

Financial Statements

September 30, 2009 and 2008

(With Independent Auditors' Report Thereon)

Financial Statements

September 30, 2009 and 2008

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KPMG LLP 50 Kennedy Plaza Providence, RI 02903

Independent Auditors' Report

The Board of Trustees Emma Pendleton Bradley Hospital:

We have audited the accompanying statements of financial position of Emma Pendleton Bradley Hospital (the Hospital) as of September 30, 2009 and 2008, and the related statements of operations and changes in net assets, and cash flows for the years then ended. These financial statements are the responsibility of the Hospital's management. Our responsibility is to express an opinion on these 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 financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, 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 financial statements referred to above present fairly, in all material respects, the financial position of Emma Pendleton Bradley Hospital as of September 30, 2009 and 2008, and the results of its operations and changes in net assets, and its cash flows for the years then ended, in conformity with U.S. generally accepted accounting principles.

As described in note 3 to the financial statements, in 2009 the Hospital adopted the provisions of Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Subtopic 820-10, *Fair Value Measurements and Disclosures*.

KPMG LLP

February 19, 2010

Statements of Financial Position

September 30, 2009 and 2008

(In thousands)

Assets	2009	2	008	Liabilities and Net Assets		Liabilities and Net Assets		2009		2008
Current assets: Cash and cash equivalents	\$ 4,875	\$	1,486	Current liabilities: Accounts payable Accrued employee benefits and compensation	\$	1,650 2,940	\$	2,658 2,409		
Patient accounts receivable Less allowance for doubtful accounts	11,876 (781)	1	10,651 (782)	Other accrued expenses Current portion of estimated third-party payor settlements Estimated health care benefit self-insurance costs		934 80 176		1,834 1,564 190		
Net patient accounts receivable	11,095		9,869	Total current liabilities	_	5,780	_	8,655		
Other receivables	680		517			22.025				
Total receivables	11,775	1	10,386	Long-term debt Estimated third-party payor settlements, net of current portion Accrued pension liability		23,037 2,019 5,940		 675 2,062		
Inventories	127		109	Other liabilities	_	113	_	143		
Prepaid expenses and other current assets	4	_	5	Total liabilities		36,889		11,535		
Total current assets	16,781	1	11,986	Net assets:						
Interest in net assets of Bradley Hospital Foundation	1,115		2,379	Unrestricted Temporarily restricted		26,337 4,669		26,323 4,257		
Assets limited as to use	57,842	5	52,035	Permanently restricted	_	47,245		50,096		
Property and equipment, net	38,604	2	25,737	Total net assets		78,251		80,676		
Other assets: Deferred charges and financing costs, net Other noncurrent assets	721 77		 							
Total other assets	798		74		_					
Total assets	\$115,140	\$	92,211	Total liabilities and net assets	\$ _	115,140	\$_	92,211		

See accompanying notes to financial statements.

Statements of Operations and Changes in Net Assets

Years ended September 30, 2009 and 2008

(In thousands)

	2009	2008
Unrestricted revenues and other support:		
Net patient service revenue	\$ 54,884 \$	52,904
Other revenue	928	897
Endowment earnings contributed toward community benefit	2,515	2,503
Net assets released from restrictions used for operations	173	294
Net assets released from restrictions used for research	2,409	1,779
Total unrestricted revenues and other support	60,909	58,377
Operating expenses:		
Compensation and benefits	44,307	42,873
Supplies and other expenses	4,713	4,834
Purchased services	6,220	6,189
Provision for bad debts	424	32
Depreciation and amortization	1,604	1,310
Interest	785	
Total operating expenses	58,053	55,238
Income from operations	2,856	3,139
Nonoperating gains:		
Other nonoperating gains	4	29
Total nonoperating gains, net	4	29
Excess of revenues over expenses	\$ 2,860 \$	3,168

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Statements of Cash Flows

Years ended September 30, 2009 and 2008

(In thousands)

	_	2009		2008
Unrestricted net assets:				
Excess of revenues over expenses	\$	2,860	\$	3,168
Other changes in unrestricted net assets:	·	,	·	,
Change in funded status of pension plan, other than net				
periodic pension cost		(3,490)		(251)
Effect of changing pension plan measurement date pursuant to				
ASC Topic 715		(257)		
Net change in unrealized gains on investments		71		(368)
Net assets released from restrictions used for purchase				
of property and equipment		1,344		1,416
Decrease in interest in net assets of Bradley Hospital Foundation		(362)		(113)
Transfers to permanently restricted net assets		(152)		
Transfers to Bradley Hospital Foundation	_			(500)
Increase in unrestricted net assets	_	14		3,352
Temporarily restricted net assets:				
Gifts, grants and bequests		2,778		2,048
Income from restricted investments		21		22
(Decrease) increase in interest in net assets of Bradley				
Hospital Foundation		(902)		363
Transfers from Bradley Hospital Foundation		2,399		1,491
Net assets released from restrictions		(3,926)		(3,489)
Net realized and unrealized gains (losses) on investments		42		(235)
Increase in temporarily restricted net assets	_	412		200
Permanently restricted net assets:				
Net unrealized losses on investments		(3,003)		(6,581)
Transfers from unrestricted net assets		152		
Decrease in permanently restricted net assets	_	(2,851)		(6,581)
Decrease in net assets		(2,425)		(3,029)
Net assets, beginning of year	_	80,676		83,705
Net assets, end of year	\$ _	78,251	\$	80,676

See accompanying notes to financial statements.

Statements of Cash Flows

Years ended September 30, 2009 and 2008

(In thousands)

	_	2009		2008
Cash flows from operating activities:				
Decrease in net assets	\$	(2,425)	\$	(3,029)
Adjustments to reconcile decrease in net assets to net cash	Ψ.	(=, :=e)	4	(0,02))
provided by operating activities:				
Change in funded status of pension plan, other than net				
periodic pension cost		3,490		251
Effect of changing pension plan measurement date pursuant to		,		
ASC Topic 715		257		
Net realized and unrealized losses on investments		2,890		7,184
Undistributed portion of change in interest in net assets of				
Bradley Hospital Foundation		1,264		(250)
Transfers from Bradley Hospital Foundation, net		(2,399)		(991)
Depreciation and amortization		1,604		1,310
Provision for estimated health care benefit self-insurance costs		5,576		4,829
Decrease in liabilities for estimated health care benefit				
self-insurance costs resulting from claims paid		(5,590)		(5,133)
Net increase in patient accounts receivable		(1,226)		(1,234)
(Decrease) increase in accounts payable		(1,008)		2,131
Increase in accrued employee benefits and compensation		531		235
Decrease in estimated third-party payor settlements		(140)		(210)
(Decrease) increase in all other current and noncurrent assets		, ,		. ,
and liabilities, net	_	(1,677)		1,493
Net cash provided by operating activities	_	1,147	ı	6,586
Cash flows from investing activities:				
Purchase of property and equipment		(14,457)		(11,770)
Net increase in trustee-held bond funds		(4,913)		(11,770) —
Other net (increases) decreases in assets limited as to use		(3,784)		1,725
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Net cash used in investing activities	-	(23,154)	,	(10,045)
Cash flows from financing activities:				
Proceeds from issuance of long-term debt		22,997		
Transfers from Bradley Hospital Foundation, net		2,399		991
,,,,	-	7	•	
Net cash provided by financing activities	-	25,396	,	991
Net increase (decrease) in cash and cash equivalents		3,389		(2,468)
Cash and cash equivalents, beginning of year	_	1,486	·	3,954
Cash and cash equivalents, end of year	\$	4,875	\$	1,486
Supplemental disclosure of cash flow information:	-		,	
••	¢	240	Φ	
Cash paid for interest	\$	348	\$	

Notes to Financial Statements

September 30, 2009 and 2008

(In thousands)

(1) Description of Organization

Emma Pendleton Bradley Hospital (the Hospital), whose primary location is East Providence, Rhode Island, is a 60-bed, nonprofit teaching hospital with university affiliation providing for the treatment of emotionally disturbed children. The Hospital operates several major programs including acute, partial hospitalization, residential and outpatient, as well as The Bradley School. The Bradley School provides special education services to children from preschool through high school. The Hospital also operates eight other secondary sites which furnish residential and special education services. As a complement to its role in service and education, the Hospital actively supports research. The Hospital is accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). The Hospital currently participates as a provider in Rhode Island Medicaid, various out of state Medicaid programs, and State of Rhode Island Department of Children and Their Families programs, as well as providing care for patients covered by private health insurers and municipal school departments. The Hospital is also a member of Voluntary Hospitals of America, Inc. (VHA).

