Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning JUL 1 , 2013, and ending JUN 30 ,20 14

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

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

OMB No. 1545-1878

2013

Name of exempt organization

DIMENSIONS HEALTH CORPORATION

Employer identification number

52-1289729

Name and title of officer

LISA GOODLETT
CEO

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

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

1a Form 990 check here ▶ [X]	**b** **Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	417,302,523.
2a Form 990-EZ check here ▶ [ ]	**b** **Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a Form 1120-POL check here ▶ [ ]	**b** **Total tax** (Form 1120-POL, line 22)	**3b**	
4a Form 990-PF check here ▶ [ ]	**b** **Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**	
5a Form 8868 check here ▶ [ ]	**b** **Balance Due** (Form 8868, Part I, line 3c or Part II, line 8c)	**5b**	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize DIXON HUGHES GOODMAN LLP to enter my PIN 22102

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ 11/06/14

Part III Certification and Authentication

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

54922222102

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 05/13/15

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

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ **Do not enter Social Security numbers on this form as it may be made public.**

▶ **Information about Form 990 and its instructions is at** *www.irs.gov/form990*

OMB No. 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning JUL 1, 2013 **and ending** JUN 30, 2014

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termin-ated
- ☐ Amended return
- ☐ Applica-tion pending

C Name of organization
DIMENSIONS HEALTH CORPORATION

Doing Business As

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

City or town, state or province, country, and ZIP or foreign postal code
LAUREL, MD 20707

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

D Employer identification number
52-1289729

E Telephone number
240-456-2245

G Gross receipts $ 417,383,874.

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.DIMENSIONSHEALTH.COM

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1982 **M** State of legal domicile: MD

Part I Summary

Activities & Governance

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	2891
6	Total number of volunteers (estimate if necessary)	6	212
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	32,307,979.	32,123,725.
9	Program service revenue (Part VIII, line 2g)	320,893,908.	335,257,061.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	505,411.	25,256.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,449,732.	49,896,481.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	359,157,030.	417,302,523.
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	18,014.	0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	206,765,320.	207,585,550.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	135,340,130.	144,090,292.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	342,123,464.	351,675,842.
19	Revenue less expenses. Subtract line 18 from line 12	17,033,566.	65,626,681.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	232,163,417.	181,349,107.
21	Total liabilities (Part X, line 26)	239,808,547.	128,281,428.
22	Net assets or fund balances. Subtract line 21 from line 20	-7,645,130.	53,067,679.

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

▶ NEIL MOORE, CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
AARON COHEN		05/13/15	☐	P01782580

Firm's name ▶ DIXON HUGHES GOODMAN LLP — Firm's EIN ▶ 56-0747981

Firm's address ▶ 111 ROCKVILLE PIKE, 6TH FLOOR
ROCKVILLE, MD 20850 — Phone no. 240-403-3700

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 316,766,205. including grants of $) (Revenue $ 335,257,061.)
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 WITH OUR RELATED ORGANIZATIONS, WHICH ARE LISTED IN PART VI. WHILE WE HAVE ATTEMPTED TO SUMMARIZE OUR PROGRAM SERVICE ACCOMPLISHMENTS BELOW, WE URGE THOSE INTERESTED TO ACCESS MORE DETAILED AND COMPLETE INFORMATION AT WWW.DIMENSIONSHEALTH.ORG.

THE ORGANIZATION OPERATES LAUREL REGIONAL HOSPITAL (LRH), WHICH SERVES

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

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

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

4e Total program service expenses ▶ 316,766,205.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	X	

Part IV Checklist of Required Schedules *(continued)*

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

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

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	489		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2891		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X	
b	If "Yes," enter the name of the foreign country: ▶ CAYMAN ISLANDS See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain in Schedule O)*

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

LISA GOODLETT - 301-618-2109

7300 VAN DUSEN ROAD, LAUREL, MD 20707

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS HENDERSHOTT	1.00									
DIRECTOR	1.00	X						0.	0.	0.
(2) FRANCIS R COSTA, JR.	1.00									
DIRECTOR	0.00	X						0.	0.	0.
(3) BARBARA FRUSH	1.00									
SECRETARY	0.00	X						0.	0.	0.
(4) SAID DAEE	1.00									
DIRECTOR	0.00	X						0.	0.	0.
(5) C PHILIPS NICHOLS JR	1.00									
CHAIRMAN OF THE BOARD	0.00	X						0.	0.	0.
(6) BENJAMIN STALLINGS MD	1.00									
TREASURER	0.00	X						0.	0.	0.
(7) TRISTAN J ORELLANO	1.00									
DIRECTOR	0.00	X						0.	0.	0.
(8) TAWANA GAINES	1.00									
VICE CHAIR	0.00	X						0.	0.	0.
(9) ANDREA HARRISON	1.00									
DIRECTOR	0.00	X						0.	0.	0.
(10) BRADFORD SEAMON	1.00									
DIRECTOR	0.00	X						0.	0.	0.
(11) FREDERICK SMALLS	1.00									
DIRECTOR	0.00	X						0.	0.	0.
(12) NEIL MOORE	39.00									
CEO/CFO	1.00			X				573,765.	0.	19,596.
(13) JOHN O'BRIEN III	39.00									
PRES-PGHC/COO	1.00			X				308,524.	0.	22,306.
(14) KANWALJIT SINGH TANEJA	39.00									
COO	1.00			X				273,435.	0.	20,886.
(15) JOHN SPEARMAN	40.00									
PRESIDENT & COO/LRH	0.00			X				306,432.	0.	20,465.
(16) GITA K SHAH	39.00									
CO & PO/WOMEN HEALTH	1.00				X			286,059.	0.	10,178.
(17) DAVID GOLDMAN	39.00									
VICE PRESIDENT QUALITY	1.00				X			254,171.	0.	30,962.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) TRUDY HALL	40.00									
VP, MEDICAL AFFAIRS	0.00				X			259,652.	0.	17,083.
(19) CARL JEAN-BAPTISTE	40.00									
GENERAL COUNSEL	0.00				X			275,571.	0.	3,310.
(20) CARNELL COOPER	40.00									
VP/MED AFFAIRS/CMO	0.00				X			366,246.	0.	4,772.
(21) RUBY O ANDERSON	40.00									
CNO	0.00					X		192,123.	0.	26,204.
(22) JYOTI DHAROD	40.00									
PERFUSIONIST	0.00					X		202,805.	0.	7,164.
(23) SHEILA JARRETT	24.00									
RN	0.00					X		199,380.	0.	23,904.
(24) MICHAEL JACOBS	20.00									
PRESIDENT DHA	20.00					X		188,262.	0.	26,652.
(25) SUSAN B OLBES	24.00									
RN	0.00					X		188,658.	0.	16,083.
1b Sub-total ▶								3,875,083.	0.	249,565.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								3,875,083.	0.	249,565.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 232

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MARYLAND EMERGENCY MED NETWORK, 6TH FLOOR SUITE 200 110 SOUTH PACA ST , BALTIMORE,	PATIENT CARE	2,321,906.
ANESTHESIA ASSOCIATE OF LAUREL 110 PINE GROVE COMMONS, YORK, PA 17403	PATIENT CARE	2,133,000.
ALLIANT STAFFING, 7201 WISCONSIN AVENUE SUITE 705, BETHESDA, MD 20814	STAFFING	1,795,189.
HOSPITALIST MEDECINE PHYSICIAN OF MD PO BOX 645037, CINCINNATI, OH 45264	PATIENT CARE	1,622,812.
UNIVERSITY OF MARYLAND ORTHOAPEDIC, 22 S. GREENE STREET SUITE S11B, BALTIMORE, MD	PATIENT CARE	1,431,309.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 31

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	57,568.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	30,078,796.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,987,361.			
	g Noncash contributions included in lines 1a-1f: $					
	h **Total.** Add lines 1a-1f		32,123,725.			
Program Service Revenue		**Business Code**				
	2a NET PATIENT REVENUE		333,291,058.	333,291,058.		
	b CAFETERIA/MEAL SERVICE/ VENDING		1,012,994.	1,012,994.		
	c TRAUMA FEES		618,957.	618,957.		
	d PARKING		334,052.	334,052.		
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f		335,257,061.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		25,796.			25,796.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real / (ii) Personal				
	6a Gross rents	662,141.				
	b Less: rental expenses	0.				
	c Rental income or (loss)	662,141.				
	d Net rental income or (loss)		662,141.			662,141.
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses	540.				
	c Gain or (loss)	-540.				
	d Net gain or (loss)		-540.			-540.
	8a Gross income from fundraising events (not including $ 57,568. of contributions reported on line 1c). See Part IV, line 18	a 44,729.				
	b Less: direct expenses	b 80,811.				
	c Net income or (loss) from fundraising events		-36,082.			-36,082.
	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					
	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					
	Miscellaneous Revenue	**Business Code**				
	11a GAIN/LOSS ON EXTINGUISHMEN OF DEB		43,622,417.			43,622,417.
	b OTHER		5,648,005.	5,648,005.		
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d		49,270,422.			
	12 **Total revenue.** See instructions.		417,302,523.	340,905,066.	0.	44,273,732.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,528,409.		1,528,409.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	162,776,879.	152,146,697.	10,630,182.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,370,598.	11,455,174.	915,424.	
9 Other employee benefits	21,109,849.	19,547,720.	1,562,129.	
10 Payroll taxes	9,799,815.	9,074,629.	725,186.	
11 Fees for services (non-employees):				
a Management	858,749.		858,749.	
b Legal	748,552.		748,552.	
c Accounting	12,650.		12,650.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	23,206,705.	22,007,271.	1,199,434.	
12 Advertising and promotion	205,890.	127,652.	78,238.	
13 Office expenses	506,113.	406,274.	99,839.	
14 Information technology	292,703.	29,270.	263,433.	
15 Royalties				
16 Occupancy	5,531,268.	5,365,330.	165,938.	
17 Travel	229,431.	130,776.	98,655.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,310,338.	1,192,408.	117,930.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,621,202.	10,223,174.	2,398,028.	
23 Insurance	7,125,890.	6,469,447.	656,443.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	50,441,041.	49,936,631.	504,410.	
b PURCHASED SERVICE	27,929,630.	19,287,076.	8,642,554.	
c REPAIRS AND MAINTENANCE	5,221,998.	3,603,179.	1,618,819.	
d CONTRACT SERVICES	2,531,358.	1,746,637.	784,721.	
e All other expenses	5,316,774.	4,016,860.	1,299,914.	
25 **Total functional expenses.** Add lines 1 through 24e	351,675,842.	316,766,205.	34,909,637.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	41,375,362.	1	26,003,783.
	2	Savings and temporary cash investments	4,091,285.	2	4,099,630.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	37,918,534.	4	48,262,450.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	5,444,819.	8	6,299,869.
	9	Prepaid expenses and deferred charges	4,378,409.	9	4,519,393.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 275,041,602.			
	b	Less: accumulated depreciation — 10b: 211,085,105.	66,481,338.	10c	63,956,497.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	11,315,233.	12	
	13	Investments - program-related. See Part IV, line 11	6,615,151.	13	6,516,425.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	54,543,286.	15	21,691,060.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	232,163,417.	16	181,349,107.
Liabilities	17	Accounts payable and accrued expenses	63,664,074.	17	47,299,383.
	18	Grants payable		18	
	19	Deferred revenue	600,000.	19	600,000.
	20	Tax-exempt bond liabilities	52,635,912.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	122,908,561.	25	80,382,045.
	26	**Total liabilities.** Add lines 17 through 25	239,808,547.	26	128,281,428.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	-11,334,237.	27	49,167,454.
	28	Temporarily restricted net assets	3,689,107.	28	3,900,225.
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	-7,645,130.	33	53,067,679.
	34	Total liabilities and net assets/fund balances	232,163,417.	34	181,349,107.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	417,302,523.
2	Total expenses (must equal Part IX, column (A), line 25)	2	351,675,842.
3	Revenue less expenses. Subtract line 2 from line 1	3	65,626,681.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-7,645,130.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-4,913,872.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	53,067,679.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047

2013

Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

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

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) ..... 14 %

15 Public support percentage from 2012 Schedule A, Part II, line 14 ..... 15 %

16a **33 1/3% support test - 2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☐

b **33 1/3% support test - 2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☐

17a **10% -facts-and-circumstances test - 2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

b **10% -facts-and-circumstances test - 2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ..... ▶ ☐

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2013.** 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 - 2012.** 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2013

Name of the organization	Employer identification number
DIMENSIONS HEALTH CORPORATION	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 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total 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 total 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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	STATE OF MD DEPT HUMAN SERVICES 311 W SARATOGA ST BALTIMORE, MD 21201	$ 15,209,114.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	PRINCE GEORGES COUNTY GOVT 14741 GOVERNOR ODEN BOWIE DR UPPER MARLBORO, MD 20772	$ 14,812,682.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	MAGRUDER MEMEORIAL HOSPITAL TRUST PO BOX 658 UPPER MARLBORO, MD 20772	$ 1,042,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	DEPARTMENT OF HEALTH & MENTAL HYGIENE 201 W PRESTON ST BALTIMORE, MD 21201	$ 57,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	GEORGETOWN UNIVERSITY 3700 O ST NW WASHINGTON, DC 20057	$ 12,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6	MARYLAND HOSPITAL ASSOCIATION, INC 6820 DEERPATH ROAD ELKRIDGE, MD 21075	$ 160,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ROSS HEALTH SCIENCES, INC. 630 ROUTE 1 SUITE 300 NORTH BRUNSWICK, NJ 08902	$ 821,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: DIMENSIONS HEALTH CORPORATION

Employer identification number: 52-1289729

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

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

Name of organization

DIMENSIONS HEALTH CORPORATION

Employer identification number

52-1289729

Part III *Exclusively* **religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than $1,000 for the year.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once.) ▶ $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization
DIMENSIONS HEALTH CORPORATION

Employer identification number
52-1289729

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

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

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table:

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

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

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		743,311.		743,311.
b Buildings		66,497,395.	39,132,743.	27,364,652.
c Leasehold improvements		35,404,574.	33,894,775.	1,509,799.
d Equipment		168,955,221.	138,057,587.	30,897,634.
e Other		3,441,101.		3,441,101.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				63,956,497.

