

# **Iowa Health System and Subsidiaries**

Accountants' Report and Consolidated Financial Statements

December 31, 2009 and 2008



# Iowa Health System and Subsidiaries

December 31, 2009 and 2008

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## Independent Accountants' Report

Board of Directors  
Iowa Health System and Subsidiaries

We have audited the accompanying consolidated balance sheets of Iowa Health System and Subsidiaries (the Health System) as of December 31, 2009 and 2008, and the related consolidated statements of operations, changes in net assets and cash flows for the years then ended. These financial statements are the responsibility of the Health System's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the consolidated financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of Iowa Health System and Subsidiaries as of December 31, 2009 and 2008 and the results of their operations, changes in net assets and cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic consolidated financial statements taken as a whole. The accompanying supplementary consolidating information included on pages 47-62 is presented for purposes of additional analysis of the 2009 basic consolidated financial statements rather than to present the financial position, results of operations and cash flows of the individual companies, and is not a required part of the 2009 basic consolidated financial statements. This additional information is the responsibility of the Health System's management. The consolidating information has been subjected to the procedures applied in the audit of the 2009 basic consolidated financial statements and, in our opinion, is fairly stated, in all material respects, in relation to the 2009 basic consolidated financial statements taken as a whole.

*BKD, LLP*

April 14, 2010

**Iowa Health System and Subsidiaries**  
**Consolidated Balance Sheets**  
**December 31, 2009 and 2008**

**Assets**

	<b>2009</b>	<b>2008</b>
	<b>(In Thousands)</b>	
<b>Current Assets</b>		
Cash and cash equivalents	\$ 92,037	\$ 170,976
Short-term investments	167,406	46,971
Assets limited as to use – required for current liabilities	17,307	19,401
Patient accounts receivable, less estimated uncollectibles; 2009 – \$47,860, 2008 – \$51,911	243,610	258,025
Other receivables	18,700	29,301
Inventories	41,922	37,789
Prepaid expenses	16,538	15,741
	<u>597,520</u>	<u>578,204</u>
<b>Assets Limited As to Use, noncurrent</b>		
Held by trustee under bond indenture agreements	17,838	35,238
Internally designated	662,780	505,491
	<u>680,618</u>	<u>540,729</u>
	680,618	540,729
<b>Property, Plant and Equipment, net</b>	969,508	895,243
<b>Other Long-term Investments</b>	167,003	107,597
<b>Investments in Joint Ventures and Other Investments</b>	39,176	57,278
<b>Contributions Receivable, net</b>	52,355	40,470
<b>Other</b>	28,452	26,124
	<u>28,452</u>	<u>26,124</u>
<b>Total assets</b>	<u>\$ 2,534,632</u>	<u>\$ 2,245,645</u>

See Notes to Consolidated Financial Statements

## Liabilities and Net Assets

	<u>2009</u>	<u>2008</u>
	(In Thousands)	
<b>Current Liabilities</b>		
Current maturities of long-term debt	\$ 36,812	\$ 55,958
Accounts payable	70,640	75,779
Accrued payroll	100,927	107,667
Accrued interest	11,565	4,441
Estimated settlements due to third-party payers	45,109	44,556
Other current liabilities	<u>43,611</u>	<u>47,358</u>
Total current liabilities	308,664	335,759
<b>Long-term Debt, net</b>	667,779	588,179
<b>Other Long-term Liabilities</b>	<u>150,928</u>	<u>255,042</u>
Total liabilities	<u>1,127,371</u>	<u>1,178,980</u>
<b>Net Assets</b>		
Unrestricted	1,320,881	995,382
Temporarily restricted	45,009	32,670
Permanently restricted	<u>41,371</u>	<u>38,613</u>
Total net assets	<u>1,407,261</u>	<u>1,066,665</u>
Total liabilities and net assets	<u>\$ 2,534,632</u>	<u>\$ 2,245,645</u>

**Iowa Health System and Subsidiaries**  
**Consolidated Statements of Operations**  
**Years Ended December 31, 2009 and 2008**

	<b>2009</b>	<b>2008</b>
	<b>(In Thousands)</b>	
<b>Unrestricted Revenue</b>		
Net patient service revenue	\$ 1,967,219	\$ 1,876,298
Other operating revenue	106,187	114,695
Net assets released from restrictions used for operations	7,694	5,253
Total unrestricted revenue	2,081,100	1,996,246
<b>Expenses</b>		
Salaries and wages	740,360	729,556
Physician compensation and services	188,671	163,320
Employee benefits	209,453	197,045
Supplies	353,567	335,150
Other expenses	315,727	325,294
Depreciation and amortization	119,173	109,166
Interest	26,007	23,472
Provision for uncollectible accounts	68,346	64,558
Total expenses	2,021,304	1,947,561
<b>Operating Income</b>	59,796	48,685
<b>Nonoperating Gains (Losses)</b>		
Investment income	138,510	(85,839)
Other, net	(20,918)	(4,432)
Total nonoperating gains (losses), net	117,592	(90,271)
<b>Revenue Over Expenses Before Loss on Revenue Bond Refinancing Transactions</b>	177,388	(41,586)
Loss on revenue bond refinancing transactions	(9,390)	(3,871)
<b>Revenue Over (Under) Expenses</b>	167,998	(45,457)
Change in net unrealized gains and losses on investments	27,595	(138,512)
Change in net unrealized gains and losses on swaps	93,207	(101,178)
Net assets released from restrictions used for capital expenditures	7,505	12,640
Change in defined benefit pension plan gains and losses and prior costs or credits	28,451	(53,236)
Contributions of or for acquisition of property and equipment	770	480
Other, net	(27)	(336)
<b>Increase (Decrease) in Unrestricted Net Assets</b>	\$ 325,499	\$ (325,599)

**Iowa Health System and Subsidiaries**  
**Consolidated Statements of Changes in Net Assets**  
**Years Ended December 31, 2009 and 2008**

	<u>2009</u>	<u>2008</u>
	(In Thousands)	
<b>Unrestricted Net Assets</b>		
Revenue over (under) expenses	\$ 167,998	\$ (45,457)
Change in net unrealized gains and losses on investments	27,595	(138,512)
Change in net unrealized gains and losses on swaps	93,207	(101,178)
Net assets released from restrictions used for capital expenditures	7,505	12,640
Change in defined benefit pension plan gains and losses, prior costs or credits	28,451	(53,236)
Contributions of or for acquisition of property and equipment	770	480
Other, net	<u>(27)</u>	<u>(336)</u>
Increase (decrease) in unrestricted net assets	<u>325,499</u>	<u>(325,599)</u>
<b>Temporarily Restricted Net Assets</b>		
Contributions	13,342	9,653
Investment income	803	(510)
Government grants	1,145	249
Scholarships, loan cancellations and receivable payments	(10)	(73)
Net assets released from restrictions used for operations	(7,694)	(5,253)
Net assets released from restrictions used for capital expenditures	(7,505)	(12,640)
Change in net unrealized gains and losses on investments	1,470	(3,762)
Change in beneficial interest in net assets of affiliate	10,052	(7,317)
Other, net	<u>736</u>	<u>(191)</u>
Increase (decrease) in temporarily restricted net assets	<u>12,339</u>	<u>(19,844)</u>
<b>Permanently Restricted Net Assets</b>		
Contributions	361	976
Investment income	1,878	(1,818)
Change in net unrealized gains and losses on investments	441	(3,236)
Change in beneficial interest in net assets of affiliate	(205)	433
Other, net	<u>283</u>	<u>(1)</u>
Increase (decrease) in permanently restricted net assets	<u>2,758</u>	<u>(3,646)</u>
<b>Increase (Decrease) in Net Assets</b>	<u>340,596</u>	<u>(349,089)</u>
<b>Net Assets, Beginning of Year</b>	<u>1,066,665</u>	<u>1,415,754</u>
<b>Net Assets, End of Year</b>	<u><u>\$ 1,407,261</u></u>	<u><u>\$ 1,066,665</u></u>

**Iowa Health System and Subsidiaries**  
**Consolidated Statements of Cash Flows**  
**Years Ended December 31, 2009 and 2008**

	<b>2009</b>	<b>2008</b>
	<b>(In Thousands)</b>	
<b>Operating Activities</b>		
Increase (decrease) in net assets	\$ 340,596	\$ (349,089)
Items not requiring (providing) operating cash		
Net (gains) losses on investments	(152,512)	199,597
Net unrealized (gains) losses on swaps	(75,150)	101,178
Charge for impairment of investments	-	46,042
Restricted contributions, investment income and government grants received	(17,529)	(8,550)
Contributions of or for acquisition of property and equipment	(770)	(480)
Depreciation and amortization	119,173	109,166
Change in defined benefit pension plans' liability	(28,451)	53,236
Transfer of Trinity Muscatine net assets	(1,020)	-
Amortization of debt issuance costs	445	639
(Gain) loss on disposition of assets	2,193	(1,672)
Loss on revenue bond refinancing transactions	9,390	3,871
Equity in earnings of joint ventures	(16,969)	(18,906)
Change in beneficial interest in net assets of affiliate	(9,847)	6,884
Changes in		
Receivables	30,985	(12,740)
Inventories and prepaid expenses	(5,041)	(7,011)
Accounts payable, accrued liabilities and other liabilities	(19,052)	(20,937)
Due to third-party payers	602	2,976
	<u>177,043</u>	<u>104,204</u>
<b>Investing Activities</b>		
Capital expenditures	(183,047)	(223,029)
Proceeds from sale of assets	1,574	4,716
Change in assets limited as to use, net	14,924	(39,137)
Decrease (increase) in short-term investments	(119,306)	25,653
Decrease (increase) in other long-term investments	(39,291)	21,322
Investments in joint ventures	(373)	(2,188)
Distributions received from joint ventures	21,534	17,456
	<u>(303,985)</u>	<u>(195,207)</u>
<b>Financing Activities</b>		
Proceeds from issuance of debt	646,934	486,209
Payments of debt	(606,197)	(352,041)
Payments of financing costs	(8,554)	(6,155)
Proceeds from restricted contributions, investment income and government grants	15,050	20,013
Proceeds from contributions for acquisition of property and equipment	770	480
	<u>48,003</u>	<u>148,506</u>
Net cash provided by financing activities		
	<u>177,043</u>	<u>104,204</u>
<b>Increase (Decrease) in Cash and Cash Equivalents</b>	<b>(78,939)</b>	<b>57,503</b>
<b>Cash and Cash Equivalents, Beginning of Year</b>	<b>170,976</b>	<b>113,473</b>
<b>Cash and Cash Equivalents, End of Year</b>	<b>\$ 92,037</b>	<b>\$ 170,976</b>