Effective March 12, 1996, the Federal Trade Commission and the Health Services Council of the Rhode Island Department of Health approved an affiliation between the Hospital and Lifespan Corporation (Lifespan), a Rhode Island nonprofit corporation, which became the sole corporate member of the Hospital. The Hospital continues to maintain its own identity and Board of Trustees, as well as its own campus and its own name. Lifespan has the responsibility for strategic planning and initiatives, capital and operating budgets, and overall governance of the consolidated organization.

(2) Charity Care and Other Community Benefits

The total net cost of charity care and other community benefits provided by the Hospital for the years ended September 30, 2009 and 2008 is summarized in the following table:

	 2009	2008
Charity care	\$ 363 \$	483
Medical education, net	888	872
Research	782	744
Subsidized health services	 5,546	4,652
Total	\$ 7,579 \$	6,751

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Notes to Financial Statements

September 30, 2009 and 2008

(In thousands)

(2) Charity Care and Other Community Benefits (continued)

Charity Care

The Hospital provides full charity care for individuals at or below twice the federal poverty level, with a sliding scale for individuals up to four times the poverty level. In addition, a substantial charity allowance is offered to all other uninsured patients. The Hospital maintains records to identify and monitor the level of charity care it provides. The total cost incurred by the Hospital to provide charity care amounted to \$363 and \$483 in 2009 and 2008, respectively. Charges forgone, based on established rates, amounted to \$626 and \$791 in 2009 and 2008, respectively.

Medical Education

The Hospital provides the setting for and substantially supports medical education in various clinical training and nursing programs. The total cost of medical education provided by the Hospital exceeds the reimbursement received from third-party payors by \$888 and \$872 in 2009 and 2008, respectively.

In 1969, the Hospital and certain other Rhode Island hospitals entered into an affiliation agreement to participate jointly in various clinical training programs and research activities with Brown Medical School, renamed The Warren Alpert Medical School of Brown University (Brown). In 2004, Brown and Lifespan Corporation (Lifespan) created the Brown-Lifespan Partnership to expand their affiliation agreement. The goals of the partnership are: to bring together essential resources of Brown and Lifespan, including faculty appointments; to enhance the strategic focus on and opportunities in clinical programs, teaching and research; and to ensure the excellence of academic and clinical programs. The Hospital participates in the Brown residency program in psychiatry and in the Child and Adolescent Psychiatry Fellowship.

Research

The Hospital sponsors a significant level of research activities, as indicated in the table on the previous page. Federal support accounts for approximately 97% of all externally funded research at the Hospital. Researchers focus on clinical trials which investigate child and adolescent mental health concerns. Researchers may work in the laboratory or with patients, or both.

Subsidized Health Services

The Hospital supports comprehensive mental health evaluation and treatment for children, adolescents and families under several programs, including outpatient, day treatment, home based, school and residential.

Notes to Financial Statements

September 30, 2009 and 2008

(In thousands)

(3) Summary of Significant Accounting Policies

(a) Basis of Presentation

The Hospital considers events and transactions that occur after the statement of financial position date, but before the financial statements are issued, to provide additional evidence relative to certain estimates or to identify matters that require additional disclosure. These financial statements were issued on February 19, 2010 and subsequent events have been evaluated through that date.

(b) Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

(c) Accounting Pronouncements Adopted in 2009

On October 1, 2008 the Hospital adopted the provisions of Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Subtopic 820-10, *Fair Value Measurements and Disclosures* (ASC 820-10). ASC 820-10 establishes an authoritative definition of fair value, set out a framework for measuring fair value, and requires additional disclosures about fair value measurements. See note 5 for disclosures of fair value required by ASC 820-10.

Effective October 1, 2008, the Hospital adopted the provisions of FASB ASC Subtopic 958-250, Classification of Donor-Restricted Endowment Funds Subject to an Enacted Version of the Uniform Prudent Management of Institutional Funds Act (ASC 958-250). ASC 958-250 provides guidance on the net asset classification of donor-restricted endowment funds for a not-for-profit organization that is subject to an enacted version of the Uniform Prudent Management of Institutional Funds Act (UPMIFA) and also requires disclosures about endowment funds, both donor-restricted endowment funds and board-designated endowment funds. See note 5 for disclosures of endowment funds required by ASC 958-250.

Effective September 30, 2009, the Hospital adopted the provisions of FASB ASC Subtopic 855-10, *Subsequent Events* (ASC 855-10). ASC 855-10 defines subsequent events and transaction periods, those circumstances under which the events or transactions should be recognized, and disclosures regarding subsequent events or transactions. ASC 855-10 is effective for annual periods ending after June 15, 2009. Although the adoption of ASC 855-10 did not affect the Hospital's financial statements, additional disclosures are now included under *Basis of Presentation* above.

Notes to Financial Statements

September 30, 2009 and 2008

(In thousands)

(3) Summary of Significant Accounting Policies (continued)

In June 2009, the FASB issued Accounting Standards Update (ASU) 2009-1 (Codification). The Codification does not change U.S. generally accepted accounting principles, but combines all authoritative standards issued by organizations that are in levels A through D of the generally accepted accounting principles hierarchy, such as the FASB, American Institute of Certified Public Accountants, and Emerging Issues Task Force, into a comprehensive, topically organized online database. No accounting impact occurred since this is an accumulation of existing guidance. The Codification became effective for reporting periods that end after September 15, 2009.

(d) Accounting Pronouncements Not Yet Adopted

In December 2008, the FASB issued ASC Sections 715-20-50 and 55, *Employers' Disclosures about Postretirement Benefit Plan Assets*, which require additional disclosures for employers' pension and other postretirement benefit plan assets. The guidance requires employers to disclose information about fair value measurements of plan assets similar to the disclosures required under ASC Subtopic 820-10. Those disclosures will include the investment policies and strategies for the major categories of plan assets, as well as significant concentrations of risk within plan assets. ASC Sections 715-20-50 and 55 are effective for annual periods ending after December 15, 2009. The Hospital does not believe the adoption of ASC Sections 715-20-50 and 55 will have a material impact on its financial position, results of operations or cash flows since their requirements are limited to additional disclosures.

(e) Cash and Cash Equivalents

Cash and cash equivalents include all highly liquid debt instruments with maturities of three months or less when purchased, excluding amounts limited as to use by board-designation or other arrangements under trust agreements.

(f) Investments and Investment Income

As noted above, effective October 1, 2008, the Hospital adopted the recognition and disclosure provisions of ASC 820-10. ASC 820-10 defines fair value, establishes a framework for measuring fair value and expands disclosures about fair value measurements. Fair value represents the price that would be received upon the sale of an asset or paid upon the transfer of a liability in an orderly transaction between market participants as of the measurement date. ASC 820-10 establishes a fair value hierarchy that prioritizes inputs used to measure fair value into three levels:

Notes to Financial Statements

September 30, 2009 and 2008

(In thousands)

(3) Summary of Significant Accounting Policies (continued)

- Level 1 quoted prices (unadjusted) in active markets that are accessible at the measurement date;
- Level 2 observable prices that are based on inputs not quoted in active markets, but corroborated by market data; and
- Level 3 unobservable inputs that are used when little or no market data is available.

The fair value hierarchy gives the highest priority to Level 1 inputs and the lowest priority to Level 3 inputs. In determining fair value, the Hospital utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs to the extent possible. The adoption of ASC 820-10 did not have an impact on the Hospital's financial position, changes in net assets, or cash flows, but did significantly expand fair value disclosures.

