

Municipal Secondary Market Disclosure Information Cover Sheet

This cover sheet should be sent with all submissions made to the Municipal Securities Rulemaking Board, Nationally Recognized Municipal Securities Information Repositories, and any applicable State Information Depository, whether the filing is voluntary or made pursuant to Securities and Exchange Commission rule 15c2-12 or any analogous state statute.

See www.sec.gov/info/municipal/nrmsir.htm for list of current NRMSIRs and SIDs

IF THIS FILING RELATES TO A SINGLE BOND ISSUE:

Provide name of bond issue exactly as it appears on the cover of the Official Statement
(please include name of state where issuer is located):

\$24,400,000

Wapello County, Iowa

Variable Rate Revenue Bonds, Series 2004

Periodic Auction Reset Securities (PARSSM)

Ottumwa Regional Health Center Incorporated

Provide nine-digit CUSIP* numbers if available, to which the information relates:

933805AA1

IF THIS FILING RELATES TO ALL SECURITIES ISSUED BY THE ISSUER OR ALL SECURITIES OF A SPECIFIC CREDIT OR ISSUED UNDER A SINGLE INDENTURE:

Issuer's Name (please include name of state where Issuer is located): _____

Other Obligated Person's Name (if any): _____
(Exactly as it appears on the Official Statement Cover)

Provide six-digit CUSIP* number(s), if available, of Issuer: _____

*(Contact CUSIP's Municipal Disclosure Assistance Line at 212.438.6518 for assistance with obtaining the proper CUSIP numbers.)

TYPE OF FILING:

Electronic (number of pages attached) 11 Paper (number of pages attached) _____

If information is also available on the Internet, give URL: www.firstriver.com

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IF THIS FILING RELATES TO A SINGLE BOND ISSUE:

Provide name of bond issue exactly as it appears on the cover of the Official Statement
(please include name of state where issuer is located):

\$17,005,000

Wapello County, Iowa

Variable Rate Demand Refunding Revenue Bonds, Series 2006

Ottumwa Regional Health Center

Provide nine-digit CUSIP* numbers if available, to which the information relates:

933805AB9

IF THIS FILING RELATES TO ALL SECURITIES ISSUED BY THE ISSUER OR ALL SECURITIES OF A SPECIFIC CREDIT OR ISSUED UNDER A SINGLE INDENTURE:

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IF THIS FILING RELATES TO A SINGLE BOND ISSUE:

Provide name of bond issue exactly as it appears on the cover of the Official Statement
(please include name of state where issuer is located):

\$8,285,000

City of Ottumwa, Iowa

Revenue Refunding Bonds, Series 1998A

Regional Retirement Living, Inc. - Pennsylvania Place

Provide nine-digit CUSIP* numbers if available, to which the information relates:

689770AM7

689770AN5

689770AP0

689770AQ8

689770AR6

689770AS4

689770AT2

689770AU9

689770AV7

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IF THIS FILING RELATES TO A SINGLE BOND ISSUE:

Provide name of bond issue exactly as it appears on the cover of the Official Statement
(please include name of state where issuer is located):

\$2,900,000

City of Ottumwa, Iowa

Revenue Refunding Bonds, Series 1998B, Extendable Rate Adjustable Securities

Regional Retirement Living, Inc. - Pennsylvania Place

Provide nine-digit CUSIP* numbers if available, to which the information relates:

689770AW5

IF THIS FILING RELATES TO ALL SECURITIES ISSUED BY THE ISSUER OR ALL SECURITIES OF A SPECIFIC CREDIT OR ISSUED UNDER A SINGLE INDENTURE:

Issuer's Name (please include name of state where Issuer is located): _____

Other Obligated Person's Name (if any): _____
(Exactly as it appears on the Official Statement Cover)

Provide six-digit CUSIP* number(s), if available, of Issuer: _____

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Electronic (number of pages attached) 11 Paper (number of pages attached) _____

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WHAT TYPE OF INFORMATION ARE YOU PROVIDING? (Check all that apply)

A. Annual Financial Information and Operating Data pursuant to Rule 15c2-12
(Financial information and operating data should not be filed with the MSRB.)

