

Return of Organization Exempt From Income Tax

2009

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning 07/01, 2009, and ending 06/30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization DIMENSIONS HEALTH CORPORATION Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 7300 VAN DUSEN ROAD City or town, state or country, and ZIP + 4 LAUREL, MD 20707 F Name and address of principal officer: KEN GLOVER 7300 VAN DUSEN RD LAUREL, MD 20707	D Employer identification number 52-1289729 E Telephone number (240) 456-2245 G Gross receipts \$ 355,731,114. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.DIMENSIONSHALTH.COM	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1982 M State of legal domicile: MD	

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: OUR STATED MISSION IS TO PROVIDE HIGH QUALITY, EFFICIENT HEALTHCARE SERVICES TO PRESERVE, RESTORE AND IMPROVE THE HEALTH STATUS OF OUR COMMUNITY.	
Activities & Governance	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	10
	4	Number of independent voting members of the governing body (Part VI, line 1b)	9
	5	Total number of employees (Part V, line 2a)	3,094
	6	Total number of volunteers (estimate if necessary)	210
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	27,293,535.
	9	Program service revenue (Part VIII, line 2g)	349,535,551.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	205,046.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,623,984.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	378,658,116.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	186,648,042.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0.
b		Total fundraising expenses, Part IX, column (D), line 25) ▶	0.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	179,221,178.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	365,869,220.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	12,788,896.
	20	Total assets (Part X, line 16)	239,171,176.
	21	Total liabilities (Part X, line 26)	260,757,230.
	22	Net assets or fund balances. Subtract line 21 from line 20.	-21,586,054.

Part II Signature Block

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

Sign Here	Signature of officer _____ Date _____	
	Type or print name and title _____	

Paid Preparer's Use Only	Preparer's signature ▶ _____ Date 05/16/2011 Firm's name (or yours if self-employed) and address, and ZIP + 4 ▶ COHEN, RUTHERFORD + KNIGHT, PC 6903 ROCKLEDGE DRIVE, SUITE 500 BETHESDA, MD 20817-1800	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) P01074058 EIN ▶ 52-1202280 Phone no. ▶ 301-828-1008
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May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.* Form **990** (2009)

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

ATTACHMENT 2

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

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

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

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

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

4a (Code: _____) (Expenses \$ 318,156,224. including grants of \$ 329,822,732.) (Revenue \$ _____)

ATTACHMENT 3

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

ATTACHMENT 4

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 ▶ 318,156,224.

Part IV Checklist of Required Schedules

Table with 3 main columns: Question, Yes, No. Rows 1-20 contain various questions about organizational activities and reporting requirements. Row 12A includes a sub-table with Yes/No columns.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question numbers (1a-12b), Yes/No checkboxes, and numerical answers. Includes questions about Form 1096, Form W-2G, Form W-3, and Form 990-T.

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MD,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: NEIL MOORE 7300 VAN DUSEN ROAD LAUREL, MD 20707 301-618-2109

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL HERMAN TREASURER	5.00	X					0.	0.	0.	
WILLIAM F WILLIAMS CHARIMAN OF THE BOARD	5.00	X					0.		0.	
TOM HENDERSHOTT DIRECTOR	5.00	X					0.	0.	0.	
ELIZABETH HEWLETT DIRECTOR	5.00	X					0.	0.	0.	
M ALI KHAN DIRECTOR	5.00	X					56,250.	0.	0.	
BARBARA FRUSH DIRECTOR	5.00	X					0.	0.	0.	
RICHARD MACPHERSON SECRETARY	5.00	X					0.	0.	0.	
CAMILLE EXUM DIRECTOR	5.00	X					0.	0.	0.	
C PHILIPS NICHOLS JR VICE CHAIR	5.00	X					0.	0.	0.	
SAYED SADIQ MD PRESIDENT LRH MED STAFF	5.00	X					0.	0.	0.	
BENJAMIN STALLINGS MD PRESIDENT PGC MED SOCIETY	5.00	X					0.	0.	0.	
NEIL MOORE CFO	40.00			X			341,952.	0.	37,569.	
GT DUNLOP ECKER PRES & CEO	40.00			X			490,740.	0.	17,676.	
JOHN O BRIEN COO AND PRES PGHC	40.00			X			323,053.	0.	35,967.	
STEWART SEITZ PRES GSSHNC AEI BHC	40.00			X			176,321.	0.	31,307.	
DAVID GOLDMAN VICE PRESIDENT MEDICAL AFFAIRS	40.00			X			265,754.	0.	30,698.	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
K SINGH TANEJA VP PHYSICIAN CLIN PGM	40.00				X			262,975.	0.	34,329.
SUHASINI DEVI RN	40.00					X		207,798.	0.	28,466.
SHEILA JARRETT RN	40.00					X		199,482.	0.	12,878.
SUSANA OLBES RN	40.00					X		190,388.	0.	24,999.
MICHAEL JACOBS VICE PRESIDENT HUMAN RESOURCES	40.00					X		189,900.	0.	26,170.
MICHAEL CHANCE RN	40.00					X		188,467.	0.	32,078.
1b Total								2,893,080.	0.	312,137.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **229**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 5		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **5**

Part VIII Statement of Revenue

52-1289729

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	40,850.			
	d	Related organizations	1d	475,284.			
	e	Government grants (contributions) . .	1e	22,212,647.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	1,042,000.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f ▶		23,770,781.			
Program Service Revenue				Business Code			
	2a	NET PATIENT REVENUE		328,493,876.	328,493,876.		
	b	CAFETERIA/MEAL SERVICE/ VENDING		827,697.			827,697.
	c	PARKING		352,734.			352,734.
	d	TRAUMA FEES		453,541.	453,541.		
	e	SMOKING CESSATION PROGRAM					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶		330,127,848.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 6 ▶		221,254.			221,254.
	4	Income from investment of tax-exempt bond proceeds . . . ▶		0.			
	5	Royalties ▶		0.			
			(i) Real	(ii) Personal			
	6a	Gross Rents	674,371.				
	b	Less: rental expenses					
	c	Rental income or (loss)	674,371.				
	d	Net rental income or (loss) ▶			674,371.		674,371.
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory		9,295.			
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)		9,295.			
	d	Net gain or (loss) ▶			9,295.		9,295.
	8a	Gross income from fundraising events (not including \$ <u>40,850.</u> of contributions reported on line 1c). See Part IV, line 18 a		52,250.			
	b	Less: direct expenses b		99,280.			
c	Net income or (loss) from fundraising events ATCH. 8. ▶		-47,030.				
9a	Gross income from gaming activities. See Part IV, line 19 a						
b	Less: direct expenses b						
c	Net income or (loss) from gaming activities ▶		0.				
10a	Gross sales of inventory, less returns and allowances a						
b	Less: cost of goods sold b						
c	Net income or (loss) from sales of inventory ▶		0.				
Miscellaneous Revenue				Business Code			
11a	OTHER		875,315.	875,315.			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶		875,315.				
12	Total Revenue. See instructions ▶		355,631,834.	329,822,732.		2,085,351.	