**Iowa Health System and Subsidiaries**  
**Consolidated Statements of Cash Flows (Continued)**  
**Years Ended December 31, 2009 and 2008**

	<b>2009</b>		<b>2008</b>
	<b>(In Thousands)</b>		
<b>Supplemental Cash Flows Information</b>			
Interest paid (net of amount capitalized)	\$ 22,526	\$	26,512
Capital lease obligations incurred for property and equipment	60		1,396
Property and equipment purchases in accounts payable	15,004		14,462
Affiliation with Trinity Muscatine			
Assets acquired	24,479		-
Liabilities assumed	24,792		-

**Iowa Health System and Subsidiaries**  
**Notes to Consolidated Financial Statements**  
**(Dollars in thousands)**  
**December 31, 2009 and 2008**

**Note 1: Nature of Operations and Summary of Significant Accounting Policies**

***Organization***

Iowa Health System is an Iowa nonprofit corporation formed in December 1994. Iowa Health System and its subsidiaries (the Health System) provide inpatient and outpatient care and physician services from fourteen hospital facilities and various ambulatory service and clinic locations in Iowa and Illinois. Primary, secondary and tertiary care services are provided to residents of Iowa and adjacent states.

***Basis of Presentation***

The consolidated financial statements include the accounts of Iowa Health System and its subsidiaries listed below:

- Central Iowa Health System and subsidiaries (d/b/a Iowa Health - Des Moines) (Des Moines)
- Trinity Regional Health System and subsidiaries (Rock Island)
- St. Luke's Healthcare and subsidiaries (Cedar Rapids)
- Allen Health Systems, Inc. and subsidiaries (Waterloo)
- Trinity Health Systems, Inc. and subsidiaries (Fort Dodge)
- St. Luke's Health System, Inc. (Sioux City)
- Finley Tri-States Health Group, Inc. and subsidiaries (Dubuque)
- Iowa Physicians Clinic Medical Foundation (d/b/a Iowa Health Physicians)
- Intrust (d/b/a Iowa Health Home Care)

On July 1, 2009, Trinity Regional Health System (TRHS) and Trinity Muscatine (formerly Unity HealthCare) entered into an Affiliation agreement under which Trinity Muscatine became a controlled affiliate of TRHS on that date. At December 31, 2009, TRHS has recorded \$25,370 of total assets and net revenues of \$23,806 for the six months ended December 31, 2009. The Health System guaranteed debt as part of the affiliation, which currently has a balance of \$13,845 as of December 31, 2009. Unity HealthCare officially adopted the d/b/a Trinity Muscatine on April 1, 2010.

All significant intercompany balances and transactions have been eliminated in consolidation.

**Iowa Health System and Subsidiaries**  
**Notes to Consolidated Financial Statements**  
**(Dollars in thousands)**  
**December 31, 2009 and 2008**

***Use of Estimates***

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

***Cash Equivalents and Short-term Investments***

Cash equivalents consist of demand deposits, repurchase agreements, money market funds and other debt securities with original maturities of three months or less at the date of purchase, other than those included in assets limited as to use. Short-term investments consist of debt securities with maturities between 91 and 365 days of the balance sheet date.

***Assets Limited as to Use***

Assets limited as to use include amounts held by trustees under bond indenture agreements and related documents and assets internally designated by the Board of Directors for identified purposes and over which the Board of Directors retains control and may, at its discretion, subsequently use for other purposes. Amounts required to meet current liabilities are classified as current assets.

***Inventories***

Inventories consist of supplies and are stated at the lower of cost or market.

***Investments and Investment Income***

Investments in equity securities with readily determinable fair values and all investments in fixed income securities are measured at fair value in the consolidated balance sheets. The fair values are based on quoted market prices or dealer quotes. The Health System monitors the difference between the cost and fair value of its available-for-sale investments and recognizes a nonoperating loss for any decline in an investment's value that the Health System believes is other than temporary.

Investments in joint ventures and other affiliates, which are more than 20% and not more than 50% owned, are recorded using the equity method. Other investments are reported at cost, as adjusted for permanent impairment in value, if any.

**Iowa Health System and Subsidiaries**  
**Notes to Consolidated Financial Statements**  
**(Dollars in thousands)**  
**December 31, 2009 and 2008**

Realized gains and losses from the sale of investments, interest and dividends, except those earned as a function of operations, and unrealized gains and losses on investments classified as trading securities and those carried at fair value pursuant to ASC Topic 825, are reported as non-operating gains or losses unless restricted by a donor. Unrealized gains and losses on those investments accounted for at fair value and realized gains and losses and investment income on investments restricted by donors are included as a component of the change in net assets.

During 2009, the System changed its investment strategy and investment portfolio from available-for-sale securities to trading securities. Effective January 1, 2009, unrealized gains and losses are now recorded in earnings as a component of revenues over (under) expenses. These investments were previously held as available-for-sale securities with unrealized gains and losses excluded from earnings until realized. The change also required unrealized gains and losses not previously recognized in earnings to be recognized immediately. This resulted in net unrealized losses of \$28,289 being recorded in revenues over (under) expenses for the year ended December 31, 2009.

During the year ended December 31, 2008, the Health System adopted Statement of Financial Accounting Standards No. 159, *The Fair Value Option for Financial Assets and Financial Liabilities – Including an Amendment of FASB Statement No. 115* (FAS 159), which was subsequently incorporated into the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 825. Topic 825 permits entities to choose to measure many financial instruments and certain other items at fair value. The Health System elected the fair value option for its private investment funds that are primarily limited liability corporations and partnerships existing at January 1, 2008. The adoption did not have a material effect on the financial statements. Management has elected the fair value option for the private investment funds because it more accurately reflects the portfolio returns and financial position of the Health System. Gains and losses on investments subject to the fair value option are reported in investment income on the statement of operations.

Refer to *Notes 4 and 12* for additional disclosures regarding balance sheet line items and fair value of those investments carried under Topic 825.

***Property, Plant and Equipment***

Property, plant and equipment acquisitions are recorded at cost less accumulated depreciation. Depreciation is provided primarily using the straight-line method over the estimated useful lives of the assets. Depreciation of assets under capital lease is provided using the straight-line method over the shorter of the lease term or the estimated useful life of the assets. Donated property, plant and equipment are recorded at fair market value at the date of donation.

The Health System capitalizes interest costs as a component of construction in progress, based on interest costs of borrowing specifically for a project, net of interest earned on investments acquired with the proceeds of the borrowing. During 2009 and 2008, the Health System capitalized \$3,680 and \$5,213 of interest expense, offset by \$806 and \$2,181 of interest income, respectively.

**Iowa Health System and Subsidiaries**  
**Notes to Consolidated Financial Statements**  
**(Dollars in thousands)**  
**December 31, 2009 and 2008**

***Long-lived Asset Impairment***

The Health System evaluates the recoverability of the carrying value of long-lived assets whenever events or circumstances indicate the carrying amount may not be recoverable. If a long-lived asset is tested for recoverability and the undiscounted estimate future cash flows expected to result from the use and eventual disposition of the asset is less than the carrying amount of the asset, the asset cost is adjusted to fair value and an impairment loss is recognized as the amount by which the carrying amount of a long-lived asset exceeds its fair value.

No asset impairment was recognized during the years ended December 31, 2009 and 2008.

***Other Assets***

Other assets include certain patient records, goodwill and other intangible assets that are stated at cost less accumulated amortization. Goodwill is amortized using the straight-line method over 5 to 20 years. Annually, the Health System performs an impairment test of all goodwill and any identified impairment loss is recognized as expense. Other assets also include deferred financing costs, which are amortized over the period the obligation is expected to be outstanding. The Health System has \$2,107 of goodwill and \$12,107 of other intangible assets at December 31, 2009 (\$3,331 and \$12,480, respectively, at December 31, 2008) that are subject to amortization.

***Net Assets***

Net assets are classified into three mutually exclusive classes: unrestricted, temporarily restricted and permanently restricted. The three classes are based on the presence or absence of donor-imposed restrictions. Temporarily restricted net assets are those whose use has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors in perpetuity. The expiration of donor restrictions is recorded in the period in which the restrictions expire.

