital purchases (state funded)	\$ 9,543	\$ 5,632
Healthcare and health education	<u>2,119</u>	<u>2,017</u>
	<u>\$ 11,662</u>	<u>\$ 7,649</u>

***Net patient service revenue***

Net patient service revenue, by payer class, consisted of the following for the years ended June 30:

	<u>2017</u>	<u>2016</u>
Medicare	32%	31%
Medicaid	35%	35%
Commercial	26%	26%
Other	<u>7%</u>	<u>8%</u>
	<u>100.0%</u>	<u>100.0%</u>

Revenue from the State of Maryland Medicaid program is primarily derived from independent managed care organizations that have contracted with the State of Maryland to cover eligible beneficiaries.

The Corporation recognizes patient service revenue associated with services provided to patients who have third-party payer coverage on the basis of contractual rates for the services rendered. For uninsured patients who do not qualify for charity care, the Corporation recognizes revenue on the basis of its standard rates for services provided (or on the basis of discounted rates, if negotiated or provided by policy). On the basis of historical experience, a significant portion of the Corporation's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the Corporation records a significant provision for bad debts related to uninsured patients in the period the services are provided.

Patient service revenue, net of contractual allowances and discounts recognized in the period from these major payer sources, is as follows:

	<u>2017</u>	<u>2016</u>
Gross patient charges	\$ 464,359	\$ 476,889
Revenue deductions:		
Medicare and Medicaid allowance	21,209	22,135
Charity care	12,815	13,973
Other discounts and allowances	<u>43,771</u>	<u>38,100</u>
	386,564	402,679
Provision for bad debts	<u>(29,601)</u>	<u>(30,962)</u>
Net patient service revenue	<u>\$ 356,963</u>	<u>\$ 371,717</u>

**Dimensions Health Corporation and Subsidiaries**  
**Notes to Consolidated Financial Statements**  
(in thousands)

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

The healthcare industry is subject to numerous laws and regulations from federal, state and local governments. The Corporation's compliance with these laws and regulations can be subject to periodic governmental review and interpretation, which can result in regulatory action unknown or unasserted at this time. Management is aware of certain asserted and unasserted legal claims and regulatory matters arising in the ordinary course of business, none of which, in the opinion of management, are expected to result in losses in excess of insurance limits or have a materially adverse effect on the Corporation's financial position.

The federal government and many states have aggressively increased enforcement under Medicare and Medicaid anti-fraud and abuse laws and physician self-referral laws and regulations. Recent and ongoing federal initiatives have prompted a national review of federally funded healthcare programs. In addition, the federal government and many states have implemented programs to audit and recover potential overpayments to providers from the Medicare and Medicaid programs. The Corporation has implemented a compliance program to monitor conformance with applicable laws and regulations, but the possibility of future government review and enforcement action exists.

***Charity care***

In support of its mission, the Corporation provides charity care to patients who lack financial resources and are deemed to be medically indigent. Policies have been established that define charity care and provide guidelines for assessing a patient's ability to pay. Evaluation procedures for charity care qualification have been established for those situations when previously unknown financial circumstances are revealed or when incurred charges are significant when compared to the individual patient's income and/or net assets. Because the Corporation does not pursue collection of amounts determined to qualify as charity care, such amounts are not reported as net patient service revenue.

In addition, the Corporation provides services to other medically indigent patients under various state Medicaid programs that pay providers amounts less than the costs incurred for the services provided to the recipients.

Under current accounting standards, the Corporation is required to report the cost of providing charity care. The cost of charity care provided by the Corporation totaled \$12,815 and \$11,568 for the years ended June 30, 2017 and 2016, respectively. Rates charged by the Corporation for regulated services are determined based on an assessment of direct and indirect cost calculated pursuant to the methodology established by the Maryland Health Services Cost Review Commission (the "Commission" - see Note 10). For any charity services rendered by the Corporation other than from the regulated providers (PGHC, LRH and BHC, the "Hospitals"), the cost of charity care is calculated by applying the estimated total cost-to-charge ratio for the non-Hospital services to the total amount of charges for services provided to patients benefitting from the charity care policies of the Corporation's non-Hospital affiliates.

The Corporation receives funding in rates from the Commission with respect to an Uncompensated Care Fund (UCC) established for rate-regulated hospitals in Maryland. The UCC is intended to provide Maryland hospitals with funds to support the provision of uncompensated care (including both charity and bad debts) at those hospitals. The Corporation received \$ 20,262 in 2017 and \$32,875 in 2016 in UCC funding. The cost of charity care disclosed in the prior paragraph does not include offset for uncompensated care fund receipts.



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***Other operating income***

Other operating income is primarily composed of private and government unrestricted donations and grant income, as well as net assets released from restriction for operations. Restricted donations and grants are held as restricted assets and recorded as revenue once the restrictions are satisfied. Other operating income is also composed of miscellaneous revenue from activities such as rental income, parking garage and vending machine income.

***Estimated professional liability costs***

The provision for estimated professional liability costs includes estimates of the ultimate costs for both reported claims and claims incurred but not reported. The Corporation utilizes outside actuarial services in determining the aggregate professional liability reserve. The accrued professional liabilities amounts included in the accompanying consolidated balance sheets have not been discounted (see Note 7).

***Excess of unrestricted revenue and other support over expenses***

The consolidated statements of operations report excess of unrestricted revenue and other support over expenses. Changes in unrestricted net assets that are excluded from this performance indicator, consistent with industry practice, include permanent transfers of assets to and from affiliates for other than goods and services, contributions of (and assets released from donor restrictions related to) long-lived assets, and the recognition of (and subsequent adjustment to) certain changes in the employee post-retirement benefit liability reported by the Corporation.

***Income tax***

The Corporation is exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code as a public charity. Federal tax law requires that the Corporation be operated in a manner consistent with its initial exemption application in order to maintain its exempt status. Management has analyzed the operations of the Corporation and concluded that it remains in compliance with the requirements for exemption. The state in which the Corporation operates also recognizes this exemption for state income tax purposes.

Organizations otherwise exempt from federal and state income taxation are nonetheless subject to taxation at corporate tax rates at both the federal and state levels on their unrelated business income. Exemption from other state taxes, such as real and personal property tax, is separately determined. For 2017 and 2016, management has determined that it did not have any income tax liability.