Part IX Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	153,303,042.	144,104,859.	9,198,183.	0.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,693,970.	9,112,332.	581,638.	
9 Other employee benefits	14,982,308.	14,083,370.	898,938.	
10 Payroll taxes	9,562,812.	8,986,223.	576,589.	
11 Fees for services (non-employees):				
a Management	755,323.		755,323.	
b Legal	70,469.		70,469.	
c Accounting	985,260.		985,260.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	25,523,287.	17,611,068.	7,912,219.	
12 Advertising and promotion	255,576.	158,457.	97,119.	
13 Office expenses	313,580.	225,778.	87,802.	
14 Information technology	118,901.	11,890.	107,011.	
15 Royalties	0.			
16 Occupancy	5,797,208.	5,623,292.	173,916.	
17 Travel	132,272.	75,395.	56,877.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	1,343.	1,088.	255.	
20 Interest	3,670,531.	3,340,183.	330,348.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	8,681,412.	7,031,944.	1,649,468.	
23 Insurance	8,014,890.	7,934,741.	80,149.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a PROFESSIONAL FEES -----	3,027,064.	2,088,674.	938,390.	
b PHYSICIAN FEES -----	14,175,436.	14,175,436.		
c REPAIRS AND MAINT -----	3,855,455.	2,660,264.	1,195,191.	
d DUES AND MEMBERSHIPS -----	47,173.	45,286.	1,887.	
e SUPPLIES -----	51,365,331.	50,851,678.	513,653.	
f All other expenses -----	30,604,495.	30,034,266.	570,229.	
25 Total functional expenses. Add lines 1 through 24f	344,937,138.	318,156,224.	26,780,914.	0.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	9,512,339.	1	8,209,810.	
	2 Savings and temporary cash investments	12,854,293.	2	15,667,011.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	52,033,626.	4	52,196,801.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	4,688,975.	8	4,799,616.	
	9 Prepaid expenses and deferred charges	3,610,582.	9	4,145,080.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 231,333,896.			
	b Less: accumulated depreciation	10b 173,662,429.	58,328,174.	10c	57,671,467.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11	11,381,662.	12	11,077,117.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14	80,200.	
	15 Other assets. See Part IV, line 11	86,761,525.	15	81,327,683.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	239,171,176.	16	235,174,785.		
Liabilities	17 Accounts payable and accrued expenses	43,680,859.	17	49,011,876.	
	18 Grants payable		18		
	19 Deferred revenue	1,660,000.	19	2,745,409.	
	20 Tax-exempt bond liabilities	63,908,996.	20	61,315,225.	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	846,000.	23	0.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	150,661,375.	25	173,492,835.	
	26 Total liabilities. Add lines 17 through 25	260,757,230.	26	286,565,345.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	-23,850,980.	27	-53,269,681.	
	28 Temporarily restricted net assets	2,264,926.	28	1,879,121.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	-21,586,054.	33	-51,390,560.		
34 Total liabilities and net assets/fund balances	239,171,176.	34	235,174,785.		

Part XI Financial Statements and Reporting

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

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

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

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2008 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2009; 16b 33 1/3% support test - 2008; 17a 10%-facts-and-circumstances test - 2009; 17b 10%-facts-and-circumstances test - 2008; 18 Private foundation.

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

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

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

Schedule of Contributors

2009

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

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization **DIMENSIONS HEALTH CORPORATION**Employer identification number
52-1289729**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	STATE OF MD DEPT HUMAN SERVICES 311 W SARATOGA ST BALTIMORE, MD 21201	\$ 12,967,142.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	PRINCE GEORGES COUNTY GOVT 14741 GOVERNOR ODEN BOWIE DR UPPER MARLBORO, MD 20772	\$ 9,141,477.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	US DEPT HEALTH AND HUMAN SERVICES 11400 ROCKVILLE PIKE ROCKVILLE, MD 20852	\$ 41,723.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	PRINCE GEORGES HOSPITAL FOUNDATION 3301 HOSPITAL DRIVE CHEVERLY, MD 20785	\$ 432,926.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	BOWIE FOUNDATION 15001 HEALTH CENTER DRIVE BOWIE, MD 20716	\$ 15,348.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	MAGRUDER MEMEORIAL 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 if there is a noncash contribution.)

Name of organization **DIMENSIONS HEALTH CORPORATION**

Employer identification number
52-1289729

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	PRINCE GEORGES HOSPITAL GUILD 3001 HOSPITAL DR CHEVERLY, MD 20785	\$ 27,010.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	MD DEPT OF HEALTH AND MENTAL HYGINE 201 W PRESTON ST BALTIMORE, MD 21201	\$ 62,305.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	GOLF TOURN 3001 HOSPITAL DR CHEVERLY, MD 20785	\$ 40,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE C
(Form 990 or 990-EZ)

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

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</td> <td style="width: 50%;">The lobbying nontaxable amount is:</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

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

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

Table with columns (a) Yes/No and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total. Add lines 1c through 1i; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?.

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

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

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

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

Part IV Supplemental Information

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

Series of horizontal dashed lines for providing supplemental information.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

DIMENSIONS HEALTH CORPORATION

Employer identification number

52-1289729

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and two questions about donor informed consent.

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 area, historic structure). 2. Table for conservation easements held at the end of the year (2a-2d). 3-7. Questions about modified easements, states, monitoring policy, staff hours, and expenses. 8-9. Questions about requirements and reporting.

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

Form with 3 main sections: 1a. Reporting works of art, historical treasures, etc. 1b. Reporting amounts for items in 1a. 2. Reporting amounts for items held for financial gain.

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

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

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

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

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

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

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

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

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

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

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

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

Table with 6 columns: (a) Current Year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g (Balance, Contributions, Net investment earnings, Grants, Expenditures, Administrative expenses, End of year balance).

2 Provide the estimated percentage of the year end balance held as:

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
(ii) related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b.

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

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

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

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

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

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

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

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

(a) Description	(b) Book value
DUE FROM AFFILIATES	68,203,023.
NON-CURRENT ACCOUNTS RECEIVABL	3,424,396.
INVESTMENT AEI	4,834,485.
INVESTMENT DAL	1,000,000.
DEFERRED FINANCING COSTS	303,907.
DEFERRED COMPENSATION	67,279.
OTHER ACCOUNTS RECEIVABLE	3,494,593.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	81,327,683.

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
ADVANCES FROM THIRD PARTIES	11,564,759.
CAPITAL LEASE OBLIGATIONS	3,669,911.
DUE TO AFFILIATES	52,306,847.
ACCRUED EMPLOYEE BENEFIT LIAB	105,951,318.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	173,492,835.

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

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

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

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

Part XIV Supplemental Information

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

Part XIV Supplemental Information *(continued)*

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events
		GOLF TOURN (event type)	(event type)	0 (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	93,100.		93,100.
	2	Less: Charitable contributions	40,850.		40,850.
	3	Gross income (line 1 minus line 2)	52,250.		52,250.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	15,904.		15,904.
	6	Rent/facility costs	38,511.		38,511.
	7	Food and beverages	21,269.		21,269.
	8	Entertainment			
	9	Other direct expenses	23,596.		23,596.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			(99,280.)
11	Net income summary. Combine line 3, column (d), and line 10			-47,030.	

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

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

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in:

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

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

Name ▶ _____
 Address ▶ _____

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

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

c If "Yes," enter name and address of the third party:
 Name ▶ _____
 Address ▶ _____

16 Gaming manager information:

Name ▶ _____
 Gaming manager compensation ▶ \$ _____
 Description of services provided ▶ _____
 Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**

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

	Yes	No
13		
14		
15a		
16		
17a		

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2009

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization

DIMENSIONS HEALTH CORPORATION

Employer identification number

52-1289729

Part I Charity Care and Certain Other Community Benefits at Cost

		Yes	No
1a Does the organization have a charity care policy? If "No," skip to question 6a	1a	X	
b If "Yes," is it a written policy?	1b	X	
2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals. <input checked="" type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Applied uniformly to most hospitals <input type="checkbox"/> Generally tailored to individual hospitals			
3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients.			
a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other <u>300.0000</u> %	3a	X	
b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____%	3b	X	
c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.			
4 Does the organization's policy provide free or discounted care to the "medically indigent"?	4	X	
5a Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a		X
b If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a Does the organization prepare an annual community benefit report?	6a	X	
b If "Yes," does the organization make it available to the public?	6b	X	

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

7 Charity Care and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Charity Care and Means-Tested Government Programs						
a Charity care at cost (from Worksheets 1 and 2)			18,764,087.		18,764,087.	5.44
b Unreimbursed Medicaid (from Worksheet 3, column a)						
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs			18,764,087.		18,764,087.	5.44
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		3632	60,668.	338.	60,330.	.02
f Health professions education (from Worksheet 5)		1608	475,972.		475,972.	.14
g Subsidized health services (from Worksheet 6)			31,254,828.	6,619,200.	24,635,628.	7.14
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			29,784.		29,784.	.01
j Total. Other Benefits		5240	31,821,252.	6,619,538.	25,201,714.	7.31
k Total. Add lines 7d and 7j		5240	50,585,339.	6,619,538.	43,965,801.	12.75

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

Schedule H (Form 990) 2009

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building		2550	6,154.		6,154.	
7 Community health improvement advocacy						
8 Workforce development		1101	170,578.		170,578.	.05
9 Other						
10 Total		3651	176,732.		176,732.	.05

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

	Yes	No
1		X
2		
3		
5		
6		
7		
9a	X	
9b	X	

Section B. Medicare

- Enter total revenue received from Medicare (including DSH and IME)
- Enter Medicare allowable costs of care relating to payments on line 5
- Subtract line 6 from line 5. This is the surplus or (shortfall)

8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:

Cost accounting system Cost to charge ratio Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

Part VI Supplemental Information

Complete this part to provide the following information.