Temporarily restricted net assets are generally restricted for capital expenditures, passage of time or other donor specified restrictions. Absent specific donor instructions, the income from permanently restricted net assets is available for unrestricted purposes.

***Revenues and Expenses***

Revenues and expense transactions affecting unrestricted net assets are reflected in the consolidated statements of operations. Consistent with industry practice, unrealized gains and losses on investments other than trading securities (excluding impairment that is other than temporary), the effective portion of derivative instruments qualifying for hedge accounting carried at fair value and contributions of long-lived assets (including assets acquired with donor-restricted cash contributions) are excluded from determination of the excess of revenues over expenses. Transactions related to temporarily or permanently restricted net assets are recorded as additions or deductions to net assets and reflected in the consolidated statements of changes in net assets.

**Iowa Health System and Subsidiaries**  
**Notes to Consolidated Financial Statements**  
**(Dollars in thousands)**  
**December 31, 2009 and 2008**

***Net Patient Service Revenue and Accounts Receivable***

Net patient service revenue is reported at the estimated net realizable amount primarily from patients and third-party payers for services provided, including retroactive adjustments under reimbursement agreements with third-party payers. Retroactive adjustments are accrued on an estimated basis in the period in which the related services are provided, and adjusted in future periods as final settlements are determined.

The Health System provides an allowance for doubtful accounts based upon a review of outstanding receivables, historical collection information and existing economic conditions. As a service to the patient, the Health System bills third-party payers directly and bills the patient when the patient's liability is determined. Patient accounts receivable are due in full when billed. Accounts are considered delinquent and subsequently written off as bad debts based on individual credit evaluation and specific circumstances of the account.

Patient service revenue at established rates less third-party payer contractual adjustments and charity care consisted of the following for the years ended December 31:

	<u>2009</u>	<u>2008</u>
Patient service revenue	\$ 4,393,741	\$ 4,049,808
Allowances for contractual adjustments and charity care	<u>(2,426,522)</u>	<u>(2,173,510)</u>
Net patient service revenue	<u>\$ 1,967,219</u>	<u>\$ 1,876,298</u>

***Uncompensated Care***

The Health System provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than established rates. Amounts determined to be charity care are not reported as revenue.

**Iowa Health System and Subsidiaries**  
**Notes to Consolidated Financial Statements**  
(Dollars in thousands)  
December 31, 2009 and 2008

***Functional Expenses***

The Health System provides general health care services, including acute inpatient, outpatient, physician, ambulatory, long-term and home health care, and incurs related general and administrative expenses. Expenses related to providing these services were as follows:

	2009	2008
General health care services	\$ 1,567,365	\$ 1,543,600
Management, general and administrative	451,432	401,504
Research	2,507	2,457
	\$ 2,021,304	\$ 1,947,561

***Contributions and Interest in Net Assets***

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. All contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Donor-imposed restrictions are considered fulfilled as soon as the stipulated time has expired or the qualifying expenditure has been made.

Contributions not expected to be collected within a year are recorded at the present value of expected future cash flows using a risk-free interest rate over the term of the contribution. Contributions of property are recorded at fair value when received.

Interest in charitable trusts and perpetual trusts is carried at the present value of expected future cash flows. The Health System's interest in the net assets (the Interest) of certain foundations that raise and hold assets on behalf of the Health System is accounted for in a manner similar to the equity method. The Interest is stated at fair value, and changes in the Interest are included in the change in net assets. Transfers of assets between these foundations and the Health System are recognized as increases or decreases in the Interest.

***Estimated Malpractice Costs, Health Insurance and Workers' Compensation***

An annual estimated provision is accrued for the self-insured portion of medical malpractice, health insurance and workers' compensation claims and includes an estimate of the ultimate costs for both reported claims and claims incurred but not reported.

**Iowa Health System and Subsidiaries**  
**Notes to Consolidated Financial Statements**  
**(Dollars in thousands)**  
**December 31, 2009 and 2008**

***Interest Rate Swap Agreements***

The Health System has entered into various interest rate swap agreements (the Swaps) to reduce the effect of changes in cash flows primarily related to interest rate fluctuations on the Health System's various variable rate demand bond issues. The Swaps were entered into for the risk management purpose of reducing the variability in cash flows related to the Health System's variable rate debt.

As described in *Note 7*, the Health System has designated certain swaps as hedges, while other swaps have not been designated as hedging instruments. The effective portion of changes in the fair value of swaps designated as hedges is recognized as a component of other changes in net assets, while the ineffective portion of these swaps changes in fair value, and all changes in fair value of swaps not designated as hedges, is recorded as a component of revenues over (under) expenses.

The Swaps are recognized on the consolidated balance sheets at fair value. The net cash payments or receipts under the Swaps designated as hedging instruments are recorded as an increase or decrease to interest expense. The net cash payments or receipts under the Swaps not designated as hedges are recorded as an increase or decrease to other income (loss).

***Income Taxes***

Iowa Health System and most of its subsidiaries are classified as tax-exempt organizations as described in Sections 501(c)(3) and 501(c)(2) of the Internal Revenue Code (the Code). Tax-exempt organizations are not subject to federal and state income taxes on related income, pursuant to Section 501(a) of the Code. These organizations are subject to federal and state income taxes to the extent they have unrelated business income as described under provisions of Section 511 of the Code.

Certain subsidiaries are subject to federal and state income taxes. These corporations have accumulated net operating loss carryforwards that are available to offset future taxable income during the carryforward period. No income tax benefit has been recognized for the net operating loss carryforwards or other potential deferred tax assets in the consolidated financial statements because the Health System believes realization of these benefits is unlikely.

***Uncertain Tax Positions***

The Financial Accounting Standards Board (FASB) issued Interpretation No. 48, *Accounting for Uncertainty in Income Taxes – an Interpretation of FASB Statement No. 109* (No. 48), which clarifies the accounting for uncertainty in income taxes recognized in an entity's financial statements and prescribes a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken, or expected to be taken in a tax return. The Health System files Form 990 for substantially all of its operating entities in the U.S. federal jurisdiction and is no longer subject to examination by tax authorities for the years before 2006. The Health System has no material uncertain tax positions.

**Iowa Health System and Subsidiaries**  
**Notes to Consolidated Financial Statements**  
**(Dollars in thousands)**  
**December 31, 2009 and 2008**

**Retirement Plans**

Substantially all employees meeting age and length of service requirements participate in defined contribution plans. Certain subsidiaries have prior defined benefit plans that have been substantially frozen. Pension costs for the defined benefit plans, which are composed of normal costs and amortization of prior service costs related to defined benefit plans, are funded currently.

During 2008, the Health System adopted the change in measurement date portion of Statement of Financial Accounting Standards (“SFAS”) No. 158, *Employers’ Accounting for Defined Benefit Pension and Other Postretirement Plans*, which was subsequently incorporated into the FASB ASC Topic 715, so that all plans are now measured at December 31. The change did not have a material effect on the financial statements.

**Subsequent Events**

Subsequent events have been evaluated through April 14, 2010, which is the date the financial statements were issued.

**Note 2: Uncompensated Care**

The Health System provides service to eligible patients at reduced or no cost based upon the individual patient’s financial situation. During the collection process, certain accounts are classified by the Health System as charity care and, therefore, not reported as revenue. In some cases, the charity care is subsidized by contributions from volunteer organizations or other donors.

Uncompensated care is also provided through reduced price services and free programs offered throughout the year. The Health System provides an array of uncompensated activities and services intended to meet community health needs. These activities include wellness programs, community education programs, and various health screening programs.

The Health System has calculated the costs for providing uncompensated care related to the following:

	<b>2009</b>	<b>2008</b>
Charity care	\$ 38,525	\$ 35,061
Medicaid	48,164	61,809
Other activities	41,771	39,725

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**Note 3: Third-Party Reimbursement**

As a provider of health care services, the Health System generally grants credit to patients without requiring collateral or other security. The Health System routinely obtains assignments of (or is otherwise entitled to receive) patients' benefits payable under their health insurance programs, plans or policies. These health insurance programs or providers are commonly referred to as third-party payers and include the Medicare and Medicaid programs, Wellmark and various health maintenance and preferred provider organizations.

A major portion of the Health System's revenues is derived from these third-party payers. Significant changes have been made, and may be made, in certain of these programs, which could have a material, adverse impact on the financial condition of the Health System. These changes include federal and state laws and regulations, particularly those pertaining to Medicare and Medicaid.

The Health System has agreements with certain third-party payers that provide for payment of services at amounts different from established rates. Third-party payer payment rates vary by payer and include established charges; contracted rates less than established charges; prospectively determined rates per discharge, per procedure, or per diem; retroactively determined cost-based rates; and periodic revenue at capitated rates per covered life for patients of employed physician groups.

Gross patient service revenue (based on established rates) by payer for 2009 and 2008 were as follows:

	<u>2009</u>	<u>2008</u>
Medicare	43%	44%
Medicaid	11	10
Wellmark	21	21
Commercial	20	20
Self-pay and other	5	5
	<u>100%</u>	<u>100%</u>

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Gross patient accounts receivable (based on established rates) by payer class at December 31 were as follows:

	<u>2009</u>	<u>2008</u>
Medicare	31%	30%
Medicaid	11	14
Wellmark	14	11
Commercial	29	34
Self-pay and other	<u>15</u>	<u>11</u>
	<u>100%</u>	<u>100%</u>

***Illinois Medicaid State Plan***

The Illinois Medicaid State Plan has an annual tax assessment on certain hospital providers. Under the amended Illinois Medicaid State Plan, proceeds from the tax assessment are used to obtain federal matching funds, all of which must be distributed to Illinois hospitals and physicians to help bring Medicaid reimbursement closer to the cost of providing care. The allocation of these funds to specific health care providers is based primarily on the amount of care provided to Medicaid recipients. The Health System's tax assessment and contribution all relate to Trinity Regional Health System.