Current accounting standards define the threshold for recognizing uncertain income tax return positions in the financial statements as “more likely than not” that the position is sustainable, based on its technical merits, and also provide guidance on the measurement, classification and disclosure of tax return positions in the financial statements. Management believes there is no impact on the Corporation’s accompanying consolidated financial statements related to uncertain income tax positions.

***Fair value of financial instruments***

The carrying amounts reported in the accompanying consolidated balance sheets for cash and cash equivalents, accounts receivable, accounts payable, accrued expenses, advances from third-party payers, and accrued annual leave approximates their fair value. The fair values of assets limited as to use and investments are based on quoted market prices of the individual securities or investments. The fair values of investments are discussed in Note 3.

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***Recent accounting pronouncements***

In May 2014, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2014-09 *Revenue from Contracts with Customers*, which provides a principle-based standard for recognizing revenue through a five-step process. This standard is effective for the Corporation beginning July 1, 2019, with early adoption permitted. The Corporation is currently evaluating the effects the adoption of this standard will have on its consolidated financial statements and disclosures, but expects to record a decrease in net patient service revenue related to self-pay patients and a corresponding decrease in bad debt expense upon adoption of this standard.

In February 2016, FASB issued ASU 2016-02, *Leases (Topic 842)*. The amendments in this ASU revise the accounting related to lessee accounting. Under the new guidance, lessees will be required to recognize a lease liability and a right-of-use asset for all leases. The amendments in this ASU are effective for the Corporation beginning on July 1, 2020, with early adoption permitted, and should be applied through a modified retrospective transition approach for leases existing at, or entered into after, the beginning of the earliest comparative period presented in the consolidated financial statements. Management has not yet determined what the effects of adopting this ASU will be on its consolidated financial statements.

In August 2016, FASB issued ASU 2016-14, *Not-For-Profit Entities (Topic 842), Presentation of Financial Statements of Not-for Profit Entities*. The amendments in this ASU make certain improvements that address many, but not all, of the identified issues about the current financial reporting for Not-for-Profit (NFP) entities. Under the new guidance, financial statements and noted disclosures requirements for NFP entities include the following:

1. Present on the face of the statement of financial position net assets with and without donor restrictions
2. Improved disclosures for NFP entities that choose to present an operating measure.
3. Requirement to present information about its expenses by their nature and function either in the statement of activities, a separate statement, or in the notes to the financial statements.
4. Continue to present on the face of the statement of cash flows the net amount for operating cash flows using either the direct or indirect method of reporting but no longer require the presentation or disclosure of the indirect method (reconciliation) if using the direct method
5. Enhanced disclosures that provide quantitative and qualitative information about liquidity management

The amendments in ASU 2016-14 are effective for the Corporation beginning on July 1, 2018, with early adoption permitted. Management does not anticipate that the adoption of this ASU will have a material impact on its financial position and results of operations.

**2. Management's Update on Plans for UMMS Affiliation and the New Regional Medical Center**

On July 21, 2011, the Prince George's County of Maryland (the "County"), the University of Maryland Medical System ("UMMS"), the University System of Maryland ("USM"), the State of Maryland (the "State") and the Corporation signed a Memorandum of Understanding ("MOU") to forge a long term solution to the historical challenges related to the Prince George's County health care system facilities and assets currently leased to the Corporation (the "System") by developing and implementing a strategy to transform the System into an efficient, effective and financially viable healthcare delivery system with a new regional medical center, located in Prince

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George's County, supported by a comprehensive ambulatory care network, which will improve the health of residents of the County and Southern Maryland region by providing community-based access to high quality, cost-effective medical care.

As part of the original 2011 MOU, on October 20, 2011, Governor Martin O'Malley on behalf of the State, and County Executive Rushern L. Baker, III on behalf of the County, signed a letter of intent to demonstrate their commitment to provide the Corporation with funding to support the Corporation's operations and also for the continued discharging of its legacy liabilities.

Effective June 1, 2016, the State enacted SB324, the **Prince George's County Regional Medical Center Act of 2016** which provides on-going operating funding totaling \$55 million from each the State and the County starting in fiscal 2017 through fiscal 2021 and capital funding totaling \$208 million from each the State and County for the construction of the new Regional Medical Center. Effective June 1, 2017, the State enacted SB1198, the **Prince George's County Regional Medical Center Act of 2017** which provides for an additional \$100 million in operating support in total from the State beginning in fiscal 2019 through fiscal 2028. During fiscal years 2017 and 2016, the County provided \$9,880 and \$9,829, respectively, to the Corporation. During fiscal year 2017, the State of Maryland provided \$15,000 in operating support.

The Corporation's Board of Directors, the County, and UMMS signed a new MOU in August 2016. The 2016 MOU described the process through which UMMS becomes the sole corporate member of the Corporation and will be responsible for governance of the Corporation. A copy of the August 2016 MOU can be found on the County's website.

On September 1, 2017, UMMS became the sole member of the Corporation. As a result of that transaction, the Corporation's Board was replaced by a smaller 7 member interim Board of Directors, representing parties from the County and UMMS. This interim Board will be replaced by a 21 member Board of Directors beginning in 2019. The permanent 21 member Board will have more representation from residents of the four Southern Maryland counties. This transition will give access to sub-specialty medical expertise, professional knowledge of support services, and access to better pricing for capital and operational purchases. This arrangement helps to ensure financial stability for the local health system which will allow for clinical program growth especially in the outpatient setting. The previously mentioned commitments by the State and County to provide ongoing operating support through 2028 are unaffected by the merger with UMMS.

On October 4, 2013, a Certificate of Need ("CON") application was filed with the Maryland Health Care Commission ("MHCC") for the construction of the Regional Medical Center ("RMC"). The 240 bed RMC will provide clinical programs including a (i) an emergency department, (ii) facilities to provide ancillary support to the emergency department, (iii) a Level II trauma center, (iv) cardio-thoracic surgery services, (v) a Level III neonatal intensive care unit, (vi) neurology services, and (vii) an intensive care unit. Included with the facility is a separate 15 bed pediatric unit operated by Mount Washington Pediatric Hospital, which is partially owned by UMMS. On October 20, 2016, the MHCC approved the CON for the RMC. Management anticipates that the RMC will open in late calendar year 2020 and commence operations in early to mid-calendar year 2021.