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

CHARITY CARE

SCHEDULE H, PART I, LINE 5

THE ORGANIZATION DOESN'T BUDGET A PRESET PERCENTAGE FOR CHARITY CARE. OUR
FINANCIAL ASSISTANCE PROGRAM POLICY IS TO PROVIDE 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.

PART I, LINE 6A:

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

PART I, LINE 7G:

NONE OF THE SUBSIDIZED HEALTH SERVICES STEM FROM PHYSICIAN CLINICS.

PART I, LINE 7, COLUMN F:

BAD DEBT EXPENSE REPORTED ON FORM 990, PART IX IS \$27,304,745.51

PART I, LINE 7:

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
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LINE 7A CHARITY CARE AT COST

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.

LINE 7B COLUMNS (C) THROUGH (F) UNREIMBURSED MEDICAID

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR

HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH

SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A

RATE-SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS,

PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME

HOSPITAL. MARYLAND'S UNIQUE ALL-PAYOR SYSTEM INCLUDES A METHOD FOR

REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT

ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY DIRECTED OFFSETTING REVENUE

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
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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.

7F HEALTH PROFESSIONS EDUCATION

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.

LINE 7F COLUMN (D) -

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
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- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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 VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
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- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART III, LINE 4:

THE CORPORATION'S POLICY IS TO WRITE OFF ALL PATIENT ACCOUNTS THAT
 HAVE BEEN IDENTIFIED AS UNCOLLECTIBLE. AN ALLOWANCE FOR DOUBTFUL
 ACCOUNTS IS RECORDED FOR ACCOUNTS NOT YET WRITTEN OFF THAT ARE
 ANTICIPATED TO BECOME UNCOLLECTIBLE IN FUTURE PERIODS.
 DISCOUNTS RANGING FROM 2% TO 6% OF HOSPITAL CHARGES ARE GIVEN TO
 MEDICARE, MEDICAID AND CERTAIN APPROVED COMMERCIAL HEALTH INSURANCE
 AND HEALTH MAINTENANCE ORGANIZATIONS (HMOS). ALSO, THESE PAYERS
 ROUTINELY REVIEW PATIENT BILLINGS AND DENY PAYMENT FOR CERTAIN
 PROCEDURES THAT THEY DEEM MEDICALLY UNNECESSARY OR PERFORMED WITHOUT
 APPROPRIATE PRE-AUTHORIZATION. DISCOUNTS AND DENIALS ARE RECORDED AS
 REDUCTIONS OF NET PATIENT REVENUE. ACCOUNTS RECEIVABLE FROM THESE
 THIRD-PARTY PAYERS HAVE BEEN ADJUSTED TO REFLECT THE DIFFERENCE
 BETWEEN CHARGES AND THE ESTIMATED REIMBURSABLE AMOUNTS. THE COST OF
 BAD DEBT EXPENSE WAS DETERMINED USING THE RATIO OF PATIENT CARE COST
 TO CHARGES.

PART III, LINE 8:

SHORTFALL

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
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- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

 THE MEDICARE SHORTFALL INCURRED BY DIMENSIONS HEALTHCARE SYSTEM STEMS

 FROM THE ORGANIZATION'S MISSION TO PROVIDE COMPASSIONATE CARE FOR

 ALL. BY PROVIDING THE BEST POSSIBLE CARE TO OUR MEDICARE PATIENTS, WE

 RELIEVE THE GOVERNMENT AND SURROUNDING OTHER HOSPITALS OF THE

 FINANCIAL BURDEN OF TREATING THESE PATIENTS INSURED BY THE MEDICARE

 PROGRAM. PART OF THE MISSION OF OUR ORGANIZATION IS TO SERVE ELDERLY

 PATIENTS WITHIN THE COMMUNITY, AND WE BELIEVE PROVIDING SUCH CARE HAS

 CONTRIBUTED TO THE IMPROVEMENT OF HEALTH OVERALL WITHIN THE

 COMMUNITY.

 COSTING METHODOLOGY

 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

Part VI Supplemental Information

Complete this part to provide the following information.

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- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
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- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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 HAS BEGUN, THE ORGANIZATION

WILL APPROVE THE PATIENT FOR CHARITY CARE. THE WRITE OFF (RANGING

FROM 50% - 100%) TO CHARITY CARE IS ACCORDING TO A SLIDING FEE SCALE

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

ATTEMPT MADE BY THE ORGANIZATION TO COLLECT.

PART V:

COMMUNITY BASED SERVICES TO RESIDENTS IN THE METROPOLITAN REGION. THE

SYSTEM OPERATES SEVERAL FACILITIES INCLUDING TWO ACUTE CARE

HOSPITALS.

ALL PHYSICIANS LICENSED IN THE STATE OF MARYLAND WHO MEET THE

Part VI Supplemental Information

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FACILITY BYLAW REQUIREMENTS ARE ELIGIBLE TO APPLY FOR PRIVILEGES.

APPROXIMATELY, 407 HOLD PRIVILEGES AT THE DIMENSIONS' LAUREL REGIONAL

HOSPITAL AND 537 HAVE PRIVILEGES AT THE PRINCE GEORGE'S HOSPITAL

CENTER.

NEEDS ASSESSMENT:

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

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

COLLABORATIVE EFFORT OF PGHC AND THE PRINCE GEORGES' COUNTY HEALTH

DEPARTMENT. THE DATA REFERENCED IN THE REPORT WAS ACQUIRED FROM U/S

CENSUS DATA AND FROM THE PUBLIC HEALTH QUICK STATS FOR PRINCE

GEORGES' COUNTY, MARYLAND AND THE MOST RECENT MARYLAND VITAL

STATISTICS REPORT. ADDITIONALLY, THERE WAS A HEALTHCARE ASSESSMENT

REPORT PREPARED BY THE RAND CORPORATION IN FEBRUARY 2009. THE MAIN

FINDINGS OF BOTH THE 2006 PG COUNTY HEALTH PROFILE SNAPSHOT REPORT

AND THE 2009 RAND REPORT IS THAT THERE ARE SIGNIFICANT HEALTH

DISPARITIES IN PRINCE GEORGES' COUNTY AND THAT THE COUNTY LACKS A

ROBUST HEALTH SAFETY NET. THE LARGEST COMMUNITY BENEFIT EXPENDITURE

IS THE MISSION-DRIVEN, NON-REIMBURSED SUBSIDIES PAID TO ITS

Part VI Supplemental Information

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PHYSICIANS TO GUARANTEE THE CONTINUATION OF THE PGHC SAFETY NET

MISSION.