Following is a description of the valuation methodologies used for investments measured at fair value:

Cash and short-term investments: Valued at the net asset value (NAV) reported by the financial institution.

U.S. government/agency and corporate obligations: Valued using market quotations or prices obtained from independent pricing sources which may employ various pricing methods to value the investments.

Corporate equity securities: Valued at the closing price reported by an active market in which the individual securities are traded.

Collective investment funds: Valued using NAV as reported by the investment manager, which approximates the market values of the underlying investments within the fund or realizable value as estimated by the investment manager.

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the statements of financial position. Investments in collective investment funds with monthly pricing and liquidity are measured based on the fair value of the underlying investments; otherwise, such investments are recorded at historical cost. Investments of less than 5% in limited partnerships are also recorded at historical cost. Investments of 5% or more in limited partnerships, limited liability corporations or similar investments are accounted for at fair value, with changes in fair value recorded as realized gains or losses using the equity method. Investments in derivative financial instruments are not material. Investments in real estate included in assets held in trust as permanently restricted funds

Notes to Financial Statements

September 30, 2009 and 2008

(In thousands)

(3) Summary of Significant Accounting Policies (continued)

are measured at fair market value based on independent appraisals conducted by the trustee from time to time.

The Hospital has applied the accounting guidance in Accounting Standards Update No. 2009-12, *Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)* (ASU 2009-12), which permits the use of NAV or its equivalent reported by each underlying alternative investment fund as a practical expedient to estimate the fair value of the investment. These investments are generally redeemable or may be liquidated at NAV under the original terms of the subscription agreements or operations of the underlying funds. However, it is possible that these redemption rights may be restricted by the funds in the future in accordance with the underlying fund agreements, as applicable. Changes in market conditions, the economic environment, or the funds' liquidity provisions may significantly impact the NAV of the funds and, consequently, the fair value of the Hospital's interests in the funds. Although certain investments may be sold in a secondary market, the secondary market is not active and individual transactions are not necessarily observable. It is therefore reasonably possible that if the Hospital were to sell a fund in the secondary market, the sale could occur at an amount materially different than the reported value.

Effective October 1, 2008, the Hospital reclassified \$798 of its assets limited as to use from available-for-sale securities to trading securities. Investments designated by the Hospital as trading assets are reported at fair value, with gains or losses resulting from changes in fair value recognized in the statement of operations and changes in net assets as realized gains or losses on investments.

Investment income or loss (including realized gains and losses on investments, interest and dividends) is included in the excess of revenues over expenses unless the income or loss is restricted by donor or law. Unrealized gains and losses on investments other than those designated as trading assets or those accounted for using the equity method are excluded from the excess of revenues over expenses.

Realized gains or losses on sales of investments are determined by the average cost method. Realized gains or losses on unrestricted investments are recorded as nonoperating gains or losses; realized gains or losses on restricted investments are recorded as an addition to or deduction from the appropriate restricted net assets. A decline in the market value of an investment security below its cost that is designated to be other than temporary is recognized through an impairment charge classified as a realized loss and a new cost basis is established.

Notes to Financial Statements

September 30, 2009 and 2008

(In thousands)

(3) Summary of Significant Accounting Policies (continued)

Investment income from funds held by trustees under bond indenture agreements is recorded as other revenue. Lifespan maintains a spending policy for certain board-designated funds of its patient care affiliates which provides that investment income from such funds is recorded within unrestricted revenues as endowment earnings contributed toward community benefit.

(g) Assets Limited As To Use

Assets limited as to use include assets held by a trustee under various irrevocable trusts, designated assets set aside by the Hospital's Board for future use at its discretion, and assets whose use by the Hospital has been limited by grantors or donors to a specific purpose, as well as assets held by trustees under bond indenture agreements.

(h) Property and Equipment

Property and equipment acquisitions are recorded at cost. Depreciation is computed over the estimated useful life of each class of depreciable asset using the straight-line method. Buildings and improvements lives range from 5 to 40 years and equipment from 3 to 20 years. Net interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

(i) Deferred Financing Costs

Deferred financing costs, which relate to the issuance of long-term bonds payable to the Rhode Island Health and Educational Building Corporation (RIHEBC), are being amortized ratably over the periods the bonds are outstanding.

(j) Temporarily Restricted Net Assets

Temporarily restricted net assets contain grantor or donor-imposed stipulations as to the timing of their availability or use for a particular purpose, including research activities. These net assets are released from restrictions when the specified time elapses or actions have been taken to meet the restrictions.

(k) Excess of Revenues Over Expenses

The statements of operations and changes in net assets include excess of revenues over expenses. Changes in unrestricted net assets which are excluded from excess of revenues over expenses, consistent with industry practice, include the change in the funded status of pension plan, the effect of changing pension plan's measurement date pursuant to ASC Topic 715, unrealized

Notes to Financial Statements

September 30, 2009 and 2008

(In thousands)

(3) Summary of Significant Accounting Policies (continued)

gains and losses on investments, net assets released from restrictions used for purchase of property and equipment, the change in interest in net assets of Bradley Hospital Foundation, and permanent transfers of assets to Bradley Hospital Foundation for other than goods and services.

(1) Net Patient Service Revenue

The Hospital provides care to patients under Medicaid, managed care and commercial insurance contractual arrangements. The Hospital has agreements with many third-party payors that provide for payments to the Hospital at amounts less than its established rates. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with some third-party payors.

Most hospital services to Rhode Island Medicaid patients are reimbursed based on negotiated costs under a prospective cost arrangement. The tentative hospital reimbursement rates are determined by certain negotiated budgeted expenditures and budgeted volume. Variances from budgeted volume are reimbursable at rates which may differ from the budgeted rate.

Settlements and adjustments arising under reimbursement arrangements with some third-party payors, primarily Medicaid, are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined. The Hospital has classified a portion of accrued estimated third-party payor settlements as long-term because such amounts, by their nature or by virtue of regulation or legislation, will not be paid within one year. Changes in the Medicaid program, such as the reduction of reimbursement, could have an adverse impact on the Hospital.

(m) Provision for Bad Debts

The Hospital grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor arrangements. Additions to the allowance for doubtful accounts are made by means of the provision for bad debts. Accounts deemed uncollectible are deducted from the allowance and subsequent recoveries are added. The amount of the provision for bad debts is based upon management's assessment of historical and expected net collections, business and economic conditions, trends in federal and state governmental health care coverage and other collection indicators.

Notes to Financial Statements

September 30, 2009 and 2008

(In thousands)

(3) Summary of Significant Accounting Policies (continued)

(n) Charity Care

The Hospital provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenue.

(o) Donor-Restricted Gifts

Unconditional promises to give cash and other assets to the Hospital are reported at fair value at the date the promise is received. The gifts are reported as temporarily restricted support that increases the net asset class if they are received with stipulations that limit the use of the assets. When a donor or grantor restriction expires, that is, when a stipulated purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statements of operations and changes in net assets as net assets released from restrictions.

(p) Inventories

Inventories, consisting primarily of medical supplies and pharmaceuticals, are stated at the lower of cost or market.

(q) Estimated Self-Insurance Costs

The Hospital participates in Lifespan self-insurance programs with other Lifespan affiliates for losses arising from medical malpractice claims, health benefits to its employees, and losses arising from workers' compensation claims. The Hospital has recorded provisions for estimated claims, which are based on Lifespan's own experience. The provisions for self-insured losses include estimates of the ultimate costs for both reported claims and claims incurred but not reported.

(r) Fair Value of Financial Instruments

The carrying amounts recorded in the statements of financial position for cash and cash equivalents, patient accounts receivable, assets limited as to use, accounts payable, accrued expenses, estimated third-party payor settlements, and estimated health care benefit self-insurance costs approximate their respective fair values. The estimated fair value of the Hospital's assets limited as to use and long-term debt are disclosed in notes 5 and 11, respectively.