Schedule D (Form 990) 2013

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	14,594,649.
(2) NON-CURRENT ACCOUNTS RECEIVABL	4,128,168.
(3) DEFERRED FINANCING COSTS	27,417.
(4) OTHER ACCOUNTS RECEIVABLE	1,108,163.
(5) DEPOSITS	1,832,663.
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	21,691,060.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ADVANCES FROM THIRD PARTIES	13,925,474.
(3) CAPITAL LEASE OBLIGATIONS	3,058,244.
(4) ACCRUED EMPLOYEE BENEFIT LIAB	63,387,105.
(5) OTHER PAYABLE	11,222.
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	80,382,045.

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

Schedule D (Form 990) 2013

332053
09-25-13

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

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

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 XIII.)	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 XIII.)	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 XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

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 XIII.)	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 XIII.)	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 XIII Supplemental Information.

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

PART X, LINE 2:

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

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

Part XIII Supplemental Information *(continued)*

AND STATE LEVELS ON THEIR UNRELATED BUSINESS INCOME. EXEMPTION FROM OTHER STATE TAXES, SUCH AS REAL AND PERSONAL PROPERTY TAX, IS SEPARATELY DETERMINED. FOR 2014 AND 2013, MANAGEMENT HAS DETERMINED THAT IT DID NOT HAVE ANY INCOME TAX LIABILITY.

ALTHOUGH EXEMPT FROM FEDERAL AND STATE INCOME TAXES, THE CORPORATION IS REQUIRED TO FILE AN ANNUAL FEDERAL INFORMATION RETURN ON FORM 990. IN ADDITION, TO THE EXTENT THAT THE CORPORATION HAS GROSS INCOME FROM BUSINESS ACTIVITIES UNRELATED TO ITS EXEMPT PURPOSE IN EXCESS OF $1,000 FOR ANY TAX YEAR, IT MUST ALSO FILE A FORM 990-T TAX RETURN. GENERALLY, FEDERAL AND STATE TAXING AUTHORITIES MUST PROPOSE ANY TAXABLE ADJUSTMENTS WITHIN THREE YEARS FROM THE DUE DATE OF THE 990-T OR THE ACTUAL FILING DATE, WHICHEVER IS LATER, UNLESS UNRELATED BUSINESS GROSS INCOME IS UNDER REPORTED BY 25% OR MORE, IN WHICH CASE THE RELEVANT TIME PERIOD IS SIX YEARS. NO STATUTE OF LIMITATIONS APPLIES FOR YEARS FOR WHICH NO 990-T HAS BEEN FILED. THE CORPORATION IS NOT CURRENTLY UNDER AUDIT BY ANY TAXING AUTHORITY AND HAS NOT BEEN NOTIFIED OF ANY IMPENDING AUDIT.

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

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**

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

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

DIMENSIONS HEALTH CORPORATION

Employer identification number

52-1289729

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in region	**(d)** Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in region	**(f)** Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENT		13,151,741.
3 a Sub-total	0	0			13,151,741.
b Total from continuation sheets to Part I	0	0			0.
c **Totals** (add lines 3a and 3b)	0	0			13,151,741.

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

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

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

3 Enter total number of other organizations or entities ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	[X] Yes	[ ] No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*	[ ] Yes	[X] No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)*	[X] Yes	[ ] No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*	[X] Yes	[ ] No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)*	[ ] Yes	[X] No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)*	[ ] Yes	[X] No

Part V **Supplemental Information**

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

PART I, LINE 3

EXPLANATION: THE AMOUNT INDICATED AS FOREIGN INVESTMENTS IN PART I WAS DIMENSIONS HEALTH CORPORATION'S EQUITY OWNERSHIP INTEREST IN DIMENSIONS ASSURANCE COMPANY, LTD ("DAL"), A CAYMAN ISLAND CORPORATION. DAL IS A WHOLLY-OWNED SUBSIDIARY OF DIMENSIONS HEALTH CORPORATION THAT PROVIDES DIRECT COVERAGE FOR PROFESSIONAL, MALPRACTICE, AND COMPREHENSIVE GENERAL LIABILITY FOR DIMENSIONS HEALTH CORPORATION AND ITS ASSOCIATED HEALTH CARE FACILITIES. AS OF THE END OF THE 2013 TAX YEAR, THE VALUE OF DIMENSIONS HEALTH CORPORATION'S EQUITY OWNERSHIP IN DAL WAS $13,151,741.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

▶ **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at** *www.irs.gov/form990*

OMB No. 1545-0047

2013

Open To Public Inspection

Name of the organization
DIMENSIONS HEALTH CORPORATION

Employer identification number
52-1289729

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

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

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

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

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

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

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

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

		(a) Event #1 GOLF TOURN (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	102,297.			102,297.
	2 Less: Contributions	57,568.			57,568.
	3 Gross income (line 1 minus line 2)	44,729.			44,729.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	611.			611.
	6 Rent/facility costs				
	7 Food and beverages	22,654.			22,654.
	8 Entertainment				
	9 Other direct expenses	57,546.			57,546.
	10 Direct expense summary. Add lines 4 through 9 in column (d)			▶	80,811.
	11 Net income summary. Subtract line 10 from line 3, column (d)			▶	-36,082.

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. Subtract line 7 from line 1, column (d)			▶	

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

13 Indicate the percentage of gaming activity operated in:

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

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $ _____

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

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

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization
DIMENSIONS HEALTH CORPORATION

Employer identification number
52-1289729

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			15,457,409.		15,457,409.	4.40%
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			15,457,409.		15,457,409.	4.40%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		600	127,207.		127,207.	.04%
f Health professions education (from Worksheet 5)			1,147,883.		1,147,883.	.33%
g Subsidized health services (from Worksheet 6)		35,142	32,114,648.	5,119,062.	26,995,586.	7.68%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			130,000.		130,000.	.04%
j **Total.** Other Benefits		35,742	33,519,738.	5,119,062.	28,400,676.	8.09%
k **Total.** Add lines 7d and 7j		35,742	48,977,147.	5,119,062.	43,858,085.	12.49%

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		X
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2 21,725,112.		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	102,505,804.
6	Enter Medicare allowable costs of care relating to payments on line 5	6	89,642,719.
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	12,863,085.
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: ☐ Cost accounting system ☐ Cost to charge ratio ☒ Other		

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(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 %

Part V Facility Information

Section A. Hospital Facilities

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

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

Name, address, primary website address, and state license number	Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 PRINCE GEORGES HOSPITAL CENTER 3001 HOSPITAL DR CHEVERLY, MD 20707	X	X					X			
2 LAUREL REGIONAL HOSPITAL 7300 VAN DUSEN RD LAUREL, MD 20707	X	X					X			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

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

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	1	X	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	[X] A definition of the community served by the hospital facility			
b	[X] Demographics of the community			
c	[X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	[X] How data was obtained			
e	[X] The health needs of the community			
f	[X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	[X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	[X] The process for consulting with persons representing the community's interests			
i	[X] Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	[ ] Other (describe in Section C)			
2	Indicate the tax year the hospital facility last conducted a CHNA: 20 12			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	X	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	4		X
5	Did the hospital facility make its CHNA report widely available to the public?	5	X	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	[X] Hospital facility's website (list url): WWW.DIMENSIONSHEALTH.ORG			
b	[ ] Other website (list url):			
c	[ ] Available upon request from the hospital facility			
d	[ ] Other (describe in Section C)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year):			
a	[X] Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	[X] Execution of the implementation strategy			
c	[X] Participation in the development of a community-wide plan			
d	[X] Participation in the execution of a community-wide plan			
e	[X] Inclusion of a community benefit section in operational plans			
f	[ ] Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	[X] Prioritization of health needs in its community			
h	[X] Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	[ ] Other (describe in Section C)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs	7		X
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a		X
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

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

			Yes	No
Financial Assistance Policy				
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	10	X	
	If "Yes," indicate the FPG family income limit for eligibility for free care: 200 %			
	If "No," explain in Section C the criteria the hospital facility used.			
11	Used FPG to determine eligibility for providing *discounted* care?	11	X	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care: 500 %			
	If "No," explain in Section C the criteria the hospital facility used.			
12	Explained the basis for calculating amounts charged to patients?	12	X	
	If "Yes," indicate the factors used in determining such amounts (check all that apply):			
a	[X] Income level			
b	[X] Asset level			
c	[X] Medical indigency			
d	[X] Insurance status			
e	[ ] Uninsured discount			
f	[ ] Medicaid/Medicare			
g	[X] State regulation			
h	[ ] Residency			
i	[X] Other (describe in Section C)			
13	Explained the method for applying for financial assistance?	13	X	
14	Included measures to publicize the policy within the community served by the hospital facility?	14	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The policy was posted on the hospital facility's website			
b	[ ] The policy was attached to billing invoices			
c	[X] The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d	[X] The policy was posted in the hospital facility's admissions offices			
e	[X] The policy was provided, in writing, to patients on admission to the hospital facility			
f	[X] The policy was available on request			
g	[ ] Other (describe in Section C)			
Billing and Collections				
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15	X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a	[ ] Reporting to credit agency			
b	[ ] Lawsuits			
c	[ ] Liens on residences			
d	[ ] Body attachments			
e	[ ] Other similar actions (describe in Section C)			
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	17		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	[ ] Reporting to credit agency			
b	[ ] Lawsuits			
c	[ ] Liens on residences			
d	[ ] Body attachments			
e	[ ] Other similar actions (describe in Section C)			

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

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):

- **a** [X] Notified individuals of the financial assistance policy on admission
- **b** [X] Notified individuals of the financial assistance policy prior to discharge
- **c** [X] Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** [X] Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** [ ] Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	19	X	

If "No," indicate why:

- **a** [ ] The hospital facility did not provide care for any emergency medical conditions
- **b** [ ] The hospital facility's policy was not in writing
- **c** [ ] The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- **d** [ ] Other (describe in Section C)

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

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

- **a** [ ] The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- **b** [ ] The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- **c** [ ] The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- **d** [X] Other (describe in Section C)

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.	21		X
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	22		X

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group LAUREL REGIONAL HOSPITAL

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 2

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	1	X	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	[X] A definition of the community served by the hospital facility			
b	[X] Demographics of the community			
c	[X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	[X] How data was obtained			
e	[X] The health needs of the community			
f	[X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	[X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	[X] The process for consulting with persons representing the community's interests			
i	[X] Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	[ ] Other (describe in Section C)			
2	Indicate the tax year the hospital facility last conducted a CHNA: 20 12			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	X	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	4		X
5	Did the hospital facility make its CHNA report widely available to the public?	5	X	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	[X] Hospital facility's website (list url): WWW.DIMENSIONSHEALTH.ORG			
b	[ ] Other website (list url):			
c	[ ] Available upon request from the hospital facility			
d	[ ] Other (describe in Section C)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year):			
a	[X] Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	[X] Execution of the implementation strategy			
c	[X] Participation in the development of a community-wide plan			
d	[X] Participation in the execution of a community-wide plan			
e	[X] Inclusion of a community benefit section in operational plans			
f	[ ] Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	[X] Prioritization of health needs in its community			
h	[X] Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	[ ] Other (describe in Section C)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs	7		X
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a		X
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

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

		Yes	No
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	X	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	10	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: 200 %			
If "No," explain in Section C the criteria the hospital facility used.			
11 Used FPG to determine eligibility for providing *discounted* care?	11	X	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: 500 %			
If "No," explain in Section C the criteria the hospital facility used.			
12 Explained the basis for calculating amounts charged to patients?	12	X	
If "Yes," indicate the factors used in determining such amounts (check all that apply):			
a [X] Income level			
b [X] Asset level			
c [X] Medical indigency			
d [X] Insurance status			
e [ ] Uninsured discount			
f [ ] Medicaid/Medicare			
g [X] State regulation			
h [ ] Residency			
i [X] Other (describe in Section C)			
13 Explained the method for applying for financial assistance?	13	X	
14 Included measures to publicize the policy within the community served by the hospital facility?	14	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a [X] The policy was posted on the hospital facility's website			
b [ ] The policy was attached to billing invoices			
c [X] The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d [X] The policy was posted in the hospital facility's admissions offices			
e [X] The policy was provided, in writing, to patients on admission to the hospital facility			
f [X] The policy was available on request			
g [ ] Other (describe in Section C)			
Billing and Collections			
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15	X	
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a [ ] Reporting to credit agency			
b [ ] Lawsuits			
c [ ] Liens on residences			
d [ ] Body attachments			
e [ ] Other similar actions (describe in Section C)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	17		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a [ ] Reporting to credit agency			
b [ ] Lawsuits			
c [ ] Liens on residences			
d [ ] Body attachments			
e [ ] Other similar actions (describe in Section C)			

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

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):

- **a** [X] Notified individuals of the financial assistance policy on admission
- **b** [X] Notified individuals of the financial assistance policy prior to discharge
- **c** [X] Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** [X] Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** [ ] Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	19	X	

If "No," indicate why:

- **a** [ ] The hospital facility did not provide care for any emergency medical conditions
- **b** [ ] The hospital facility's policy was not in writing
- **c** [ ] The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- **d** [ ] Other (describe in Section C)

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

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

- **a** [ ] The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- **b** [ ] The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- **c** [ ] The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- **d** [X] Other (describe in Section C)

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.	21		X
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	22		X

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A, " "Facility B," etc.