Effective September 1, 2017, the Corporation's trade name was changed to University of Maryland Capital Region Health. UMMS and the Corporation's leadership have initiated actions that are intended to stabilize and improve the Corporation's financial performance, in keeping with long-standing plans to transform the delivery of healthcare in the County and State.

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**3. Investments**

Marketable investments are included in the consolidated balance sheets as assets limited as to use and investments at June 30, 2017 and 2016, respectively.

The carrying values of marketable investments at June 30 are as follows:

	<u>2017</u>	<u>2016</u>
Money market funds	\$ 3,036	\$ 3,173
Certificate of deposits	2,132	2,461
Fixed income	38,785	37,450
Equity	<u>17,702</u>	<u>17,740</u>
Total marketable investments	<u>\$ 61,655</u>	<u>\$ 60,824</u>

Investment income and gains for assets limited as to use, cash equivalents, and other investments are comprised of the following for the years ended June 30:

	<u>2017</u>	<u>2016</u>
Interest, dividends, and realized gains	\$ 1,002	\$ 1,520
Unrealized gains	<u>1,027</u>	<u>626</u>
Total investment income	<u>\$ 2,029</u>	<u>\$ 2,146</u>

Current accounting standards define fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date, and establish a three-level hierarchy for fair value measurements based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date. The three levels of inputs that may be used to measure fair value are:

- Level 1:** Quoted prices in active markets for identical assets or liabilities. Level 1 assets and liabilities include debt and equity securities that are traded in an active exchange market, as well as U.S. Treasury securities.
- Level 2:** Observable input other than Level 1 prices such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities. Level 2 assets and liabilities include debt securities with quoted market prices that are traded less frequently than exchange-traded instruments. This category generally includes certain U.S. government and agency mortgage-backed debt securities, corporate-debt securities, and alternative investments.
- Level 3:** Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities. Level 3 assets and liabilities include financial instruments whose value is determined using pricing models, discounted cash flow methodologies, or similar techniques, as well as instruments for which the determination of fair value requires significant management judgment or estimation. This category generally includes certain private debt and equity instruments and alternative investments.

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The following discussion describes the valuation methodologies used for financial assets measured at fair value. The techniques utilized in estimating the fair values are affected by the assumptions used, including discount rates, and estimates of the amount and timing of future cash flows. Care should be exercised in deriving conclusions about the Corporation's business, its value, or financial position based on the fair value information of financial assets presented below.

Fair value estimates are made at a specific point in time, based on available market information and judgments about the financial asset, including estimates of the timing, amount of expected future cash flows, and the credit standing of the issuer. In some cases, the fair value estimates cannot be substantiated by comparison to independent markets. In addition, the disclosed fair value may not be realized in the immediate settlement of the financial asset. Furthermore, the disclosed fair values do not reflect any premium or discount that could result from offering for sale at one time an entire holding of a particular financial asset. Potential taxes and other expenses that would be incurred in an actual sale or settlement are not reflected in the amounts disclosed.

Cash and money market funds comprise short-term fixed maturity securities, and carrying amounts approximate fair values, which have been determined from public quotations when available. Fixed income securities are priced by independent pricing services using inputs such as benchmark yields, reported trades, broker/dealer quotes, and issuer spreads, and priced using non-binding broker/dealer quotes. Equity securities are priced at the closing price reported on the active market on which individual securities are traded. Prices are reviewed by the custodian to ensure reasonableness, and can be challenged with the independent party and/or overridden if the custodian believes the custodian's price would be more reflective of fair value.

The following table presents the Corporation's fair value hierarchy for financial instruments measured at fair value on a recurring basis as of June 30, 2017.

	<b>Assets at Fair Value as of June 30, 2017</b>		
	<b>Level 1</b>	<b>Level 2</b>	<b>Total</b>
Money market funds	\$ 3,036	\$ -	\$ 3,036
Certificate of deposits	2,132	-	2,132
Fixed income:			
U.S. government securities	5,767	-	5,767
Corporate bonds	-	33,018	33,018
Equities:			
Exchange traded funds	<u>17,702</u>	<u>-</u>	<u>17,702</u>
Total	<u>\$ 28,637</u>	<u>\$ 33,018</u>	<u>\$ 61,655</u>

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The following table presents the Corporation's fair value hierarchy for financial instruments measured at fair value on a recurring basis as of June 30, 2016.

	<b>Assets at Fair Value as of June 30, 2016</b>		
	<b>Level 1</b>	<b>Level 2</b>	<b>Total</b>
Money market funds	\$ 3,173	\$ -	\$ 3,173
Certificate of deposits	2,461	-	2,461
Fixed Income:			
U.S. government securities	10,712	-	10,712
Asset-backed securities	-	1,721	1,721
Corporate bonds	-	25,017	25,017
Equities:			
Exchange traded funds	<u>17,740</u>	<u>-</u>	<u>17,740</u>
Total	<u>\$ 34,086</u>	<u>\$ 26,738</u>	<u>\$ 60,824</u>

**4. Property and Equipment**

A summary of property and equipment at June 30, 2017 and 2016 is as follows:

	<b>2017</b>	<b>2016</b>
Land	\$ 15,192	\$ 743
Land improvements	532	532
Building and improvements	74,388	73,846
Leasehold improvements	50,841	49,258
Equipment	176,148	171,867
Equipment under capital lease obligation	<u>12,004</u>	<u>12,215</u>
	329,105	308,461
Construction in progress	<u>12,721</u>	<u>7,773</u>
	341,826	316,234
Accumulated depreciation and amortization	<u>(256,025)</u>	<u>(241,783)</u>
	<u>\$ 85,801</u>	<u>\$ 74,451</u>

Accumulated amortization for equipment under capital leases was \$10,004 and \$8,637 at June 30, 2017 and 2016, respectively. The Corporation recognized amortization expense for assets under capital lease obligations of \$1,368 and \$1,576 for the periods ended June 30, 2017 and 2016, respectively. These amounts are included in depreciation and amortization expense within the accompanying consolidated statements of operations.