LAUREL REGIONAL HOSPITAL IDENTIFIES HEALTH NEEDS THROUGH A NUMBER OF

COMMUNITY OUTREACH EFFORTS, WHICH YIELD FIRST HAND INFORMATION FROM

THE PATIENTS WE SERVICE. FOR EXAMPLE, IN MAY 2010, THE HOSPITAL

HOSTED A COMMUNITY HEALTH FAIR IN WHICH WE COLLABORATED WITH A

VARIETY OF HEALTH AND WELLNESS ORGANIZATIONS IN THE COMMUNITY TO

PROVIDE HEALTH SCREENINGS AND INFORMATION TO MEMBERS OF THE LOCAL

COMMUNITY AND BEYOND.

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:

DIMENSIONS HEALTHCARE SYSTEM PROVIDES COMPASSIONATE CARE FOR ALL,

REGARDLESS OF AN INDIVIDUAL'S ABILITY TO PAY. IT IS OUR MISSION TO

SERVE AS THE SAFETY NET FOR THE UNINSURED AND UNDERINSURED AND TO

HELP SAVE LIVES AND IMPROVE OUR PATIENTS' QUALITY OF LIVING.

DIMENSIONS HEALTHCARE SYSTEM THROUGH THE PROVISION OF DISCOUNTED OR

FREE HEALTH CARE SERVICES, DEPENDING UPON THE ESTABLISHED CRITERIA

SET OUT BELOW, PROVIDES FINANCIAL ASSISTANCE TO THOSE WHO NEED

Part VI Supplemental Information

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MEDICAL AND HEALTH CARE SERVICES BUT DO NOT HAVE THE RESOURCES TO PAY
 FOR THAT CARE. IT DOES SO BY PRESERVING THE DIGNITY OF THE INDIVIDUAL
 WHO NEEDS ASSISTANCE.

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

DIMENSIONS HEALTHCARE SYSTEM IS COMMITTED TO: COMMUNICATING THE
 ORGANIZATION'S MISSION TO THE PATIENT SO THEY CAN MORE FULLY AND
 FREELY PARTICIPATE IN PROVIDING THE NEEDED INFORMATION WITHOUT FEAR
 OF LOSING BASIC ASSETS AND INCOME; ASSESSING THE PATIENTS' CAPACITY
 TO PAY AND REACH PAYMENT ARRANGEMENTS THAT DO NOT JEOPARDIZE THE
 PATIENTS' HEALTH AND BASIC LIVING ARRANGEMENTS OR UNDERMINE THEIR
 CAPACITY FOR SELF-SUFFICIENCY; UPHOLDING AND HONORING PATIENTS'
 RIGHTS TO APPEAL DECISIONS AND SEEK RECONSIDERATION AND TO HAVE A
 SELF-SELECTED ADVOCATE TO ASSIST THE PATIENT THROUGHOUT THE PROCESS;
 AVOIDING SEEKING OR DEMANDING PAYMENT FROM OR SEIZING INCOME OR
 ASSETS FROM PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE; AND

Part VI Supplemental Information

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PROVIDING OPTIONS FOR PAYMENT ARRANGEMENTS, WITHOUT REQUIRING THAT

THE PATIENT SELECT HIGHER COST OPTIONS FOR REPAYMENT.

IN ORDER TO PROMOTE THE HEALTH AND WELL-BEING OF THE COMMUNITY

SERVED, INDIVIDUALS WITH LIMITED FINANCIAL RESOURCES WHO ARE UNABLE

TO ACCESS ENTITLEMENT PROGRAMS SHALL BE ELIGIBLE FOR FREE OR

DISCOUNTED HEALTH CARE SERVICES BASED ON ESTABLISHED CRITERIA.

ELIGIBILITY CRITERIA WILL BE BASED UPON THE FEDERAL POVERTY

GUIDELINES AND WILL BE UPDATED ANNUALLY IN CONJUNCTION WITH THE

PUBLISHED UPDATES BY THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN

SERVICES. ALL OPEN SELF-PAY BALANCES MAY BE CONSIDERED FOR FINANCIAL

ASSISTANCE. IF A DETERMINATION IS MADE THAT THE PATIENT 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 RE-EVALUATED

AT THE FOLLOWING TIMES:

" SUBSEQUENT RENDERING OF SERVICES,

" INCOME CHANGE,

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" 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 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

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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. IF A PRE-ADMISSION

INTERVIEW IS NOT POSSIBLE, THIS INTERVIEW SHOULD BE CONDUCTED UPON

ADMISSION OR AS SOON AS POSSIBLE THEREAFTER. IN THE CASE OF AN

EMERGENCY ADMISSION, THE HOSPITAL'S EVALUATION OF PAYMENT

ALTERNATIVES SHOULD NOT TAKE PLACE UNTIL THE REQUIRED MEDICAL CARE

HAS BEEN PROVIDED. AT THE TIME OF THE INITIAL INTERVIEW, THE

FOLLOWING INFORMATION SHOULD BE GATHERED:

A) ROUTINE AND COMPREHENSIVE DEMOGRAPHIC DATA.

B) COMPLETE INFORMATION REGARDING ALL EXISTING THIRD PARTY COVERAGE.

IDENTIFICATION OF POTENTIALLY ELIGIBLE PATIENTS CAN TAKE PLACE AT ANY

TIME DURING THE RENDERING OF SERVICES OR DURING THE COLLECTION

PROCESS. THOSE PATIENTS WHO MAY QUALIFY FOR FINANCIAL ASSISTANCE FROM

A GOVERNMENTAL PROGRAM SHOULD BE REFERRED TO THE APPROPRIATE PROGRAM,

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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.

THE DHS PATIENTS DO NOT RECEIVE A BILL DURING THIS PROCESS. ONCE THE

APPLICATION DETERMINATION HAS BEEN MADE, THEN PATIENTS WILL RECEIVE A

BILL. IF A PATIENT IS DEEMED INELIGIBLE, THE PATIENT IS CATEGORIZED

AS SELF PAY AND ASSESSED FOR POSSIBLE ELIGIBILITY THROUGH THE

FINANCIAL ASSISTANCE PROGRAM.

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COMMUNITY INFORMATION:

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

STATISTICS FROM THE AFF 2008 REPORT REVEALED THAT THE MEDIAN HOUSEHOLD INCOME FOR COUNTY RESIDENTS AS OF 2008 WAS \$71,242 (IN 2008 INFLATION-ADJUSTED DOLLARS). THIS IS ABOVE THE NATIONAL AVERAGE OF \$52,175. ALSO REPORTED IN THE AFF FIGURES IS THAT FOR THE PRINCE GEORGE'S POPULATION AGE 16 YEARS AND OVER, 73.7 % ARE IN THE LABOR FORCE THAT IS HIGHER THAN THE NATIONAL AVERAGE OF 65.2%. THE COUNTY POVERTY LEVEL SITS AT 7.4, WHICH IS BELOW THE NATIONAL AVERAGE OF 13.2%.

ADDITIONALLY, FOR THE AGE 25 AND OLDER POPULATION IN PRINCE GEORGE'S COUNTY, 86.2% OF THIS AGE GROUP ARE HIGH SCHOOL GRADUATES OR HIGHER AS OPPOSED TO 84.5 % OF THE GENERAL US POPULATION.

COMMUNITY BUILDING ACTIVITIES:

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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. DHC ALSO

PARTICIPATED IN THE NSP I GRANT. ONE OF THE PROVISIONS IN THIS GRANT

IS THE AVAILABILITY OF \$4,000 PER YEAR FOR UP TO 15 PRINCE GEORGE'S

COUNTY RESIDENTS WHO ARE ENROLLED IN AN ENTRY LEVEL NURSING PROGRAM.

IN TERMS OF COMMUNITY-BASED MENTORING DHC STAFF MEMBERS PARTICIPATE

ON A SMALL SCALE IN CAREER DAYS AT LOCAL COUNTY SCHOOLS.