PRINCE GEORGES HOSPITAL CENTER:

PART V, SECTION B, LINE 3: THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) TOOK INTO ACCOUNT INPUT FROM REPRESENTATIVES OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY, INCLUDING PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, AS WELL AS LEADERS AND REPRESENTATIVES OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS. IN PARTICULAR, TWO COMMUNITY INPUT MEETINGS WERE CONDUCTED, ONE WITH COMMUNITY LEADERS AND ONE WITH HEALTH EXPERTS. AT THE MEETING WITH COMMUNITY LEADERS, PARTICIPANTS INCLUDED REPRESENTATIVES FROM THE PRINCE GEORGES COUNTY HEALTH DEPARTMENT, FEDERALLY QUALIFIED HEALTH CENTERS, FAITH-BASED ORGANIZATIONS, AND BUSINESS LEADERS. AT THE MEETING WITH PUBLIC HEALTH EXPERTS, ATTENDEES INCLUDED HOSPITAL BOARD MEMBERS, ADMINISTRATORS, PHYSICIANS, AND NURSES. FURTHERMORE, THE CHNA TOOK INTO ACCOUNT DATA RECEIVED PURSUANT TO THE UNIVERSITY OF MARYLAND SCHOOL OF PUBLIC HEALTH PUBLIC HEALTH IMPACT STUDY (SPHPHIS) RANDOM HOUSEHOLD SURVEY CONDUCTED IN 2012, PURSUANT TO WHICH PRINCE GEORGES COUNTY RESIDENTS 18 YEARS AND OLDER RESPONDED TO A TELEPHONE INTERVIEW SURVEY.

LAUREL REGIONAL HOSPITAL:

PART V, SECTION B, LINE 3: THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) TOOK INTO ACCOUNT INPUT FROM REPRESENTATIVES OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY, INCLUDING PERSONS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, AS WELL AS LEADERS AND REPRESENTATIVES OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS. IN PARTICULAR, TWO COMMUNITY INPUT MEETINGS WERE CONDUCTED, ONE WITH COMMUNITY LEADERS AND ONE WITH HEALTH EXPERTS. AT THE MEETING WITH

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A, " "Facility B," etc.

COMMUNITY LEADERS, PARTICIPANTS INCLUDED REPRESENTATIVES FROM THE PRINCE GEORGES COUNTY HEALTH DEPARTMENT, PUBLIC SCHOOLS, SENIOR SERVICE ORGANIZATIONS, LOCAL GOVERNMENT OFFICES, FAITH-BASED ORGANIZATIONS, AND BUSINESS LEADERS. AT THE MEETING WITH PUBLIC HEALTH EXPERTS, ATTENDEES INCLUDED HOSPITAL BOARD MEMBERS, ADMINISTRATORS, PHYSICIANS, A SENIOR SERVICES REPRESENTATIVE, AND NURSES. FURTHERMORE, THE CHNA TOOK INTO ACCOUNT DATA RECEIVED PURSUANT TO THE UNIVERSITY OF MARYLAND SCHOOL OF PUBLIC HEALTH PUBLIC HEALTH IMPACT STUDY (SPHPHIS) RANDOM HOUSEHOLD SURVEY CONDUCTED IN 2012, PURSUANT TO WHICH PRINCE GEORGES COUNTY RESIDENTS 18 YEARS AND OLDER RESPONDED TO A TELEPHONE INTERVIEW SURVEY.

PRINCE GEORGES HOSPITAL CENTER:

PART V, SECTION B, LINE 6I: PRINCE GEORGE'S HOSPITAL CENTER (PGHC) COMPLETED ITS FIRST CHNA IN JUNE 2013. DURING A PORTION OF ITS 2013 TAX YEAR(JUNE 30 - DECEMBER 31, 2013). PGHC ESTABLISHED PROGRAMS AND PARTNERED WITH COMMUNITY ORGANIZATION TO ADDRESS THE COMMUNITY HEALTH NEEDS IDENTIFIED IN THE CHNA. PGHC ESTABLISHED PROGRAMS AND PARTNERED WITH COMMUNITY ORGANIZATION TO ADDRESS THE COMMUNITY HEALTH NEEDS IDENTIFIED IN THE CHNA. FOR EXAMPLE TO INCREASE ACCESS TO SPECIALISTS SERVICES PGHC PARTNERED WITH PRINCE GEORGE' COUNTY HEALTH DEPARTMENT TO ESTABLISH A NEW MEDICAL PRACTICE IN A SIGNIFICANTLY UNDERSERVED AREA OF THE COUNTY. THE FAMILY HEALTH AND WELLNESS CENTER WAS ORIGINALLY PLANNED FOR DECEMBER 2013, BUT OPENED IN JANUARY 2014. IN ADDITION PGHC PROVIDED PHYSICIAN SUPPORT, AS A COMMUNITY BENEFIT, TO THE PREGNANCY AID CENTER, AND PROVIDED FREE CARE TO APPROXIMATELY 250 PATIENTS IN THE LATTER HALF OF 2013. IN 2013 DHS PROVIDED SUPPORT TO COMMUNITY CLINIC, INC. (FQHC), WHICH ALLOWED

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A, " "Facility B," etc.

THE ESTABLISHMENT OF A NEW PRIMARY CARE CENTER FOR UNDERSERVED POPULATIONS IN PRINCE GEORGE'S COUNTY. PGHC PARTNERS WITH CCI TO ENSURE ACCESS TO CARE FOR UNINSURED POPULATIONS. PGHC ALSO PARTNERS WITH CCI TO ENSURE ADEQUATE SERVICES ARE AVAILABLE TO MOTHERS WITH HIGH RISK PREGNANCIES AS A MEANS TO REDUCE LOW BIRTH WEIGHT DELIVERIES AND IMPROVE INFANT MORTALITY RATES.

LAUREL REGIONAL HOSPITAL:

PART V, SECTION B, LINE 6I: LAUREL REGIONAL HOSPITAL (LRH) FINISHED CONDUCTING ITS FIRST CHNA IN JUNE 2013. AS A RESULT, LRH DID NOT BEGIN EXECUTING THE IMPLEMENTATION STRATEGY PRIOR TO THE END OF ITS 2012 TAX YEAR (JUNE 30, 2013). LRH HAS PUT PROCESSES IN PLACE TO BEGIN ADDRESSING THE COMMUNITY HEALTH NEEDS IDENTIFIED IN THE CHNA DURING ITS 2013 TAX YEAR. IT IS THE INTENTION OF DIMENSIONS HEALTH CORPORATION TO DESCRIBE ACTIONS TAKEN BY LRH TO ADDRESS COMMUNITY HEALTH NEEDS IDENTIFIED IN THE CHNA ON ITS 2013 FORM 990. BEGINNING IN JULY 2013, LRH EXPANDED ITS COMMUNITY HEALTH PROGRAMMING TO INCREASE HEALTH PROMOTION AND AWARENESS. EDUCATION PROGRAMS INCLUDED HEART DISEASE, SLEEP MEDICINE, COPD AND DIABETES SELF-MANAGEMENT. ADDITIONALLY, LRH PROVIDED SUPPORT TO COMMUNITY CLINIC, INC. (FQHC), TO ESTABLISH A NEW PRIMARY CARE CENTER FOR UNDERSERVED POPULATIONS IN PRINCE GEORGE'S COUNTY. LRH PARTNERED WITH CCI TO ENSURE ACCESS TO CARE FOR UNINSURED POPULATIONS AND TO ENSURE ADEQUATE OB/GYN SERVICES ARE AVAILABLE IN ORDER TO REDUCE THE INCIDENCE OF LOW BIRTH WEIGHT DELIVERIES AND IMPROVE INFANT MORTALITY RATES. LRH IMPROVED PHYSICIAN SERVICES TO THE COMMUNITY IN 2013 BY INCREASING PHYSICIAN OUTREACH FROM ITS LAUREL, MARYLAND PHYSICIAN PRACTICE AND ESTABLISHING A PROGRAM TO INTEGRATE DIABETES MANAGEMENT AND EDUCATION BY PRIMARY CARE

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A, " "Facility B," etc.

PHYSICIANS.

PRINCE GEORGES HOSPITAL CENTER:

PART V, SECTION B, LINE 7: PURSUANT TO THE CHNA AND CHNA IMPLEMENTATION STRATEGY, THE HOSPITAL FACILITY UNDERTOOK A PRIORITIZATION PROCESS FOR DETERMINING THOSE IDENTIFIED COMMUNITY HEALTH NEEDS THAT THE HOSPITAL FACILITY WOULD ATTEMPT TO ADDRESS. AS A RESULT OF THIS PRIORITIZATION PROCESS, THE HOSPITAL FACILITY DETERMINED THAT IT WAS NOT CURRENTLY POSITIONED TO FOCUS ON CERTAIN HEALTH CONCERNS IDENTIFIED BY THE CHNA. FOR EXAMPLE, THE HOSPITAL FACILITY WILL NOT FOCUS UPON ADDRESSING RESPIRATORY HEALTH AND SEPTICEMIA HEALTH CONCERNS DUE TO THE LACK OF AVAILABLE RESOURCES TO MAKE THE MOST IMPACTFUL CHANGE IN THESE AREAS. ALTHOUGH THESE NEEDS WILL NOT BE FOCUS AREAS UNDER THE CHNA IMPLEMENTATION STRATEGY, THEY WILL BE TAKEN INTO ACCOUNT AND INCORPORATED INTO THE STRATEGIC PLAN WHERE APPROPRIATE.

IN ADDITION, SINCE THE HOSPITAL FACILITY CURRENTLY PROVIDES EMERGENCY PSYCHIATRIC, INPATIENT BEHAVIORAL HEALTH AND OUTPATIENT PARTIAL HOSPITALIZATION SERVICES TO ASSIST WITH THE MENTAL HEALTH NEEDS IN THE COMMUNITY, BEHAVIORAL HEALTH WAS NOT SELECTED AS ONE OF THE COMMUNITY HEALTH NEEDS FOCUS AREAS. THOUGH THESE NEEDS ARE NOT PRESENTLY BEING ADDRESSED BY PGHC AS AN AREA OF FOCUS, THE HOSPITAL FACILITY WILL EXPLORE OPPORTUNITIES TO COLLABORATE WITH OTHER COMMUNITY AND PUBLIC HEALTH ORGANIZATIONS SUCH AS THE HEALTH DEPARTMENT AND FEDERALLY QUALIFIED HEALTH CENTERS TO ADDRESS THESE NEEDS.

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A, " "Facility B," etc.

LAUREL REGIONAL HOSPITAL:

PART V, SECTION B, LINE 7: PURSUANT TO THE CHNA AND CHNA IMPLEMENTATION STRATEGY, THE HOSPITAL FACILITY UNDERTOOK A PRIORITIZATION PROCESS FOR DETERMINING THOSE IDENTIFIED COMMUNITY HEALTH NEEDS THAT THE HOSPITAL FACILITY WOULD ATTEMPT TO ADDRESS. AS A RESULT OF THIS PRIORITIZATION PROCESS, THE HOSPITAL FACILITY DETERMINED THAT IT WAS NOT CURRENTLY POSITIONED TO FOCUS ON CERTAIN HEALTH CONCERNS IDENTIFIED BY THE CHNA. FOR EXAMPLE, THE HOSPITAL FACILITY WILL NOT FOCUS UPON ADDRESSING HEART AND KIDNEY FAILURE HEALTH CONCERNS DUE TO THE LACK OF AVAILABLE RESOURCES TO MAKE THE MOST IMPACTFUL CHANGE IN THESE AREAS. THOUGH THESE NEEDS ARE NOT PRESENTLY BEING ADDRESSED BY LRH AS AN AREA OF FOCUS, THE HOSPITAL FACILITY WILL EXPLORE OPPORTUNITIES TO COLLABORATE WITH OTHER COMMUNITY AND PUBLIC HEALTH ORGANIZATIONS SUCH AS THE HEALTH DEPARTMENT AND FEDERALLY QUALIFIED HEALTH CENTERS TO ADDRESS THESE NEEDS.

PRINCE GEORGES HOSPITAL CENTER:

PART V, SECTION B, LINE 18E: THE HOSPITAL FACILITY OR AN AUTHORIZED THIRD PARTY DID NOT UNDERTAKE ANY OF THE COLLECTION ACTIONS NOTED IN PART V, SECTION B, LINE 16 BEFORE MAKING REASONABLE EFFORTS TO DETERMINE ANY PATIENT'S ELIGIBILITY UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY. IN ORDER TO HELP DETERMINE PATIENTS' ELIGIBILITY UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY, THE HOSPITAL UNDERTAKES A NUMBER OF ACTIONS, INCLUDING NOTIFYING PATIENTS OF THE FINANCIAL ASSISTANCE POLICY ON ADMISSION, NOTIFYING PATIENTS OF THE FINANCIAL ASSISTANCE POLICY PRIOR TO DISCHARGE, NOTIFYING PATIENTS OF THE FINANCIAL ASSISTANCE POLICY IN COMMUNICATIONS WITH THE PATIENTS' BILLS, AND DOCUMENTING ITS DETERMINATION

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A, " "Facility B," etc.

OF WHETHER PATIENTS WERE ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY.

LAUREL REGIONAL HOSPITAL:

PART V, SECTION B, LINE 18E: THE HOSPITAL FACILITY OR AN AUTHORIZED THIRD PARTY DID NOT UNDERTAKE ANY OF THE COLLECTION ACTIONS NOTED IN PART V, SECTION B, LINE 17 BEFORE MAKING REASONABLE EFFORTS TO DETERMINE ANY PATIENT'S ELIGIBILITY UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY. IN ORDER TO HELP DETERMINE PATIENTS' ELIGIBILITY UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY, THE HOSPITAL UNDERTAKES A NUMBER OF ACTIONS, INCLUDING NOTIFYING PATIENTS OF THE FINANCIAL ASSISTANCE POLICY ON ADMISSION, NOTIFYING PATIENTS OF THE FINANCIAL ASSISTANCE POLICY PRIOR TO DISCHARGE, NOTIFYING PATIENTS OF THE FINANCIAL ASSISTANCE POLICY IN COMMUNICATIONS WITH THE PATIENTS' BILLS, AND DOCUMENTING ITS DETERMINATION OF WHETHER PATIENTS WERE ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY.