Fiscal Period Covered: _____

B. Audited Financial Statements or CAFR pursuant to Rule 15c2-12

Fiscal Period Covered: _____

C. Notice of a Material Event pursuant to Rule 15c2-12 (Check as appropriate)

- | | |
|--|---|
| 1. <input type="checkbox"/> Principal and interest payment delinquencies | 6. <input type="checkbox"/> Adverse tax opinions or events affecting the tax-exempt status of the security |
| 2. <input type="checkbox"/> Non-payment related defaults | 7. <input type="checkbox"/> Modifications to the rights of security holders |
| 3. <input type="checkbox"/> Unscheduled draws on debt service reserves reflecting financial difficulties | 8. <input type="checkbox"/> Bond calls |
| 4. <input type="checkbox"/> Unscheduled draws on credit enhancements reflecting financial difficulties | 9. <input type="checkbox"/> Defeasances |
| 5. <input type="checkbox"/> Substitution of credit or liquidity providers, or their failure to perform | 10. <input checked="" type="checkbox"/> Release, substitution, or sale of property securing repayment of the securities |
| | 11. <input type="checkbox"/> Rating changes |

D. Notice of Failure to Provide Annual Financial Information as Required

E. Quarterly or Monthly Financial Information and Operating Data
(Financial information and operating data should not be filed with the MSRB.)

Period Covered: July – September 2009 (FY2010Q2)

F. Other Secondary Market Information (Specify): _____

I hereby represent that I am authorized by the issuer or obligor or its agent to distribute this information publicly:

Issuer Contact:

Name _____ Title _____
Employer _____
Address _____ City _____ State _____ Zip Code _____
Telephone _____ Fax _____
Email Address _____ Issuer Web Site Address _____

Dissemination Agent Contact, if any:

Name Shelley I. Aronson Title President
Employer First River Advisory I. L. C.
Address 2640 Override Drive City Ann Arbor State MI Zip Code 48104
Telephone (734) 761-3624 Fax (734) 761-3614
Email Address aronson@firstriver.com Relationship to Issuer Dissemination Agent

Obligor Contact, if any:

Name Daniel I. Porter Title Chief Financial Officer
Employer Ottumwa Regional Health Center
Address 1001 Pennsylvania Avenue City Ottumwa State IA Zip Code 52501
Telephone (641) 684-2585 Fax (641) 684-2324
Email Address dporter@orhc.com Obligor Web Site Address www.orhc.com

Investor Relations Contact, if any:

Name _____ Title _____
Telephone _____ Email Address _____

OTTUMWA REGIONAL HEALTH CENTER

1001 PENNSYLVANIA AVENUE

OTTUMWA, IA 52501

OFFICER'S CERTIFICATE

DATED: NOVEMBER 10, 2009

This Officer's Certificate is delivered pursuant to Section 8.01(j)(iii) of each of the Reimbursement Agreements by and among Ottumwa Regional Health Center, Incorporated (the Corporation), Ottumwa Regional Health Foundation, Incorporated and Regional Retirement Living, Incorporated (collectively, the Obligated Group) and the J.P. Morgan Chase Bank, N.A. (the Bank), dated as of November 1, 2007 relating to the reoffering of the Series 2004 Bonds and Series 2006 Bonds, as such terms are defined in the Reimbursement Agreements. All other capitalized terms used herein are as defined in the Reimbursement Agreements.

As required by Section 8.01(j)(i) of the Reimbursement Agreements, attached are the Obligated Group's quarterly financial statements as referenced therein relating to the fiscal year quarter ended September 30, 2009. As required by Section 8.01(j)(iv) of the Reimbursement Agreements, attached are certain operating data and financial information regarding the Obligated Group for such quarter.

As required by Section 8.01(j)(iii) of the Reimbursement Agreements, the undersigned certifies that:

1. I am the Chief Executive Officer of the Corporation and duly authorized to deliver this Officer's Certificate;
2. the Corporation has made a review of the activities of each Member of the Obligated Group during the preceding quarter for the purpose of determining whether or not the Members of the Obligated Group have complied with all of the terms, provisions and conditions of the Master Indenture and the Reimbursement Agreements and that each Member of the Obligated Group has kept, observed, performed and fulfilled each and every covenant, provision and condition of the Master Indenture and the Reimbursement Agreements on its part to be performed, and has determined that none of such Members are in default in the performance or observance of any of the terms, covenants, provisions or conditions of the Master Indenture or the Reimbursement Agreements;
3. the Obligated Group is in compliance with the Debt Service Coverage Ratio financial covenant, as required by Section 8.01(k) of the Reimbursement Agreements, with respect to the rolling four-quarter period ended September 30, 2009, the calculation for which follows:

***Debt Service Coverage Ratio Calculation
for the Rolling Four Quarters Ended September 30, 2009
Based on Maximum Annual Debt Service Requirements in FY2019
Per Section 8.01(k) of the Reimbursement Agreements
(\$000s omitted, except for Debt Service Coverage Ratio)***

		<i>Minus</i>	<i>Plus</i>	<i>Rolling Four Quarters</i>
	<i>FY2009</i>	<i>FY2009Q2</i>	<i>FY2010Q2</i>	
Excess of Revenue over Expenses	(1,157)	333	2,803	1,313
Interest Expense	2,438	1,153	1,172	2,457
Depreciation Expense	5,426	2,707	2,759	5,478
(Gain) Loss on Interest Rate Swap	1,831	33	(969)	829
Net Income Available for Debt Service	8,538			10,077
Maximum Annual Debt Service Requirements				4,459
Debt Service Coverage Ratio				2.26
Requirement				1.25

4. the Obligated Group is in compliance with the Days Cash on Hand financial covenant, as required by Section 8.01(l) of the Reimbursement Agreements, with respect to the September 30, 2009 measurement date, the calculation for which follows:

Days Cash on Hand Calculation
for the September 30, 2009 measurement date
Per Section 8.01(l) of the Reimbursement Agreements
(based on unaudited figures)
(\$000s omitted, except for Days' Cash on Hand)

Cash and temporary investments				26,873
Board-designated investments				4,924
Investments in marketable securities				1,064
Financial Assets	FA			32,861
		<i>FY2010Q2</i>		<i>Semiannual Period</i>
Operating Expenses		41,848		41,848
Less: Depreciation and Amortization		(2,759)		(2,759)
Cash Expenses				39,089
Days in Period				183
Daily Operating Expenses	DOE			214
Days' Cash on Hand	FA ÷ DOE			154
Requirement				90



Thomas R. Siemers, President and Chief Executive Officer

OTTUMWA REGIONAL HEALTH CENTER, INCORPORATED

1001 Pennsylvania Avenue

Ottumwa, IA 52501

ANNOUNCEMENT

DATED: NOVEMBER 10, 2009

Unless defined herein, all capitalized terms used in this Announcement are defined in the Reoffering Circulars relating to the Series 2004 Bonds and the Series 2006 Bonds, both dated as of November 26, 2007.

Since their reoffering in 2007, the Series 2004 Bonds and Series 2006 Bonds (collectively, the Bonds) have been secured by letters of credit (LOCs) issued by J.P. Morgan Chase Bank, N.A. (the Bank). The LOCs had each been renewed once, and now expire on November 30, 2009 and November 29, 2009, respectively. The Bank has informed the Corporation that it does not plan to renew the LOCs. The Corporation has deliberately not made any arrangements for Substitute Letters of Credit, or for other financing that would refund either or both Series of Bonds.

The Corporation has been informed by the Trustee for the Bonds that Immediate Notices will be circulated to the owners of Bonds, the Insurer and the Bank advising them of the expiration of the LOCs and that the Bonds will be subject to Mandatory Tender for purchase on the Business Day prior to the LOCs' respective Expiration Dates. Accordingly, the Mandatory Purchase Date for both Series of Bonds is expected to be November 27, 2009. Owners of Bonds may not elect to retain their Bonds beyond the respective Mandatory Purchase Date.

The Purchase Price of all Bonds is expected to be funded by draws on the respective LOCs. Following the Mandatory Tender, the Bonds will be bought by the Bank, whereupon they will become Bank Bonds, pledged to the Bank for the reimbursement of its draws.

The Corporation will be obligated to repay the Bank Bonds according to a prescribed amortization schedule, together with interest at rates set forth in the Reimbursement Agreements between the Corporation and the Bank. Though currently not contemplated, the Corporation may arrange for the reinstatement of one or both LOCs so that the corresponding Series of Bonds could be remarketed to investors, whereupon they would cease being Bank Bonds.

This Announcement is for information only, and has no official standing. This Announcement shall not be regarded as a substitute for the Immediate Notices to be released by the Trustee.