Notes to Financial Statements

September 30, 2009 and 2008

(In thousands)

(3) Summary of Significant Accounting Policies (continued)

(s) Reclassifications

Certain 2008 amounts have been reclassified to conform with the 2009 reporting format.

(4) Disproportionate Share

The Hospital is a participant in the State of Rhode Island's Disproportionate Share Program, established in 1995 to assist hospitals which provide a disproportionate amount of uncompensated care. Under the program, Rhode Island hospitals, including the Hospital, receive federal and state Medicaid funds as additional reimbursement for treating a disproportionate share of low income patients. Total payments to the Hospital under the Disproportionate Share Program aggregated \$80 and \$71 in 2009 and 2008, respectively, and are reflected as part of net patient service revenue in the accompanying statements of operations and changes in net assets.

For periods beyond 2009, the federal government could change the level of federal matching funds for the Disproportionate Share Program. Accordingly, it may be necessary for the State of Rhode Island to modify the program and the reimbursement to Rhode Island hospitals under the program. At this time, the scope of such modifications or their effect on the Hospital cannot be reasonably determined.

Notes to Financial Statements

September 30, 2009 and 2008

(In thousands)

(5) Investments

The composition of assets limited as to use at September 30, 2009 and 2008 is set forth in the following table.

	 2009		2008
Unrestricted board-designated funds:			
Cash and short-term investments	\$ 17	\$	
U.S. government and agency obligations	273		34
Corporate equity securities	382		192
Corporate obligations	219		50
Collective investment funds	 2,432		560
	 3,323		836
Held by trustee under bond indenture agreement:			
Cash and short-term investments	4,431		
U.S. government and agency obligations	 481		
	 4,912		
Temporarily restricted funds:			
Cash and short-term investments	12		
U.S. government and agency obligations	202		47
Corporate equity securities	283		259
Corporate obligations	163		68 7.50
Collective investment funds	 1,803	_	759
	 2,463		1,133
Permanently restricted funds:			
Cash and short-term investments	749		628
U.S. government and agency obligations	12		1,582
Corporate equity securities	12,356		12,374
Corporate obligations	6,192		5,174
Collective investment funds	9,335		11,808
Real estate (notes 6 and 7)	18,500	-	18,500
	 47,144		50,066
Total	\$ 57,842	\$	52,035

Notes to Financial Statements

September 30, 2009 and 2008

(In thousands)

(5) Investments (continued)

Trading Securities

Effective October 1, 2008, the Hospital reclassified certain of its assets limited as to use from available-for-sale securities to trading securities. The gains recognized as a result of this transfer amounted to \$77.

Assets limited as to use at September 30 are classified as follows:

	_	2009		2008		
Available-for-sale Trading	\$	55,667 2,175	\$	52,035		
Total	\$	57,842	_ \$	52,035		

Fair Value

The following table summarizes the Hospital's investments and assets held in trust in the ASC 820-10 fair value hierarchy as of September 30, 2009:

	_	Level 1		Level 2	 Level 3	_	Total
Investments:							
Cash and short-term investments	\$	4,565	\$		\$ 	\$	4,565
U.S. government and agency obligations		154		481	_		635
Corporate equity securities		673		_	_		673
Corporate obligations		_		605	_		605
Collective investment funds		823		2,756			3,579
		6,215	_	3,842	 _		10,057
Assets held in trust (Note 6)	_				 47,001	_	47,001
Total	\$_	6,215	\$_	3,842	\$ 47,001	\$	57,058

Investments in collective investment funds which do not have monthly pricing and liquidity are recorded at historical cost. Investments of less than 5% in limited partnerships are also recorded at historical cost. The aggregate historical cost of these investments, which approximates market value as reported by investment managers, amounted to \$784 at September 30, 2009. During 2009 and 2008 there were no declines in market values of any of these investments below their cost which were designated to be other than temporary.

Notes to Financial Statements

September 30, 2009 and 2008

(In thousands)

(5) Investments (continued)

Most investments classified in Level 2 consist of shares or units in investment funds as opposed to direct interests in the funds' underlying holdings, which may be marketable. Because the NAV reported by each fund is used as a practical expedient to estimate the fair value of the Hospital's interest therein, its classification in Level 2 is based on the Hospital's ability to redeem its interest at or near the date of the statement of financial position. The classification of investments in the fair value hierarchy is not necessarily an indication of the risks, liquidity, or degree of difficulty in estimating the fair value of each investment's underlying assets and liabilities.

The following table presents the Hospital's activity for the fiscal year ended September 30, 2009 for investments measured at fair value on a recurring basis using significant unobservable inputs (Level 3) as defined in ASC 820-10:

	Assets held in trust
Fair value at October 1, 2008 Net realized and unrealized	\$ 50,066
losses	(3,065)
Fair value at September 30, 2009	\$ 47,001

Notes to Financial Statements

September 30, 2009 and 2008

(In thousands)

(5) Investments (continued)

Investment Income, Gains and Losses

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

	 2009	_	2008
Other revenue: Interest income	\$ 45	\$ _	99
Endowment earnings contributed toward community benefit: Investment income	\$ 2,515	\$_	2,503
Other changes in unrestricted net assets: Net change in unrealized gains on investments	\$ 71	\$_	(368)
Changes in temporarily restricted net assets: Income from restricted investments Net realized and unrealized gains (losses) on investments	\$ 21 42	\$	22 (235)
	\$ 63	\$	(213)
Changes in permanently restricted net assets: Net unrealized losses on investments	\$ (3,003)	\$_	(6,581)

Liquidity

Investments as of September 30, 2009 are summarized below based on when they may be redeemed or sold:

Investment redemption or sale period:	
Daily	\$ 6,371
Monthly	657
Quarterly	729
Locked-up until liquidation	 2,300
Total	\$ 10,057

Locked-up until liquidation includes trustee-held debt service reserve funds under bond indenture agreements.

Notes to Financial Statements

September 30, 2009 and 2008

(In thousands)

(5) Investments (continued)

Commitments

Energy, venture capital, private equity and certain real estate investments are generally made through limited partnerships. Under the terms of these agreements, the Hospital is obligated to remit additional funding periodically as capital or liquidity calls are exercised by the manager. These partnerships have a limited existence, generally ten years, and such agreements may provide for annual extensions for the purpose of disposing portfolio positions and returning capital to investors. However, depending on market conditions, the inability to execute the fund's strategy, and other factors, a manager may extend the terms of a fund beyond its originally anticipated existence or may wind the fund down prematurely. The Hospital cannot anticipate such changes because they are based on unforeseen events, but should they occur they may result in less liquidity or return from the investment than originally anticipated. As a result, the timing and amount of future capital or liquidity calls expected to be exercised in any particular future year is uncertain. The aggregate amount of unfunded commitments associated with the above noted investment categories as of September 30, 2009 was \$128.

Investments With Unrealized Losses

Information regarding investments with unrealized losses at September 30, 2009 and 2008 is presented below, segregated between those that have been in a continuous unrealized loss position for less than twelve months and those that have been in a continuous unrealized loss position for twelve or more months:

	 Less than 12 months			_	12 mont	ıs o	r longer	Total				
	Fair	τ	Un real i zed		Fair		Unrealized		Fair		Unreal ized	
	 value		losses	_	value		loss es	_	va lue		los ses	
<u>September 30, 2009:</u>												
Unrestricted board-designated and temporarily restricted funds:												
Collective investment funds	\$ 	\$		\$	416	\$_	76	\$_	416	\$_	76	
Total temporarily impaired securities	\$ 	\$		\$	416	\$	76	\$_	416	\$_	76	

Notes to Financial Statements

September 30, 2009 and 2008

(In thousands)

(5) Investments (continued)

		Less than 12 months			_	12 months	er	_	Total			
	_	Fair value		Un real i zed losses		Fair value		alized s <i>e</i> s	_	Fair va lue	_	Unreal ized los ses
September 30, 2008:												
Unrestricted board-designated and temporarily restricted funds:												
Collective investment funds	\$	469	\$	77	\$	\$		_	\$_	469	\$_	77
Total temporarily impaired securities	\$	469	\$_	77	\$	\$	i		\$_	469	\$_	77

In the evaluation of whether an impairment is other than temporary, the Hospital considers the reasons for the impairment, its ability and intent to hold the investment until the market price recovers, the severity and duration of the impairment, and expected future performance. Based on this evaluation, no impairment was considered to be other than temporary.