PRINCE GEORGES HOSPITAL CENTER:

PART V, SECTION B, LINE 20D: THE HOSPITAL FACILITY PROVIDES A DISCOUNT OF AT LEAST 25% OFF OF GROSS CHARGES FOR THE PROVISION OF EMERGENCY AND OTHER MEDICALLY NECESSARY CARE TO ANY INDIVIDUAL THAT IS ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY. PURSUANT TO THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) ALL-PAYOR SYSTEM FOR HOSPITALS IN THE STATE OF MARYLAND, THE GREATEST DISCOUNT OFF OF GROSS CHARGES FOR THE PROVISION OF EMERGENCY AND OTHER MEDICALLY NECESSARY CARE PERMITTED TO ANY COMMERCIAL INSURER OR MEDICARE IS ONLY 6%. AS A RESULT,

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A, " "Facility B," etc.

THE HOSPITAL FACILITY WAS ABLE TO DETERMINE THAT THE MAXIMUM AMOUNT CHARGED TO INDIVIDUALS THAT WERE ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL FACILITY'S FINANCIAL ASSISTANCE POLICY WAS NOT GREATER THAN THE AMOUNT GENERALLY BILLED TO INDIVIDUALS WHO HAVE INSURANCE COVERING SUCH CARE.

LAUREL REGIONAL HOSPITAL:

PART V, SECTION B, LINE 20D: THE HOSPITAL FACILITY PROVIDES A DISCOUNT OF AT LEAST 25% OFF OF GROSS CHARGES FOR THE PROVISION OF EMERGENCY AND OTHER MEDICALLY NECESSARY CARE TO ANY INDIVIDUAL THAT IS ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY. PURSUANT TO THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) ALL-PAYOR SYSTEM FOR HOSPITALS IN THE STATE OF MARYLAND, THE GREATEST DISCOUNT OFF OF GROSS CHARGES FOR THE PROVISION OF EMERGENCY AND OTHER MEDICALLY NECESSARY CARE PERMITTED TO ANY COMMERCIAL INSURER OR MEDICARE IS ONLY 6%. AS A RESULT, THE HOSPITAL FACILITY WAS ABLE TO DETERMINE THAT THE MAXIMUM AMOUNT CHARGED TO INDIVIDUALS THAT WERE ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL FACILITY'S FINANCIAL ASSISTANCE POLICY WAS NOT GREATER THAN THE AMOUNT GENERALLY BILLED TO INDIVIDUALS WHO HAVE INSURANCE COVERING SUCH CARE.

PRINCE GEORGES HOSPITAL CENTER:

PART V, SECTION B, LINE 22: THE HOSPITAL FACILITY DOES NOT CHARGE ANY INDIVIDUALS THAT IT KNOWS ARE ELIGIBLE FOR FINANCIAL ASSISTANCE AN AMOUNT EQUAL TO THE GROSS CHARGE FOR ANY SERVICE. THE HOSPITAL USES THE CHARGE MASTER RATES FOR A SERVICE AS A STARTING POINT AGAINST WHICH THE DISCOUNTS

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A, " "Facility B," etc.

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

LAUREL REGIONAL HOSPITAL:

PART V, SECTION B, LINE 22: THE HOSPITAL FACILITY DOES NOT CHARGE ANY INDIVIDUALS THAT IT KNOWS ARE ELIGIBLE FOR FINANCIAL ASSISTANCE AN AMOUNT EQUAL TO THE GROSS CHARGE FOR ANY SERVICE. THE HOSPITAL USES THE CHARGE MASTER RATES FOR A SERVICE AS A STARTING POINT AGAINST WHICH THE DISCOUNTS MANDATED IN THE HOSPITAL FACILITY'S FINANCIAL ASSISTANCE POLICY ARE APPLIED TO DETERMINE THE AMOUNT ACTUALLY BILLED TO PATIENTS ELIGIBLE UNDER THE FINANCIAL ASSISTANCE POLICY. THE HOSPITAL FACILITY WILL NOT COLLECT PAYMENT FROM ANY PATIENT ELIGIBLE UNDER THE FINANCIAL ASSISTANCE POLICY IN EXCESS OF THE REDUCED AMOUNT THAT IS ACTUALLY BILLED TO SUCH FINANCIAL ASSISTANCE PATIENT. IN ADDITION, IF THE HOSPITAL CHARGED AN INDIVIDUAL THAT HAD NOT YET BEEN DETERMINED TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE AT THE TIME OF THE CHARGE AN AMOUNT EQUAL TO GROSS CHARGES, THEN UPON DETERMINING THE INDIVIDUAL WAS ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY, THE HOSPITAL PROMPTLY CORRECTS THE

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A, " "Facility B," etc.

BILL.

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

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 5

Name and address	Type of Facility (describe)
1 CORA B WOOD SENIOR CENTER 3601 TAYLOR STREET STE 108 BRENTWOOD, MD 20722	SENIOR HEALTH CENTER
2 GLENRIDGE MEDICAL CENTER 7582 ANNAPOLIS ROAD LANHAM, MD 20784	MEDICAL CENTER
3 DIMENSIONS SURGERY CENTER 14999 HEALTH CENTER DR STE 103 BOWIE, MD 20716	AMBULATORY SURGERY CENTER
4 LARKIN CHASE CARE & REHABILITATION 15005 HEALTH CENTER DRIVE BOWIE, MD 20716	REHABILITATION CENTER
5 GLADYS SPELLMAN SPECIALTY CARE UNIT 7300 VAN DUSEN ROAD LAUREL, MD 20707	ACUTE CARE

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

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

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

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

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

PART I, LINE 3C:

EXPLANATION: IN THE EVALUATION OF AN APPLICATION FOR FINANCIAL ASSISTANCE, A PATIENT'S TOTAL RESOURCE WILL BE TAKEN INTO ACCOUNT WHICH WILL INCLUDE AN ANALYSIS OF THE ASSETS HELD BY THE PATIENT (NARROWLY DEFINED UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY AS THOSE ASSETS THAT ARE CONVERTIBLE TO CASH AND UNNECESSARY FOR THE PATIENT'S DAILY LIVING EXPENSES).

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

Part VI Supplemental Information *(Continuation)*

DEMOGRAPHIC INFORMATION AND DETERMINES WHETHER THE PATIENT IS LIKELY TO QUALIFY UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY. IF THE ISOLUTIONS PROGRAM INDICATES THAT A PATIENT IS LIKELY TO QUALIFY FOR FREE OR DISCOUNTED CARE, THE ORGANIZATION WILL ACCEPT THAT PATIENT INTO ITS FINANCIAL ASSISTANCE POLICY AND DISCOUNT THE PATIENT'S ACCOUNT FROM 25 TO 100%, DEPENDING UPON THE RESULTS OF THE ISOLUTIONS PROGRAM.

PART I, LINE 5

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

PART I, LINE 6A

EXPLANATION: THE ORGANIZATION SUBMITS A COMMUNITY BENEFIT REPORT ANNUALLY TO THE MARYLAND HSCRC. THE COMMUNITY BENEFIT REPORT FOR EACH HOSPITAL IS PUBLISHED ON THE DHS WEBSITE AT WWW.DIMENSIONSHEALTH.ORG

PART I, LINE 7A COLUMN D

EXPLANATION: 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

Part VI **Supplemental Information** *(Continuation)*

MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE.

PART I, LINE 7B COLUMNS C-F

EXPLANATION: MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE-SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL-PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY DIRECTED OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE. COMMUNITY BENEFIT EXPENSES ARE EQUAL TO MEDICAID REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT IS ZERO. THE EXCEPTION TO THIS IS THE IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT. IN RECENT YEARS, THE STATE OF MARYLAND HAS CLOSED FISCAL GAPS IN THE STATE MEDICAID BUDGET BY ASSESSING HOSPITALS THROUGH THE RATE-SETTING SYSTEM. DURING THE 2014 FY, THE PORTION OF THE ASSESSMENT INCURRED DIRECTLY BY PRINCE GEORGES HOSPITAL CENTER AND LAUREL REGIONAL HOSPITAL WAS $1,435,113.

PART I, LINE 7F COLUMN D

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

Part VI **Supplemental Information** *(Continuation)*

UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE.

PART I, LINE 7G COLUMN C

EXPLANATION: ACCESS TO PRIMARY AND SPECIALIST HEALTH CARE SERVICES IS CONSISTENTLY IDENTIFIED AS A CONSIDERABLE HEALTH NEED THROUGHOUT THE ORGANIZATION'S COMMUNITY. FOR EXAMPLE, THE NATIONAL BENCHMARK IS 631 PEOPLE: 1 PRIMARY CARE PHYSICIAN, WHEREAS, FOR PRINCE GEORGE'S COUNTY, THE NUMBER OF PEOPLE PER PRIMARY CARE PHYSICIAN IS APPROXIMATELY 1077:1. THIS STEMS IN LARGE PART FROM THE COUNTY'S VERY HIGH UNINSURED AND UNDERINSURED POPULATION THAT CAN AFFORD TO PAY LITTLE TO NO REIMBURSEMENT FOR SERVICES RECEIVED.

IN ORDER TO MEET THIS SUBSTANTIAL COMMUNITY HEALTH NEED, THE ORGANIZATION HAS BROUGHT IN SPECIALISTS AND PRIMARY CARE PHYSICIANS INTO THE ORGANIZATION'S COMMUNITY AND INTO THE ORGANIZATION'S TWO HOSPITAL FACILITIES (PGHC AND LRH). FIRST, THE ORGANIZATION PAYS PHYSICIANS TO COVER THE BAD DEBTS THEY INCUR WHEN PROVIDING SERVICES TO UNINSURED AND UNDERINSURED PATIENTS AT PGHC AND LRH. SUCH PHYSICIAN SUBSIDIES HAVE BEEN REPORTED ON PART I, LINE 7G AS SUBSIDIZED HEALTH SERVICES.

IN ADDITION, THE ORGANIZATION HAS EMPLOYED PRIMARY CARE AND SPECIALIST PHYSICIANS THROUGH ITS DIRECT TAX-EXEMPT SUBSIDIARY PHYSICIAN PRACTICE, DIMENSIONS HEALTHCARE ASSOCIATES, TO PROVIDE PATIENT SERVICES TO THE COMMUNITY, INCLUDING UNINSURED AND UNDERINSURED PATIENTS THAT WOULD NOT OTHERWISE HAVE ACCESS TO PHYSICIAN SERVICES. THE DIRECT SUBSIDIES PAID

Part VI **Supplemental Information** *(Continuation)*

FROM THE ORGANIZATION TO DHA DURING THE TAX YEAR TO SUPPORT THE CONTINUED EXISTENCE OF THE PHYSICIAN PRACTICE, AND TO HELP REDUCE THE PHYSICIAN SHORTFALL IN THE COMMUNITY, HAVE NOT BEEN REPORTED ON PART I, LINE 7G AS SUBSIDIZED HEALTH SERVICES BECAUSE THE LOSSES WERE INCURRED BY A SUBSIDIARY ORGANIZATION. HOWEVER, THIS SUBSTANTIAL LOSS IS INCURRED INDIRECTLY BY THE HOSPITAL ORGANIZATION IN ORDER TO MEET AN IDENTIFIED COMMUNITY NEED AND HAD A NET COMMUNITY BENEFIT EXPENSE OF $35,872,107 DURING THE 2013 TAX YEAR.

PART III, LINE 4:

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

THE CORPORATION'S POLICY IS TO WRITE OFF ALL PATIENT ACCOUNTS THAT HAVE BEEN IDENTIFIED AS UNCOLLECTIBLE. AN ALLOWANCE FOR DOUBTFUL ACCOUNTS IS RECORDED FOR ACCOUNTS NOT YET WRITTEN OFF THAT ARE ANTICIPATED TO BECOME UNCOLLECTIBLE IN FUTURE PERIODS.

IN EVALUATING THE COLLECTIBILITY OF ACCOUNTS RECEIVABLE, THE CORPORATION ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYERS OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR BAD DEBTS. MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYERS OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS. FOR ACCOUNTS RECEIVABLE ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE CORPORATION ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR BAD DEBTS, IF NECESSARY (FOR

Part VI **Supplemental Information** *(Continuation)*

EXAMPLE, FOR EXPECTED UNCOLLECTIBLE DEDUCTIBLES AND COPAYMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYER HAS NOT YET PAID, OR FOR PAYERS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY). FOR ACCOUNTS RECEIVABLE ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), THE CORPORATION RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES IF NEGOTIATED) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS.

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 AMOUNT OF BAD DEBT REPORTED ON LINE 2 WAS THE COST OF THE BAD DEBT EXPENSE, AS DETERMINED USING THE RATIO OF PATIENT CARE COST TO CHARGES DETERMINED IN WORKSHEET 2.

Part VI **Supplemental Information** *(Continuation)*

THE ORGANIZATION ESTIMATES THAT ONLY A MINIMAL AMOUNT OF ITS BAD DEBT EXPENSE WAS ATTRIBUTABLE TO PATIENTS THAT WOULD BE ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY. AS REFERENCED IN THE DISCLOSURE TO SCHEDULE H, PART I, LINE 3, THE ORGANIZATION USES A COMPUTER PROGRAM TO HELP DETERMINE WHETHER PATIENTS MAY QUALIFY FOR PRESUMPTIVE CHARITY CARE, AND THE ORGANIZATION BELIEVES THIS PROGRAM HELPS CAPTURE THE VAST MAJORITY OF THE PATIENTS THAT ARE ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY THAT DID NOT PROVIDE THE ORGANIZATION WITH SUFFICIENT INFORMATION TO QUALIFY THEM FOR FINANCIAL ASSISTANCE.