In 2009 and 2008, the Health System's tax assessment and contribution was \$8,386 and \$7,986, respectively, and is included in operating expenses in the 2009 and 2008 consolidated statements of operations. Additional Medicaid reimbursement in the same periods is approximately \$14,375 and \$14,796 and is included in net patient service revenue in the 2009 and 2008 consolidated statements of operations, respectively, resulting in a net increase in 2009 and 2008 operating income of \$5,989 and \$6,810, respectively.

**Note 4: Investments**

***Investment Summary***

Short-term investments consist of debt securities and totaled \$167,406 and \$46,971 at December 31, 2009 and 2008, respectively.

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A summary of investments reported as assets limited as to use at December 31 is as follows:

	<b>2009</b>	<b>2008</b>
Held by trustees under bond indenture agreements		
Cash and short-term investments	\$ 17,773	\$ 35,160
Mortgage-backed securities	65	78
	<u>17,838</u>	<u>35,238</u>
Internally designated		
Cash and short-term investments	19,099	19,835
U.S. Treasury obligations	28,507	10,864
U.S. Government agency obligations	7,558	9,859
Mortgage-backed securities	45,571	63,696
Certificates of deposit	474	771
Corporate bonds	183,629	143,805
Equity securities	345,181	248,127
Mutual funds	49,097	26,682
Interest receivable	971	1,253
	<u>680,087</u>	<u>524,892</u>
Total assets limited as to use	697,925	560,130
Less amount required to meet current obligations	<u>17,307</u>	<u>19,401</u>
Noncurrent portion of assets limited as to use	<u>\$ 680,618</u>	<u>\$ 540,729</u>

Assets held by trustee under bond indenture agreements are required to be held in separate trust accounts. A summary of these trust accounts aggregated by their required use at December 31 is as follows:

	<b>2009</b>	<b>2008</b>
Construction accounts	\$ 14,913	\$ 32,304
Collateral and other accounts	<u>2,925</u>	<u>2,934</u>
	<u>\$ 17,838</u>	<u>\$ 35,238</u>

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Internally designated assets are summarized below based on the designation at December 31:

	<b>2009</b>	<b>2008</b>
Capital improvements	\$ 641,926	\$ 471,339
Self-insured reserves	37,878	52,884
Bond interest account	283	669
	<u>\$ 680,087</u>	<u>\$ 524,892</u>

Investments presented as other long-term investments at December 31 are summarized as follows:

	<b>2009</b>	<b>2008</b>
Restricted cash and short-term investments	\$ 3,443	\$ 4,185
U.S. Treasury obligations	6,527	2,982
U.S. Government agency obligations	1,665	2,076
Mortgage-backed securities	9,631	13,126
Corporate bonds	37,374	26,938
Equity securities	73,809	49,583
Mutual funds	29,628	4,592
Notes receivable	-	589
Interest receivable	186	215
Insurance policies	4,363	-
Interest rate swaps ( <i>see Note 7</i> )	377	3,311
	<u>\$ 167,003</u>	<u>\$ 107,597</u>
Total other long-term investments	<u>\$ 167,003</u>	<u>\$ 107,597</u>

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The following schedule summarizes the investment return and its classification in the consolidated financial statements for the year ended December 31:

	<b>2009</b>	<b>2008</b>
Investment return		
Interest and dividends	\$ 18,748	\$ 8,912
Realized gains and losses on sales of investments	(1,623)	35,681
Unrealized gains and losses on trading investments	30,345	-
Unrealized gains and losses on other than trading investments	29,506	(71,823)
Change in fair value of investments accounted for under the fair value option of FASB ASC Topic 825	98,056	(156,378)
Charge for impairment of investments	-	(46,042)
Equity method earnings	16,969	18,906
	\$ 192,001	\$ (210,744)
Investment return classification		
Unrestricted net assets		
Other operating revenue	\$ 21,304	\$ 22,933
Nonoperating gains and losses – investment income	138,510	(85,839)
Change in net unrealized gains and losses on investments	27,595	(138,512)
Temporarily restricted net assets	2,273	(4,272)
Permanently restricted net assets	2,319	(5,054)
	\$ 192,001	\$ (210,744)

***Temporarily Impaired Securities***

Prior to the conversion of investments to trading securities, the Health System analyzed investments for other-than-temporary impairment. Certain investments in marketable fixed income and equity securities are reported in the consolidated financial statements at an amount less than their historical cost. Total fair value of these investments at December 31, 2008 was \$339,175. These declines in the value of securities resulted from a variety of economic factors including: changes in market interest rates, uncertainty of earnings, slowing of growth, reaction to negative news and profit taking by investors, all of which could cause a decline in an investment. Other-than-temporary investment impairments recognized during 2008 was \$46,042.

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The following table shows the Health System's investments' gross unrealized losses and fair value, aggregated by investment category and length of time that individual securities have been in a continuous unrealized loss position at December 31, 2008:

Description of Securities	2008					
	Less than 12 Months		12 Months or More		Total	
	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses
<b>Direct Investments</b>						
Fixed income securities	\$ 47,000	\$ 9,956	\$ 22,971	\$ 9,147	\$ 69,971	\$ 19,103
Equity securities	40,264	13,692	369	222	40,633	13,914
<b>Private Investment Funds</b>						
Fixed income securities	124,843	11,755	-	-	124,843	11,755
Equity securities	103,728	23,369	-	-	103,728	23,369
Total temporarily impaired securities	<u>\$ 315,835</u>	<u>\$ 58,772</u>	<u>\$ 23,340</u>	<u>\$ 9,369</u>	<u>\$ 339,175</u>	<u>\$ 68,141</u>

**Private Investment Funds**

At December 31, 2009 and 2008, 52.6% and 50.2%, respectively, of the Health System's investments are invested in private investment funds whose portfolios are primarily invested in debt and marketable equity securities. These investments are included in internally designated and other long-term investments in the investment summary tables (previously presented) based on the underlying investments. The amounts included in the investment summary tables are as follows:

	<u>2009</u>	<u>2008</u>
Corporate bonds	\$ 161,059	\$ 124,843
Equity securities	<u>294,060</u>	<u>210,220</u>
	<u>\$ 455,119</u>	<u>\$ 335,063</u>

The private investment funds are primarily limited partnerships and limited liability companies including one hedge fund-of-funds. The underlying investments of these funds are primarily debt and marketable equity securities. The investment strategies for each fund vary but include low return volatility through tactical investment strategies, investing in growth or value securities for long-term growth and to earn a total rate of return in excess of rates of return compared to a standard index. There is no public market for shares in the private investment funds. The value of the investments in the private investment funds is determined based on the fair values of the underlying securities.

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The private investment funds generally have certain limits regarding advance notice and timing of withdrawals. They generally require advance notice of at least two days prior to a month end to withdraw funds. One fund representing about 32% of the total private investment funds allows for up to four contributions and four withdrawals per year for any amount in excess of \$5 million per transaction. One fund that represents about 15% of the private investment funds requires a 95-day notice to withdraw funds either quarterly or semiannually based on the initial purchase date of the investments. In addition, withdrawals may be limited by the private investment funds underlying investment funds ability to liquidate their holdings.

***Investments in Joint Ventures***

At December 31, 2009 and 2008, investments in joint ventures amounted to \$28,161 and \$32,926, respectively. Other investments consist primarily of cash surrender value of life insurance policies and real estate held for investment.

The joint ventures consist of 38 privately held health care organizations in which the Health System's ownership interest ranges from 4% to 50% interest. The joint ventures at December 31, 2009 and 2008 had total assets aggregating \$154,626 and \$154,873, respectively. Net revenues of the joint ventures totaled \$148,819 in 2009 and \$168,190 in 2008. The excess of revenues over expenses for the joint ventures, in the aggregate, were \$38,823 in 2009 and \$42,284 in 2008. The Health System's share of earnings on the investments in joint ventures is included in other operating revenue in the consolidated statements of operations and totaled \$16,969 in 2009 and \$18,906 in 2008. The Health System made new investments in joint ventures of \$373 in 2009 and \$2,188 in 2008 and received distributions from joint ventures of \$21,534 in 2009 and \$17,456 in 2008.

The Health System both purchases services and sells services and supplies to several joint ventures. In 2009 and 2008, services purchased from joint ventures totaled \$28,407 and \$39,172, respectively. Services and supplies sold to joint ventures in 2009 and 2008 were \$8,740 and \$22,450, respectively.

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**Note 5: Property, Plant and Equipment**

Property, plant and equipment are stated at cost and are summarized at December 31, 2009 and 2008 as follows:

	<u>2009</u>	<u>2008</u>
Land	\$ 49,176	\$ 48,447
Land improvements	44,096	36,434
Buildings, improvements and fixed equipment	1,310,467	1,133,878
Moveable equipment	850,380	785,864
	<u>2,254,119</u>	<u>2,004,623</u>
Less accumulated depreciation and amortization	1,325,911	1,228,211
	928,208	776,412
Construction/information systems installation in progress	<u>41,300</u>	<u>118,831</u>
Net property, plant and equipment	<u>\$ 969,508</u>	<u>\$ 895,243</u>

As of December 31, 2009 and 2008, the Health System has committed approximately \$62,887 and \$262,965, respectively, for costs related to various hospital construction projects. The Health System will fund the projects through proceeds from bond offerings and internal funds.