ADDITIONALLY, DHC HAS ESTABLISHED COLLABORATIONS WITH SUCH

ORGANIZATIONS AS THE PRINCE GEORGES COUNTY (MARYLAND) HEALTH ACTION

FORUM AND THE PRINCE GEORGES COUNTY HEALTH DEPARTMENT. THE PURPOSE

OF THE COLLABORATIONS IS TO ASSIST MANAGEMENT IN THE DEVELOPMENT OF

RELATIONSHIPS AND A PLAN TO WORK WITH IDENTIFIED COMMUNITY-BASED

HEALTH SERVICES AND TO MAKE AN OPTIMAL RANGE OF SERVICES MORE WIDELY

AVAILABLE TO IMPROVE COMMUNITY HEALTH STATUS. TO DATE, THIS EFFORT

HAS FOCUSED ATTENTION ON COMMUNITY HEALTH NEEDS, PROVIDED IMPROVED

HEALTH INFORMATION, AND DHC IS CURRENTLY WORKING THE NATIONAL

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INSTITUTE OF HEALTH - NATIONAL LIBRARY OF MEDICINE TO IDENTIFY

SUSTAINABLE COMMUNITY HEALTH INFORMATION DELIVERY INITIATIVES. DHC

ALSO PROVIDED A NUMBER OF HEALTH FAIRS, HEALTH EMPLOYEE INTERNSHIPS,

AND OTHER PROGRAMS TO PROMOTE HEALTH IN THE SURROUNDING COMMUNITIES.

OTHER INFORMATION:

DIMENSIONS HEALTH IS COMPRISED OF AN 11 MEMBER BOARD. NONE ARE

EMPLOYED BY DIMENSIONS. MEMBERSHIP OF THE BOARD INCLUDES PEOPLE WHO

LIVE IN PRINCE GEORGES' COUNTY.

THE DIMENSIONS HEALTH SYSTEM PROVIDES A BROAD ARRAY OF INPATIENT AND

COMMUNITY BASED SERVICES TO RESIDENTS IN THE METROPOLITAN REGION.

THE 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.

APPROXIMATELY, 407 HOLD PRIVILEGES AT THE DIMENSIONS' LAUREL REGIONAL

HOSPITAL AND 537 HAVE PRIVILEGES AT THE PRINCE GEORGE'S HOSPITAL

CENTER. ALTHOUGH PGHC HAS ONE OF THE LARGEST POPULATIONS OF

UNINSURED PATIENTS IN THE STATE, WE BELIEVE THAT ALL PATIENTS SHOULD

RECEIVE THE HIGHEST LEVEL OF CARE REGARDLESS OF ECONOMIC STANDING.

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

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 OBVIOUS DILEMMA, WE PAY

PHYSICIANS TO COVER THEIR BAD DEBTS SO THE "GAP" EXISTS IN THE

HOSPITAL'S PROFITS BUT NOT IN PATIENT CARE. WE GET NO FUNDS FROM THE

REGULATED SYSTEM TO OFFSET THESE PHYSICIAN PAYMENTS BUT, IN LIGHT OF

PGHC'S SAFETY NET MISSION, WE WILL ALWAYS PUT THE PATIENTS FIRST.

AFFILIATED HEALTH CARE SYSTEM ROLES:

PRINCE GEORGE'S HOSPITAL CENTER , LAUREL REGIONAL HOSPITAL, GLADYS

SPELLMAN SPECIALTY HOSPITAL AND NURSING HOME, BOWIE HEALTH CENTER ARE

MEMBERS OF DIMENSIONS HEALTHCARE SYSTEM, THE LARGEST NOT-FOR-PROFIT

PROVIDER OF HEALTH CARE SERVICES IN PRINCE GEORGE'S COUNTY.

OUR GREATEST SERVICE TO THE COMMUNITY IS THAT THE FACILITIES ARE

PRIVATE NOT-FOR-PROFIT HOSPITALS WITH A TREMENDOUS PUBLIC MISSION.

THE SYSTEM'S OVERALL MISSION IS TO PROVIDE COMMUNITY BENEFIT IN THE

FORM OF SAFETY NET HEALTH SERVICES, THE LARGEST COMMUNITY BENEFIT

EXPENDITURE MADE IS THE MISSION-DRIVEN, NON-REIMBURSED SUBSIDIES PAID

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

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

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

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

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

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

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, 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) and 501(c)(4) organizations must complete lines 5-9.

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

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

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

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

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

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

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2009

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
NEIL MOORE	(i)	341,952.	0.	0.	16,600.	20,969.	379,521.	
	(ii)	0.	0.	0.	0.	0.	0.	
GT DUNLOP ECKER	(i)	490,740.	0.	0.	0.	17,676.	508,416.	
	(ii)	0.	0.	0.	0.	0.	0.	
JOHN O BRIEN	(i)	323,053.	0.	0.	22,000.	13,967.	359,020.	
	(ii)	0.	0.	0.	0.	0.	0.	
K SINGH TANEJA	(i)	262,975.	0.	0.	22,000.	12,329.	297,304.	
	(ii)	0.	0.	0.	0.	0.	0.	
STEWART SEITZ	(i)	176,321.	0.	0.	22,000.	9,307.	207,628.	
	(ii)	0.	0.	0.	0.	0.	0.	
DAVID GOLDMAN	(i)	265,754.	0.	0.	10,537.	20,161.	296,452.	
	(ii)	0.	0.	0.	0.	0.	0.	
SUHASINI DEVI	(i)	207,798.	0.	0.	20,974.	7,492.	236,264.	
	(ii)	0.	0.	0.	0.	0.	0.	
SHEILA JARRETT	(i)	199,482.	0.	0.	0.	12,878.	212,360.	
	(ii)	0.	0.	0.	0.	0.	0.	
SUSANA OLBES	(i)	190,388.	0.	0.	14,867.	10,132.	215,387.	
	(ii)	0.	0.	0.	0.	0.	0.	
MICHAEL JACOBS	(i)	189,900.	0.	0.	11,786.	14,384.	216,070.	
	(ii)	0.	0.	0.	0.	0.	0.	
MICHAEL CHANCE	(i)	188,467.	0.	0.	16,500.	15,578.	220,545.	
	(ii)	0.	0.	0.	0.	0.	0.	
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

DIMENSIONS HEALTH CORPORATION

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Employer identification number

52-1289729

ATTACHMENT 1

DESCRIPTION OF 990 REVIEW PROCESS

PART VI, LINE 11

THE 990 WORK PAPERS ARE REVIEWED BY CORPORATE FINANCE DEPARTMENT, WITH INPUT FROM OPERATIONS. ONCE THE RETURNS ARE COMPLETED AND READY FOR FILING, THE RETURNS ARE REVIEWED DURING THE BOARD MEETING AND SIGNED BY THE EXECUTIVE VICE PRESIDENT AND CHIEF FINANCIAL OFFICER.

CONFLICTS MONITORING AND ENFORCEMENT

PART VI, LINE 12

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

DETERMINATION OF COMPENSATION

PART VI, LINE 15

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

DOCUMENT AVAILABILITY

Name of the organization

DIMENSIONS HEALTH CORPORATION

Employer identification number

52-1289729

ATTACHMENT 1 (CONT'D)

PART VI, LINE 19

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

ATTACHMENT 2FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

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

ATTACHMENT 34A PROGRAM SERVICE

THE MAIN FUNCTION OF THE ORGANIZATION IS TO PROVIDE COMMUNITY
BENEFITS THROUGH PROGRAMS AND ACTIVITIES THAT IMPROVE ACCESS TO
HEALTH CARE AND IMPROVE THE OVERALL HEALTH OF THE COMMUNITIES WE
SERVE. OUR STATED IS MISSION IS TO PROVIDE HIGH QUALITY, EFFICIENT
HEALTHCARE SERVICES TO PRESERVE, RESTORE AND IMPROVE THE HEALTH
STATUS OF OUR COMMUNITY.