PART III, LINE 8:

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

PART III, LINE 9B:

EXPLANATION: ALL SELF-PAY PATIENTS MAY APPLY FOR THE FINANCIAL ASSISTANCE PROGRAM. PATIENTS MAY APPLY FOR THE PROGRAM IN PATIENT FINANCIAL SERVICES CUSTOMER SERVICE AREA OR PATIENT ACCESS DEPARTMENT. INCOME, ASSETS AND OTHER CRITERIA ARE EVALUATED FOR DETERMINATION OF PATIENT FINANCES TO QUALIFY FOR THE PROGRAM. ONCE THE COLLECTION PROCESS HAS BEGUN, THE ORGANIZATION CONTINUES TO MONITOR WHETHER THE PATIENT QUALIFIES FOR CHARITY CARE UNDER THE FINANCIAL ASSISTANCE POLICY. IF THE ORGANIZATION DETERMINES THAT A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE, INCLUDING ONCE THE COLLECTION PROCESS HAS BEGUN, THE ORGANIZATION WILL APPROVE THE PATIENT FOR CHARITY CARE. THE WRITE OFF (RANGING FROM 25% TO 100%) TO CHARITY CARE IS ACCORDING TO A SLIDING FEE SCALE FOR INCOME. ONCE CHARITY

Part VI **Supplemental Information** *(Continuation)*

CARE HAS BEEN APPROVED, THERE IS NO FURTHER ATTEMPT MADE BY THE ORGANIZATION TO COLLECT. THE ORGANIZATION WILL REFUND PATIENT PAYMENTS ONCE IT IS FOUND THAT PATIENT HAS SUBMITTED A FINANCIAL ASSISTANCE APPLICATION AND IT IS APPROVED.

PART VI, LINE 2

EXPLANATION: IN ADDITION TO CONDUCTING A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOR PGHC AND LRH, THE ORGANIZATION HAS UNDERTAKEN CERTAIN ACTIVITIES TO HELP DETERMINE THE NEEDS OF ITS COMMUNITY.

A PRINCE GEORGE'S COUNTY HEALTH PROFILE SNAPSHOT REPORT WAS COMPLETED BY PGHC IN JUNE 2006. THE REPORT WAS GENERATED AS A RESULT OF A COLLABORATIVE EFFORT BETWEEN PGHC AND THE PRINCE GEORGES' COUNTY HEALTH DEPARTMENT. THE DATA REFERENCED IN THE REPORT WAS ACQUIRED FROM US CENSUS DATA AND FROM THE PUBLIC HEALTH QUICK STATS FOR PRINCE GEORGES' COUNTY, MARYLAND AND THE MOST RECENT MARYLAND VITAL STATISTICS REPORT. ADDITIONALLY, THERE HAVE BEEN HEALTHCARE ASSESSMENT REPORTS/STUDIES PREPARED BY RAND CORPORATION IN FEBRUARY 2009, PRINCE GEORGE'S COUNTY GOVERNMENT IMPROVEMENT PLAN IN 2011, AND A PUBLIC IMPACT HEALTH STUDY BY THE UNIVERSITY OF MARYLAND SCHOOL OF PUBLIC HEALTH IN 2012.

THE MAIN FINDINGS OF BOTH THE 2006 PG COUNTY HEALTH PROFILE SNAPSHOT REPORT, THE 2009 RAND REPORT, THE PRINCE GEORGE'S COUNTY REPORT AND THE 2012 UM SPH PUBLIC HEALTH IMPACT STUDY IS THAT THERE ARE SIGNIFICANT HEALTH DISPARITIES IN PRINCE GEORGES' COUNTY AND THAT THE COUNTY LACKS A ROBUST HEALTH SAFETY NET. A COMMON THEME IS THAT THERE ARE HEALTHCARE DISPARITIES WHICH INCLUDE (1) RATES OF UNINSURANCE THAT ARE RELATIVELY HIGH WHEN COMPARED WITH SURROUNDING JURISDICTIONS AND (2) A

Part VI **Supplemental Information** *(Continuation)*

SHORTAGE OF PRIMARY CARE PHYSICIANS IN THE COMMUNITY.

IN MARCH 2008, THE PGCH BOARD OF DIRECTORS ESTABLISHED A COMMUNITY HEALTH TASK FORCE (CHTF) COMMITTEE. THE CHTF INCLUDES COLLABORATIONS WITH SUCH ORGANIZATIONS AS THE PRINCE GEORGE'S COUNTY HEALTH ACTION FORUM AND THE PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT. THE PURPOSE OF THE CHTF 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, THE CHTF HAS FOCUSED ATTENTION ON COMMUNITY HEALTH NEEDS, PROVIDING IMPROVED HEALTH INFORMATION, AND IS CURRENTLY WORKING WITH THE NATIONAL INSTITUTE OF HEALTH - NATIONAL LIBRARY OF MEDICINE (NIH-NLM) TO IDENTIFY SUSTAINABLE COMMUNITY HEALTH DELIVERY INITIATIVES.

LRH MANAGEMENT ACTIVELY SOLICITS INFORMATION FROM COMMUNITY STAKEHOLDERS AND OTHER COMMUNITY-BASED ORGANIZATIONS TO ASSESS THE HEALTH NEEDS IN OUR COMMUNITY. LRH REPRESENTATIVES SERVE AS MEMBERS OF A VARIETY OF HEALTHCARE FOCUSED COMMUNITY ORGANIZATIONS AND PROVIDE STAFF EXPERTISE AND OTHER RESOURCES, INCLUDING HOSTING MEETINGS AT OUR FACILITY, AND PARTICIPATING IN EVENTS, BY PROVIDING HEALTH SCREENING SERVICES. SOME OF THESE ORGANIZATIONS INCLUDE:

*PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT

*PRINCE GEORGE'S CARE ACCESS NETWORK HEALTH INFORMATION AND RESOURCE INITIATIVE (PG CAN)

*HEALTH ACTION FORUM OF PRINCE GEORGE'S COUNTY

*PRINCE GEORGE'S HEALTHCARE ACTION COALITION

Part VI **Supplemental Information** *(Continuation)*

*NATIONAL CAPITAL AREA BREAST HEALTH QUALITY CONSORTIUM

*THE PRINCE GEORGE'S COUNTY LOCAL HEALTH DISPARITIES COMMITTEE

*THE HEALTH EMPOWERMENT NETWORK OF MARYLAND, INC. (HENM) - A COMMUNITY BASED ORGANIZATION MADE UP OF PARTNERS SUCH AS THE PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT, UNIVERSITY OF MARYLAND PREVENTION RESOURCE CENTER, PRINCE GEORGE'S COUNTY AREA AGENCY ON AGING, DEPARTMENT OF MENTAL HEALTH AND HYGIENE, INTEGRITY HEALTH PARTNERS AND THE CITY OF SEAT PLEASANT AMONG OTHERS.

*PRIMARY CARE COALITION OF MONTGOMERY COUNTY

*SUSAN G. KOMEN FOUNDATION

PART VI, LINE 3

EXPLANATION: 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 EMERGENCY AND OTHER MEDICALLY NECESSARY SERVICES BUT DO NOT HAVE THE RESOURCES TO PAY FOR THAT CARE. IT DOES SO BY PRESERVING THE DIGNITY OF THE INDIVIDUAL WHO NEEDS ASSISTANCE.

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

Part VI **Supplemental Information** *(Continuation)*

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

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

Part VI **Supplemental Information** *(Continuation)*

*SUBSEQUENT RENDERING OF SERVICES,

*INCOME CHANGE,

*FAMILY SIZE CHANGE,

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

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

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

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

WHERE POSSIBLE, PRIOR TO THE ADMISSION OF THE PATIENT, THE HOSPITAL WILL CONDUCT A PRE-ADMISSION INTERVIEW WITH THE PATIENT, THE GUARANTOR, AND/OR HIS/HER LEGAL REPRESENTATIVE TO DETERMINE POTENTIAL ELIGIBILITY UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY. IF A

Part VI **Supplemental Information** *(Continuation)*

PRE-ADMISSION INTERVIEW IS NOT POSSIBLE, THIS INTERVIEW SHOULD BE CONDUCTED UPON ADMISSION OR AS SOON AS POSSIBLE, THEREAFTER. IN THE CASE OF AN EMERGENCY ADMISSION, THE HOSPITAL'S EVALUATION OF PAYMENT ALTERNATIVES SHOULD NOT TAKE PLACE UNTIL THE REQUIRED MEDICAL CARE HAS BEEN PROVIDED. AT THE TIME OF THE INITIAL INTERVIEW, THE FOLLOWING INFORMATION SHOULD BE GATHERED:

A) ROUTINE AND COMPREHENSIVE DEMOGRAPHIC AND FINANCIAL DATA.

B) COMPLETE INFORMATION REGARDING ALL EXISTING THIRD PARTY COVERAGE.

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

MEDICAID ELIGIBILITY

ALL UNINSURED INPATIENTS AT DIMENSIONS ARE ASSISTED BY DHS MEDICAID ELIGIBILITY STAFF TO EVALUATE THE PATIENTS FOR MARYLAND MEDICAID ELIGIBILITY. ONCE THEY ARE EVALUATED, THE STAFF WILL ASSIST THE PATIENTS WITH THE COMPLETION OF THE MEDICAID APPLICATION. THE APPLICATION IS PRESENTED TO DSS FOR REVIEW AND CERTIFICATION. THE STAFF MONITORS THE APPLICATION PROCESS TO ENSURE THAT A DETERMINATION IS MADE ON THE APPLICATION. DHS PATIENTS DO NOT RECEIVE A BILL DURING THIS PROCESS. ONCE THE MEDICAID APPLICATION DETERMINATION HAS BEEN MADE, PATIENTS WHO QUALIFY WILL RECEIVE A BILL. IF A PATIENT IS DEEMED INELIGIBLE FOR MEDICAID, THE PATIENT WILL BE CATEGORIZED AS SELF PAY AND ASSESSED FOR POSSIBLE ELIGIBILITY UNDER THE FINANCIAL ASSISTANCE

Part VI **Supplemental Information** *(Continuation)*

PROGRAM.

PART VI, LINE 4

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

DHS HOSPITALS' PRIMARY COVERAGE AREA IS PRINCE GEORGE'S COUNTY. THE POPULATION ESTIMATE FOR PRINCE GEORGE'S COUNTY IN 2014 WAS 904,430. IN PRINCE GEORGE'S COUNTY, THE MEDIAN HOUSEHOLD INCOME WAS $73,568 AND THE PERCENTAGE OF PERSONS BELOW POVERTY LEVEL WAS 8.7%. OF THE COUNTIES AND AREAS SERVED, PRINCE GEORGE'S COUNTY HAS THE HIGHEST PERCENTAGE OF HOUSEHOLDS WITH INCOME BELOW THE FEDERAL POVERTY LINE AS WELL AS HIGHER PERCENTAGE OF UNINSURED (15.6%), MEDICAID RECIPIENTS (15.7%) AND THE HIGHEST MORTALITY RATE (747.8%/100,000). IN THE OTHER SERVICE AREAS, ANNE ARUNDEL COUNTY, THE DISTRICT OF COLUMBIA, HOWARD AND MONTGOMERY COUNTIES, MEDIAN HOUSEHOLD INCOME WAS $86,987, $67,572 $107,821 AND $96,985, THE PERCENTAGE OF PERSONS BELOW POVERTY LEVEL BEING 5.9%, 15.7%, 4.4% AND 6.5% RESPECTIVELY (US CENSUS BUREAU STAT AND COUNTY QUICK FACTS).

FOR EACH OF THE COUNTIES AND AREAS COMPRISING THE SERVICE AREA, 11.4% OF THE POPULATION IS 65 YEARS OF AGE OF OLDER AND APPROXIMATELY 7%-27.4% REPRESENT MEDICAID PATIENTS.

IN PRINCE GEORGE'S AND OTHER SERVICE AREAS, SMOKING, OBESITY AND EXCESSIVE ALCOHOL CONSUMPTION ARE HEALTH RISK FACTORS. THERE ARE RISK

Part VI **Supplemental Information** *(Continuation)*

FACTORS FOR PREMATURE DEATH; SUCH AS HIGH BLOOD PRESSURE RANGING BETWEEN 19.8% -28.2%; OBESITY 18.4% - 33.9%; SMOKER 7.9% - 20.4%.

ACCESS TO PRIMARY HEALTH CARE SERVICES REMAINS AN ISSUE OF CONCERN IN PRINCE GEORGE'S COUNTY. PRINCE GEORGE'S COUNTY HAS SUBSTANTIALLY LOWER PER CAPITA NUMBERS OF PRIMARY CARE PHYSICIANS WHEN COMPARED TO NEIGHBORING JURISDICTIONS. THE NATIONAL BENCHMARK IS 1051:1 FOR ACCESS TO PRIMARY CARE PHYSICIAN, COMPARED TO 1804:1 FOR PRINCE GEORGE'S COUNTY. THE NUMBER OF SAFETY NET CLINICS IN PRINCE GEORGE'S HOSPITAL IS 5, WHICH COMPARES TO 38-40 IN THE DISTRICT OF COLUMBIA AND 11 IN MONTGOMERY COUNTY.

IN LIGHT OF THE COUNTY'S HIGH UNINSURED OR UNDERINSURED POPULATION THAT PAYS LITTLE TO NO REIMBURSEMENT FOR SERVICES RECEIVED, THE COUNTY'S LEVEL OF PRIVATE-PRACTICE PRIMARY CARE DOCTORS AND PRIMARY CARE CLINICS HAS NOT KEPT PACE WITH THE HEALTH CARE NEEDS OF COUNTY RESIDENTS. THE CAPACITY OF COMMUNITY-BASED CARE, INCLUDING SAFETY-NET CLINICS, REMAINS SEVERELY LIMITED. THIS LACK OF PRIMARY CARE SERVICES AND PATIENT "MEDICAL HOMES" HAS RESULTED IN AN INCREASE USE OF THE HOSPITAL'S EMERGENCY DEPARTMENTS AND OTHER SPECIALTY HEALTH CARE SERVICES. FOR THE FISCAL YEAR ENDING JUNE 30, 2013, PGHC AND LRH, HAD A PATIENT AND THIRD PARTY PAYER MIX THAT INCLUDED 57.9% AND 38.7%, RESPECTIVELY, FOR MEDICAID AND UNINSURED SELF-PAY PATIENTS.