Securities Lending

The Hospital participates in a securities lending program in which it lends a portion of its investments to pre-approved third party borrowers that meet certain criteria through a lending agent. All securities on loan are fully collateralized by cash or debt instruments in amounts greater than the market value of the securities on loan. The lending agent is responsible for ensuring the creditworthiness of the borrowers and investing collateral assets in high quality securities. These investments consist primarily of U.S. dollar-denominated fixed income adjustable rate securities and U.S. government securities with short maturities.

Endowments

The Hospital's endowment consists of two individual funds established for certain purposes, including both donor-restricted endowment funds and funds designated by the Hospital to function as endowments. Investments associated with endowment funds, including funds designated by the Hospital to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

Notes to Financial Statements

September 30, 2009 and 2008

(In thousands)

Endowments (continued)

Endowment funds consist of the following at September 30, 2009:

	•	Unrestricted board-designated	Temporarily restricted	 Permanently restricted	_	Total
Donor-restricted endowment funds Unrestricted board-designated	\$	_ \$	2,463	\$ 47,144	\$	49,607
endowment funds		3,323		 	-	3,323
Total endowment funds	\$	3,323 \$	2,463	\$ 47,144	\$_	52,930

Endowment funds consist of the following at September 30, 2008:

	Unrestricted board-designated	Temporarily restricted	 Permanently restricted	 Total
Donor-restricted endowment funds Unrestricted board-designated	\$ _ \$	1,133	\$ 50,066	\$ 51,199
endowment funds	836		 	 836
Total endowment funds	\$ 836_\$	1,133	\$ 50,066	\$ 52,035

Notes to Financial Statements

September 30, 2009 and 2008

(In thousands)

Endowments (continued)

Changes in endowment funds for the year ended September 30, 2009 are as follows:

	U	Temporar ily	Permanently		
	boa	rd-desig nated	restricted	 restricted	 Total
Endowment funds,					
October 1, 2008	\$	836 \$	1,133	\$ 50,066	\$ 52,035
Interest and dividend income		41	21		62
Net realized and unrealized gains					
(losses)		313	42	(3,003)	(2,648)
Cash gifts, grants and bequests		_	5,193	_	5,193
Net assets released from					
restrictions		_	(3,926)		(3,926)
Deposits		2,888	_	152	3,040
Withdr awals		(755)	_		(755)
Other decreases				 (71)	(71)
Endowment funds,					
September 30, 2009	\$	3,323 \$	2,463	\$ 47,144	\$ 52,930

Changes in endowment funds for the year ended September 30, 2008 are as follows:

	_	Unrestricted board-designated		Temporarily restricted		Permanently restricted	Total
Endowment funds,							
October 1, 2007	\$	3,054	\$	1,243	\$	56,647 \$	60,944
Interest and dividend income		38		22		_	60
Net realized and unrealized losses		(256)		(235)		(6,581)	(7,072)
Cash gifts, grants and bequests		_		3,592		_	3,592
Net assets released from restrictions		_		(3,489)		_	(3,489)
Withdrawals	-	(2,000)				<u> </u>	(2,000)
Endowment funds,							
September 30, 2008	\$	836	\$_	1,133	\$_	50,066 \$	52,035

Notes to Financial Statements

September 30, 2009 and 2008

(In thousands)

Endowments (continued)

(a) Return Objectives and Risk Parameters

Lifespan has adopted investment policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets, including both donor-restricted funds and unrestricted board-designated funds. Under this policy, as approved by Lifespan, the endowment assets are invested in a manner that is intended to produce results that exceed the total benchmark return while assuming a moderate level of investment risk. The Hospital expects its endowment funds, over a full market cycle, to provide an average annual real rate of return of approximately 5.5% plus inflation annually. Actual returns in any given year or period of years may vary from this amount.

(b) Strategies Employed for Achieving Objectives

To satisfy its long-term rate of return objectives, Lifespan relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). Lifespan targets a diversified asset allocation that places emphasis on investments in public equity, marketable alternatives, real assets and fixed income to achieve its long-term return objectives within prudent risk constraints.

(c) Spending Policy

The Hospital receives support from The Helen Bradley Trust and The George L. Bradley Trust (the Trusts), which were established under the wills of Helen and George L. Bradley. At September 30, 2009, the market value of the Trusts was approximately \$28.5 million (not including land). The Trusts have distributed accumulated appreciation as net income to the Hospital from time to time for such purposes as the funding of renovations. As a result of a court order in 2007, the Trusts were authorized to make annual distributions to the Hospital based on the average fair market value of the Trusts' investment assets in amounts equal to 7% of the average market value of the Trusts in 2007, decreasing by one-quarter of one percent per year to 4.5% in 2017.

(6) Assets Held in Trust

The Hospital is a beneficiary of various irrevocable trusts. The fair market value of these investments at September 30, 2009 and 2008 was approximately \$47,001 and \$50,066, respectively, and is reported as permanently restricted funds within assets limited as to use in the statements of financial position.

Notes to Financial Statements

September 30, 2009 and 2008

(In thousands)

(7) Property and Equipment

Property and equipment, by major category, is as follows at September 30:

	_	2009		2008
Land and improvements	\$	1,018	\$	1,014
Buildings and improvements		43,303		19,248
Equipment		9,649		9,285
	_	53,970		29,547
Less accumulated depreciation		17,220		15,630
		36,750		13,917
Construction in progress	_	1,854		11,820
Property and equipment, net	\$_	38,604	_	25,737

Depreciation expense for the years ended September 30, 2009 and 2008 amounted to \$1,604 and \$1,310, respectively.

The land and the original Laufer Building in East Providence, Rhode Island where the Hospital is located are assets of the trust established under the terms of the will of the late George L. Bradley, and are therefore not included within the Hospital's property and equipment but are included in assets held in trust (see note 6).

The estimated cost of completion of construction in progress approximated \$2,100 at September 30, 2009, comprised mainly of various building renovation projects. In addition, the Hospital has several building renovation projects pending contractual commitments with an estimated cost of completion of approximately \$500.

It is the Hospital's policy to capitalize the net amount of interest cost associated with significant capital additions as a component of the cost of such assets, which is amortized over the asset's estimated useful life. For the year ended September 30, 2009 net interest cost of \$161 was capitalized.

Notes to Financial Statements

September 30, 2009 and 2008

(In thousands)

(8) Pension Benefits

Change in Measurement Date of Pension Plan

Beginning in fiscal 2009, FASB ASC Topic 715, Compensation-Retirement Benefits: Employers' Accounting for Defined Benefit Pension and Other Postretirement Plans (ASC 715), requires Lifespan to measure the funded status of its benefit plan as of September 30. Lifespan formerly used a measurement date of June 30 for its benefit plans. Implementation of this change reduced Lifespan's unrestricted net assets by \$5,596, comprised of the following effects from July 1, 2008 through September 30, 2008:

Service cost	\$	5,559
Interest cost		5,442
Expected return on plan assets		(5,706)
Amortization of net actuarial loss		77
Amortization of prior service cost		224
Total reduction to unrestricted net assets of Lifespan	_	5,596
Total reduction to unrestricted net assets of the Hospital	\$	257

Pension Benefits

Lifespan Corp. sponsors the Lifespan Corporation Retirement Plan (the Plan), which was established effective January 1, 1996, when the Rhode Island Hospital Employee Retirement Plan merged into The Miriam Hospital Retirement Plan. Upon completion of the merger, the new plan was renamed and is governed by provisions of the Lifespan Corporation Retirement Plan. Effective January 1, 1997, the Emma Pendleton Bradley Hospital Retirement Plan (the Bradley Plan) merged into the Plan. Each employee who was a participant in the Bradley Plan and was an eligible employee on January 1, 1997 continues to be a participant on and after January 1, 1997, subject to the provisions of the Plan. Employees are included in the Plan on the first of the month which is the later of their first anniversary of employment or the attainment of age 18.