QUARTERLY REPORT FOR THE FISCAL YEAR QUARTER ENDED SEPTEMBER 30, 2009

PATIENT SERVICE VOLUMES AND UTILIZATION

INPATIENT SERVICES

<i>Inpatient Utilization, Acute Care (excluding Rehabilitation)</i>		
	<i>Six Months Ended September 30</i>	
	<i>2009</i>	<i>2008</i>
Days in Period	183	183
Discharges	1,939	1,962
Patient Days	6,161	6,367
Average Daily Census	33.7	34.8
Average LOS	3.2	3.2

<i>Inpatient Utilization, Rehabilitation Unit</i>		
	<i>Six Months Ended September 30</i>	
	<i>2009</i>	<i>2008</i>
Days in Period	183	183
Discharges	178	145
Patient Days	2,137	1,894
Average Daily Census	11.7	10.4
Average LOS	12.0	13.1

<i>Inpatient Utilization, Mental Health</i>		
	<i>Six Months Ended September 30</i>	
	<i>2009</i>	<i>2008</i>
Days in Period	183	183
Discharges	0	265
Patient Days	0	1,222
Average Daily Census	0.0	6.7
Average LOS	N/A	4.6
Note: Service closed in October 2005 and reopened in July 2006		

<i>Inpatient Utilization, Total</i>		
	<i>Six Months Ended September 30</i>	
	<i>2009</i>	<i>2008</i>
Days in Period	183	183
Discharges	2,117	2,372
Patient Days	8,298	9,483
Average Daily Census	45.3	51.8
Average LOS	3.9	4.0

OUTPATIENT AND ANCILLARY SERVICES

<i>Surgical Cases</i>		
	<i>Six Months Ended September 30</i>	
	<i>2009</i>	<i>2008</i>
Inpatient	543	558
Outpatient ¹	3,536	4,523
Total	4,079	5,081
Percent Outpatient	86.7%	89.0%
Pain Management ²	770	714
¹ Volume decrease due largely to decreased volume of endoscopies ² Service commenced in April 2007		

<i>Historical Outpatient Services Volumes</i>		
	<i>Six Months Ended September 30</i>	
	<i>2009</i>	<i>2008</i>
Emergency Room Visits	13,700	13,026
Sleep Studies	365	398
Home Health Care Visits	15,028	15,333
Private Duty Nursing Hours	317	317
Ambulance Runs	2,026	2,469
Employed Physician Visits (number of physicians varies between periods):		
Pediatricians ¹	7,058	10,107
Allergist ²	599	826
Psychiatrists ³	2,804	2,309
General Surgeons	4,503	4,412
Orthopaedic Surgeon ⁴	0	0
Gastroenterologist ⁵	183	296
¹ One pediatrician departed in March 2009 ² Physician departed in December 2007; practice staffed by an employed nurse practitioner since then ³ One psychiatrist was on a four-month leave of absence during FY2009 ⁴ Physician departed in April 2008 ⁵ Full-time physician departed in January 2008; FY2010 and FY2009 volumes are attributable to one of the general surgeons who practices part-time in this field		

<i>Historical Inpatient Ancillary Services Volumes</i>		
	<i>Six Months Ended September 30</i>	
	<i>2009</i>	<i>2008</i>
Laboratory (CLS)	73,797	76,013
Electrocardiography	1,518	1,567
Electroencephalography	89	90
Nuclear Medicine	93	109
CT Scanning ¹	800	569
Ultrasonography	654	718
Magnetic Resonance Imaging	105	94
Other Radiology ²	2,744	2,795
Respiratory Therapy	15,194	16,399
Physical Therapy	8,235	7,591
Occupational Therapy	6,994	6,922
Speech Therapy	1,456	1,430
¹ Prior to December 2008, in cases where CT Scans are provided by CTIS to inpatients whose insurance provides for a per-case reimbursement to ORHC, ORHC must remit a portion of such reimbursement to CTIS. ORHC acquired the CT Scanning equipment and business from CTIS in December 2008.		
² Includes mammography examinations		