COMMUNITY CHALLENGES & HEALTH STATISTICS:

DESPITE THE HIGHER THAN AVERAGE MEDIAN HOUSEHOLD INCOME, EDUCATIONAL ATTAINMENT, AND PERCENTAGE OF INDIVIDUALS IN THE WORK FORCE REPRESENTED BY PRINCE GEORGIANS IN COMPARISON WITH NATIONAL FIGURES, THE COUNTY

Part VI **Supplemental Information** *(Continuation)*

DOES CONTAIN SEVERAL POCKETS OF LOW SOCIOECONOMIC STATUS. THE 2009 COMMUNITY HEALTH STATUS REPORT DATA REVEALS THAT MEDICALLY VULNERABLE PRINCE GEORGIAN'S (UNINSURED AND MEDICAID ENROLLED INDIVIDUALS) NUMBER APPROXIMATELY 297,784 OR 35.7% OF THE POPULATION. AS A RESULT, ISSUES SUCH AS DIABETES MORTALITY, HEART DISEASE, HYPERTENSION, STROKE, AND DEATHS FROM BREAST, COLORECTAL AND PROSTATE CANCERS, HIV AND INFANT MORTALITY ALL REPRESENT SIGNIFICANT HEALTH CHALLENGES FOR COMMUNITY MEMBERS. FURTHERMORE, PERSISTENT DISPARITIES IN MORTALITY AND HEALTH STATUS FOR SEVERAL HEALTH INDICES ARE SEEN IN VARIOUS RACIAL AND ETHNIC POPULATIONS. THE RACIAL AND ETHNIC MINORITIES ARE APPROXIMATELY 2/3 OF PRINCE GEORGE'S COUNTY MEDICAID BENEFICIARIES. COUNTY AND MARYLAND STATE HEALTH STATISTICS ARE SIMILAR TO NATIONAL TRENDS REGARDING THE STATUS OF MINORITY HEALTH.

PART VI, LINE 5

EXPLANATION: 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.

IN TERMS OF COMMUNITY-BASED MENTORING DHC STAFF MEMBERS PARTICIPATE ON A SMALL SCALE IN CAREER DAYS AT LOCAL COUNTY SCHOOLS. IN 2014, DIMENSIONS PARTNERED WITH PRINCE GEORGE'S COUNTY ECONOMIC DEVELOPMENT CORPORATION, PRINCE GEORGE'S COUNTY SCHOOL SYSTEM AND LOCKHEED MARTIN ON A SUCCESSFUL APPLICATION FOR A FEDERAL GRANT TO SUPPORT YOUTH CAREER DEVELOPMENT. UNDER THE YOUTH CAREERCONNECT GRANT, OVER A FOUR YEAR PERIOD DIMENSIONS WILL WORK WITH THE HEALTH CARE ACADEMY AT BLADENSBURG

Part VI **Supplemental Information** *(Continuation)*

HIGH SCHOOL TO PROVIDE MENTORING FOR STUDENTS AND TEACHERS, INTERNSHIPS AND EDUCATIONAL OPPORTUNITIES FOR STUDENTS INTERESTED IN CAREERS IN HEALTH CARE. DHC HAS ESTABLISHED COLLABORATIONS WITH SUCH ORGANIZATIONS AS THE PRINCE GEORGE'S COUNTY (MARYLAND) HEALTH ACTION FORUM AND THE PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT. THE PURPOSE OF THE COLLABORATIONS IS TO WORK COLLECTIVELY TO DEVELOP CARE MODELS AND RELATIONSHIPS THAT FACILITATE QUALITY AND COST EFFECTIVE CARE FOR RESIDENTS IN THE COMMUNITIES SERVED BY DIMENSIONS' FACILITIES AND PROGRAMS. DIMENSIONS CONTINUES TO WORK WITH COMMUNITY PARTNERS TO DEVELOP PLANS AND PROGRAM DESIGNED TO PROVIDE COMMUNITY-BASED HEALTH SERVICES AND EXPAND ACCESS TO AN OPTIMAL RANGE OF HEALTH RELATED SERVICES THAT WILL IMPROVE COMMUNITY HEALTH STATUS. DIMENSIONS HAS PARTNERED ON THE DEVELOPMENT OF THE PRINCE GEORGE'S COUNTY HEALTH ENTERPRISE ZONE, IT FACILITATES ACCESS TO CARE BY PROVIDING FREE CLINICAL SUPPORT SERVICES TO FQHCS AND COMMUNITY ORGANIZATIONS THAT SERVE INDIVIDUALS WHO OTHERWISE WOULD NOT HAVE ACCESS TO CARE. DIMENSIONS' FOCUS ON COMMUNITY HEALTH NEEDS ALSO INCLUDED THE DISTRIBUTION OF IMPROVED HEALTH INFORMATION. AS IN PRIOR YEARS, DHC ALSO PROVIDED A NUMBER OF HEALTH FAIRS, HEALTH EMPLOYEE INTERNSHIPS, AND OTHER PROGRAMS TO PROMOTE HEALTH IN THE SURROUNDING COMMUNITIES.

DHC IS COMPRISED OF AN 11 MEMBER BOARD. THE BOARD IS PRIMARILY COMPOSED OF INDEPENDENT INDIVIDUALS WHO LIVE IN THE COMMUNITY. BOTH OF DHC'S HOSPITAL FACILITIES, PGHC AND LRH, EXTEND MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS FOR ALL OF ITS DEPARTMENTS. ALL FINANCIAL SURPLUSES THAT ARE GENERATED ARE USED EXCLUSIVELY TO FURTHER THE EXEMPT PURPOSES OF THE HOSPITAL.

Part VI **Supplemental Information** *(Continuation)*

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 AT THE TWO ACUTE CARE HOSPITALS, PGHC AND LRH. ALTHOUGH PGHC HAS ONE OF THE LARGEST POPULATIONS OF UNINSURED PATIENTS IN THE STATE, WE BELIEVE THAT ALL PATIENTS SHOULD RECEIVE THE HIGHEST LEVEL OF CARE REGARDLESS OF ECONOMIC STANDING. THIS GOAL CAN ONLY BE ACHIEVED WITH EXPERIENCED SPECIALIST PHYSICIANS CARING FOR ALL OF OUR PATIENTS, EVEN WHEN SO MANY OF OUR PATIENTS CANNOT AFFORD TO PAY. TO OVERCOME THIS FORMIDABLE DILEMMA, WE REIMBURSE PHYSICIANS FOR BAD DEBTS INCURRED BY THE PHYSICIANS CARING FOR HOSPITAL PATIENTS, SO THE "GAP" EXISTS IN THE HOSPITAL'S PROFITS BUT NOT IN PATIENT CARE. IN PARTICULAR, WE ARE NOT REIMBURSED FROM THE HSCRC ALL-PAYOR SYSTEM FOR THESE PHYSICIAN SUBSIDY PAYMENTS.

WE HAVE ALSO IDENTIFIED SEVERAL HEALTH-RELATED TRENDS, NEEDS, AND PROBLEMS FACING OUR POPULATION, INCLUDING ACCESS TO SPECIALTY CARE, MATERNAL AND CHILD HEALTH, ETC. THE ORGANIZATION'S STRATEGIES FOR ADDRESSING THESE ISSUES INCLUDE PROVIDING CLASSES, SEMINARS, SCREENING AND HEALTH SERVICES, DIABETES EDUCATION, CPR, ACLS, PREEMIE SUPPORT GROUP, SMOKING CESSATION PRESENTATIONS, PROVIDE FLU SHOTS TO THE PUBLIC, PROVIDE BLOOD PRESSURE SCREENINGS TO LOCAL CHURCHES.

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

Part VI **Supplemental Information** *(Continuation)*

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

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

PART VI, LINE 6

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

Part VI **Supplemental Information** *(Continuation)*

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

IN ADDITION, DIMENSIONS HEALTHCARE ASSOCIATES, INC. (DHA), A SUBSIDIARY OF DIMENSIONS HEALTH CORPORATION, EMPLOYS MULTI-SPECIALTY PHYSICIANS, INCLUDING PRIMARY CARE PHYSICIANS, TO PROVIDE PATIENT SERVICES TO THE COMMUNITY, INCLUDING UNINSURED AND UNDERINSURED PATIENTS THAT WOULD NOT OTHERWISE HAVE ACCESS TO PHYSICIAN SERVICES. THE COST TO DHC OF FUNDING THE SHORTFALL OF THIS TAX-EXEMPT PHYSICIAN PRACTICE WAS $16,002,929 DURING THE 2013 TAX YEAR. IT HAS BEEN DETERMINED THAT SUBSIDIZING THE OPERATING LOSSES OF DHA MEETS AN IDENTIFIED COMMUNITY NEED FOR PROVIDING ADDITIONAL PRIMARY CARE AND SPECIALIST PHYSICIANS IN THE COMMUNITY.

SCHEDULE J (Form 990)

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" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at** *www.irs.gov/form990*

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

DIMENSIONS HEALTH CORPORATION

Employer identification number

52-1289729

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) NEIL MOORE	(i)	573,765.	0.	0.	0.	19,596.	593,361.	0.
CEO/CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOHN O'BRIEN III	(i)	308,524.	0.	0.	0.	22,306.	330,830.	0.
PRES-PGHC/COO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KANWALJIT SINGH TANEJA	(i)	273,435.	0.	0.	0.	20,886.	294,321.	0.
COO	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JOHN SPEARMAN	(i)	297,432.	9,000.	0.	0.	20,465.	326,897.	0.
PRESIDENT & COO/LRH	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) GITA K SHAH	(i)	263,213.	0.	22,846.	0.	10,178.	296,237.	0.
CO & PO/WOMEN HEALTH	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DAVID GOLDMAN	(i)	254,171.	0.	0.	0.	30,962.	285,133.	0.
VICE PRESIDENT QUALITY	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) TRUDY HALL	(i)	259,652.	0.	0.	0.	17,083.	276,735.	0.
VP, MEDICAL AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CARL JEAN-BAPTISTE	(i)	275,571.	0.	0.	0.	3,310.	278,881.	0.
GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) CARNELL COOPER	(i)	366,246.	0.	0.	0.	4,772.	371,018.	0.
VP/MED AFFAIRS/CMO	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) RUBY O ANDERSON	(i)	101,501.	0.	90,622.	0.	26,204.	218,327.	0.
CNO	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JYOTI DHAROD	(i)	202,805.	0.	0.	0.	7,164.	209,969.	0.
PERFUSIONIST	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) SHEILA JARRETT	(i)	199,380.	0.	0.	0.	23,904.	223,284.	0.
RN	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) MICHAEL JACOBS	(i)	188,262.	0.	0.	0.	26,652.	214,914.	0.
PRESIDENT DHA	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) SUSAN B OLBES	(i)	188,658.	0.	0.	0.	16,083.	204,741.	0.
RN	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4A:

EXPLANATION: SERVERANCE PAYMENTS WERE MADE TO THE FOLLOWING INDIVIDUALS:

JOHN O'BRIEN $28,846

RUBY O. ANDERSON $90,622

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

DIMENSIONS HEALTH CORPORATION

Employer identification number

52-1289729

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

IMPROVE THE HEALTH STATUS OF OUR COMMUNITY. THIS MISSION IS PURSUED IN COLLABORATION WITH OUR RELATED ORGANIZATIONS. WE URGE THOSE INTERESTED TO ACCESS MORE DETAILED AND COMPLETE INFORMATION AT WWW.DIMENSIONSHEALTH.ORG

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

COMPLETE INFORMATION AT WWW.DIMENSIONSHEALTH.ORG

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

THE COMMUNITIES LOCATED IN PRINCE GEORGE'S, ANNE ARUNDEL, HOWARD, AND MONTGOMERY COUNTIES WITH A POPULATION OF APPROXIMATELY 2,400,000. IN ACCORDANCE WITH OUR TAX-EXEMPT PURPOSE, THE ORGANIZATION OPERATES AN EMERGENCY ROOM OPEN TO ALL PERSONS REGARDLESS OF THE ABILITY TO PAY THAT SERVED APPROXIMATELY 33,080 PATIENTS DURING THE 2013 TAX YEAR. ALL PHYSICIANS LICENSED IN THE STATE OF MARYLAND WHO MEET THE FACILITY BYLAW REQUIREMENTS ARE ELIGIBLE TO APPLY FOR MEDICAL STAFF PRIVILEGES. THE ORGANIZATION HAS A GOVERNING BODY PRIMARILY COMPRISED OF INDEPENDENT PERSONS REPRESENTATIVE OF THE COMMUNITY, AND PARTICIPATES IN THE MEDICARE AND MEDICAID PROGRAMS.

WE HAVE IDENTIFIED SEVERAL HEALTH-RELATED TRENDS, NEEDS, AND PROBLEMS FACING OUR POPULATION, INCLUDING ACCESS TO PRENATAL CARE, ISSUES RELATED TO 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

Name of the organization: DIMENSIONS HEALTH CORPORATION

Employer identification number: 52-1289729

SERVICES, DIABETES EDUCATION. MORE INFORMATION ABOUT THESE STRATEGIES IS AVAILABLE ON THE WEB SITE IDENTIFIED ABOVE.

DURING THE MOST RECENT REPORTING PERIOD LRH PROVIDED OVER $3 MILLION IN CHARITY CARE, AT COST, TO THE COMMUNITY. ADDITIONALLY, LRH EXPENDED APPROXIMATELY $6 MILLION ON COMMUNITY BENEFIT PROGRAMS SUCH AS MISSION-DRIVEN HEALTH SERVICES, EDUCATION AND OUTREACH, GRANTS AND SCHOLARSHIPS. THESE ARE PROGRAMS AND ACTIVITIES BENEFITING THE COMMUNITIES WE SERVE, INCLUDING SCREENINGS AND SPEAKERS WHO ARE EDUCATED ON A WIDE RANGE OF TOPICS. LRH ALSO OFFERS CPR, ACLS, AND SMOKING CESSATION CLASSES. LRH IS PROUD TO PARTNER WITH OUTREACH GROUPS SUCH AS ALCOHOLICS ANONYMOUS, NARCOTICS ANONYMOUS, AND A PARKINSON'S SUPPORT GROUP. FOR MORE DETAILED INFORMATION, PLEASE VISIT THE WEB SITE IDENTIFIED ABOVE.

