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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

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

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
MERCY MEDICAL CENTER

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
701 10TH STREET SE

City or town, state or country, and ZIP + 4
CEDAR RAPIDS, IA 52403

D Employer identification number
42-0698295

E Telephone number
(319) 398-6107

G Gross receipts $ 274,566,653

F Name and address of principal officer
PHIL PETERSON
701 10TH STREET SE
CEDAR RAPIDS,IA 52403

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

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

H(c) Group exemption number ▶ 0928

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

J Website: ▶ WWW MERCYCARE ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1900 | **M** State of legal domicile IA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO CARE FOR THE SICK AND ENHANCE THE HEALTH OF THE COMMUNITIES WE SERVE, GUIDED BY THE SPIRIT OF THE SISTERS OF MERCY

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	31
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	30
5	Total number of employees (Part V, line 2a)	5	2,554
6	Total number of volunteers (estimate if necessary)	6	646
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	1,379,237
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,143,103	7,157,145
9	Program service revenue (Part VIII, line 2g)	226,752,893	249,637,180
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-7,692,161	6,064,869
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	25,936,706	-2,188,342
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	247,140,541	260,670,852
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,831,853	3,169,250
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	112,306,262	113,234,696
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	112,362,172	120,113,865
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	227,500,287	236,517,811
19	Revenue less expenses Subtract line 18 from line 12	19,640,254	24,153,041

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	382,281,770	420,370,403
21	Total liabilities (Part X, line 26)	162,982,717	166,162,089
22	Net assets or fund balances Subtract line 21 from line 20	219,299,053	254,208,314

Part II Signature Block

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

Sign Here

****** | 2011-05-11
Signature of officer | Date

PHIL PETERSON EXECUTIVE VP/CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: John J Romano	Date	Check if self-empolyed ▶☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4: RSM McGladrey Inc, 201 N Harrison Street Suite 300, Davenport, IA 528011999			EIN ▶
			Phone no ▶ (563) 888-4000

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

TO CARE FOR THE SICK AND ENHANCE THE HEALTH OF THE COMMUNITIES WE SERVE, GUIDED BY THE SPIRIT OF THE SISTERS OF MERCY

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 212,081,091 including grants of $ 3,237,082) (Revenue $ 249,637,180)