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

Name of the organization

DIMENSIONS HEALTH CORPORATION

Employer identification number

52-1289729

FORM 990, PART III - PROGRAM SERVICESATTACHMENT 3 (CONT'D)

THE ORGANIZATION OPERATES AN ACUTE CARE HOSPITAL SERVING THE COMMUNITIES LOCATED IN PRINCE GEORGE'S, ANNE ARUNDEL, HOWARD, AND MONTGOMERY COUNTIES WITH A POPULATION OF APPROXIMATELY 2,400,000. IN ACCORDANCE WITH OUR TAX-EXEMPT FUNCTION THE ORGANIZATION OPERATES AN EMERGENCY ROOM OPEN TO ALL PERSONS REGARDLESS OF ABILITY TO PAY THAT SERVED APPROXIMATELY 36,349 PATIENTS. ALL PHYSICIANS LICENSED IN THE STATE OF MARYLAND WHO MEET THE FACILITY BYLAW REQUIREMENTS ARE ELIGIBLE TO APPLY FOR PRIVILEGES. APPROXIMATELY, 407 HAVE PRIVILEGES AT LAUREL REGIONAL HOSPITAL (LRH). THE SYSTEM THAT OPERATES LRH 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 AGING, SUBSTANCE ABUSE, ACCESS TO SPECIALTY CARE, MATERNAL AND CHILD HEALTH ETC. THE ORGANIZATION'S STRATEGIES FOR ADDRESSING THESE ISSUES INCLUDES PROVIDING CLASSES, SEMINARS, SCREENING AND HEALTH SERVICES, DIABETES EDUCATION. MORE INFORMATION ABOUT THESE STRATEGIES IS AVAILABLE ON THE WEB SITE IDENTIFIED ABOVE.

DURING THE MOST RECENT REPORTING PERIOD THE ORGANIZATION PROVIDED

Name of the organization DIMENSIONS HEALTH CORPORATION	Employer identification number 52-1289729
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FORM 990, PART III - PROGRAM SERVICESATTACHMENT 3 (CONT'D)

A TOTAL OF \$4,548,077.01 IN CHARITY CARE TO THE COMMUNITY.

ADDITIONALLY, THE ORGANIZATION EXPENDED APPROXIMATELY

\$11,787,640.53

ON COMMUNITY BENEFIT PROGRAMS SUCH AS MISSION-DRIVEN HEALTH

SERVICES, EDUCATION AND OUTREACH, GRANTS AND SCHOLARSHIPS. THESE

ARE PROGRAMS AND ACTIVITIES BENEFITING THE COMMUNITIES WE SERVE.

THESE PROGRAMS AND ACTIVITIES INCLUDED SCREENINGS AND SPEAKERS WHO

ARE EDUCATED ON A WIDE RANGE OF TOPICS. THE HOSPITAL ALSO OFFERS

CPR, ACLS, AND SMOKING CESSATION CLASSES. LAUREL REGIONAL

HOSPITAL IS PROUD TO PARTNER WITH OUTREACH GROUPS SUCH AS

ALCOHOLICS ANONYMOUS, NARCOTICS ANONYMOUS, AND A PARKINSON'S

SUPPORT GROUP AND DIRECTLY AFFECTED APPROXIMATELY 2,222 PERSONS IN

THE COMMUNITY. FOR MORE DETAILED INFORMATION, PLEASE VISIT THE WEB

SITE IDENTIFIED ABOVE.

THE ORGANIZATION OPERATES AN ACUTE CARE HOSPITAL PROVIDING QUALITY

HEALTHCARE SERVICES TO THE SOUTHERN MARYLAND REGION SINCE 1944

WITH A POPULATION OF APPROXIMATELY 1,500,000. IN ACCORDANCE WITH

OUR TAX-EXEMPT FUNCTION THE ORGANIZATION OPERATES AN EMERGENCY

ROOM OPEN TO ALL PERSONS REGARDLESS OF ABILITY TO PAY THAT SERVED

APPROXIMATELY 48,145 PATIENTS. ALL PHYSICIANS LICENSED IN THE

STATE OF MARYLAND WHO MEET THE FACILITY BYLAW REQUIREMENTS ARE

ELIGIBLE TO APPLY FOR PRIVILEGES. APPROXIMATELY, 537 HAVE

PRIVILEGES AT THE PRINCE GEORGE'S HOSPITAL CENTER. THE SYSTEM

Name of the organization DIMENSIONS HEALTH CORPORATION	Employer identification number 52-1289729
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FORM 990, PART III - PROGRAM SERVICESATTACHMENT 3 (CONT'D)

THAT OPERATES PRINCE GEORGES HOSPITAL CENTER 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 AGING, SUBSTANCE ABUSE AND ACCESS TO SPECIALTY CARE, E.G. EMERGENCY AND TRAUMA SERVICES, MATERNAL AND CHILD HEALTH. THE ORGANIZATION'S STRATEGIES FOR ADDRESSING THESE ISSUES INCLUDES PROVIDING CLASSES, SEMINARS, SCREENING AND HEALTH SERVICES, DIABETES EDUCATION. MORE INFORMATION ABOUT THESE STRATEGIES IS AVAILABLE ON THE WEB SITE IDENTIFIED ABOVE.

DURING THE MOST RECENT REPORTING PERIOD THE ORGANIZATION PROVIDED A TOTAL OF \$14,096,983.73 IN CHARITY CARE TO THE COMMUNITY.

ADDITIONALLY, THE ORGANIZATION EXPENDED APPROXIMATELY \$32,228,580.10 TO COMMUNITY BENEFIT PROGRAMS SUCH AS EDUCATION AND OUTREACH, GRANTS AND SCHOLARSHIPS, AND MISSION DRIVEN HEALTH CARE SERVICES ON PROGRAMS AND ACTIVITIES BENEFITING THE COMMUNITIES WE SERVE. THESE PROGRAMS AND ACTIVITIES INCLUDED TRAUMA SERVICES, PREEMIE SUPPORT GROUP, SMOKING CESSATION PRESENTATIONS, PROVIDED FLU SHOTS TO THE PUBLIC, PROVIDE BLOOD PRESSURE SCREENINGS TO

Name of the organization DIMENSIONS HEALTH CORPORATION	Employer identification number 52-1289729
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FORM 990, PART III - PROGRAM SERVICESATTACHMENT 3 (CONT'D)

LOCAL CHURCHES, ETC. AND DIRECTLY AFFECTED APPROXIMATELY 6,669 PERSONS IN THE COMMUNITY. FOR MORE DETAILED INFORMATION, PLEASE VISIT THE WEB SITE IDENTIFIED ABOVE.

WITH A POPULATION OF APPROXIMATELY 1,500,000. IN ACCORDANCE WITH OUR TAX-EXEMPT FUNCTION THE ORGANIZATION OPERATES AN EMERGENCY ROOM OPEN TO ALL PERSONS REGARDLESS OF ABILITY TO PAY THAT SERVED APPROXIMATELY 48,145 PATIENTS. ALL PHYSICIANS LICENSED IN THE STATE OF MARYLAND WHO MEET THE FACILITY BYLAW REQUIREMENTS ARE ELIGIBLE TO APPLY FOR PRIVILEGES. APPROXIMATELY, 537 HAVE PRIVILEGES AT THE PRINCE GEORGE'S HOSPITAL CENTER. THE SYSTEM THAT OPERATES PRINCE GEORGES HOSPITAL CENTER 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 AGING, SUBSTANCE ABUSE AND ACCESS TO SPECIALTY CARE, E.G. EMERGENCY AND TRAUMA SERVICES, MATERNAL AND CHILD HEALTH. THE ORGANIZATION'S STRATEGIES FOR ADDRESSING THESE ISSUES INCLUDES PROVIDING CLASSES, SEMINARS, SCREENING AND HEALTH SERVICES, DIABETES EDUCATION. MORE INFORMATION ABOUT THESE

Name of the organization DIMENSIONS HEALTH CORPORATION	Employer identification number 52-1289729
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FORM 990, PART III - PROGRAM SERVICESATTACHMENT 3 (CONT'D)

STRATEGIES IS AVAILABLE ON THE WEB SITE IDENTIFIED ABOVE.