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**Note 6: Long-term Debt**

Long-term debt at December 31, 2009 and 2008 is summarized as follows:

	<b>Payable Through</b>	<b>Issuance Type</b>	<b>Interest Rate (1)</b>	<b>2009</b>	<b>2008</b>
Hospital Facility Revenue Bonds					
Series 2009A	2035	Variable	0.20%	\$ 55,260	\$ -
Series 2009B	2035	Variable	0.20%	55,260	-
Series 2009C	2035	Variable	0.21%	31,750	-
Series 2009D	2035	Variable	0.23%	59,000	-
Series 2009E	2039	Variable	0.23%	43,000	-
Series 2009F	2039	Fixed	5%	50,000	-
Series 2008A	2037	Fixed	2.5% - 5.625%	150,000	-
Series 2008A-1	2037	Variable	0.95%	-	75,000
Series 2008A-2	2037	Variable	2.00%	-	75,000
Series 2008	2028	Fixed	11.60%	4,528	4,760
Series 2006	2031	Variable	0.24%	13,845	-
Series 2005	2031	Fixed	4.0% - 4.5%	3,820	-
Series 2005A	2035	Variable	0.95%	-	204,375
Series 2005A	2035	Fixed	2.5% - 5.625%	201,270	-
Series 2005B	2035	Variable	2.50%	-	204,375
Series 2000	2010	Fixed	6.50%	4,420	8,560
Series 1998B	2028	Variable	9.50%	-	2,390
Series 1985B	2015	Variable	0.25%, 3.5%	23,000	23,000
				<u>695,153</u>	<u>597,460</u>
Total hospital facility revenue bonds				695,153	597,460
Capital lease obligations, due through 2015			0% - 16.93%	3,551	7,703
Other notes and mortgages		Various		4,733	39,002
				<u>703,437</u>	<u>644,165</u>
Current maturities				(36,812)	(55,958)
Unamortized bond premiums (discount)				<u>1,154</u>	<u>(28)</u>
Long-term portion				<u>\$ 667,779</u>	<u>\$ 588,179</u>

(1) Variable rates shown as of year-end for 2009, 2008, respectively.

The Series 2009, 2008, 2005, 2000 and 1998 Bonds (collectively “the Bonds”) are general obligations of the Health System and its affiliates. The Health System is required to meet certain operating and financial ratios contained in the master bond trust indenture, bond insurance agreements and bank letter of credit agreements (related to the variable rate demand bonds). The Bonds are subject to the provisions of amended and restated master trust indentures, which

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generally require monthly or quarterly deposits for principal and interest payments be made, and certain funds be maintained by the trustee for interest payment and bond retirement purposes.

The variable interest rates on substantially all of the bonds are adjusted daily or weekly by remarketing agents. The bonds may be tendered by the bond holders each interest rate period. The Health System maintains a combination of letters of credit and standby purchase agreements that can be drawn on should the bonds not be remarketed. Agreements totaling \$23,000 expire in 2011 and \$258,115 in 2012. The agreements are renewable, subject to trustee approval and at the option of the agreement providers, throughout the term of the bonds. Outstanding amounts under the agreements are due at the earlier of expiration of the agreements or over a period of three years commencing after an initial outstanding period generally ranging from 60 to 366 days. During 2008, some of the Health System's variable rate bonds did not remarket for a period of time and the various supporting agreements were used to repay bond holders. As of December 31, 2008, \$23,000 of 1985B bonds had not been remarketed. These bonds were successfully remarketed in January 2009.

In March 2009, the Health System issued \$244,270 of Variable Rate Demand Health Facilities Revenue Bonds. The proceeds from the bonds were used to redeem the Series 2005B bonds and provide funding for several capital projects. The bonds are payable in varying amounts through 2039. The Health System also redeemed the Series 1998B bonds and the related line of credit of \$37,280 during March 2009 using internal funds. In March 2009, the Health System recognized a loss on revenue bond refinancing of \$3,520 for the unamortized debt issue costs of the bond issuances that were refinanced through this transaction.

In August 2009, the Health System completed an interest rate mode conversion for the 2005A and 2008 bonds converting from a variable rate to fixed. The interest rate modification was considered a significant modification of terms, thus losses on extinguishment of the original bonds of \$5,870 were incurred from recognition of their respective debt issue costs. Costs associated with the mode conversion were then capitalized to be amortized over the remainder of the life of the bonds. In addition, the 2009F bonds were issued in the amount of \$50,000. The proceeds provided the Health System with funds for several capital projects throughout the Health System.

The Health System obtained financing in 2008 through issuance of the Series 2008A-1 and 2008A-2 bonds in the amount of \$75,000 each. The proceeds provided the Health System with the funds necessary for several capital projects throughout the Health System.

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Aggregate annual maturities of long-term debt during the years ending December 31 are as follows:

	<b>Accelerated Maturities with Letter of Credit Expirations</b>	<b>Scheduled Maturities Based on Loan Agreements</b>
2010	\$ 36,812	\$ 36,812
2011	116,894	14,509
2012	94,136	15,101
2013	73,054	15,191
2014	9,101	15,776
Thereafter	373,440	606,048
	<u>\$ 703,437</u>	<u>\$ 703,437</u>

The Health System has included \$18,948 in current maturities of long-term debt related to letters of credit and standby purchase agreements for related bonds that if not remarketed would require a payment within 2010.

**Note 7: Interest Rate Swaps**

**Swaps Designated as Hedging Instruments**

As a risk management strategy to maintain acceptable levels of exposure to the risk of changes in future cash flows due to interest rate fluctuations, the Health System entered into the following interest rate swap agreements:

	Trade Date	Maturity Date	Current Notional Amount	Health System Pays	Health System Receives	Accounting Treatment	Fair Value	
							2009	2008
(A)	2006	2037	\$ 146,350	3.8%	61.9% of LIBOR + 31 bps	Cash Flow Hedge	\$ (1)	\$ (40,181)
(B)	2005	2035	201,270	3.5	62.4% of LIBOR + 29 bps	Cash Flow Hedge	(9,865)	(31,586)
(C)	2005	2035	134,180	3.3	62.4% of LIBOR + 29 bps	Cash Flow Hedge	(1)	(32,331)
(D)	2005	2009	-	3.1	BMA	Cash Flow Hedge	-	(198)
							<u>\$(9,865)</u>	<u>\$(104,296)</u>

(1) Not treated as a hedging instrument in 2009.

(A) In 2006, the Health system entered into forward interest rate swap agreements that beginning in 2009, will effectively convert future variable rate debt into synthetic fixed rate debt at a rate of 3.8% (4.3% including transition costs). The swap agreements have an aggregate notional amount of \$150,000 at December 31, 2008 and mature in 2037. During 2009, due

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to the interest rate mode conversion of related debt, hedge accounting ceased because the forecasted variable interest payments would no longer occur.

- (B) In 2005, the Health System entered into interest rate swap agreements effectively converting the Series 2005B variable rate bonds into fixed rate debt at a rate of 3.5% (4.1% including transaction costs). During 2009, these swaps were redesignated to hedge the Series 2009 A-D Bonds. The swap agreements have an aggregate notional amount of \$201,270 at December 31, 2009 and mature in 2035.
- (C) In 2005, the Health System entered into interest rate swap agreements effectively converting the Series 2005A variable rate bonds into fixed rate debt at a rate of 3.3% (3.9% including transaction costs). The swap agreements have an aggregate notional amount of \$204,375 at December 31, 2009 and mature in 2035. During 2009, due to the interest rate mode conversion of related debt, hedge accounting ceased because the forecasted variable interest payments would no longer occur.
- (D) In 2005, the Health System entered into an interest rate swap agreement effectively converting \$23,000 of the Series 1985B variable rate bonds into fixed rate debt at a rate of 3.1%. The swap agreement has a notional amount of \$23,000 at December 31, 2008 and matured in 2009.

Management has designated the above interest rate swap agreements as cash flow hedging instruments, and has determined that these agreements are highly effective. The aggregate fair value of the swap agreements is recorded as a long-term liability of \$(9,865) at December 31, 2009 and \$(104,296) at December 31, 2008. The change in fair value of \$94,431 and \$(99,924) as of December 31, 2009 and 2008, respectively, is reported as part of the change in unrealized gains and losses on swaps. In 2008, the change in fair value includes \$(911) of cumulative changes in fair value of swaps that became ineffective during 2008. Interest, the net of what the Health System pays and receives under the two legs of the swaps, is settled monthly or semiannually on each swap agreement and is reported as interest expense.

The Health System has provisions within certain interest rate swap agreements that would require it to post collateral should the negative fair value of the agreements exceed \$25,000, the Health System's credit rating fall below Aa3 by Moody's AA- by S&P or the bond insurers rating fall below A- by S&P. As of December 31, 2009, the Health System has not been requested to post collateral under these agreements.