THE MEDICAL CENTER PROVIDES MEDICAL HEALTH CARE, INCLUDING 24 HOURS A DAY, SEVEN DAYS A WEEK TRAUMA CENTER SERVICE, TO ALL PATIENTS ACCESSING THE SYSTEM, REGARDLESS OF RACE, CREED, SEX , NATIONAL ORIGIN, HANDICAP, AGE OR ABILITY TO PAY A PATIENT IS CLASSIFIED AS A CHARITY PATIENT BY REFERENCE TO CERTAIN ESTABILISHED POLICIES OF THE HOSPITAL ESSENTIALLY, THESE POLICIES DEFINE CHARITY SERVICES AS THOSE SERVICES FOR WHICH NO OR NOMINAL PAYMENT IS ANTICIPATED ADDITIONALLY, EACH HOSPITAL DEPARTMENT ACCEPTS ALL PATIENTS WHO ARE COVERED BY GOVERNMENTAL INDIGENT PROGRAMS SUCH INDIGENT PROGRAMS TYPICALLY REMIT AMOUNTS SUBSTANITALLY LESS THAN CHARGES THE FOLLOWING SUMMARIZES THE HOSPITAL'S CARE OF THE UNINSURED AND UNDERINSURED (DOLLARS IN THOUSANDS) COSTS IN EXCESS OF MEDICARE REIMBURSEMENT (COSTS OF PROVIDING THE SERVICES LESS THE AMOUNTS RECEIVED FROM MEDICARE) - $23,173,000, OTHER COMMUNITY BENEFITS (INCLUDES SUBSIDIZED HEALTH SERVICES, FINANCIAL CONTRIBUTIONS) - $9,763,000, FREE SERVICE (TO PATIENTS WHO MEET MERCY'S FREE-SERVICE GUIDELINES) - $5,954,000, COSTS IN EXCESS OF MEDICAID REIMBURSEMENT (COSTS OF PROVIDING THE SERVICES LESS THE AMOUNTS RECEIVED FROM MEDICAID) - $1,671,000, PHYSICIAN EDUCATION - $1,053,000 IN ADDITION, CHARITY CARE AND COMMUNITY SERVICE ARE PROVIDED THROUGH MANY REDUCED PRICE SERVICES AND FREE PROGRAMS OFFERED THROUGHOUT THE YEAR THESE PROGRAMS PROVIDE A BONA FIDE COMMUNITY HEALTH NEED, INCLUDING A A HEALTH NEWS PUBLICATION, THE MERCY TOUCH, DISTRIBUTED TO 55,200 HOUSEHOLDS IN 2010 AT A TOTAL COST OF OVER $59,000 B PUBLIC AND PROFESSIONAL EDUCATIONAL SEMINARS OFFERED ON TOPICS INCLUDING AGING, BACK AND NECK PAIN, BREAST FEEDING, DIABETES, DISC DISEASE, EATING DISORDERS, MIGRAINE HEADACHES, MULTIPLE SCLEROSIS, OSTEOPOROSIS, PMS, PARENTING, PARKINSON'S DISEASE, PRENATAL CARE, STROKES AND WELLNESS, SPECIALIZED CANCER SEMINARS FOR CLERGY, SOCIAL WORKERS, DENTAL HYGIENISTS NURSES, DENTISTS AND PHYSICIANS ARE ALSO FREQUENTLY OFFERED C HOSPITAL MEETING FACILITIES ARE FREQUENTLY USED WITHOUT CHARGE BY SUCH GROUPS AS KIDS FIRST, AMERICAN HEART ASSOCIATION, OVEREATERS ANONYMOUS, AL-ANON, CATHOLIC LAYMEN, UNITED WAY, CATHERINE MCAULEY CENTER FOR WOMEN, AND THE AMERICAN CANCER SOCIETY D CONTRIBUTIONS OF 110,100 HOURS TOWARD THE COMMON PURPOSE OF SERVING THE HEALTH CARE OF THE COMMUNITY THE VALUE OF THESE CONTRIBUTIONS WAS APPROXIMATELY $1,200,000 AND WAS GIVEN BACK THE THE COMMUNITY THROUGH LOWER COSTS

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

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

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

4e **Total program service expenses** ▶ $ 212,081,091

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	249		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	2,554		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	31		
b	Enter the number of voting members that are independent	1b	30		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?				No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?				No
5	Did the organization become aware during the year of a material diversion of the organization's assets?				No
6	Does the organization have members or stockholders?			Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?			Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?			Yes	
b	Each committee with authority to act on behalf of the governing body?			Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				No