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**5. Long-Term Obligations**

Long-term debt and capital lease obligations at June 30, 2017 and 2016 are summarized as follows:

	<u>2017</u>	<u>2016</u>
Magruder Trust Mortgage – liability, three-year adjustable rate (3.25% at both June 30, 2017 and 2016), repayable in periodic installments through 2025	\$ 2,171	\$ 2,391
Capital lease obligations, payable in monthly installments, with interest ranging from 1.99% to 5.98% collateralized by leased equipment	<u>1,044</u>	<u>2,462</u>
	<b>3,215</b>	<b>4,853</b>
Less:		
current portion of long-term debt and capital lease obligations	<u>(919)</u>	<u>(1,629)</u>
deferred financing cost	<u>(67)</u>	<u>(68)</u>
	<b>(986)</b>	<b>(1,697)</b>
Non-current portion	<u><u>\$ 2,229</u></u>	<u><u>\$ 3,156</u></u>

Interest costs on long-term obligations incurred and paid for the years ended June 30, 2017 and 2016 were \$232 and \$294, respectively. The fair value of all outstanding debt approximates its carrying value.

Scheduled principal repayments on long-term debt are as follows for years ending June 30:

2018	\$ 224
2019	232
2020	241
2021	249
2022 and thereafter	<u>1,225</u>
	<u><u>\$ 2,171</u></u>

Future minimum lease payments under capital leases, together with the present value of the net minimum lease payments, are as follows for years ending June 30:

2018	\$ 705
2019	244
2020	<u>110</u>
Total minimum lease payments	1,059
Amounts representing interest	<u>(15)</u>
Present value of net minimum lease payments	1,044
Current portion of capital lease obligations	<u>(695)</u>
Capital lease obligations, less current portion	<u><u>\$ 349</u></u>

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**6. Functional Expenses**

The Corporation considers health care services and management and general to be its primary functional categories for purposes of expense classification. The Corporation's operating expenses by functional classification for the years ended June 30, 2017 and 2016 are as follows:

	<u>2017</u>	<u>2016</u>
Health care services	\$ 373,850	\$ 360,018
Management and general	<u>34,749</u>	<u>33,463</u>
	<u>\$ 408,599</u>	<u>\$ 393,481</u>

**7. Insurance Programs**

The Corporation maintains a wholly owned captive company that provides professional and general liability reimbursement coverage for matters arising from the operations of its institutions. As of June 30, 2017 and 2016, the limits were \$5,000 per occurrence for professional liability and \$3,000 per occurrence for general liability. Physicians employed by the Corporation are covered for professional liability with coverage limits of \$1,000 and \$3,000 in the annual aggregate. The Corporation also has several other lines of casualty and property insurance which are commercially insured. Amounts above retention are 100% reinsured.

The Corporation provides claims-management services to the captive company. Reserves for losses from claims, both incurred, such as potentially compensable events identified under the Corporation's incident reporting system, and incurred but not reported are accrued based on actuarial estimates that incorporate the Corporation's past experience, as well as other considerations. These include the nature of each claim or incident and various relevant trend factors. The estimates for these losses are reported as accrued professional liabilities on the consolidated balance sheets.

In management's opinion, the assets of the captive insurance company are sufficient to meet its obligations as of June 30, 2017. If the financial condition of the captive insurance company were to materially deteriorate in the future, and if it was unable to pay its claim obligations, the responsibility to pay those claims could revert to the Corporation.

**8. Pension and Postretirement Benefits**

The Corporation has a noncontributory defined benefit pension plan (the Plan) covering substantially all employees. For employees not covered under collective-bargaining agreements and employees who are represented by the 1199 SEIU Health Care Workers East - Health Care Workers union (formerly District 1199E-DC, SEIU union and formerly Local No. 63 union), the Plan operates as a cash balance plan. The annual contribution by the Corporation is allocated to individual employee accounts based on years of service and the individual's retirement account. For employees represented by the 1199 SEIU Health Care Workers East – Registered Nurses Chapter union (formerly Professional Staff Nurses Association union), benefits are based on years of service and average final compensation. On December 31, 2007, the Corporation elected to freeze the Pension Plan. No further benefit accruals will be made to the Plan. The Plan freeze substantially reduces annual funding obligations beginning with Plan year 2008.

The Corporation's funding policy is to contribute such actuarially determined amounts as necessary to provide assets sufficient to meet the benefits to be paid to the Plan participants and to meet the funding requirements of the Employees Retirement Income Security Act of 1974 (ERISA).



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***Postretirement benefit plans***

The Corporation also sponsors two defined postretirement benefit plans that cover both salaried and non-salaried employees. One plan provides health care (medical, dental and vision) benefits and the other provides life insurance benefits. The postretirement health care plan is provided to employees who have retired and certain other employees who were eligible to retire prior to July 1, 1995. The plan is contributory for those who retired prior to July 1, 1995, with retiree contributions adjusted annually. Employees who retired on July 1, 1995 and later are eligible to participate in the plan by paying 100% of the premiums without corporate contributions. The Corporation's policy has been to fund this plan on an as needed basis.

The second defined postretirement plan is a life insurance plan covering both salaried and non-salaried employees. The plan was non-contributory for all eligible retirees prior to July 1, 2001. For employees represented by the 1199 SEIU Health Care Workers East – Registered Nurses Chapter union, the plan was no longer offered to new retirees as of July 1, 1999. Effective July 1, 2001, the plan was modified to become contributory for the non-union employees and employees represented by the 1199 SEIU Health Care Workers East - Health Care Workers union who retired prior to July 1, 2001 and for the employees represented by the 1199 SEIU Health Care Workers East – Registered Nurses Chapter union who retired prior to July 1, 1999. The Corporation's policy has been to fund its share of these benefits as they are incurred.

***Defined contribution 403(b) plan***

On January 1, 2008 a defined contribution 403(b) plan, the Dimensions Health Corporation Retirement Savings Plan, was adopted as a replacement plan for the frozen pension plan. Previously the employer had a non-contributory deferred savings program offered to employees through multiple third party administrators.

The 403(b) plan provides a 2% employer contribution on gross wages. Eligible employees who defer wages into the program receive matching contributions from the Corporation equal to 50% of their contribution, up to 4% of their gross pay (thereby receiving an employer maximum match of 2%). Employees who are budgeted to work 40 hours per pay period receive their contribution and match on a biweekly basis. Employees who are budgeted less than 40 hours per pay period but who actually work 1,000 or more hours in the plan year receive their contribution and match in one payment early in the following year. The 403(b) plan has a three year "cliff" vesting schedule. Employer contributions under this plan totaled approximately \$4,476 and \$3,841 for the years ended June 30, 2017 and 2016, respectively.