IN ADDITION, THE ORGANIZATION OPERATES PRINCE GEORGE'S HOSPITAL CENTER (PGHC), AN ACUTE CARE HOSPITAL IN PRINCE GEORGE'S COUNTY, WHICH PROVIDES QUALITY CARE TO A POPULATION OF APPROXIMATELY 1,500,000. IN ACCORDANCE WITH OUR TAX-EXEMPT PURPOSE PGHC OPERATES AN EMERGENCY ROOM OPEN TO ALL PERSONS REGARDLESS OF ABILITY TO PAY THAT SERVED APPROXIMATELY 49,664PATIENTS DURING THE 2013 TAX YEAR. ALL PHYSICIANS LICENSED IN THE STATE OF MARYLAND WHO MEET THE FACILITY BYLAW REQUIREMENTS ARE ELIGIBLE TO APPLY FOR MEDICAL STAFF PRIVILEGES. THE ORGANIZATION THAT OPERATES PRINCE GEORGES HOSPITAL CENTER HAS A GOVERNING BODY PRIMARILY COMPRISED OF INDEPENDENT PERSONS REPRESENTATIVE OF THE COMMUNITY, AND PGHC PARTICIPATES IN THE MEDICARE AND MEDICAID PROGRAMS.

Name of the organization: DIMENSIONS HEALTH CORPORATION

Employer identification number: 52-1289729

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

DURING THE MOST RECENT REPORTING PERIOD PGHC PROVIDED OVER $12 MILLION IN CHARITY CARE, AT COST, TO THE COMMUNITY. ADDITIONALLY, PGHC EXPENDED APPROXIMATELY $26 MILLION TO COMMUNITY BENEFIT PROGRAMS SUCH AS EDUCATION AND OUTREACH, GRANTS AND SCHOLARSHIPS, AND MISSION DRIVEN HEALTH CARE SERVICES ON PROGRAMS AND ACTIVITIES BENEFITING THE COMMUNITIES PGHC SERVES. THESE PROGRAMS AND ACTIVITIES INCLUDED TRAUMA SERVICES,PREEMIE SUPPORT GROUP, SMOKING CESSATION PRESENTATIONS, PROVIDED FLU SHOTS TO THE PUBLIC, PROVIDE BLOOD PRESSURE SCREENINGS TO LOCAL CHURCHES, ETC. FOR MORE DETAILED INFORMATION, PLEASE VISIT THE WEB SITE IDENTIFIED ABOVE.

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

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

Name of the organization: DIMENSIONS HEALTH CORPORATION

Employer identification number: 52-1289729

ADDITIONAL COMMENTS FROM BOARD MEMBERS ARE RESPONDED TO PRIOR TO FILING THE FORM 990.

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

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

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

EXPLANATION: THE ORGANIZATION HAS ADOPTED A PROCESS FOR DETERMINING EXECUTIVE COMPENSATION THAT COVERS THE ORGANIZATION AND ITS SUBSIDIARIES. THE ORGANIZATION UTILIZES A WRITTEN EMPLOYMENT CONTRACT, A COMPENSATION SURVEY OR STUDY, AN APPROVAL BY BOARD/COMPENSATION COMMITTEE AND CONTEMPORANEOUS WRITTEN SUBSTANTIATION OF THE DECISION-MAKING PROCESS. IN ADDITION, DHC HAS A PROCESS IN PLACE TO ENSURE THE COMPENSATION PAID TO EMPLOYED PHYSICIANS IS NOT GREATER THAN FAIR MARKET VALUE, WHICH COVERS DHC AND ITS AFFILIATES. IN PARTICULAR, COMPENSATION SURVEYS ARE REGULARLY CONSULTED AND EACH PHYSICIAN CONTRACT IS APPROVED BY DHC COUNSEL, DHC CEO, AND DHC CFO.

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

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

Name of the organization: DIMENSIONS HEALTH CORPORATION

Employer identification number: 52-1289729

REQUEST.

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

NET ASSETS TRANSFER TO DHA	-16,002,929.
CHANGE IN MINIMUM PENSION LIABILITY	11,954,555.
CHANGE IN BENEFICIAL INTEREST IN FOUNDATIONS	-98,726.
NET ASSETS RELEASED FROM RESTRICTION	-765,762.
PRIOR PERIOD ADJUSTMENTS	-1,010.
TOTAL TO FORM 990, PART XI, LINE 9	-4,913,872.

PART XII, QUESTIONS 2 AND 3

EXPLANATION: DIMENSIONS HEALTH CORPORATION AND ITS SUBSIDIARES UNDERWENT A CONSOLIDATED AUDIT OF THEIR FINANCIAL STATEMENT THAT COMPLIED WITH SINGLE AUDIT ACT/OMB CIRCULAR A-133 REQUIREMENTS DUE TO THE EXPENDITURE OF FEDERAL AWARDS. THE ACCOUNTING FIRM OF COHEN, RUTHERFORD + KNIGHT P.C. HAS ISSUED AN UNMODIFIED OPINION REGARDING THE CONSOLIDATED FINANCIAL STATEMENTS IN CONFORMANCE WITH GENERALLY ACCEPTED AUDIT STANDARDS AND GOVERNMENT AUDITING STANDARDS AND UNMODIFIED REPORT RELATED TO THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS IN ACCORDANCE WITH THE SINGLE AUDIT ACT/OMB CIRCULAR A-133 REQUIREMENTS FOR THE FISCAL YEAR THAT CORRESPONDS TO THE TAX REPORTING YEAR GOVERNED BY THIS FORM 990.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No. 1545-0047

2013

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

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

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

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

Schedule R (Form 990) 2013

332161
09-12-13 LHA

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
AFFILIATED ENTERPRISES - 52-1542144 7300 DUSEN RD LAUREL, MD 20707	HEALTHCARE	MD	DHC	C CORP	290,213.	3,929,824.	100.00%	X	
DIMENSIONS ASSURANCE - 98-0348082 PO BOX 1363 GENESIS BUILDING GEORGE TOWN, GRAND CAYMAN, CAYMAN ISLANDS	INSURANCE	CAYMAN ISLANDS	DHC	C CORP	-5,627,729.	53,651,126.	100.00%	X	
MADISON MANOR - 52-1269059 7300 VAN DUSEN RD LAUREL, MD 20707	HEALTHCARE	MD	DHC	C CORP	319,554.	3,324,995.	100.00%	X	

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

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	DIMENSIONS HEALTHCARE ASSOCIATES	P	16,002,929.	FMV
(2)	DIMENSIONS ASSURANCE LTD	M	5,418,000.	FMV
(3)				
(4)				
(5)				
(6)				

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

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

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

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

June 30, 2014

Prepared for	Dimensions Health Corporation 7300 VAN DUSEN ROAD LAUREL, MD 20707
Prepared by	Dixon Hughes Goodman LLP 111 Rockville Pike, 6th Floor Rockville, MD 20850
Amount due or refund	No amount is due.
Make check payable to	No amount is due.
Mail tax return and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	May 15, 2015
Special Instructions	The return should be signed and dated. We recommend that you file your return using certified mail with a postmarked receipt for proof of timely filing. You should write the certified mail receipt number on the return in the margin near your signature prior to filing. You should also retain the certified mail receipt with your copy of the return.

Form **990-T**

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

For calendar year 2013 or other tax year beginning JUL 1, 2013 , and ending JUN 30, 2014 .

▶ **Information about Form 990-T and its instructions is available at** *www.irs.gov/form990t.*

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

OMB No. 1545-0687

2013

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

Department of the Treasury
Internal Revenue Service

A ☐ Check box if address changed

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

C Book value of all assets at end of year 181,349,107.

Print or Type

Name of organization (☐ Check box if name changed and see instructions.)
DIMENSIONS HEALTH CORPORATION

Number, street, and room or suite no. If a P.O. box, see instructions.
7300 VAN DUSEN ROAD

City or town, state or province, country, and ZIP or foreign postal code
LAUREL, MD 20707

D Employer identification number (Employees' trust, see instructions.)
52-1289729

E Unrelated business activity codes (See instructions.)

F Group exemption number (See instructions.) ▶

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

H Describe the organization's primary unrelated business activity. ▶

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 ▶ LISA GOODLETT Telephone number ▶ 301-618-2109

Part I Unrelated Trade or Business Income

			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances	c Balance ▶ 1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Form 8949 and Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from partnerships and S corporations (attach statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions; attach schedule.)	12			
13	**Total.** Combine lines 3 through 12	13	0.		

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

(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 instructions for limitation rules.)		20	
21	Depreciation (attach Form 4562)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b	
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 instructions for exceptions.)		33	1,000.
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. 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. Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶	36	
37	**Proxy tax.** See 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

40a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a			
b	Other credits (see 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.
44a	Payments: A 2012 overpayment credited to 2013	44a			
b	2013 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	Credit for small employer health insurance premiums (Attach Form 8941)	44f			
g	Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total ▶	44g			
45	**Total payments.** Add lines 44a through 44g			45	
46	Estimated tax penalty (see 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 2014 estimated tax** ▶ **Refunded** ▶			49	

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

		Yes	No
1	At any time during the 2013 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 ▶		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 instructions for other forms the organization may have to file.		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 ▶ N/A

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

Sign Here

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

▶ Signature of officer | Date | ▶ CEO Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
AARON COHEN		05/13/15		P01782580

Firm's name ▶ DIXON HUGHES GOODMAN LLP — Firm's EIN ▶ 56-0747981

Firm's address ▶ 111 ROCKVILLE PIKE, 6TH FLOOR ROCKVILLE, MD 20850 — Phone no. 240-403-3700

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

1. Description of property

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

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

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

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

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

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			

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

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

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

Nonexempt Controlled Organizations

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

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

(see instructions)

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

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals ▶	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

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

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

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

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

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

Form **5471**

(Rev. December 2012)

Department of the Treasury
Internal Revenue Service

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

▶ **For more information about Form 5471, see** *www.irs.gov/form5471.*

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning JAN 1 , 2013, and ending DEC 31, 2013

OMB No. 1545-0704

Attachment Sequence No. **121**

Name of person filing this return

DIMENSIONS HEALTH CORPORATION

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)

7300 VAN DUSEN ROAD

City or town, state, and ZIP code

LAUREL, MD 20707

A Identifying number

52-1289729

B Category of filer (See instructions. Check applicable box(es)):

1 (repealed) 2 ☐ 3 ☒ 4 ☒ 5 ☒

C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period 100.00 %

Filer's tax year beginning JUL 1 , 2013 , and ending JUN 30 , 2014

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

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

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

1a Name and address of foreign corporation

DIMENSIONS ASSURANCE, LTD.
GENESIS BUILDING, P.O. BOX 1363
GEORGE TOWN, GRAND CAYMAN
CAYMAN ISLANDS

b(1) Employer identification number, if any
98-0348082

b(2) Reference ID number (see instructions)

c Country under whose laws incorporated
CAYMAN ISLANDS

d Date of incorporation	**e** Principal place of business	**f** Principal business activity code number	**g** Principal business activity	**h** Functional currency
12/31/94	CAYMAN ISLANDS	524290	OTHER INSURANC	UNITED STATES,DOLLAR

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

a Name, address, and identifying number of branch office or agent (if any) in the United States

b If a U.S. income tax return was filed, enter:

(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)

c Name and address of foreign corporation's statutory or resident agent in country of incorporation

GLOBAL CAPTIVE MANAGEMENT (CAYMAN)L
PO BOX 1363
GEORGE TOWN KY1-1108
CAYMAN ISLANDS

d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different

HEATHER SAUNDERS
PO BOX 1363
GEORGE TOWN KY1-1108
CAYMAN ISLANDS

Schedule A Stock of the Foreign Corporation

(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period
COMMON	50,000	50,000

SEE STATEMENT 1 SEE STATEMENT 2

Schedule B U.S. Shareholders of Foreign Corporation

(a) Name, address, and identifying number of shareholder	(b) Description of each class of stock held by shareholder. **Note:** This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of subpart F income (enter as a percentage)
DIRMENSIONS HEALTH CORP 7300 VAN DUSEN RD LAUREL MD 20707 52-1289729	COMMON	50,000	50,000	100.00%

Schedule C Income Statement

Important: *Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for DASTM corporations.*

			Functional Currency	U.S. Dollars
Income	1a Gross receipts or sales	1a		5,149,000.
	b Returns and allowances	1b		
	c Subtract line 1b from line 1a	1c		5,149,000.
	2 Cost of goods sold	2		
	3 Gross profit (subtract line 2 from line 1c)	3		5,149,000.
	4 Dividends	4		
	5 Interest	5		1,243,822.
	6a Gross rents	6a		
	b Gross royalties and license fees	6b		
	7 Net gain or (loss) on sale of capital assets	7		749,320.
	8 Other income (attach statement) SEE STATEMENT 3	8		5,500,000.
	9 Total income (add lines 3 through 8)	9		12,642,142.
Deductions	10 Compensation not deducted elsewhere	10		
	11a Rents	11a		
	b Royalties and license fees	11b		
	12 Interest	12		
	13 Depreciation not deducted elsewhere	13		
	14 Depletion	14		
	15 Taxes (exclude provision for income, war profits, and excess profits taxes)	15		
	16 Other deductions (attach statement - exclude provision for income, war profits, and excess profits taxes) SEE STATEMENT 4	16		18,979,468.
	17 Total deductions (add lines 10 through 16)	17		18,979,468.
Net Income	18 Net income or (loss) before extraordinary items, prior period adjustments, and the provision for income, war profits, and excess profits taxes (subtract line 17 from line 9)	18		-6,337,326.
	19 Extraordinary items and prior period adjustments	19		709,597.
	20 Provision for income, war profits, and excess profits taxes	20		
	21 Current year net income or (loss) per books (combine lines 18 through 20)	21		-5,627,729.