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

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

KAY CRIST
701 10TH STREET SE
CEDAR RAPIDS,IA 52403
(319) 398-6107

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

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

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

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

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	3,190,897	26,000	500,860

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 32

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
HOSPITALIST MEDICINE PHYSICIANS 4535 DRESSLER RD NW CANTON, OH 44718	HEALTHCARE PROFESSIONAL SERVICES	1,893,996
VITAL SUPPORT SYSTEMS LLC 11191 AURORA AVENUE URBANDALE, IA 50322	HARWARE, SOFTWARE, AND I/S SUPPORT SERVI	792,731
EIDERKIN & PIRNIE PLC 115 1ST AVE SE CEDAR RAPIDS, IA 52406	LEGAL SERVICES	626,526
WELAND CLINICAL LABORATORY PC 1911 1ST AVENUE SE CEDAR RAPIDS, IA 52406	HEALTHCARE SERVICES	460,542
PHELANS INTERIORS 728 3RD AVENUE SE CEDAR RAPIDS, IA 52401	REMODELING SERVICES	407,885
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 21		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	2,010			
	d	Related organizations	1d	2,338,686			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,816,449			
	g	Noncash contributions included in lines 1a-1f $ 791,731					
	h	**Total.** Add lines 1a-1f		7,157,145			
Program Service Revenue			Business Code				
	2a	PATIENT REVENUES	900,099	222,049,588	222,049,588		
	b	LABORATORY REVENUE	621,500	26,733,336	25,369,524	1,363,812	
	c	FITNESS CENTER REVENUE	900,099	555,294	555,294		
	d	FAMILY COUNSELING REVE	624,100	298,962	298,962		
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		249,637,180			
	3	Investment income (including dividends, interest and other similar amounts)		2,638,376			2,638,376
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents	1,548,268				
	b	Less rental expenses	1,145,762				
	c	Rental income or (loss)	402,506				
	d	Net rental income or (loss)		402,506			402,506
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	13,730,472	33,169			
	b	Less cost or other basis and sales expenses	9,982,668	354,480			
	c	Gain or (loss)	3,747,804	-321,311			
	d	Net gain or (loss)		3,426,493			3,426,493
Other Revenue	8a	Gross income from fundraising events (not including $ 2,010 of contributions reported on line 1c) See Part IV, line 18	a 5,688				
	b	Less direct expenses	b 1,946				
	c	Net income or (loss) from fundraising events		3,742			3,742
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a 2,503,495				
	b	Less cost of goods sold	b 2,410,945				
	c	Net income or (loss) from sales of inventory		92,550			92,550
		Miscellaneous Revenue	Business Code				
	11a	MRI MR ASSOCIATES	621,110	1,389,112	1,389,112		
	b	DISASTER RELIEF	900,099	1,091,275			1,091,275
	c	PARTNERSHIP ORDINARY I	561,000	15,425		15,425	
	d	All other revenue		-5,182,952	-5,182,952		
	e	**Total.** Add lines 11a–11d		-2,687,140			
	12	**Total revenue.** See Instructions		260,670,852	244,479,528	1,379,237	7,654,942

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	3,169,250	3,169,250		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,134,076		2,134,076	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	39,998	39,998		
7 Other salaries and wages	81,029,213	74,030,293	6,998,920	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,878,755	7,924,370	954,385	
9 Other employee benefits	15,093,037	13,557,097	1,535,940	
10 Payroll taxes	6,059,617	5,395,321	664,296	
11 Fees for services (non-employees)				
a Management	59,746	59,746		
b Legal	328,132		328,132	
c Accounting	148,317	4,317	144,000	
d Lobbying	27,084	27,084		
e Professional fundraising *See Part IV, line 17*				
f Investment management fees	219,831		219,831	
g Other	10,545,574	7,722,575	2,822,999	
12 Advertising and promotion	1,576,090	1,497,227	78,863	
13 Office expenses	49,120,558	47,244,505	1,876,053	
14 Information technology	6,639,109	6,622,527	16,582	
15 Royalties	6,600	6,600		
16 Occupancy	3,632,156	1,222,459	2,409,697	
17 Travel	301,523	96,172	205,351	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	12,607	12,607		
20 Interest	2,902,730	2,902,730		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,786,943	13,414,135	3,372,808	
23 Insurance	572,378	457	571,921	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a BAD DEBT EXPENSE	17,417,809	17,417,809		
b REPAIRS	6,395,685	6,395,685		
c RESIDENCY EXPENSE	1,525,107	1,525,107		
d DUES & SUBSCRIPTIONS	542,435	542,435		
e VEHICLE EXPENSE	375,663	375,663		
f All other expenses	977,788	874,922	102,866	
25 **Total functional expenses.** Add lines 1 through 24f	236,517,811	212,081,091	24,436,720	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,572,149	1	503,844
	2	Savings and temporary cash investments		13,671,118	2	33,184,130
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		34,670,440	4	35,957,106
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		3,081,264	7	2,859,486
	8	Inventories for sale or use		3,723,029	8	4,903,950
	9	Prepaid expenses and deferred charges		1,508,395	9	1,810,711
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 326,897,451			
	b	Less accumulated depreciation	10b 157,208,118	169,197,744	10c	169,689,333
	11	Investments—publicly traded securities		48,000,779	11	47,245,888
	12	Investments—other securities See Part IV, line 11		43,816,137	12	74,534,878
	13	Investments—program-related See Part IV, line 11		63,040,715	13	49,623,480
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		0	15	57,597
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		382,281,770	16	420,370,403
Liabilities	17	Accounts payable and accrued expenses		25,148,495	17	24,964,222
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		86,350,000	20	84,205,000
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		51,484,222	25	56,992,867
	26	**Total liabilities.** Add lines 17 through 25		162,982,717	26	166,162,089
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		191,992,053	27	224,744,236
	28	Temporarily restricted net assets		5,226,000	28	7,089,893
	29	Permanently restricted net assets		22,081,000	29	22,374,185
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		219,299,053	33	254,208,314
	34	Total liabilities and net assets/fund balances		382,281,770	34	420,370,403