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The table below presents certain information regarding the Health System's interest rate swap agreement designated as a cash flow hedge. The Health System has additional derivative instruments at December 31, 2009 and 2008 that are no longer designated as hedging instruments under FAS 133 as shown below:

	<b>2009</b>	<b>2008</b>
<b>Long-term Liability</b>		
Fair value of interest rate swap agreement	\$ (9,865)	\$ (104,296)
<b>Unrestricted Net Assets</b>		
Gain (loss) recognized in changes in unrealized gains and losses on investments (effective portion)	63,052	(99,924)
Change in unrestricted net assets reclassified into Other, net (effective portion)	31,379	—
<b>Other, net</b>		
Loss recognized in income (ineffective portion)	(31,379)	—

**Other Swap Agreements**

The Health System has also entered into the following interest rate swap agreements which are not designated as hedging instruments. The Health System has elected to carry these swaps as an investing activity, until such time that satisfactory termination value can be obtained, or their respective maturity date.

Trade Date	Call Date	Maturity Date	Current Notional Amount	Health System Pays	Health System Receives	Fair Value	
						2009	2008
2006		2037	\$ 146,350	3.8%	61.9% of LIBOR + 31 bps	\$ (14,346)	\$ -
2006		2023	42,700	3.5	61.9% of LIBOR + 31 bps	(2,725)	(6,971)
2006		2010	48,456	3.6	61.9% of LIBOR + 31 bps	(147)	(1,412)
2005		2035	134,180	3.3	62.4% of LIBOR + 29 bps	(4,964)	-
2004		2010	32,304	3.2	BMA	(95)	(688)
2004		2009	23,000	3.0	BMA	-	(58)
2000	2010	2030	80,760	BMA	5.4%	377	3,311
						<u>\$ (21,900)</u>	<u>\$ (5,818)</u>

The aggregate fair value of the unhedged swap agreements are recorded as long-term investments of \$377 and \$3,311 and long-term liability of \$(22,277) and \$(9,129), as of December 31, 2009 and 2008, respectively. The change in fair value of \$(18,057) and \$(6,560) are included as a component of other income (loss) as of December 31, 2009 and 2008, respectively. Interest, the net of what the Health System pays and receives, is settled monthly or semi-monthly on each swap agreement and is reported as other income (loss).

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In prior years, certain swap agreements previously designated as hedges by the Health System were deemed to be ineffective. The effective portion of these changes in fair value, previously deemed effective, is being amortized into other income (loss) over the remaining life of the swap. As of December 31, 2009 and 2008, \$(285) and \$939 of net unrealized gains (losses) remain in net assets to be amortized and \$1,224 and \$1,254 was amortized into other income (loss), respectively.

As of August 2009, hedge accounting ceased for the swap agreements associated with the 2005A and 2008 bonds due to interest rate mode conversion to a fixed interest rate. All changes in fair value prior to that date, previously recorded as a component of the change in unrealized gains and losses on swaps and excluded from revenues over (under) expenses in the amount of \$(31,379) were immediately recognized as a component of other income (loss). Subsequent to this date, the remaining changes in fair values are reported as a component of other income (loss).

During December 2009, and subsequent to year end in January 2010, the Health System terminated two swaps agreements, each with a notional value of \$67,090, at a cost of \$(3,199) and \$(2,795), respectively. The Health System's counterparty also called swap agreements with a notional amount of \$80,760 in accordance with the agreement subsequent to year end in February 2010.

Other Swaps:

	<b>2009</b>	<b>2008</b>
<b>Long-term Liability</b>		
Fair value of interest rate swap agreement	\$ (21,900)	\$ (5,818)
<b>Unrestricted Net Assets</b>		
Change in unrestricted net assets amortizing into Other, net	(1,224)	(1,254)
<b>Other, net</b>		
Gain (loss) recognized in income from changes in fair value of interest rate swap	15,297	(7,814)
Gain recognized in income from amortization of unrecognized gains (losses) in unrestricted net assets	1,224	1,254
Loss recognized in income from termination of interest rate swap	(3,199)	—

**Note 8: Related-Party Transactions**

The Health System leases real estate from certain companies controlled by members of the Board of Directors of the Health System or its subsidiaries. Minimum payments under these operating leases are \$7,093 per year. The leases expire in various periods through 2015. Rent expense under these leases, including a pro rata portion of certain operating expenses of the facilities, was \$7,598 and \$6,995 for 2009 and 2008, respectively. At December 31, 2009 and 2008, the Health System also had outstanding debt related to real estate capital lease obligations of \$1,957 and \$2,377,

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respectively. The Health System also leases real estate to physicians who may serve the Health System through board of director or medical director roles.

The Health System purchases a variety of services and products from companies affiliated with members of the Boards of Directors of the Health System and/or its subsidiaries. Services and products purchased from these affiliated companies during 2009 and 2008 totaled \$20,347 and \$10,111, respectively, of which \$12,095 and \$2,530, respectively, were related to construction project costs. In addition, the Health System purchases services from several joint ventures and sells services and supplies to several joint ventures in which the Health System is also an investor. The Health System believes these transactions are consummated under commercially reasonable business arrangements.

The Health System has recorded receivables for amounts held by nonconsolidated foundations on behalf of the Health System of \$30,822 and \$29,340 as of December 31, 2009 and 2008, respectively. Contributions received from nonconsolidated foundations and other related parties were \$8,740 and \$6,789 in 2009 and 2008, respectively.

**Note 9: Retirement Benefit Plans**

***Defined Contribution Retirement Plans***

The Health System has several defined contribution benefit plans, which are available to substantially all employees meeting age and length of service requirements. Participating employers annually determine the amount, if any, of the Health System's contributions to the plan. Total benefit expenses under the defined contribution plans were approximately \$41,458 and \$42,592 for 2009 and 2008, respectively. The Health System also has deferred compensation plans for certain employees. Total expenses under the deferred compensation plans were \$1,889 and \$1,115 for 2009 and 2008, respectively.

***Defined Benefit Plans***

Prior to 2001, substantially all employees of four of the Health System's subsidiaries were covered by noncontributory defined benefit pension plans. The plans have been substantially frozen. The Health System's funding policy is to make the minimum annual contribution that is required by applicable regulations, plus such amounts as the Health System may determine to be appropriate from time to time. The Health System expects to contribute \$8,080 to the plans in 2010.

Subsequent to December 31, 2009, the Sioux City Affiliate began executing its plan for distribution of the assets in its defined benefit pension plan. The plan was terminated effective January 31, 2008. In December 2009, a determination letter was received from the IRS approving the termination. The termination and asset distribution is expected to be completed by May 2010.

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The following tables set forth information about each defined benefit plan:

	<b>As of December 31, 2009</b>			
	<b>Des Moines</b>	<b>Cedar Rapids</b>	<b>Waterloo</b>	<b>Sioux City</b>
<b>Change in Benefit Obligation</b>				
Benefit obligation, beginning of year	\$ 153,829	\$ 93,235	\$ 51,881	\$ 13,347
Service cost	3,527	149	358	-
Interest cost	9,799	5,946	3,325	850
Actuarial loss (gain)	1,662	1,400	648	(260)
Benefits paid	(10,327)	(3,442)	(1,625)	(515)
Curtailed gain from freezing benefits	-	-	(6,067)	-
Benefit obligation, end of year	<u>158,490</u>	<u>97,288</u>	<u>48,520</u>	<u>13,422</u>
<b>Change in Fair Value of Plan Assets</b>				
Fair value of plan assets, beginning of year	148,241	63,721	35,681	15,665
Actual return on plan assets	17,660	15,663	7,636	(410)
Employer contributions	10,450	3,166	2,325	-
Benefits paid	(10,327)	(3,442)	(1,625)	(515)
Fair value of plan assets, end of year	<u>166,024</u>	<u>79,108</u>	<u>44,017</u>	<u>14,740</u>
Funded status, end of year	<u>\$ 7,534</u>	<u>\$ (18,180)</u>	<u>\$ (4,503)</u>	<u>\$ 1,318</u>
Accumulated benefit obligation	<u>\$ 154,239</u>	<u>\$ 96,771</u>	<u>\$ 48,520</u>	<u>\$ 13,422</u>

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	As of December 31, 2009			
	Des Moines	Cedar Rapids	Waterloo	Sioux City
<b>Assets and liabilities recognized in the balance sheets:</b>				
Noncurrent assets	\$ 7,534	\$ -	\$ -	\$ 1,318
Noncurrent liabilities	<u>\$ -</u>	<u>\$ (18,180)</u>	<u>\$ (4,503)</u>	<u>\$ -</u>
<b>Amounts recognized in unrestricted net assets but not yet recognized as components of net periodic benefit cost</b>				
Net loss	\$ 8,332	\$ 30,383	\$ 11,681	\$ 2,995
Net prior service cost	134	-	(5,818)	-
	<u>\$ 8,466</u>	<u>\$ 30,383</u>	<u>\$ 5,863</u>	<u>\$ 2,995</u>
<b>Amounts expected to be recognized within one year</b>				
Net loss	\$ -	\$ 2,174	\$ 782	\$ 148
Net prior service cost	46	-	(642)	-
	<u>\$ 46</u>	<u>\$ 2,174</u>	<u>\$ 140</u>	<u>\$ 148</u>
<b>Other changes in plan assets recognized in changes in net assets</b>				
Net loss	\$ (4,684)	\$ (9,450)	\$ (4,220)	\$ 1,001
Prior service cost	-	-	(6,068)	-
Amortization of				
Net loss	-	(3,548)	(1,539)	(168)
Prior service cost	(46)	-	(58)	-
	<u>(4,730)</u>	<u>(12,998)</u>	<u>(11,885)</u>	<u>833</u>
Total recognized in changes in net assets	<u>\$ (4,730)</u>	<u>\$ (12,998)</u>	<u>\$ (11,885)</u>	<u>\$ 833</u>