<i>Historical Outpatient Ancillary Services Volumes</i>		
	<i>Six Months Ended September 30</i>	
	<i>2009</i>	<i>2008</i>
Laboratory (CLS)	49,561	41,376
Electrocardiography	2,371	1,856
Electroencephalography	114	100
Nuclear Medicine	739	1,059
PET Scanning ¹	130	139
Ultrasonography	1,558	1,670
Magnetic Resonance Imaging	775	959
Mammography	4,283	4,550
CT Scanning ²	2,821	
Other Radiology	8,195	7,835
Stress Testing	41	77
Cardiac Rehabilitation	1,409	925
Respiratory Therapy	8,595	7,639
Physical Therapy	11,785	11,300
Occupational Therapy	1,616	1,706
Speech Therapy	398	336
¹ Formerly included in Nuclear Medicine volumes ² Prior to December 2008, in cases where CT Scans are provided by CTIS to inpatients whose insurance provides for a per-case reimbursement to ORHC, ORHC must remit a portion of such reimbursement to CTIS. ORHC acquired the CT Scanning equipment and business from CTIS in December 2008.		

PAYOR MIX

<i>Payor Mix by Gross Revenue</i>		
	<i>Six Months Ended September 30, 2009</i>	<i>Fiscal Year Ended March 31, 2009</i>
Medicare	47.6%	44.3%
Medicaid	15.0%	16.6%
Blue Cross	20.1%	17.0%
Managed Care	5.9%	8.2%
Self-Pay	5.4%	3.6%
Commercial and Other	6.0%	10.3%
Total	100.0%	100.0%

Note: One of the major employers in the Market Area converted its employees' health coverage from a managed care product to a Blue Cross plan since FYE2009



OTTUMWA REGIONAL HEALTH CENTER AND AFFILIATES

COMBINING BALANCE SHEET

As of September 30, 2009

	Ottumwa Regional Health Center, Inc.	Ottumwa Regional Health Foundation, Inc.	Regional Retirement Living, Inc.	Eliminations	Combined Total
ASSETS					
CURRENT ASSETS:					
Cash and temporary investments	\$ 24,917	\$ 384	\$ 1,572	\$ -	\$ 26,873
Accounts receivable, net	7,569	-	120	-	7,689
Other receivables	715	211	-	-	926
Inventories	1,944	-	14	-	1,958
Prepaid expenses	466	1	17	-	484
Due from affiliates	6,322	355	-	(6,359)	318
Total current assets	<u>41,933</u>	<u>951</u>	<u>1,723</u>	<u>(6,359)</u>	<u>38,248</u>
ASSETS LIMITED AS TO USE:					
Board-designated investments	4,234	690	-	-	4,924
Bond Collateral	2,050	-	-	-	2,050
Bond trust investments	5,201	-	1,225	-	6,426
Total assets limited as to use	<u>11,485</u>	<u>690</u>	<u>1,225</u>	<u>-</u>	<u>13,400</u>
PLANT AND EQUIPMENT, at cost					
Land and land improvements	3,493	-	1,252	-	4,745
Buildings and improvements	55,826	-	16,230	-	72,056
Furniture and equipment	30,544	123	843	-	31,510
Construction in progress	90	-	-	-	90
	<u>89,953</u>	<u>123</u>	<u>18,325</u>	<u>-</u>	<u>108,401</u>
Less-Accumulated depreciation	58,737	89	6,362	-	65,188
Total plant and equipment	<u>31,216</u>	<u>34</u>	<u>11,963</u>	<u>-</u>	<u>43,213</u>
PROPERTY HELD FOR FUTURE DEVELOPMENT, at cost, net of accumulated depreciation					
	-	193	145	-	338
OTHER ASSETS:					
Permanently Restricted Investments	1,303	1,828	-	-	3,131
Temporarily Restricted Investments-for Capital Acquisitions	-	1,371	-	-	1,371
Deferred Assets	1,584	-	272	-	1,856
Intangible Assets-Goodwill	1,972	-	-	-	1,972
Investments in joint ventures	2,296	-	-	-	2,296
Investments held by ORHF	3,874	-	319	(4,193)	-
Investment in subsidiaries	287	-	-	-	287
Investments in Marketable securities	-	1,064	-	-	1,064
Other investments	112	-	-	-	112
Total other assets	<u>11,428</u>	<u>4,263</u>	<u>591</u>	<u>(4,193)</u>	<u>12,089</u>
Total assets	<u>\$ 96,062</u>	<u>\$ 6,131</u>	<u>\$ 15,647</u>	<u>\$ (10,552)</u>	<u>\$ 107,288</u>
LIABILITIES AND NET ASSETS					
Current maturities of long term debt					
Advance on line of credit	2,314	\$ -	\$ 285	\$ -	\$ 2,599
Accounts payable	-	-	-	-	-
Salaries, wages & payroll taxes payable	1,771	-	30	-	1,801
Estimated settlements payable in connection with third-party reimbursement	2,659	15	71	-	2,745
Accrued interest payable	721	-	-	-	721
Vested employee benefits payable	65	-	70	-	135
Due to affiliates	1,365	14	40	-	1,419
Other accrued liabilities	-	1	6,358	(6,359)	-
Total current liabilities	<u>1,276</u>	<u>40</u>	<u>458</u>	<u>(6,359)</u>	<u>1,774</u>
Total current liabilities	<u>10,171</u>	<u>70</u>	<u>7,312</u>	<u>(6,359)</u>	<u>11,194</u>
REFUNDABLE RESIDENT ENTRANCE FEES AND DEPOSITS					
	-	-	5,583	-	5,583
DEFERRED REVENUE FROM ENTRANCE FEES					
	-	-	412	-	412
LONG TERM DEBT, excluding current maturities above					
	39,161	-	9,090	-	48,251
AGENCY FUNDS PAYABLE					
	-	230	-	-	230
NET ASSETS:					
Unrestricted	41,554	1,375	(7,069)	-	35,860
Temporarily restricted	2,284	2,628	319	(2,603)	2,628
Permanently restricted	2,892	1,828	-	(1,590)	3,130
Total liabilities and net assets	<u>46,730</u>	<u>5,831</u>	<u>(6,750)</u>	<u>(4,193)</u>	<u>41,618</u>
Total liabilities and net assets	<u>\$ 96,062</u>	<u>\$ 6,131</u>	<u>\$ 15,647</u>	<u>\$ (10,552)</u>	<u>\$ 107,288</u>