Part XI Financial Statements and Reporting

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MERCY MEDICAL CENTER

Employer identification number
42-0698295

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

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

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

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

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

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

_____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶

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

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

OMB No 1545-0047

2009

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization	Employer identification number
MERCY MEDICAL CENTER	42-0698295

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

A Check ☐ if the filing organization belongs to an affiliated group

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

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

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		27,084
j	Total lines 1c through 1i			27,084
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	23 7% OF MEMBERSHIP DUES TO THE IOWA HOSPITAL ASSOCIATION IS ATTRIBUTABLE TO LOBBYING ACTIVITIES, OR $27,084

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MERCY MEDICAL CENTER

Employer identification number
42-0698295

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

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

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

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

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	26,505,127	29,036,036			
b Contributions	234,657	2,000			
c Investment earnings or losses	1,633,447	-2,532,909			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	486,386				
g End of year balance	27,886,845	26,505,127			

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

- a Board designated or quasi-endowment ▶ **11.920 %**
- b Permanent endowment ▶ **80.230 %**
- c Term endowment ▶ **7.850 %**

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		10,573,595		10,573,595
b Buildings		212,303,782	96,921,561	115,382,221
c Leasehold improvements		2,635,277	1,732,125	903,152
d Equipment		101,384,797	58,554,432	42,830,365
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				169,689,333

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
COMMERCIAL PAPER & CASH	9,484,468	F
MONEY MARKET FUNDS	11,435	F
MUTUAL FUNDS, INVESTED IN CORP BONDS, LLPS & REAL ESTATE	65,038,975	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	74,534,878	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
INVESTMENT IN AFFILIATEs	46,403,332	F
DEFERRED FINANCING COSTS	616,533	C
INVESTMENT IN CEDAR RAPIDS PHO	601,266	F
SLEEP LAB JOINT VENTURE	1,193,596	F
INVESTMENT IN MR ASSOCIATES	808,753	C
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶	49,623,480	

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

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
INTEREST RATE SWAP AGREEMENTS	9,472,309
PENSION LIABILITY	40,529,500
SELF INSURANCE RESERVES	5,830,679
THIRD PARTY SETTLEMENTS	1,102,782
NET EQUITY IN MERCY MEDICAL CENTER AUXILIARY	57,597
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	56,992,867

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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	260,670,852
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	236,517,811
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	24,153,041
4	Net unrealized gains (losses) on investments	4	8,891,631
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	1,864,589
9	Total adjustments (net) Add lines 4 - 8	9	10,756,220
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	34,909,261

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	270,744,995
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	8,891,631		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-694,058		
e	Add lines **2a** through **2d**			2e	8,197,573
3	Subtract line **2e** from line **1**			3	262,547,422
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	-1,876,570		
c	Add lines **4a** and **4b**			4c	-1,876,570
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	260,670,852

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	235,835,734
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	2,073,948		
e	Add lines **2a** through **2d**			2e	2,073,948
3	Subtract line **2e** from line **1**			3	233,761,786
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	2,756,025		
c	Add lines **4a** and **4b**			4c	2,756,025
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	236,517,811