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	As of December 31, 2009			
	Des Moines	Cedar Rapids	Waterloo	Sioux City
<b>Weighted-Average Assumptions Used to Determine Benefit Obligations for the Year Ended December 31, 2009</b>				
Discount rate	6.50%	6.50%	6.50%	6.50%
Rate of compensation increase	4.00%	5.00%	4.66%	N/A
<b>Weighted-Average Assumptions Used to Determine Benefit Costs for the Year Ended December 31, 2009</b>				
Discount rate	6.50%	6.50%	6.50%	6.50%
Expected return on plan assets	8.00%	8.00%	8.00%	5.50%
Rate of compensation increase	4.00%	5.00%	4.66%	N/A
<b>Components of Net Periodic Benefit Cost</b>				
Service cost	\$ 3,527	\$ 149	\$ 358	\$ -
Interest cost	9,799	5,946	3,325	850
Expected return on plan assets	(11,316)	(4,812)	(2,768)	(850)
Amortization of prior service cost	46	-	58	-
Recognized net actuarial loss	-	3,548	1,539	168
	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
Net periodic benefit cost (benefit)	<u>\$ 2,056</u>	<u>\$ 4,831</u>	<u>\$ 2,512</u>	<u>\$ 168</u>

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	As of December 31, 2008			
	Des Moines	Cedar Rapids	Waterloo	Sioux City
<b>Change in Benefit Obligation</b>				
Benefit obligation, beginning of year	\$ 156,494	\$ 97,216	\$ 52,078	\$ 16,325
Service cost	3,695	196	493	-
Interest cost	9,212	5,747	3,861	930
Actuarial loss (gain)	(8,620)	(6,640)	(2,781)	1,042
Benefits paid	(6,952)	(3,284)	(1,770)	(4,930)
Curtailment gain from freezing benefits	-	-	-	(20)
Benefit obligation, end of year	<u>153,829</u>	<u>93,235</u>	<u>51,881</u>	<u>13,347</u>
<b>Change in Fair Value of Plan Assets</b>				
Fair value of plan assets, beginning of year	165,772	89,566	47,463	19,232
Actual return on plan assets	(15,204)	(22,561)	(11,324)	1,363
Employer contributions	4,625	-	1,312	-
Benefits paid	(6,952)	(3,284)	(1,770)	(4,930)
Fair value of plan assets, end of year	<u>148,241</u>	<u>63,721</u>	<u>35,681</u>	<u>15,665</u>
Funded status, end of year	<u>\$ (5,588)</u>	<u>\$ (29,514)</u>	<u>\$ (16,200)</u>	<u>\$ 2,318</u>
Accumulated benefit obligation	<u>\$ 147,568</u>	<u>\$ 92,535</u>	<u>\$ 45,629</u>	<u>\$ 13,347</u>
<b>Assets and liabilities recognized in the balance sheets:</b>				
Noncurrent assets	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 2,318</u>
Noncurrent liabilities	<u>\$ (5,588)</u>	<u>\$ (29,514)</u>	<u>\$ (16,200)</u>	<u>\$ -</u>
<b>Amounts recognized in unrestricted net assets but not yet recognized as components of net periodic benefit cost</b>				
Net (gain) loss	\$ 13,017	\$ 43,381	\$ 17,440	\$ 2,162
Net prior service cost	179	-	308	-
	<u>\$ 13,196</u>	<u>\$ 43,381</u>	<u>\$ 17,748</u>	<u>\$ 2,162</u>
<b>Amounts expected to be recognized within one year</b>				
Net loss	\$ -	\$ 3,548	\$ 1,347	\$ 53
Net prior service cost	46	-	58	-
	<u>\$ 46</u>	<u>\$ 3,548</u>	<u>\$ 1,405</u>	<u>\$ 53</u>

# Iowa Health System and Subsidiaries

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	As of December 31, 2008			
	Des Moines	Cedar Rapids	Waterloo	Sioux City
<b>Other changes in plan assets recognized in changes in net assets</b>				
Net loss (gain)	\$ 18,795	\$ 22,540	\$ 12,936	\$ 684
Prior service cost	-	-	-	-
Amortization of				
Net loss	-	(1,249)	-	(778)
Prior service cost	(46)	-	(73)	-
	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
Total recognized in changes in net assets	<u>\$ 18,749</u>	<u>\$ 21,291</u>	<u>\$ 12,863</u>	<u>\$ (94)</u>

	As of December 31, 2008			
	Des Moines	Cedar Rapids	Waterloo	Sioux City
<b>Weighted-Average Assumptions Used to Determine Benefit Obligations for the Year Ended December 31, 2008</b>				
Discount rate	6.50%	6.50%	6.50%	6.50%
Rate of compensation increase	4.00%	5.00%	4.66%	N/A

	As of December 31, 2008			
	Des Moines	Cedar Rapids	Waterloo	Sioux City
<b>Weighted-Average Assumptions Used to Determine Benefit Costs for the Year Ended December 31, 2008</b>				
Discount rate	6.50%	6.50%	6.50%	6.00%
Expected return on plan assets	7.75%	7.75%	7.75%	5.50%
Rate of compensation increase	4.00%	5.00%	4.66%	N/A

	As of December 31, 2008			
	Des Moines	Cedar Rapids	Waterloo	Sioux City
<b>Components of Net Periodic Benefit Cost</b>				
Service cost	\$ 3,695	\$ 196	\$ 493	\$ -
Interest cost	9,212	5,747	3,861	930
Expected return on plan assets	(12,211)	(6,619)	(4,393)	(1,012)
Amortization of prior service cost	46	-	73	-
Recognized net actuarial loss	-	1,249	-	778
	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
Net periodic benefit cost (benefit)	<u>\$ 742</u>	<u>\$ 573</u>	<u>\$ 34</u>	<u>\$ 696</u>

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The Health System has estimated the long-term rate of return on plan assets based primarily on historical returns on plan assets, adjusted for changes in target portfolio allocations and recent changes in long-term interest rates based on publicly available information.

Plan assets are held by a bank-administered trust fund, which invests the plan assets in accordance with the provisions of the plan agreement. The plan agreements permit investment in common stocks, corporate bonds and debentures, U.S. Government securities and other specified investments, based on certain target allocation percentages.

Asset allocation is primarily based on a strategy to provide stable earnings while still permitting the plans to recognize potentially higher returns through a limited investment in equity securities. The target asset allocation percentages for 2009 and 2008 are as follows:

		<b>2009</b>			
		<b>Des Moines</b>	<b>Cedar Rapids</b>	<b>Waterloo</b>	<b>Sioux City</b>
Equity securities	Not to exceed	35%	35%	30%	
Fixed income	Not to exceed	35%	35%	40%	100%
Hedge funds	Not to exceed	30%	30%	30%	
		<b>2008</b>			
		<b>Des Moines</b>	<b>Cedar Rapids</b>	<b>Waterloo</b>	<b>Sioux City</b>
Equity securities	Not to exceed	35%	35%	35%	
Fixed income	Not to exceed	35%	35%	35%	100%
Hedge funds	Not to exceed	30%	30%	30%	

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Plan assets are re-balanced quarterly. At December 31, 2009 and 2008, plan assets by category are as follows:

	<b>2009</b>			
	<b>Des Moines</b>	<b>Cedar Rapids</b>	<b>Waterloo</b>	<b>Sioux City</b>
Equity securities	13%	30%	27%	0%
Hedge funds	29	26	29	0
Corporate fixed income securities	37	23	24	4
U.S. Government fixed income securities	7	2	2	0
U.S. Government agency obligations	3	1	1	12
Mortgage-backed securities	7	8	8	0
Mutual funds	3	7	7	0
Cash and short-term investments	1	3	2	84
	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>

  

	<b>2008</b>			
	<b>Des Moines</b>	<b>Cedar Rapids</b>	<b>Waterloo</b>	<b>Sioux City</b>
Equity securities	13%	36%	27%	0%
Hedge funds	26	18	29	0
Corporate fixed income securities	32	26	26	13
U.S. Government fixed income securities	9	1	1	0
U.S. Government agency obligations	9	1	1	73
Mortgage-backed securities	10	17	15	0
Cash and short-term investments	1	1	1	14
	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>

**Defined Benefit Plan Assets**

Following is a description of the valuation methodologies used for pension plan assets measured at fair value on a recurring basis and recognized in the accompanying consolidated balance sheets, as well as the general classification of pension plan assets pursuant to the valuation hierarchy.

Where quoted market prices are available in an active market, plan assets are classified within Level 1 of the valuation hierarchy. Level 1 plan assets include highly liquid U.S. treasuries and exchange traded equities. If quoted market prices are not available, then fair values are estimated by using pricing models, quoted prices of plan assets with similar characteristics or discounted cash flows. Level 2 plan assets include U.S. government agency obligations, collateralized mortgage

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obligations, corporate bonds and private investment funds. In certain cases where Level 1 and Level 2 inputs are not available, plan assets are classified within Level 3 hierarchy. The plans have no Level 3 investments.