OTTUMWA REGIONAL HEALTH CENTER AND AFFILIATES
COMBINING STATEMENT OF OPERATIONS

For the Six Months ended September 30, 2009

	Ottumwa Regional Health Center, Inc.	Ottumwa Regional Health Foundation, Inc.	Regional Retirement Living, Inc.	Eliminations	Combined Total
GROSS PATIENT CHARGES					
Inpatient Charges	\$ 29,210	\$ -	\$ -	\$ -	\$ 29,210
Outpatient Charges	48,668	-	-	-	48,668
	<u>77,878</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>77,878</u>
LESS:					
Deductions from gross patient charges	<u>37,989</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>37,989</u>
Net patient service revenue	39,889	-	-	-	39,889
Cafeteria	225	-	8	-	233
Rental Income	151	4	24	(4)	175
Joint Venture Income	243	-	-	-	243
Resident services	-	-	1,956	-	1,956
Other	884	-	5	(23)	866
Total revenues, gains, and other support	<u>41,392</u>	<u>4</u>	<u>1,993</u>	<u>(27)</u>	<u>43,362</u>
EXPENSES:					
Salaries and benefits	20,493	112	824	-	21,429
Purchased supplies & services	9,187	76	640	(27)	9,876
Professional medical fees	3,492	-	-	-	3,492
Depreciation and leasehold amortization	2,435	1	323	-	2,759
Interest expense and amortization	886	2	410	(126)	1,172
Provision for Bad Debts	3,120	-	-	-	3,120
Total expenses	<u>39,613</u>	<u>191</u>	<u>2,197</u>	<u>(153)</u>	<u>41,848</u>
OPERATING REVENUE (EXPENSE)	<u>1,779</u>	<u>(187)</u>	<u>(204)</u>	<u>126</u>	<u>1,514</u>
OTHER GAINS (LOSSES)					
Interest and investment income	354	10	46	(126)	284
Unrestricted contributions	-	15	-	-	15
Equity in net earnings of joint ventures	21	-	-	-	21
Equity in net earnings of Regional Enterprises	-	-	-	-	-
Net change in value of swap agreements	969	-	-	-	969
Other, primarily losses on disposals of plant & equipment	-	-	-	-	-
Total other gains (losses)	<u>1,344</u>	<u>25</u>	<u>46</u>	<u>(126)</u>	<u>1,289</u>
NET INCOME (EXPENSE)	<u>\$ 3,123</u>	<u>\$ (162)</u>	<u>\$ (158)</u>	<u>\$ -</u>	<u>\$ 2,803</u>
Unrealized Gains and Losses on Securities	640	132	205	-	977