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	MERCY HOSPITAL, CEDAR RAPIDS, IA ENDOWMENT FOUNDATION, INC , A RELATED ORGANIZATION, HOLDS THE ENDOWMENT FUNDS THE FOUNDATION'S ENDOWMENT FUNDS ARE USED FOR THE CANCER CENTER, NEUROSCIENCES, HOSPICE OF MERCY, HOSPICE HOUSE, PATIENT CARE, TRAUMA CENTER, ESPECIALLY FOR ME, FIT FAMILIES, HALLMAR, HUSTON FUND (RADIOLOGY), EDUCATIONAL SCHOLARSHIPS, LIPSKY EDUCATIONAL FUND, BENEFICIAL INTERESTS IN REMAINDER & PERPETUAL TRUSTS, WATTS LIBRARY, MERCY MEDICAL CENTER CAPITAL PROJECTS, AND GENERAL ENDOWMENT FUNDS TO BE USED AT THE BOARD OF DIRECTORS' DISCRETION
Part X	Description of Uncertain Tax Positions Under FIN 48	THE HOSPITAL IS A NOT-FOR-PROFIT AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE THE HOSPITAL FILES A FORM 990 (RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX) ANNUALLY WHEN THIS RETURN IS FILED, IT IS HIGHLY CERTAIN THAT SOME POSITIONS TAKEN WOULD BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES, WHILE OTHERS ARE SUBJECT TO UNCERTAINTY ABOUT THE MERITS OF THE TAX POSITION TAKEN OR THE AMOUNT OF THE POSITION THAT WOULD ULTIMATELY BE SUSTAINED EXAMPLES OF TAX POSITIONS COMMON TO HOSPITALS INCLUDE SUCH MATTERS AS THE FOLLOWING THE TAX EXEMPT STATUS OF THE ENTITY, THE CONTINUED TAX EXEMPT STATUS OF BONDS ISSUED BY THE OBLIGATED GROUP, THE NATURE, THE CHARACTERIZATION AND TAXABILITY OF JOINT VENTURE INCOME AND VARIOUS POSITIONS RELATIVE TO POTENTIAL SOURCES OF UNRELATED BUSINESS INCOME (UBIT) UBIT IS REPORTED ON FORM 990T, AS APPROPRIATE THE BENEFIT OF A TAX POSITION IS RECOGNIZED IN THE FINANCIAL STATEMENTS IN THE PERIOD DURING WHICH, BASED ON ALL AVAILABLE EVIDENCE, MANAGEMENT BELIEVES THAT IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING THE RESOLUTION OF APPEALS OR LITIGATION PROCESSES, IF ANY TAX POSITIONS ARE NOT OFFSET OR AGGREGATED WITH OTHER POSITIONS TAX POSITIONS THAT MEET THE "MORE LIKELY THAN NOT" RECOGNITION THRESHOLD ARE MEASURED AS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS MORE THAN 50% LIKELY TO BE REALIZED ON SETTLEMENT WITH THE APPLICABLE TAXING AUTHORITY THE PORTION OF THE BENEFITS ASSOCIATED WITH TAX POSITIONS TAKEN THAT EXCEEDS THE AMOUNT MEASURED AS DESCRIBED ABOVE IS REFLECTED AS A LIABILITY FOR UNCERTAIN TAX BENEFITS IN THE ACCOMPANYING BALANCE SHEET ALONG WITH ANY ASSOCIATED INTEREST AND PENALTIES THAT WOULD BE PAYABLE TO THE TAXING AUTHORITIES UPON EXAMINATION AS OF JUNE 30, 2010 AND 2009, THERE WERE NO UNCERTAIN TAX BENEFITS IDENTIFIED AND RECORDED AS A LIABILITY FORMS 990 AND 990T FILED BY THE HOSPITAL ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE (IRS) UP TO THREE YEARS FROM THE EXTENDED DUE DATE OF EACH RETURN THE HOSPITAL'S IRS FORM 990 AND 990T ARE NO LONGER SUBJECT TO EXAMINATION FOR THE YEARS ENDED JUNE 30, 2006
Part XI, Line 8 - Other Adjustments		CHANGE IN ADDITIONAL MINIMUM LIABILITY FOR RETIREMENT BENEFITS CHANGE IN INTEREST IN NET ASSETS OF FOUNDATION CHANGE IN FAIR VALUE OF INTEREST RATE SWAP AGREEMENTS BOOK/TAX DIFFERENCE IN PARTNERSHIP INCOME(LOSS) CHANGE IN INTEREST IN NET ASSETS OF AUXILIARY AND GIFT SHOP
Part XII, Line 2d - Other Adjustments		CHANGE IN FAIR VALUE OF INTEREST RATE SWAP AGREEMENTS -3783309 CHANGE IN UNRECOGNIZED FUNDED STATUS OF RETIREMENT PLAN 478859 CHANGE IN INTEREST IN NET ASSETS OF MERCY MEDICAL CENTER FOUNDATION 3883399 GRANT TO MERCARE SERVICE CORPORATION INCLUDED WITH REVENUES -2500000 BOOK/TAX DIFFERENCE IN PARTNERSHIP INCOME(LOSS) 1226993
Part XII, Line 4b - Other Adjustments		CAFETERIA COST OF GOODS SOLD NETTED WITH REVENUES -1752636 LOSS ON SALE OF ASSETS - 321312 AUXILIARY AND GIFT SHOP REVENUE NOT INCLUDED IN AUDIT REPORT 197378
Part XIII, Line 2d - Other Adjustments		CAFETERIA COST OF GOODS SOLD NETTED WITH REVENUES 1752636 LOSS ON SALE OF FIXED ASSETS 321312
Part XIII, Line 4b - Other Adjustments		GRANT TO MERCYCARE SERVICE CORPORATION INCLUDED WITH REVENUES 2500000 AUXILIARY AND GIFT SHOP EXPENSES NOT INCLUDED IN AUDIT REPORT 256025