In accordance with the collective bargaining agreement with 1199 SEIU Health Care Workers East –Registered Nurses Chapter, represented employees with fifteen years of service will receive a matching \$25 for each pay period in which they defer \$25 or more. This matching contribution is paid quarterly.

As the 403(b) plan results in a decrease in retirement benefits for older employees, "grandfathering" provisions were put in place. Non-represented employees, who, as of January 1, 2008, are both fifty-five years or older and who have at least one year of vesting service, receive an additional 3% contribution from the Corporation. Employees represented by 1199 SEIU Health Care Workers East – Registered Nurses Chapter and who, as of January 1, 2008 are both fifty-five years or older and who have fifteen years of vesting service receive an additional 6.5% contribution from the Corporation. To be eligible for the supplemental grandfathering contributions, employees must continue to work in positions budgeted for at least forty hours per pay period.

On April 8, 2008 the Corporation filed a "de minimis" determination ruling request, exempting the Corporation from Section 412(f) of the IRS Code and 304(b) of ERISA on April 8, 2008, due to the establishment of the defined contribution 403(b) plan. As of the date of this report, the Corporation has received a favorable determination.

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***Recorded liability***

The Corporation has recorded a pension liability in the accompanying consolidated balance sheets in the amount of \$87,051 and \$105,870, representing the amount of projected benefit obligation exceeding the fair value of the Plan's assets as of June 30, 2017 and 2016, respectively. Because the Plan is "frozen", the accumulated benefit obligation was identical to the projected benefit obligation as of both June 30, 2017 and 2016.

The Corporation has also recorded a post retirement benefit liability in the accompanying consolidated balance sheets in the amount of \$3,950 and \$4,844 as of June 30, 2017 and 2016, respectively, representing the underfunded status of the other postretirement benefit plans.

	<b>Pension Benefits</b>		<b>Other Postretirement Benefits</b>	
	<b>2017</b>	<b>2016</b>	<b>2017</b>	<b>2016</b>
Change in benefit obligation:				
Benefit obligation at beginning of year	\$ 284,427	\$ 263,448	\$ 4,843	\$ 4,641
Plan amendments	(411)			
Interest cost	10,165	11,472	119	201
Actuarial (gain) loss	(9,285)	19,654	(681)	562
Benefits paid	(10,681)	(10,147)	(331)	(560)
Benefit obligation at end of year	<u>\$ 274,215</u>	<u>\$ 284,427</u>	<u>\$ 3,950</u>	<u>\$ 4,844</u>
Change in plan assets:				
Fair value of plan assets at beginning of year	\$ 178,557	\$ 193,328	\$ -	\$ -
Actual return on plan assets	12,521	(12,023)	-	-
Employer contribution	6,767	7,399	331	560
Benefits paid	(10,681)	(10,147)	(331)	(560)
Fair value of plan assets at end of year	<u>\$ 187,164</u>	<u>\$ 178,557</u>	<u>\$ -</u>	<u>\$ -</u>
Funded status/accrued pension and other postretirement benefit cost	<u>\$ (87,051)</u>	<u>\$ (105,870)</u>	<u>\$ (3,950)</u>	<u>\$ (4,840)</u>

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Significant assumptions used in the accounting for the benefit plans on the measurement dates are as follows. For measurement purposes, certain rate assumptions are adjusted based upon periodic changes in market indicators.

	<b>Pension Benefits</b>		<b>Other Postretirement Benefits</b>	
	<b>2017</b>	<b>2016</b>	<b>2017</b>	<b>2016</b>
Weighted-average assumptions:				
Discount rate	<b>3.80%</b>	3.65%	3.20%	2.80%
Expected return on plan assets	<b>6.50%</b>	6.50%	N/A	N/A
Health care trend rate	<b>N/A</b>	N/A	7.73%	7.22%
Components of net periodic benefit cost:				
Interest cost	\$ 10,165	\$ 11,472	\$ 119	\$ 201
Expected return on plan assets	(12,766)	(13,460)	-	-
Amortization of prior service cost	121	150	-	-
Amortization of net actuarial loss	<u>11,836</u>	<u>8,457</u>	<u>137</u>	<u>130</u>
Net periodic benefit cost	<b><u>\$ 9,356</u></b>	<b><u>\$ 6,619</u></b>	<b><u>\$ 256</u></b>	<b><u>\$ 331</u></b>

The overall rate of expected return on assets assumption was based on historical returns, with adjustments made to reflect expectations of future returns.

For measurement purposes related to postretirement benefits as of June 30, 2017 and 2016, a 7.73% annual rate of increase in the per capita cost of covered health care benefits was assumed. The health care trend rate assumption has a significant effect on the amounts reported. For example, changing the assumed health care cost trend rates by one percentage point will have the following effects:

	<b>One Percentage-Point Increase</b>	<b>One Percentage-Point Decrease</b>
Effect on service and interest cost component	\$ 5	\$ (5)
Effect on postretirement benefit obligation	169	(155)

***Pension plan assets***

The Plan's asset allocations at June 30, 2017 and 2016, by asset category, are as follows:

	<b>2017</b>	<b>2016</b>
Asset category:		
Cash	2%	
-%		
Equity securities	56%	68%
Fixed maturity securities	32%	20%
Other	<u>10%</u>	<u>12%</u>
	<u>100%</u>	<u>100%</u>

**Dimensions Health Corporation and Subsidiaries**  
**Notes to Consolidated Financial Statements**  
(in thousands)

The Plan assets may be invested in publicly traded equity mutual funds, including equity index funds and unit investment trusts mirroring a major market equity index, and publicly traded bond mutual funds, including bond index funds, with allowable ranges of 50% to 80% of the total asset value for equities and 20% to 50% of the total asset value for fixed maturity investments. In addition, fixed maturity investments that are not publicly traded may be used with specific approval by the Plan trustees. Investment results are evaluated against applicable major market indexes.