Notes to Financial Statements

September 30, 2009 and 2008

(In thousands)

(8) Pension Benefits (continued)

The Plan is intended to constitute a plan described in Section 414(k) of the Internal Revenue Code, under which benefits are derived from employer contributions based on the separate account balances of participants in addition to the defined benefits provided under the Plan, which are based on an employee's years of credited service and annual compensation. Lifespan's funding policy is to contribute amounts to the Plan sufficient to meet minimum funding requirements set forth in the Employee Retirement Income Security Act of 1974 (ERISA) and the Internal Revenue Code as amended, plus such additional amounts as may be determined to be appropriate by Lifespan.

Substantially all employees of Lifespan Corporation who meet the above requirements are eligible to participate in the Plan.

The provisions of ASC 715 require an employer to recognize in its statement of financial position an asset for a benefit plan's overfunded status or a liability for a plan's underfunded status, and to recognize changes in that funded status in the year in which the changes occur through changes in unrestricted net assets. The funded-status amount is measured as the difference between the fair value of plan assets and the benefit obligation including all actuarial gains and losses and prior service cost. Based on September 30, 2009 funded-status amounts for the Hospital's portion of the Plan, the Hospital recorded a decrease in unrestricted net assets of \$3,490.

The estimated amounts that will be amortized from unrestricted net assets into net periodic pension cost in 2010 are as follows:

Net actuarial loss \$ 327
Prior service cost \$ 6
\$ 333

Notes to Financial Statements

September 30, 2009 and 2008

(In thousands)

(8) Pension Benefits (continued)

The following tables set forth the Plan's projected benefit obligations and the fair value of plan assets.

	_	2009	_	2008
Change in projected benefit obligation:	_			_
Projected benefit obligation at beginning of year	\$	389,966	\$	382,309
Effects of changing the Plan's measurement date:				
Service cost and interest cost for July 1 – September 30, 2008		11,001		
Benefits paid for July 1 – September 30, 2008		(3,716)		
Service cost		22,237		21,052
Interest cost		21,769		24,904
Actuarial loss (gain)		26,505		(21,619)
Benefits paid		(13,858)		(15,844)
Administrative expenses	_	(928)		(836)
Projected benefit obligation at end of year	\$_	452,976	\$	389,966

The accumulated benefit obligation at the end of 2009 and 2008 was \$387,586 and \$339,725, respectively.

	_	2009		2008
Change in plan assets:	_			
Fair value of plan assets at beginning of year	\$	351,770	\$	357,548
Effects of changing the Plan's measurement date:				
Service cost and interest cost for July 1 – September 30, 2008		(3,716)		
Benefits paid for July 1 – September 30, 2008		(322)		
Actual return on plan assets		(47,725)		(7,217)
Employer contributions		22,554		18,119
Benefits paid		(13,858)		(15,844)
Administrative expenses	_	(928)	_	(836)
Fair value of plan assets at end of year	\$	307,775	\$_	351,770

Notes to Financial Statements

September 30, 2009 and 2008

(In thousands)

(8) Pension Benefits (continued)

The funded status of the Plan and amounts recognized in Lifespan's consolidated statements of financial position at September 30, pursuant to ASC Topic 715 (as opposed to ERISA), are as follows:

	2009	_	2008
Funded status, end of year:			
Fair value of plan assets	\$ 307,775	\$	351,770
Projected benefit obligation	452,976	-	389,966
	\$ (145,201)	\$_	(38,196)
	2009		2008
Amounts not yet reflected in net periodic pension cost and		_	<u>.</u>
included in unrestricted net assets:			
Prior service cost	\$ (2,477)	\$	(3,698)
Accumulated net actuarial loss	(105,606)	_	(2,764)
Amounts not yet recognized as a component of net periodic			
pension cost	(108,083)		(6,462)
Accumulated net periodic pension cost in excess of			
employer contributions	(37,118)		(31,734)
Net amount recognized	\$ (145,201)	\$_	(38,196)

Amounts recognized in the Hospital's statements of financial position at September 30, 2009 and 2008 are as follows:

	_	2009	_	2008
Accrued pension liability	\$_	5,940	\$_	2,062
		2009		2008
Sources of change in unrestricted net assets:	_		_	_
Net loss arising during the year	\$	(3,541)	\$	(215)
Amortizations:				
Net actuarial loss (gain)		32		(42)
Prior service cost		19		6
Total unrestricted net asset loss recognized during the year	\$	(3,490)	\$	(251)

Notes to Financial Statements

September 30, 2009 and 2008

(In thousands)

(8) Pension Benefits (continued)

Net Periodic Pension Cost

Components of net periodic pension cost are as follows for the years ended September 30:

	_	2009	-	2008
Service cost	\$	22,237	\$	21,052
Interest cost		21,769		24,904
Expected return on plan assets		(22,861)		(27,144)
Amortization of net actuarial loss (gain)		208		(798)
Amortization of prior service cost	_	997		997
Net periodic pension cost for Lifespan	\$_	22,350	\$_	19,011
Net periodic pension cost for the Hospital	\$_	1,085	\$_	1,005

The following weighted average assumptions were used by the Plan's actuary to determine net periodic pension cost and benefit obligations:

	2009	2008	
Discount rate for benefit obligations	5.74%	6.92%	
Discount rate for net periodic pension cost	6.92	6.25	
Rate of compensation increase	4.50	4.50	
Expected long-term rate of return on Plan assets	8.00	8.00	

Notes to Financial Statements

September 30, 2009 and 2008

(In thousands)

(8) Pension Benefits (continued)

The asset allocation for the Plan at September 30, 2009 and June 30, 2008, and the target allocation for 2010, by asset category, are as follows:

		Percentage of Plan Assets		
Asset Category Target Allocation 2010	September 30, 2009	June 30, 2008		
U.S. equity	15 - 35%	13.6%	18.8%	
Absolute return	0 - 25%	18.4	10.5	
International equity	10 - 35%	19.0	23.0	
Venture capital	0 - 10%	1.7	1.7	
Commodities	0 - 20%	6.9	14.9	
Real estate	0 - 15%	4.8	6.8	
Fixed income	10 - 50%	33.5	21.8	
Cash and cash equivalents	0 - 10%	2.1	2.5	
Total		100.0%	100.0%	

The above table does not include \$63,508 and \$68,862 of Plan assets September 30, 2009 and June 30, 2008, respectively, attributable to the separate savings account balances of participants which are managed in various mutual funds by Fidelity Investments.

The overall financial objective of the Plan is to meet present and future obligations to beneficiaries, while minimizing long-term contributions to the Plan (by earning an adequate return on Plan assets), with moderate volatility in year-to-year contribution levels.

The primary investment objective of the Plan is to attain the expected long-term rate of return on Plan assets in support of the above objective. The Plan's specific investment objective is to attain an average annual real total return (net of investment management fees) of at least 5% over the long term (rolling five-year periods). Real total return is the sum of capital appreciation (or loss) and current income (dividends and interest) adjusted for inflation by the Consumer Price Index.

Lifespan employs a rigorous process to annually determine the expected long-term rate of return on Plan assets which is only changed based on significant shifts in economic and financial market conditions. These estimates are primarily driven by actual historical asset-class returns along with our long-term outlook for a globally diversified portfolio. Asset allocations are regularly updated based on evaluations of future market returns for each asset class.

Notes to Financial Statements

September 30, 2009 and 2008

(In thousands)

(8) Pension Benefits (continued)

Expected Cash Flows

Information about the expected cash flows for the Plan follows:

Employer contributions: 2010 (expected)	\$ 25,727
Expected benefit payments:	
2010	\$ 23,065
2011	22,233
2012	23,889
2013	26,738
2014	27,766
2015 through 2019	167,108

Management evaluates its Plan assumptions annually and the expected contribution in 2010 could increase.