DURING THE MOST RECENT REPORTING PERIOD THE ORGANIZATION PROVIDED
A TOTAL OF \$14,096,983.73
IN CHARITY CARE TO THE COMMUNITY.

ADDITIONALLY, THE ORGANIZATION EXPENDED APPROXIMATELY
\$32,228,580.10 TO COMMUNITY BENEFIT PROGRAMS SUCH AS EDUCATION AND
OUTREACH, GRANTS AND SCHOLARSHIPS, AND MISSION DRIVEN HEALTH CARE
SERVICES ON PROGRAMS AND ACTIVITIES BENEFITING THE COMMUNITIES WE
SERVE. THESE PROGRAMS AND ACTIVITIES INCLUDED TRAUMA SERVICES,
PREEMIE SUPPORT GROUP, SMOKING CESSATION PRESENTATIONS, PROVIDED
FLU SHOTS TO THE PUBLIC, PROVIDE BLOOD PRESSURE SCREENINGS TO
LOCAL CHURCHES, ETC. AND DIRECTLY AFFECTED APPROXIMATELY 6,669
PERSONS IN THE COMMUNITY. FOR MORE DETAILED INFORMATION, PLEASE
VISIT THE WEB SITE IDENTIFIED ABOVE.

ATTACHMENT 44B PROGRAM SERVICE

HEALTHCARE SERVICES TO THE SOUTHERN MARYLAND REGION SINCE 1944
WITH A POPULATION OF APPROXIMATELY 1,500,000. IN ACCORDANCE WITH

Name of the organization

DIMENSIONS HEALTH CORPORATION

Employer identification number

52-1289729

FORM 990, PART III - PROGRAM SERVICESATTACHMENT 4 (CONT'D)

OUR TAX-EXEMPT FUNCTION THE ORGANIZATION OPERATES AN EMERGENCY ROOM OPEN TO ALL PERSONS REGARDLESS OF ABILITY TO PAY THAT SERVED APPROXIMATELY 48,145 PATIENTS. ALL PHYSICIANS LICENSED IN THE STATE OF MARYLAND WHO MEET THE FACILITY BYLAW REQUIREMENTS ARE ELIGIBLE TO APPLY FOR PRIVILEGES. APPROXIMATELY, 537 HAVE PRIVILEGES AT THE PRINCE GEORGE'S HOSPITAL CENTER. THE SYSTEM THAT OPERATES PRINCE GEORGES HOSPITAL CENTER 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 AGING, SUBSTANCE ABUSE AND ACCESS TO SPECIALTY CARE, E.G. EMERGENCY AND TRAUMA SERVICES, MATERNAL AND CHILD HEALTH. THE ORGANIZATION'S STRATEGIES FOR ADDRESSING THESE ISSUES INCLUDES PROVIDING CLASSES, SEMINARS, SCREENING AND HEALTH SERVICES, DIABETES EDUCATION. MORE INFORMATION ABOUT THESE STRATEGIES IS AVAILABLE ON THE WEB SITE IDENTIFIED ABOVE.

DURING THE MOST RECENT REPORTING PERIOD THE ORGANIZATION PROVIDED A TOTAL OF \$14,096,983.73

Name of the organization DIMENSIONS HEALTH CORPORATION	Employer identification number 52-1289729
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FORM 990, PART III - PROGRAM SERVICESATTACHMENT 4 (CONT'D)

IN CHARITY CARE TO THE COMMUNITY.

ADDITIONALLY, THE ORGANIZATION EXPENDED APPROXIMATELY \$32,228,580.10 TO COMMUNITY BENEFIT PROGRAMS SUCH AS EDUCATION AND OUTREACH, GRANTS AND SCHOLARSHIPS, AND MISSION DRIVEN HEALTH CARE SERVICES ON PROGRAMS AND ACTIVITIES BENEFITING THE COMMUNITIES WE SERVE. THESE PROGRAMS AND ACTIVITIES INCLUDED TRAUMA SERVICES, PREEMIE SUPPORT GROUP, SMOKING CESSATION PRESENTATIONS, PROVIDED FLU SHOTS TO THE PUBLIC, PROVIDE BLOOD PRESSURE SCREENINGS TO LOCAL CHURCHES, ETC. AND DIRECTLY AFFECTED APPROXIMATELY 6,669 PERSONS IN THE COMMUNITY. FOR MORE DETAILED INFORMATION, PLEASE VISIT THE WEB SITE IDENTIFIED ABOVE.

ATTACHMENT 5990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
PHOENIX HEALTH SYSTEMS 910 CLOPPER RD GAITHERSBURG, MD 20877	MIS SERVICES	4,564,236.
EMCARE OF MARYLAND LLC 7032 COLLECTION CTR DR CHICAGO, IL 60693	MEDICAL CONSULTANT	2,049,223.
SODEXHO INC P.O. BOX 536922	FOOD AND MAINT SERV	3,474,856.

Name of the organization DIMENSIONS HEALTH CORPORATION	Employer identification number 52-1289729
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ATTACHMENT 5 (CONT'D)990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
ATLANTA, GA 30353		
K FORCE PO BOX 277997 ATLANTA, GA 30301	BILLING	1,864,251.
BROADWAY SERVICES 3709 EAST MONUMENT STREET BALTIMORE, MD	SECURITY	1,556,146.
TOTAL COMPENSATION		<u>13,508,712.</u>

ATTACHMENT 6FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>(A) TOTAL REVENUE</u>	<u>(B) RELATED OR EXEMPT REVENUE</u>	<u>(C) UNRELATED BUSINESS REV.</u>	<u>(D) EXCLUDED REVENUE</u>
INVESTMENT INCOME	221,254.			221,254.
TOTALS	<u>221,254.</u>			<u>221,254.</u>

ATTACHMENT 7FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
GOLF TOURNAMENT	40,850.
TOTAL	<u>40,850.</u>

ATTACHMENT 8

Name of the organization

DIMENSIONS HEALTH CORPORATION

Employer identification number

52-1289729

ATTACHMENT 8 (CONT'D)FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
GOLF TOURNAMENT	52,250.	99,280.	-47,030.
TOTALS	<u>52,250.</u>	<u>99,280.</u>	<u>-47,030.</u>

ATTACHMENT 9FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
PREPAID EXPENSES	4,145,080.
TOTALS	<u>4,145,080.</u>

ATTACHMENT 10FORM 990, PART X - DEFERRED REVENUE

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
DEFERRED REVENUE	2,745,409.
TOTALS	<u>2,745,409.</u>

ATTACHMENT 11FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: MARYLAND HEALTH & HIGHER ED FACILITIES

BEGINNING BALANCE DUE	846,000.
TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	<u>846,000.</u>

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

DIMENSIONS HEALTH CORPORATION

Employer identification number

52-1289729

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

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

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

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

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

Schedule R (Form 990) 2009

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
AFFILIATED ENTERPRISES 52-1542144 7300 DUSEN RD LAUREL, MD 20707	HEALTHCARE	MD	DHC	C CORP	112,392.	4,386,059.	100.0000
DIMENSIONS ASSURANCE 98-0348082 PO BOX 1363 GENESIS BUILDING GEORGE TOWN, GRAND CAYMAN		CJ	DHC	FOREIGN	3,927,716.	39,499,567.	100.0000
MADISON MANOR 52-1269059 7300 VAN DUSEN RD LAUREL, MD 20707	HEALTHCARE	MD	DHC	C CORP	145,036.	2,284,987.	25.0000

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

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

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

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1) DIMENSIONS ASSURANCE LTD	N	5,348,500.
(2) DIMENSIONS HEALTHCARE ASSOCIATES	N	13,492,129.
(3)		
(4)		
(5)		
(6)		