Cash and money market funds comprise short-term fixed maturity securities, and carrying amounts approximate fair values, which have been determined from public quotations when available. Fixed income securities are priced by independent pricing services using inputs such as benchmark yields, reported trades, broker/dealer quotes, and issuer spreads, and priced using non-binding broker/dealer quotes. Equity securities are priced at the closing price reported on the active market on which individual securities are traded. Prices are reviewed by the custodian to ensure reasonableness, and can be challenged with the independent party and/or overridden if the custodian believes the custodian's price would be more reflective of fair value.

Alternative investments are not traded on national exchanges or over-the-counter markets. The Plan is provided information on a net asset value per share basis as a practical expedient for these investments that have been calculated by the funds of funds' managers based on information provided by the managers of underlying funds.

The fair values of the Plan assets as of June 30, 2017 by asset category are as follows:

<b>Assets</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
Cash and cash equivalents:				
Cash and money market funds	\$ 4,571	\$ -	\$ -	\$ 4,571
Fixed maturity:				
US government securities	9,172	-	-	9,172
Corporate bonds	-	23,877	-	23,877
Asset-backed securities	-	5,933	-	5,933
Equity:				
<i>Mutual funds</i>				
Fixed income	14,667	-	-	14,667
Non-traditional	17,927	-	-	17,927
<i>Other</i>				
Exchange traded funds	94,936	-	-	94,936
Total assets in the fair value hierarchy	\$ <u>141,273</u>	\$ <u>29,810</u>	\$ <u>-</u>	171,083
Investments measured at NAV <sup>(a)</sup>				<u>16,081</u>
Total assets				\$ <u>187,164</u>

**Dimensions Health Corporation and Subsidiaries**  
**Notes to Consolidated Financial Statements**  
(in thousands)

The fair values of the Plan assets as of June 30, 2016 by asset category are as follows:

<u>Assets</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash and cash equivalents:				
Cash and money market funds	\$ 14,786	\$ -	\$ -	\$ 14,786
Fixed maturity:				
US government securities	7,950	-	-	7,950
Corporate bonds	-	22,786	-	22,786
Asset-backed securities	-	5,136	-	5,136
Equity:				
Mutual funds				
Fixed income	14,336	-	-	14,336
Non-traditional	17,366	-	-	17,366
Other				
Exchange traded funds	<u>89,929</u>	<u>-</u>	<u>-</u>	<u>89,929</u>
Total assets in the fair value hierarchy	<u>\$ 144,367</u>	<u>\$ 27,922</u>	<u>\$ -</u>	172,289
Investments measured at NAV <sup>(a)</sup>				<u>6,268</u>
Total assets				<u>\$ 178,557</u>

(a) In accordance with current accounting principles, certain investment that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are limited to permit reconciliation of the fair value hierarchy to the line items presented in the consolidated balance sheets.

As of June 30, 2017, included in investments measured at NAV are three classes of hedge fund of funds with a fair values of \$7,548 (Atlas Global Investments), \$7,546 (Double Black Diamond) and \$987 (Silver Creek funds). As of June 30, 2016, included in alternative investments are two classes of hedge funds of funds with fair values of \$4,948 (EnTrust Capital) and \$1,320 (Silver Creek funds).

The following table displays information by major alternative investment category as of June 30, 2017 and 2016:

<u>Description Type</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>	<u>Receipt of Proceeds</u>
Silver Creek Hedge Funds	In liquidation status	(1)	(1)
EnTrust Capital Hedge Funds	Quarterly	90 days	(2)
Atlas Global Investment Hedge Funds	Quarterly	65 days	(3)
Double Black Diamond Hedge Funds	Quarterly	60 days	(4)

1. The Silver Creek funds are currently in liquidation status and closing. There are no liquidity provisions. According to the estimated liquidation schedule, payouts are semiannual.
2. The liquidity of EnTrust Capital funds was 50% quarterly with 90-days' notice after initial 12 month investment. The account was closed on September 30, 2016.
3. The Atlas Global Investment Hedge Fund Series C shareholders can redeem up to 25% of its outstanding shares with 65 days' prior written notice to the fund.
4. Double Black Diamond Hedge Fund Series D shareholders can redeem up to 25% of its shares that have been outstanding for at least 12 months. The fund will generally pay redemptions in cash within 30 business days after the 60 day redemption period.

**Dimensions Health Corporation and Subsidiaries**  
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(in thousands)

***Cash flows***

The Corporation expects to make the following contributions for fiscal year 2018:

Pension Plan	\$	5,370
Postretirement Plan	\$	410
403(b) Plan	\$	4,400

***Estimated future benefit payments***

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid:

	<u>Pension Benefits</u>	<u>Other Benefits</u>
2018	\$ 12,618	410
2019	13,269	404
2020	13,923	395
2021	14,466	377
2022	14,918	360
2023 to 2027	78,799	1,475

**9. Commitments and Contingencies**

***Operating leases***

The Corporation leases land and buildings used primarily by the Hospitals from Prince George's County. The lease, as restated and amended, provides for the use of the related facilities through June 30, 2042, for a one-time, lump-sum payment of \$13,352 and future annual rental payments of one dollar for the remaining term of the lease. The lump-sum payment, made on June 17, 1992, was allocated to the related buildings (\$8,958) and to reduce the deferred rent liability recorded by the Corporation at the time of the restatement and amendment (\$4,394). The amount allocated to the buildings is being amortized over the lesser of the useful life of the assets or the remaining lease term.

Upon termination of the lease, the Corporation is obligated to deliver to the County all of the assets attributable to the operations, as defined, including all fixed and moveable equipment. All such assets will be transferred and conveyed in "as is" condition without warrant as to condition or serviceability.

Total rental expense approximated \$1,971 and \$2,183 for the years ended June 30, 2017 and 2016 respectively.

***Professional liability and litigation***

The Corporation is involved in litigation arising in the ordinary course of business. Claims alleging malpractice have been asserted against the Corporation. For such claims, management has accrued a reserve for potential liability in the amount of \$28,601 and \$30,540 as of June 30, 2017 and 2016, respectively (see Note 7). There is at least a reasonable possibility that some of these cases will be settled against the Corporation, resulting in varying degrees of monetary damages in excess of the recorded reserve. After consultation with legal counsel, management estimates that these matters will be resolved without material adverse effect on the Corporation's future financial position or results of operations.

***Collective bargaining agreements***

At June 30, 2017 and 2016, the Corporation has approximately 50% of its employees working under a collective bargaining agreement. During fiscal year 2015, the Corporation signed a new agreement with 1199 SEIU Health Care Workers East, which expires October 29, 2017.