(9) Patient Service Revenue and Related Reimbursement

A major portion of the Hospital's revenue is received from third-party payors. The following is an approximate percentage breakdown of gross patient service revenue by payor type for the years ended September 30:

		2008
Medicaid and RIte Care	54%	56%
Municipal school departments	20	20
Blue Cross	15	14
Managed care	8	7
All other	3	3
	100%	100%

Notes to Financial Statements

September 30, 2009 and 2008

(In thousands)

(9) Patient Service Revenue and Related Reimbursement (continued)

The Hospital grants credit to patients, most of whom are local residents. The Hospital generally does not require collateral or other security in extending credit to patients; however, it routinely obtains assignment of (or is otherwise entitled to receive) patients' benefits payable under their health insurance programs, plans or policies (e.g., Medicaid, municipal school departments, Blue Cross, and managed care policies).

Cost reports filed annually with third-party payors are subject to audit prior to final settlement. The 2009 cost report has not been filed and, therefore, not settled with Medicaid. Additionally, the 2004 through 2008 cost reports have not been settled with Medicaid.

Regulations in effect require annual settlements based upon cost reports filed by the Hospital. These settlements are estimated and recorded in the accompanying financial statements. Changes in these estimates are reflected in the financial statements in the year in which they occur. Net patient service revenue in the accompanying statements of operations and changes in net assets was increased by \$226 in 2009 to reflect changes in the estimated settlements for certain prior years.

Revenues from Medicaid programs accounted for approximately 54% of the Hospital's gross patient service revenue for the year ended September 30, 2009. Laws and regulations governing Medicaid programs are complex and subject to interpretation. The Hospital believes that it is in compliance with all applicable laws and regulations. Compliance with laws and regulations can be subject to future government review and interpretation as well as significant regulatory action; failure to comply with such laws and regulations can result in fines, penalties and exclusion from Medicaid programs.

(10) Income Tax Status

The Hospital is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code (the Code) and is exempt from Federal income taxes pursuant to Section 501(a) of the Code.

(11) Long-Term Debt

Long-term debt

Long-term debt consists of the following at September 30, 2009:

Hospital Financing Revenue fixed rate serial and term bonds due May 15, 2027 through 2039 in annual amounts ranging from \$1,870 to \$7,900 at rates ranging from 6.125% to 7% (2009A Series—Lifespan Obligated Group)

Unamortized premium

\$ 23,037

22,997

40

Notes to Financial Statements

September 30, 2009 and 2008

(In thousands)

(11) Long-Term Debt (continued)

The estimated fair value of the Hospital's long-term debt at September 30, 2009 amounts to \$24,312 and is estimated using discounted cash flow analyses, based on the Hospital's current incremental borrowing rates for similar types of borrowing arrangements.

On July 8, 2008, the Board of Directors of Lifespan Corporation, acting as the sole member of Emma Pendleton Bradley Hospital (EPBH), adopted a resolution authorizing EPBH to become a member of the Lifespan Obligated Group. The Hospital's Board of Trustees, as well as the Boards of RIH and TMH, also authorized related resolutions.

On March 30, 2009, Rhode Island Health and Educational Building Corporation (RIHEBC) issued, on behalf of the Lifespan Obligated Group, which consists of the Hospital, RIH, TMH, Rhode Island Hospital Foundation (RIHF) and The Miriam Hospital Foundation (TMHF), \$114,985 of tax-exempt bonds (the 2009A Bonds) for the purposes of financing the acquisition, construction, renovation, expansion and equipping of certain hospital and related health care facilities owned and operated by the Hospital, RIH and TMH (the Obligated Group Hospitals), including the expansion, construction, renovation, equipping and furnishing of a two-story addition to the Hospital's existing building and the renovation of vacated space in the existing building.

The above outstanding 2009 Hospital Financing Revenue Bonds (Lifespan Obligated Group—the Hospital, RIH, TMH, RIHF and TMHF) are secured by a pledge of the gross receipts of the Obligated Group Hospitals and by mortgage liens on RIH's and TMH's real property and all buildings, structures and improvements thereon. The Obligated Group Hospitals, RIHF and TMHF are jointly and severally liable for repayment of the 2009A Bonds, recorded directly by the Obligated Group Hospitals as follows:

The Hospital	\$	22,997
RIH		72,441
TMH		19,547
	-	_
Total	\$	114,985

Payment of the principal amount of and interest on \$64,825 of the 2009A Bonds when due is guaranteed by a financial guaranty insurance policy issued by Assured Guaranty Corp.

On February 14, 2006, Rhode Island Health and Educational Building Corporation (RIHEBC) issued, on behalf of the Lifespan Obligated Group, which consisted of RIH and TMH, \$192,135 of tax-exempt bonds (the 2006A Bonds) for the purpose of refunding \$123,405 and \$65,315 of the Lifespan Obligated Group's 1996 Bonds and 2002 Bonds, respectively. The advance refundings were allocated as follows:

Notes to Financial Statements

September 30, 2009 and 2008

(In thousands)

(11) Long-Term Debt (continued)

	1996 Bonds	 2002 Bonds
RIH TMH	\$ 101,809 21,596	\$ 48,986 16,329
Total	\$ 123,405	\$ 65,315

On September 12, 2006, the Board of Directors of Lifespan Corporation, acting as the sole member of each of The Miriam Hospital Foundation and Rhode Island Hospital Foundation (the Foundations), adopted resolutions authorizing the Foundations to become members of the Lifespan Obligated Group. The Board of Trustees of each of the Foundations, as well as the then existing members of the Lifespan Obligated Group, RIH and TMH, previously authorized related resolutions. The effective date for such change was October 1, 2006.

The above outstanding 2006 Hospital Financing Revenue Bonds (Lifespan Obligated Group—the Hospital, RIH, TMH and the Foundations) are secured by a pledge of the gross receipts RIH and TMH and by mortgage liens on RIH's and TMH's real property and all buildings, structures and improvements thereon. The Obligated Group Hospitals and the Foundations are jointly and severally liable for repayment of the 2006A Bonds, \$38,336 and \$151,444 of which has been recorded directly by RIH and TMH, respectively. Payment of the principal and interest on the 2006A Bonds when due is guaranteed by a financial guaranty insurance policy issued by Assured Guaranty Corp.

On July 9, 2002, RIHEBC issued, on behalf of the Lifespan Obligated Group, \$78,000 of tax-exempt bonds (the 2002 Bonds) to finance routine capital expenditures of RIH and TMH, renovations of the RIH emergency department and construction and equipping of a cancer center on the campus of RIH.

The above outstanding 2002 Hospital Financing Revenue Bonds (Lifespan Obligated Group—the Hospital, RIH, TMH and the Foundations) are secured by mortgage liens on RIH's and TMH's real property and all buildings, structures and improvements thereon. The Obligated Group Hospitals and the Foundations are jointly and severally liable for repayment of the 2002 Bonds, \$1,129 and \$3,386 of which has been recorded directly by RIH and TMH, respectively.

On December 1, 1996, RIHEBC issued, on behalf of the Lifespan Obligated Group, \$214,585 of tax-exempt bonds (the 1996 Bonds) to finance portions of Lifespan's, RIH's and TMH's 1996, 1997, 1998 and 1999 expenditures for routine capital equipment and facility renovation/replacement, and to advance refund \$8,455 of TMH's 1989 Series A bonds, \$1,900 of TMH's 1992 Series A bonds and \$10,065 of TMH's 1992 Series B bonds.

Notes to Financial Statements

September 30, 2009 and 2008

(In thousands)

(11) Long-Term Debt (continued)

The above outstanding 1996 Hospital Financing Revenue Bonds (Lifespan Obligated Group—the Hospital, RIH, TMH and the Foundations) are secured by a pledge of the gross receipts of RIH and TMH. The Obligated Group Hospitals and the Foundations are jointly and severally liable for repayment of the 1996 Bonds, \$9,552 and \$45,033 of which has been recorded directly by RIH and TMH, respectively. Payment of the principal and interest on the 1996 Bonds when due is guaranteed by a financial guaranty insurance policy issued by MBIA Insurance Corporation.