RENT AND ROYALTY SUMMARY

<u>PROPERTY</u>	<u>TOTAL INCOME</u>	<u>DEPLETION/ DEPRECIATION</u>	<u>OTHER EXPENSES</u>	<u>ALLOWABLE NET INCOME</u>
RENTAL PROPERTY	674,371.			674,371.
TOTALS	<u>674,371.</u>			<u>674,371.</u>

**SCHEDULE D
(Form 1041)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ **Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).**

OMB No. 1545-0092

2009

Name of estate or trust

DIMENSIONS HEALTH CORPORATION

Employer identification number

52-1289729

Note: Form 5227 filers need to complete *only* Parts I and II.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property <small>(Example: 100 shares 7% preferred of "Z" Co.)</small>	(b) Date acquired <small>(mo., day, yr.)</small>	(c) Date sold <small>(mo., day, yr.)</small>	(d) Sales price	(e) Cost or other basis <small>(see page 4 of the instructions)</small>	(f) Gain or (loss) for the entire year <small>Subtract (e) from (d)</small>
1a					

b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b	1b	9,295.
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	2	
3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	3	
4 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2008 Capital Loss Carryover Worksheet	4	()
5 Net short-term gain or (loss). Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back ▶	5	9,295.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property <small>(Example: 100 shares 7% preferred of "Z" Co.)</small>	(b) Date acquired <small>(mo., day, yr.)</small>	(c) Date sold <small>(mo., day, yr.)</small>	(d) Sales price	(e) Cost or other basis <small>(see page 4 of the instructions)</small>	(f) Gain or (loss) for the entire year <small>Subtract (e) from (d)</small>
6a					

b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b	6b	
7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	7	
8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	8	
9 Capital gain distributions	9	
10 Gain from Form 4797, Part I	10	
11 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2008 Capital Loss Carryover Worksheet	11	()
12 Net long-term gain or (loss). Combine lines 6a through 11 in column (f). Enter here and on line 14a, column (3) on the back ▶	12	

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2009

Part III Summary of Parts I and II		(1) Beneficiaries' (see page 5)	(2) Estate's or trust's	(3) Total
Caution: Read the instructions before completing this part.				
13	Net short-term gain or (loss)	13		9,295.
14	Net long-term gain or (loss):			
a	Total for year	14a		
b	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	14b		
c	28% rate gain	14c		
15	Total net gain or (loss). Combine lines 13 and 14a	15		9,295.

Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

Part IV Capital Loss Limitation		16
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of: a The loss on line 15, column (3) or b \$3,000	()

Note: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** on page 7 of the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

Caution: Skip this part and complete the worksheet on page 8 of the instructions if:

- Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.

Form 990-T trusts. Complete this part **only** if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 8 of the instructions if either line 14b, col. (2) or line 14c, col. (2) is more than zero.

17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	17		
18	Enter the smaller of line 14a or 15 in column (2) but not less than zero	18		
19	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	19		
20	Add lines 18 and 19	20		
21	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0-	21		
22	Subtract line 21 from line 20. If zero or less, enter -0-	22		
23	Subtract line 22 from line 17. If zero or less, enter -0-	23		
24	Enter the smaller of the amount on line 17 or \$2,300	24		
25	Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> Yes. Skip lines 25 and 26; go to line 27 and check the "No" box. <input type="checkbox"/> No. Enter the amount from line 23	25		
26	Subtract line 25 from line 24	26		
27	Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> Yes. Skip lines 27 thru 30; go to line 31. <input type="checkbox"/> No. Enter the smaller of line 17 or line 22	27		
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)	28		
29	Subtract line 28 from line 27	29		
30	Multiply line 29 by 15% (.15)	30		
31	Figure the tax on the amount on line 23. Use the 2009 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)	31		
32	Add lines 30 and 31	32		
33	Figure the tax on the amount on line 17. Use the 2009 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)	33		
34	Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36)	34		

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

For calendar year 2009 or other tax year beginning 07/01, 2009, and ending 06/30, 2010. See separate instructions.

2009

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

A Check box if address changed

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

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

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

Print or Type

DIMENSIONS HEALTH CORPORATION
 Number, street, and room or suite no. If a P.O. box, see page 8 of instructions.
 7300 VAN DUSEN ROAD
 City or town, state, and ZIP code
 LAUREL, MD 20707

52-1289729

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

C Book value of all assets at end of year
 235,174,785.

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

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

H Describe the organization's primary unrelated business activity.

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

J The books are in care of **NEIL MOORE** Telephone number **301-618-2109**

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

Part II Deductions Not Taken Elsewhere (See page 11 of the instructions for limitations on deductions.)
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14		
15	Salaries and wages	15		
16	Repairs and maintenance	16		
17	Bad debts	17		
18	Interest (attach schedule)	18		
19	Taxes and licenses	19		
20	Charitable contributions (See page 13 of the instructions for limitation rules.)	20		
21	Depreciation (attach Form 4562)	21	0.	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		0.
23	Depletion	23		
24	Contributions to deferred compensation plans	24		
25	Employee benefit programs	25		
26	Excess exempt expenses (Schedule I)	26		
27	Excess readership costs (Schedule J)	27		
28	Other deductions (attach schedule)	28		
29	Total deductions. Add lines 14 through 28	29		0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		0.
31	Net operating loss deduction (limited to the amount on line 30)	31		
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32		0.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	33		
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32.	34		0.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation on page 15. Controlled group members (sections 1561 and 1563) check here See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ (2) \$ (3) \$ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ (2) Additional 3% tax (not more than \$100,000) \$ c Income tax on the amount on line 34 35c 0. 36 Trusts Taxable at Trust Rates. See instructions for tax computation on page 16. Income tax on the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041) 36 37 Proxy tax. See page 16 of the instructions 37 38 Alternative minimum tax 38 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies. 39 0.

Part IV Tax and Payments

40 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a b Other credits (see page 16 of the instructions) 40b c General business credit. Attach Form 3800. 40c d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d e Total credits. Add lines 40a through 40d 40e 41 Subtract line 40e from line 39. 41 0. 42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule). 42 43 Total tax. Add lines 41 and 42 43 0. 44 a Payments: A 2008 overpayment credited to 2009 44a b 2009 estimated tax payments 44b c Tax deposited with Form 8868 44c d Foreign organizations: Tax paid or withheld at source (see instructions) 44d e Backup withholding (see instructions) 44e f Other credits and payments: Form 2439 Form 4136 Other Total 44f 45 Total payments. Add lines 44a through 44f 45 46 Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached 46 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 47 0. 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 48 0. 49 Enter the amount of line 48 you want: Credited to 2010 estimated tax Refunded 49 0.

Part V Statements Regarding Certain Activities and Other Information (see instructions on page 17)

1 At any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here Yes No X 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file. Yes No X 3 Enter the amount of tax-exempt interest received or accrued during the tax year \$

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

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

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

Sign Here Signature of officer Date Title May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No

Paid Preparer's Use Only Preparer's signature Date 05/16/2011 Check if self-employed Preparer's SSN or PTIN P01074058 Firm's name (or yours if self-employed), address, and ZIP code COHEN, RUTHERFORD + KNIGHT, PC 6903 ROCKLEDGE DRIVE, SUITE 500 BETHESDA, MD 20817-1800 EIN 52-1202280 Phone no. 301-828-1008

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

(see instructions on page 18)

1. Description of property

Table with 1 column for description of property, rows (1) through (4).

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3(a) Deductions directly connected with the income. Rows (1) through (4) and a Total row.

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

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

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

Table with 5 columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3. Deductions directly connected with or allocable to debt-financed property (a) Straight line depreciation, (b) Other deductions, 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions. Includes a Totals row.

Total dividends-received deductions included in column 8

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

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income, 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. Includes a Totals row.

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable Income, 8. Net unrelated income, 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. Includes a Totals row.

Totals

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions on page 20)

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

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

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

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

Part I Income From Periodicals Reported on a Consolidated Basis

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

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

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

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 21)

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