**Dimensions Health Corporation and Subsidiaries**  
**Notes to Consolidated Financial Statements**  
(in thousands)

**Other**

As of June 30, 2017, letters of credit in the amounts of \$1,000 (expiring September 25, 2018) and \$1,132 (expiring September 30, 2018) are maintained in support of various insurance arrangements and require the payment of annual commitment fees of 0.50%. The letter of credit in the amount of \$200 was cancelled on July 22, 2016. As of June 30, 2017 and 2016, the Corporation pledged \$2,132 and \$2,461, respectively, as collateral for these letters of credit. The assets pledged are classified as short term investments in the accompanying consolidated balance sheets. The restricted cash and cash equivalents reported in the accompanying consolidated balance sheets represent cash received from donors restricted for specific purposes.

The Corporation was self-insured against workers' compensation claims up to \$300 per claim with no annual aggregate limit prior to July 1, 2004. The Corporation maintains a commercial insurance policy for claims liabilities exceeding these limits. A liability of \$170 and \$202, as of June 30, 2017 and 2016, respectively, has been established for known claims and an estimate for claims incurred but not reported and accrued in the Corporation's current liabilities in the accompanying consolidated financial statements. Effective July 1, 2004, the Corporation's self-insured limit was raised to \$400 per claim with no annual aggregate. Effective October 1, 2004, the Corporation's self-insurance privileges were revoked and the Corporation purchased a commercial policy to cover all prospective workers' compensation claims. This policy provides coverage for claims up to \$500 per claim with no annual aggregate limit.

The Corporation continues to be reliant upon government and other grant funding to finance continuing operations. The following operating grants were recorded in other operating income in the accompanying consolidated statements of operations as of June 30, 2017 and 2016:

	<u>2017</u>	<u>2016</u>
Prince George's County government	\$ 9,880	\$ 9,829
State of Maryland	15,000	-
Magruder Memorial Hospital Trust	<u>1,042</u>	<u>1,042</u>
	<u>\$ 25,922</u>	<u>\$ 10,871</u>

Should the government and private grant funding, most of which was reported as income in the financial records of PGHC, LRH and GSSHNC, not have been received by the Corporation, the consolidated income from operations of the Corporation for the years ended June 30, 2017 and 2016 would have resulted in deficits of \$44,742 and \$11,790, respectively. The background and details surrounding this operating support is discussed in more detail in Note 2.

**10. Maryland Health Services Cost Review Commission**

Most of the Corporation's charges to patients are subject to review and approval by the Maryland Health Services Cost Review Commission (the "Commission"). Management has filed the required forms with the Commission and believes the Corporation to be in compliance with Commission requirements.

Effective July 1, 2013, the Corporation and the Commission agreed to implement the Global Budget Revenue (GBR) methodology for both of the Corporation's regulated hospitals. The agreements will continue each year and on July 1 of each year thereafter, the agreements will renew for a one-year period unless canceled by the Commission or by the Corporation. The agreements were in place for the years ended June 30, 2017 and 2016. The GBR model is a revenue-constraint and quality improvement model designed by the Commission to provide hospitals with strong financial incentives to manage their resources efficiently and effectively in order to slow the rate of increase in healthcare costs and improve healthcare delivery processes and outcomes. The GBR model is

**Dimensions Health Corporation and Subsidiaries**  
**Notes to Consolidated Financial Statements**  
(in thousands)

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consistent with the Corporation's mission to provide the highest value of care possible to its patients and the communities it serves.

The GBR agreements establish a prospective, fixed revenue base "GBR cap" for the upcoming year. This includes both inpatient and outpatient regulated services. Under GBR, a hospital's revenue for all Commission regulated services is predetermined for the upcoming year, regardless of changes in volume, service mix intensity, or mix of inpatient or outpatient services that occurred during the year. The GBR agreement allows the Corporation to adjust unit rates, within certain limits, to achieve the overall revenue base for the Corporation at year end. Any overcharge or undercharge versus the GBR cap is prospectively added to the subsequent year's GBR cap. Although the GBR cap does not adjust for changes in volume or service mix, the GBR cap is adjusted annually for inflation, and for changes in payor mix and uncompensated care. The Corporation will receive an annual adjustment to its cap for the change in population in the Corporation's service areas. GBR is designed to encourage hospitals to operate efficiently by reducing utilization and managing patients in the appropriate care delivery setting. The Commission also may impose various other revenue adjustments which could be significant in the future. The timing of the Commission's rate adjustments for the Corporation could result in an increase (in the case of undercharges) or a decrease (in the case of overcharges) in future approved rates due to the variances and penalties described above in a year subsequent to the year in which such items occur. The Corporation's policy is to accrue revenue based on actual charges for services to patients in the year in which the services are performed and billed.

## **11. Related Party Transactions**

The Prince George's Hospital Center Foundation, Inc., the Laurel Regional Hospital Foundation, Inc., and the Laurel Regional Hospital Auxiliary were established to solicit contributions from the general public solely for the funding of capital acquisitions and operations of the associated Hospitals. The associated hospitals have recorded their interest in the net assets of the foundations as a non-current asset in the accompanying consolidated balance sheets.

The Corporation's wholly owned subsidiary, Madison Manor, Inc., holds a 25% partnership interest in BCLP and accounts for it under the equity method. The carrying value of the Corporation's investment in BCLP was \$2,072 and \$1,980 at June 30, 2017 and 2016, respectively. This amount is recorded as investments in the accompanying consolidated balance sheets.

## **12. Subsequent Events**

Management evaluated all events and transactions that occurred after June 30, 2017 and through October 27, 2017, the date the consolidated financial statements were available to be issued. Other than described below, the Corporation did not have any material recognizable subsequent events during the period.

On September 1, 2017, UMMS became the sole corporate member of the Corporation. No consideration was paid by UMMS, and governance of the Corporation was assumed by UMMS. For further details on this transaction, see Note 2 of these consolidated financial statements.