Under the terms of the 2009, 2006, 2002 and 1996 Bonds, the Obligated Group Hospitals are required to satisfy certain measures of financial performance as long as the bonds are outstanding. At September 30, 2009, management believes the Obligated Group Hospitals were in compliance with all covenants of the bonds.

The Hospital does not have any long-term debt maturities for the five fiscal years ending in September 2014.

Agreements underlying the 2009, 2006, 2002, and 1996 Hospital Financing Revenue Bonds require that the Obligated Group Hospitals maintain certain trustee-held funds, included with assets limited as to use in the statements of financial position, as follows:

Project Fund — The Obligated Group Hospitals are required to apply monies in the Project Fund to pay the costs of debt issuance, facility renovation/replacement, and routine capital equipment.

Bond Fund — The Obligated Group Hospitals are required to make periodic deposits to the trustee sufficient to provide sinking funds for the payment of principal and interest to bondholders when due.

Debt Service Reserve Funds — The Obligated Group Hospitals are required to apply monies in the Debt Service Reserve Fund to remedy deficiencies in the Bond Fund, if any.

The Hospital's trustee-held funds at September 30, 2009 are summarized as follows:

Project Fund	\$	2,612
Bond Fund		
Debt Service Reserve Fund		2,300
	_	
Total	\$_	4,912

Notes to Financial Statements

September 30, 2009 and 2008

(In thousands)

(12) Temporarily and Permanently Restricted Net Assets

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

	_	2009		2008
Research	\$	1,457	\$	1,105
General health care service activities		1,187		225
Interest in net assets of Bradley Hospital Foundation		2,025		2,927
Total	\$ <u></u>	4,669	_ \$ _	4,257

Permanently restricted net assets are restricted in perpetuity at September 30, the income from which is expendable to support the following:

	 2009		2008	
General health care service activities	\$ 47,245	\$_	50,096	

(13) Leases

The Hospital leases building space and equipment under various noncancelable operating lease agreements. Future minimum lease payments, by year and in the aggregate, under noncancelable operating leases with terms of one year or more consist of the following at September 30, 2009:

Year Ending September 30:	Amount
2010	\$ 398
2011	314
2012	325
2013	74
2014	44
Total minimum lease payments	\$ 1,155

Rental expense, including rentals under leases with terms of less than one year, for the years ended September 30, 2009 and 2008 was \$487 and \$442, respectively.

Notes to Financial Statements

September 30, 2009 and 2008

(In thousands)

(14) Concentrations of Credit Risk

Financial instruments which potentially subject the Hospital to concentrations of credit risk consist primarily of accounts receivable and certain investments. The risk associated with temporary cash investments is mitigated by the fact that the investments are placed with what management believes are high credit quality financial institutions. Investments, which include government and agency obligations, stocks, and corporate bonds, are not concentrated in any corporation or industry.

The Hospital receives a significant portion of its payments for services rendered from a limited number of government and commercial third-party payors, including Medicaid, municipal school departments, Blue Cross, and various managed care entities. The Hospital has not historically incurred any significant concentrated credit losses in the normal course of business.

(15) Malpractice and Other Litigation

Professional Liability/Medical Malpractice and General Liability

Professional liability/medical malpractice coverage for the Hospital is supplied on a claims-made basis by Rhode Island Sound Enterprises Insurance Co. Ltd. (RISE), Lifespan's affiliated captive insurance company, which underwrites the medical malpractice risk of the Hospital. The adequacy of the coverage provided and the funding levels are reviewed annually by independent actuaries and consultants. The professional liability/medical malpractice insurance provided by RISE has liability limits of \$4,000 per claim with no annual aggregate. RISE provides a second layer of coverage which has limits of an additional \$2,000 per claim with a \$2,000 annual aggregate. In addition, commercial umbrella excess insurance has been obtained by Lifespan to increase the professional liability limits to \$22,000 per claim.

The Hospital has been named as a defendant in a number of pending actions seeking damages for alleged general or medical malpractice liability. In the opinion of management, any liability and legal defense costs resulting from these actions will be within the limits of the Hospital's malpractice insurance coverage provided by RISE and/or commercial excess carriers.

General liability coverage is provided to the Hospital by RISE amounting to \$4,000 per claim and \$4,000 in the annual aggregate. Commercial excess liability insurance has been obtained by Lifespan which provides aggregate general liability coverage of \$80,000.

Workers' Compensation

The Hospital has incurred a number of workers' compensation claims and, in the opinion of management, the liability of the Hospital will be within the limits of the assets of Lifespan's workers' compensation self-insurance trust fund.

Notes to Financial Statements

September 30, 2009 and 2008

(In thousands)

(15) Malpractice and Other Litigation (continued)

Other Litigation

The Hospital is also involved in a number of miscellaneous suits and general liability suits arising in the course of business. After consultation with legal counsel, management estimates that these matters will be resolved without material adverse effect on the Hospital's future financial position or results from operations.

(16) Related-Party Transactions

The Hospital was charged a management fee by Lifespan of \$4,739 and \$4,719 in 2009 and 2008, respectively, representing approximately 5% and 4%, respectively, of Lifespan's operating expenses. Lifespan provides information services, human resources, financial, and various other support services to the Hospital.

Included in other accrued expenses in the statements of financial position are the following amounts due to certain related entities at September 30:

	 2009	 2008
Lifespan RIH	\$ 17 113	\$ 1,562 136
TMH	 10	 2
Total	\$ 140	\$ 1,700

During the years ended September 30, 2009 and 2008, the Hospital received temporarily restricted net asset transfers from Bradley Hospital Foundation (the Foundation) amounting to \$2,399 and \$1,491, respectively.

During the year ended September 30, 2008, the Hospital transferred \$500 to the Foundation.

Notes to Financial Statements

September 30, 2009 and 2008

(In thousands)

(16) Related-Party Transactions (continued)

The Foundation, whose sole corporate member is Lifespan Corporation, was established to engage in philanthropic activities to support the mission and purposes of Lifespan and the Hospital. Funds are distributed to the Hospital when purpose restrictions stipulated by donors are accomplished. A summary of the Foundation's assets, liabilities, net assets, deficiency of revenues over expenses, and changes in net assets follows. The Hospital's interest in the net assets of the Foundation is reported as a noncurrent asset in the statements of financial position.

	_	2009	_	2008
Assets, principally assets limited as to use	\$_	2,240	\$_	3,123
Liabilities	\$	1,125	\$	744
Unrestricted net deficit		(910)		(548)
Temporarily restricted net assets		2,025		2,927
Total liabilities and net assets	\$	2,240	\$	3,123
	_		-	
Total unrestricted revenues, gains and other support	\$	404	\$	413
Total expenses		780		800
Deficiency of revenues over expenses		(376)		(387)
Other increases in unrestricted net assets		14		274
Unrestricted net deficit, beginning of year		(548)		(435)
Unrestricted net deficit, end of year	\$	(910)	\$	(548)
(Decrease) increase in temporarily restricted net assets	\$	(902)	\$	363
Temporarily restricted net assets, beginning of year		2,927		2,564
Temporarily restricted net assets, end of year	\$	2,025	\$	2,927

Included in the Foundation's liabilities are the following amounts due to certain related entities at September 30:

	_	2009	2008		
Lifespan	\$_	1,127	\$_	744	

Notes to Financial Statements

September 30, 2009 and 2008

(In thousands)

(17) Functional Expenses

The Hospital provides general health care services to residents within its geographic location. Expenses related to providing these services are as follows for the years ended September 30:

	2009	2008
Health care services	\$ 46,322	\$ 45,451
Research	3,191	2,523
General and administrative:		
Depreciation and amortization	1,604	1,310
Interest	785	
Other	6,151	5,954
Total general and administrative	8,540	7,264
	\$ 58,053	\$ 55,238