Private investment funds include interest in fixed income and equity security investment portfolios as well as alternative asset partnerships. Private investment funds are valued based on the Health System's proportionate interest in the fair value of the underlying investment assets held by the fund, adjusted to reflect risk associated with liquidity of their investment in the partnership, restrictions on transfer and other matters, if any. Interest in funds that consist of underlying securities with observable inputs, such as quoted market prices or quoted prices of securities with similar characteristics, are categorized as Level 2 of the fair value hierarchy.

The fair values of the Health System's pension plans' assets at December 31, 2009, by asset category are as follows:

	Fair Value	Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Cash and short-term investments	\$ 19,513	\$ 16,676	\$ 2,837	\$ -
U.S. Treasury obligations	13,494	13,494	-	-
U.S. Government agency obligations	7,105	-	7,105	-
Mortgage-backed securities	20,315	-	20,315	-
Corporate bonds	90,802	457	90,345	-
Equity securities	137,807	9,057	128,750	-
Mutual funds	13,906	13,906	-	-
	<u>\$ 302,942</u>	<u>\$ 53,590</u>	<u>\$ 249,352</u>	<u>\$ -</u>

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid as of December 31, 2009:

2010	\$ 25,704
2011	13,133
2012	14,862
2013	15,954
2014	17,519
2015 - 2018	108,639
	<u>\$ 195,811</u>

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***Other Retirement Plan***

One subsidiary of the Health System sponsors an unfunded defined benefit plan that provides postretirement medical and dental benefits to certain retirees and their dependent spouses of a predecessor hospital. The plan is not available to current employees. The total accrued postretirement benefit obligation is \$345 and \$363 as of December 31, 2009 and 2008, respectively. Benefit cost was \$(304) and \$(343) for 2009 and 2008, respectively. Benefits paid were \$44 and \$41 for 2009 and 2008, respectively. The assumed discount rate used in determining the accumulated postretirement benefit obligation was 6.5% and 7.0% at December 31, 2009 and 2008, respectively.

**Note 10: Risk Management**

The Health System's hospitals are primarily self-insured for professional and general liability for amounts of \$3,000 per claim and \$25,000 in the aggregate annually, with a \$6,000 inter-aggregate for maternity claims and general liability claims and \$4,000 inter-aggregate for non-maternity claims. Thereafter, professional and general liability insurance coverage is maintained on a claims-made basis, with a liability limit of \$25,000. Other entities of the Health System maintain their professional and general liability coverage on a claims-made basis with no significant deductibles.

The Health System is primarily self-insured for workers' compensation and employee health care claims. Claims individually and in the aggregate that exceed certain amounts are covered by insurance.

Property insurance is maintained with at least 90% replacement value coverage and minimal deductibles. Business interruption insurance coverage is also maintained by the Health System.

The Health System has accrued as other liabilities \$61,009 and \$67,812 for self-insured losses at December 31, 2009 and 2008, respectively. The accrued liabilities are based on management's evaluation of the merits of various claims, historical experience and consultation with external insurance consultants and actuaries, and include estimates for incurred but not reported claims. The liability for professional and general liability has been discounted at 5%. There can be no assurance that the accrued liabilities will be sufficient for the ultimate amounts that will be paid for claims and settlements. Also, in the ordinary course of business, the Health System is involved in other litigation and claims, none of which management believes will ultimately result in losses that will adversely affect the Health System's consolidated net assets or results of operations to a material degree.

Cash and investments have been internally designated to be held for payments of claims, if any, which may result from the self-insured or uninsured portion of liability insurance and workers' compensation claims. At December 31, 2009 and 2008, the cash and investments amounted to \$37,878 and \$52,884, respectively.

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**Note 11: Lease Commitments**

Certain property and equipment is being leased under long-term noncancelable operating leases. In most cases, management expects that, in the normal course of operations, the leases will be renewed or replaced by other leases. The total rent expense under operating leases for 2009 and 2008 was \$36,446 and \$32,262, respectively.

The following is a schedule by year of future minimum rental payments required under noncancelable operating leases that have initial or remaining noncancelable lease terms in excess of one year as of December 31, 2009.

2010	\$ 31,336
2011	25,994
2012	20,860
2013	12,466
2014	10,650
Thereafter	<u>40,721</u>
Total minimum payments required	<u><u>\$ 142,027</u></u>

**Note 12: Disclosures About Fair Value of Financial Instruments**

ASC Topic 820, *Fair Value Measurements*, defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Topic 820 also specifies a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets or liabilities
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in active markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities
- Level 3** Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities

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***Financial Instruments Measured at Fair Value on a Recurring Basis***

Following is a description of the valuation methodologies used for instruments measured at fair value on a recurring basis and recognized in the accompanying statement of financial position, as well as the general classification of such instruments pursuant to the valuation hierarchy.

***Investments***

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. Level 1 securities include highly liquid U.S. treasuries, exchange traded equities and mutual funds. If quoted market prices are not available, then fair values are estimated by using pricing models, quoted prices of securities with similar characteristics or discounted cash flows. Level 2 securities include U.S. government agency obligations, collateralized mortgage obligations, corporate debt obligations and private investment funds. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy and include certain less liquid securities. The Health System has no Level 3 investments.

Private investment funds include interests in fixed income and equity security investment portfolios as well as alternative asset partnerships. Private investment funds are valued based on the net asset values reported by investment managers.

Quoted market prices were used to determine the fair value of Level 1 items. For Level 2 investments, inputs include: maturity and coupon rates and/or closing prices of similar securities from comparable industry financial data, as well as private investment fund's net asset values.

***Interest Rate Swaps***

The fair value of interest rate swaps are estimated by a third party using inputs that are observable or that can be corroborated by observable market data and, therefore, are classified within Level 2 of the valuation hierarchy.

***Beneficial Interests in Trusts***

The fair value is estimated at the present value of the future distributions expected to be received over the term of the agreement. Due to the nature of the valuation inputs, the interest is classified within Level 2 of the hierarchy.

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***Fair Value Measurements***

The following table presents the fair value measurements of assets and liabilities recognized in the accompanying statement of financial position measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2009 and 2008:

	Fair Value	2009 Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Financial Assets				
Cash and short-term investments	\$ 39,865	\$ 22,342	\$ 17,523	\$ -
U.S. Treasury obligations	35,141	35,141	-	-
U.S. Government agency obligations	9,128	51	9,077	-
Mortgage-backed securities	55,510	-	55,510	-
Certificates of deposit	474	474	-	-
Corporate bonds	221,663	7,848	213,815	-
Equity securities	420,243	126,183	294,060	-
Mutual funds	78,691	78,691	-	-
Insurance policies	4,363	-	4,363	-
Beneficial interest in trust	5,284	-	5,284	-
Financial Liabilities				
Interest rate swaps (net)	(31,765)	-	(31,765)	-
	<u>\$ 838,597</u>	<u>\$ 270,730</u>	<u>\$ 567,867</u>	<u>\$ -</u>

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	2008			
	Fair Value Measurements Using			
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<b>Financial Assets</b>				
Cash and short-term investments	\$ 60,691	\$ 40,625	\$ 20,066	\$ -
U.S. Treasury obligations	13,807	13,807	-	-
U.S. Government agency obligations	11,704	44	11,660	-
Mortgage-backed securities	76,186	-	76,186	-
Certificates of deposit	771	771	-	-
Corporate bonds	170,453	5,443	165,010	-
Equity securities	297,259	87,040	210,219	-
Mutual funds	31,060	31,060	-	-
Beneficial interest in trust	4,998	-	4,998	-
<b>Financial Liabilities</b>				
Interest rate swaps (net)	(110,114)	-	(110,114)	-
	<u>\$ 556,815</u>	<u>\$ 178,790</u>	<u>\$ 378,025</u>	<u>\$ -</u>

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***Financial Instruments Not Measured at Fair Value***

The fair value for certain financial instruments approximates the carrying value because of the short-term maturity of these instruments, which include cash and cash equivalents, short-term investments, receivables, accounts payable, accrued liabilities, estimated settlements due to third-party payers and other current liabilities.

The carrying amount of the variable rate bonds and notes is assumed to approximate fair value. For the fixed-rate bonds, the estimated fair value is based on quoted prices for similar liabilities and is obtained from a financial institution that deals in these types of instruments. Other debt obligations are insignificant, and the carrying amounts are assumed to approximate fair value.

Estimates of fair values are subjective in nature and involve uncertainties and matters of significant judgment and, therefore, cannot be determined with precision. Changes in assumptions could affect the estimates. The fair market value of the Health System's financial instruments at December 31 approximates the carrying value except as follows:

	<u>2009</u>		<u>2008</u>	
	<u>Carrying Value</u>	<u>Fair Value</u>	<u>Carrying Value</u>	<u>Fair Value</u>
Long-term debt, excluding capital leases and interest rate swaps	<u>\$ 701,040</u>	<u>\$ 714,103</u>	<u>\$ 636,434</u>	<u>\$ 636,615</u>

**Note 13: Temporarily and Permanently Restricted Net Assets**

Temporarily restricted net assets are available for the following purposes or periods as of December 31:

	<u>2009</u>	<u>2008</u>
Purchase of equipment	\$ 8,047	\$ 10,178
Indigent care/operations	7,887	4,870
Health education	5,529	4,520
For use in future periods	6,612	1,431
Other	<u>16,934</u>	<u>11,671</u>
Total temporarily restricted net assets	<u>\$ 45,009</u>	<u>\$ 32,670</u>