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

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

Schedule F Balance Sheet

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

	Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash	1	123,040.	121,979.
2a	Trade notes and accounts receivable	2a		
b	Less allowance for bad debts	2b	( )	( )
3	Inventories	3		
4	Other current assets (attach statement) SEE STATEMENT 5	4	292,168.	272,647.
5	Loans to shareholders and other related persons	5		
6	Investment in subsidiaries (attach statement)	6		
7	Other investments (attach statement) SEE STATEMENT 6	7	42,611,493.	46,336,378.
8a	Buildings and other depreciable assets	8a		
b	Less accumulated depreciation	8b	( )	( )
9a	Depletable assets	9a		
b	Less accumulated depletion	9b	( )	( )
10	Land (net of any amortization)	10		
11	Intangible assets:			
a	Goodwill	11a		
b	Organization costs	11b		
c	Patents, trademarks, and other intangible assets	11c		
d	Less accumulated amortization for lines 11a, b, and c	11d	( )	( )
12	Other assets (attach statement) SEE STATEMENT 7	12	1,467,294.	6,920,122.
13	Total assets	13	44,493,995.	53,651,126.
	Liabilities and Shareholders' Equity			
14	Accounts payable	14	81,302.	81,990.
15	Other current liabilities (attach statement)	15		
16	Loans from shareholders and other related persons	16		
17	Other liabilities (attach statement) SEE STATEMENT 8	17	25,633,223.	40,417,395.
18	Capital stock:			
a	Preferred stock	18a		
b	Common stock	18b	50,000.	50,000.
19	Paid-in or capital surplus (attach reconciliation)	19	1,174,811.	1,174,811.
20	Retained earnings	20	17,554,659.	11,926,930.
21	Less cost of treasury stock	21	( )	( )
22	Total liabilities and shareholders' equity	22	44,493,995.	53,651,126.

Schedule G Other Information

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

Schedule H Current Earnings and Profits

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

		Net Additions	Net Subtractions		
1	Current year net income or (loss) per foreign books of account			1	-5,627,729.
2	Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):				
a	Capital gains or losses				
b	Depreciation and amortization				
c	Depletion				
d	Investment or incentive allowance				
e	Charges to statutory reserves	10,596,880.			
f	Inventory adjustments				
g	Taxes				
h	Other (attach statement) STATEMENT 9		5,149,000.		
3	Total net additions	10,596,880.			
4	Total net subtractions		5,149,000.		
5a	Current earnings and profits (line 1 plus line 3 minus line 4)			5a	-179,849.
b	DASTM gain or (loss) for foreign corporations that use DASTM			5b	
c	Combine lines 5a and 5b			5c	-179,849.
d	Current earnings and profits in U.S. dollars (line 5c translated at the appropriate exchange rate as defined in section 989(b) and the related regulations) Enter exchange rate used for line 5d ▶			5d	

Schedule I Summary of Shareholder's Income From Foreign Corporation

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

Name of U.S. shareholder ▶ Identifying number ▶

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

	Yes	No
• Was any income of the foreign corporation blocked?		X
• Did any such income become unblocked during the tax year (see section 964(b))?		X

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

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

AMOUNT	DESCRIPTION
45,833.	DUE TO PARENT

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

NAME AND ADDRESS	IDENTIFYING NUMBER	NUMBER OF SHARES
DIMENSIONS HEALTH CORP 7300 VAN DUSEN ROAD LAUREL MD 20707	52-1289729	50000

FORM 5471 OTHER INCOME STATEMENT 3

DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
LOSS RECOVERIES			5,500,000.
TOTAL TO 5471, SCHEDULE C, LINE 8			5,500,000.

FORM 5471 OTHER DEDUCTIONS STATEMENT 4

DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
LOSSES AND LOSS EXPENSES PAID			17,142,528.
MOVEMENT IN OUTSTANDING LOSSES			1,268,714.
BROKER FEES			105,000.
AMORTIZATION FIXED INCOME SECURITIE			120,992.
INVESTMENT MANAGEMENT FEES			162,385.
ADMINISTRATIVE EXPENSES			179,849.
TOTAL TO 5471, SCHEDULE C, LINE 16			18,979,468.

FORM 5471 OTHER CURRENT ASSETS STATEMENT 5

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
INTEREST RECEIVABLE	279,398.	272,647.
PREPAID EXPENSES	12,770.	0.
TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 4	292,168.	272,647.

FORM 5471 OTHER INVESTMENTS STATEMENT 6

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
CASH HELD BY INVESTMENT CUSTODIAN	261,000.	830,000.
MONEY MARKET FUNDS	5,137,581.	8,960,821.
FIXED INCOME SECURITES	28,218,366.	27,096,358.
EQUITIES	8,994,546.	9,449,199.
TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 7	42,611,493.	46,336,378.

FORM 5471 OTHER ASSETS STATEMENT 7

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
TRADES PENDING SETTLEMENT	241,660.	69,025.
LOSS ESCROW FUND	100,000.	100,000.
OUTSTANDING LOSS RECOVERABLE	1,125,634.	1,251,097.
REINSURANCE RECOVERABLE	0.	5,500,000.
TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 12	1,467,294.	6,920,122.

FORM 5471 OTHER LIABILITIES STATEMENT 8

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
DUE TO BROKER - UNSETTLED TRADES	241,660.	69,025.
INTERCOMPANY PAYABLE	26,250.	45,833.
LOSSES PAYABLE	91,088.	13,634,135.
OUTSTANDING LOSSES	25,274,225.	26,668,402.
TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 17	25,633,223.	40,417,395.

FORM 5471 OTHER NET ADJUSTMENTS STATEMENT 9

DESCRIPTION	NET ADDITIONS	NET SUBTRACTIONS
PREMIUMS EARNED		5,149,000.
TOTAL TO 5471, PAGE 4, SCHEDULE H, LINE 2H		5,149,000.

SCHEDULE J (Form 5471)
(Rev. December 2012)
Department of the Treasury
Internal Revenue Service

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

▶ **Information about Schedule J (Form 5471) and its instructions is at** *www.irs.gov/form5471.*
▶ **Attach to Form 5471.**

OMB No. 1545-0704

Name of person filing Form 5471 | Identifying number

DIMENSIONS HEALTH CORPORATION | 52-1289729

Name of foreign corporation | EIN (if any) | Reference ID number

DIMENSIONS ASSURANCE, LTD. | 98-0348082 |

Important: Enter amounts in functional currency.	**(a)** Post-1986 Undistributed Earnings (post-86 section 959(c)(3) balance)	**(b)** Pre-1987 E&P Not Previously Taxed (pre-87 section 959(c)(3) balance)	**(c)** Previously Taxed E&P (sections 959(c)(1) and (2) balances)			**(d)** Total Section 964(a) E&P (combine columns (a), (b), and (c))
			(i) Earnings Invested in U.S. Property	*(ii)* Earnings Invested in Excess Passive Assets	*(iii)* Subpart F Income	
1 Balance at beginning of year	-5,363,531.					-5,363,531.
2a Current year E&P						
b Current year deficit in E&P	179,849.					
3 Total current and accumulated E&P not previously taxed (line 1 plus line 2a **or** line 1 minus line 2b)	-5,543,380.					
4 Amounts included under section 951(a) or reclassified under section 959(c) in current year						
5a Actual distributions or reclassifications of previously taxed E&P						
b Actual distributions of nonpreviously taxed E&P						
6a Balance of previously taxed E&P at end of year (line 1 plus line 4, minus line 5a)						
b Balance of E&P not previously taxed at end of year (line 3 minus line 4, minus line 5b)	-5,543,380.					
7 Balance at end of year. (Enter amount from line 6a or line 6b, whichever is applicable.)	-5,543,380.					-5,543,380.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 5471.** **Schedule J (Form 5471)** (Rev. 12-2012)

SCHEDULE M (Form 5471)
(Rev. December 2012)
Department of the Treasury
Internal Revenue Service

Transactions Between Controlled Foreign Corporation and Shareholders or Other Related Persons

▶ Information about Schedule M (Form 5471) and its instructions is at *www.irs.gov/form5471.*
▶ Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471	Identifying number
DIMENSIONS HEALTH CORPORATION	52-1289729

Name of foreign corporation	EIN (if any)	Reference ID number
DIMENSIONS ASSURANCE, LTD.	98-0348082	

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

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

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

SCHEDULE O (Form 5471)
(Rev. December 2012)
Department of the Treasury
Internal Revenue Service

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

Information about Schedule O (Form 5471) and its instructions is at *www.irs.gov/form5471*
▶ Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471	Identifying number
DIMENSIONS HEALTH CORPORATION	52-1289729

Name of foreign corporation	EIN (if any)	Reference ID number
DIMENSIONS ASSURANCE, LTD.	98-0348082	

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

Part I To Be Completed by U.S. Officers and Directors

(a) Name of shareholder for whom acquisition information is reported	(b) Address of shareholder	(c) Identifying number of shareholder	(d) Date of original 10% acquisition	(e) Date of additional 10% acquisition

Part II To Be Completed by U.S. Shareholders

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

Section A - General Shareholder Information

(a) Name, address, and identifying number of shareholder(s) filing this schedule	(b) For shareholder's latest U.S. income tax return filed, indicate: (1) Type of return (enter form number)	(2) Date return filed	(3) Internal Revenue Service Center where filed	(c) Date (if any) shareholder last filed information return under section 6046 for the foreign corporation
STMT 10 DIMENSIONS HEALTH CORP 7300 VAN DUSEN ROAD LAUREL, MD 52-1289729	990	05/15/13	E-FILED	

Section B - U.S. Persons Who Are Officers or Directors of the Foreign Corporation

(a) Name of U.S. officer or director	(b) Address	(c) Social security number	(d) Check appropriate box(es) Officer	Director

Section C - Acquisition of Stock

(a) Name of shareholder(s) filing this schedule	(b) Class of stock acquired	(c) Date of acquisition	(d) Method of acquisition	(e) Number of shares acquired (1) Directly	(2) Indirectly	(3) Constructively
DIMENSIONS HEALTH CO	COMMON	12/28/1994	ISSUED	50,000		

(f) Amount paid or value given	(g) Name and address of person from whom shares were acquired
	DIMENSIONS ASSURANCE,LTD P.O. BOX 1363 GEORGE TOWN, CAYMAN ISLANDS

Section D - Disposition of Stock

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

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

Section E - Organization or Reorganization of Foreign Corporation

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

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

Section F - Additional Information

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

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

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

SCHEDULE O GENERAL SHAREHOLDER INFORMATION STATEMENT 10

(A) NAME, ADDRESS, AND IDENTIFYING NUMBER OF SHAREHOLDER(S) FILING THIS SCHEDULE	(B) FOR SHAREHOLDER'S LATEST U.S. INCOME TAX RETURN FILED INDICATE: (1) TYPE OF RETURN (ENTER FORM NUMBER)	(2) DATE RETURN FILED	(3) INTERNAL REVENUE SERVICE CENTER WHERE FILED	(C) DATE SHAREHOLDER LAST FILED INFORMATION RTN UNDER SEC. 6046
DIMENSIONS HEALTH CORP 7300 VAN DUSEN ROAD LAUREL, MD 52-1289729	990	05/15/13	E-FILED	

Form **926**
(Rev. December 2013)
Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0026

Attachment Sequence No. **128**

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

Name of transferor	Identifying number (see instructions)
DIMENSIONS HEALTH CORPORATION	52-1289729

1 If the transferor was a corporation, complete questions 1a through 1d.

a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? ☐ **Yes** ☒ **No**

b Did the transferor remain in existence after the transfer? ☒ **Yes** ☐ **No**

If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? ☐ **Yes** ☒ **No**

If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

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

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

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

Name of partnership	EIN of partnership

b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? ☐ **Yes** ☐ **No**

c Is the partner disposing of its **entire** interest in the partnership? ☐ **Yes** ☐ **No**

d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? ☐ **Yes** ☐ **No**

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation)	**4a Identifying number**, if any
DIMENSIONS ASSURANCE, LTD.	98-0348082
5 Address (including country) 23 LIME TREE BAY, BLDG 3, 2ND FLOOR GEORGE TOWN, GRAND CAYMAN CAYMAN ISLANDS	**4b** Reference ID number

6 Country code of country of incorporation or organization
CJ

7 Foreign law characterization (see instructions)
CORPORATION

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

Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash			5,031,571.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):

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

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

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

10 Type of nonrecognition transaction (see instructions) ▶ IRC SEC 351

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

a	Gain recognition under section 904(f)(3)	☐ Yes	☒ No
b	Gain recognition under section 904(f)(5)(F)	☐ Yes	☒ No
c	Recapture under section 1503(d)	☐ Yes	☒ No
d	Exchange gain under section 987	☐ Yes	☒ No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? ☐ Yes ☒ No

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

a	Tainted property	☐ Yes	☒ No
b	Depreciation recapture	☐ Yes	☒ No
c	Branch loss recapture	☐ Yes	☒ No
d	Any other income recognition provision contained in the above-referenced regulations	☐ Yes	☒ No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? ☐ Yes ☒ No

15 a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? ☐ Yes ☒ No

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

16 Was cash the only property transferred? ☒ Yes ☐ No

17 a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? ☐ Yes ☒ No

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ X

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

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

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ LISA GOODLETT 7300 VAN DUSEN ROAD - LAUREL, MD 20707
  Telephone No. ▶ 301-618-2109 Fax No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ ☐. If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 2015.

5 For calendar year _____, or other tax year beginning JUL 1, 2013, and ending JUN 30, 2014.

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension
NEED ADDITIONAL INFORMATION TO COMPLETE RETURN

8a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$	0.
c	**Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Title ▶ CEO Date ▶

Form **8868** (Rev. 1-2014)

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12-31-13