***Supplementary Information***

**Dimensions Health Corporation and Subsidiaries**  
**Consolidating Balance Sheet**  
**June 30, 2017**  
**(in thousands)**

	PGHC	LRH	GSS	BHC	Corporate	Other Entities	Eliminations	Consolidated Total
<b>ASSETS</b>								
Current assets:								
Cash and cash equivalents	\$ 1	\$ 1	\$ -	\$ -	\$ 47,784	\$ 6,271	\$ -	\$ 54,058
Patient accounts receivable, net of allowance	30,257	9,162	170	1,299	-	694	-	41,582
Other receivables	2,319	697	-	69	730	3,703	(2,693)	4,825
Inventories	3,110	1,610	-	321	-	-	-	5,041
Prepaid expenses and other assets	75	-	-	38	6,042	1,156	(966)	6,345
Total current assets	35,762	11,470	170	1,728	54,556	11,824	(3,659)	111,851
Due from affiliates	90,763	-	44,163	16,504	-	-	(151,430)	-
Assets limited as to use:								
Restricted cash and cash equivalents	-	-	-	-	1,718	-	-	1,718
Short term investments	-	-	-	-	2,132	-	-	2,132
Investments held for self insurance	-	-	-	-	-	49,450	-	49,450
Total assets limited as to use	-	-	-	-	3,850	49,450	-	53,300
Property and equipment, net	54,733	11,082	90	9,273	8,151	2,472	-	85,801
Investments	445	508	-	-	15,907	2,072	(5,834)	13,098
Other noncurrent assets	2,754	623	-	-	-	-	-	3,377
Total assets	\$ 184,457	\$ 23,683	\$ 44,423	\$ 27,505	\$ 82,464	\$ 65,818	\$ (160,923)	\$ 267,427

See independent auditors' report.

Dimensions Health Corporation and Subsidiaries  
Consolidating Balance Sheet  
June 30, 2017  
(in thousands)

(Continued)

	PGHC	LRH	GSS	BHC	Corporate	Other Entities	Eliminations	Consolidated Total
<b>LIABILITIES AND NET ASSETS</b>								
Current liabilities:								
Current portion of long-term debt	\$ 129	\$ 564	\$ -	\$ -	\$ -	\$ 226	\$ -	\$ 919
Current portion of accrued benefit liabilities	-	-	-	-	13,028	-	-	13,028
Accounts payable and accrued expenses	20,412	6,701	867	687	17,630	6,128	(3,659)	48,766
Accrued compensation and related items	8,543	2,682	294	489	3,472	1,289	-	16,769
Advances from third-party payers	10,792	3,517	825	208	-	-	-	15,342
Total current liabilities	39,876	13,464	1,986	1,384	34,130	7,643	(3,659)	94,824
Long-term debt, net of current portion	-	350	-	-	(33)	1,912	-	2,229
Due to affiliates	-	74,678	-	-	66,044	10,708	(151,430)	-
Other liabilities:								
Accrued professional liability costs	-	-	-	-	-	32,209	-	32,209
Accrued employee benefit liability	-	-	-	-	77,973	-	-	77,973
Total other liabilities	-	-	-	-	77,973	32,209	-	110,182
Total liabilities	39,876	88,492	1,986	1,384	178,114	52,472	(155,089)	207,235
Net assets (deficit):								
Unrestricted	133,937	(65,650)	42,437	26,104	(95,650)	-	7,352	48,530
Restricted	10,644	841	-	17	-	160	-	11,662
Shareholders equity:	144,581	(64,809)	42,437	26,121	(95,650)	160	7,352	60,192
Capital contributions	-	-	-	-	-	5,834	(5,834)	-
Retained earnings	-	-	-	-	-	7,352	(7,352)	-
Total shareholder equity	-	-	-	-	-	13,186	(13,186)	-
Total liabilities and net assets	\$ 184,457	\$ 23,683	\$ 44,423	\$ 27,505	\$ 82,464	\$ 65,818	\$ (160,923)	\$ 267,427

See independent auditors' report.

**Dimensions Health Corporation and Subsidiaries**  
**Consolidating Statement of Operations and Other Changes in Unrestricted Net Assets**  
**Year Ended June 30, 2017**  
**(in thousands)**

	PGHC	LRH	GSS	BHC	Corporate	Other Entities	Eliminations	Consolidated Total
Unrestricted revenue and other support:								
Patient service revenue (net of allowances and discounts)	\$ 265,762	\$ 78,182	\$ 11,514	\$ 20,574	\$ -	\$ 10,532	\$ -	\$ 386,564
Provision for bad debts	(16,369)	(6,249)	(1,769)	(2,634)	-	(2,580)	-	(29,601)
Net patient service revenue	249,393	71,933	9,745	17,940	-	7,952	-	356,963
Other income	24,283	6,640	1	173	276	6,483	(5,040)	32,816
Total unrestricted revenue and other support	273,676	78,573	9,746	18,113	276	14,435	(5,040)	389,779
Operating expenses:								
Salaries and benefits	145,640	42,679	4,492	10,086	-	16,081	-	218,978
DHA physician compensation	24,071	6,403	-	-	-	(30,474)	-	-
Supplies	39,756	10,828	1,035	3,789	-	435	-	55,843
Purchased services	47,684	16,658	1,266	4,585	-	10,853	(5,040)	76,006
Physician fees	17,170	5,251	59	(470)	-	15,715	-	37,725
Utilities	3,675	1,486	44	254	-	113	-	5,572
Interest expense	54	51	-	-	-	127	-	232
Depreciation and amortization	8,905	3,459	173	1,539	-	167	-	14,243
Total operating expenses	286,955	86,815	7,069	19,783	-	13,017	(5,040)	408,599
Income (loss) from operations	(13,279)	(8,242)	2,677	(1,670)	276	1,418	-	(18,820)
Nonoperating gains:								
Investment income	166	30	13	14	-	1,806	-	2,029
Total nonoperating gains	166	30	13	14	-	1,806	-	2,029
Excess (deficit) of unrestricted revenue and other support over expenses	(13,113)	(8,212)	2,690	(1,656)	276	3,224	-	(16,791)
Other changes in unrestricted assets:								
Net assets released from restriction for capital acquisition	14,449	-	-	864	-	-	-	15,313
Change minimum pension liability	-	-	-	-	22,229	-	-	22,229
Increase (decrease) in unrestricted net assets (deficit)	\$ 1,336	\$ (8,212)	\$ 2,690	\$ (792)	\$ 22,505	\$ 3,224	\$ -	\$ 20,751

See independent auditors' report.