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MERCY MEDICAL CENTER

Employer identification number
42-0698295

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other **100000.0000000000 %**	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)		9,443	5,608,400	0	5,608,400	2 560 %
b Unreimbursed Medicaid (from Worksheet 3, column a)		20,364	14,864,872	13,194,319	1,670,553	0 760 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs		29,807	20,473,272	13,194,319	7,278,953	3 320 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)		13,914	837,423	0	837,423	0 380 %
f Health professions education (from Worksheet 5)		326	1,959,550	519,040	1,440,510	0 660 %
g Subsidized health services (from Worksheet 6)		3,438	10,214,227	7,601,108	2,613,119	1 190 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			291,376	0	291,376	0 130 %
j **Total** Other Benefits		17,678	13,302,576	8,120,148	5,182,428	2 360 %
k **Total.** Add lines 7d and 7j		47,485	33,775,848	21,314,467	12,461,381	5 680 %

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing			40,078		40,078	0 020 %
2	Economic development			28,958		28,958	0 010 %
3	Community support						
4	Environmental improvements			3,377		3,377	0 %
5	Leadership development and training for community members			858		858	0 %
6	Coalition building			168,259		168,259	0 080 %
7	Community health improvement advocacy			7,485		7,485	0 %
8	Workforce development			9,783		9,783	0 %
9	Other						
10	**Total**			258,798		258,798	0 110 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes		
2	Enter the amount of the organization's bad debt expense (at cost)	2	5,721,061		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	87,793,726
6	Enter Medicare allowable costs of care relating to payments on line 5	6	110,966,815
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-23,173,089
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes		
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	Yes		

Part IV Management Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1 MR ASSOCIATES LLP	PROVIDES MRI SERVICES	33 000 %	0 %	33 000 %
2 EASTERN IOWA SLEEP CENTER LLC	PROVIDES SLEEP STUDIES	33 000 %	0 %	33 000 %
3 CEDAR RAPIDS PHYSICIAN HOSPITAL ORGANIZATION	PROVIDES PAYOR CONTRACTING	39 000 %	0 %	61 000 %
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
MERCY MEDICAL CENTER 701 10TH STREET SE CEDAR RAPIDS,IA 52403	X	X		X			X		

Part VI Supplemental Information

Complete this part to provide the following information

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

See additional data

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves

See additional data

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

See additional data

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

See additional data

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

See additional data

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

See additional data

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

See additional data

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

IA

Additional Data

Software ID:
Software Version:
EIN: 42-0698295
Name: MERCY MEDICAL CENTER

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 3c NOT APPLICABLE

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 6a NOT APPLICABLE

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7 THE FOLLOWING COSTS ARE CALCULATED BASED ON THE COST TO CHARGE RATIO CALCULATED ON WORKSHEET 2 MEDICAID, FREE CLINIC SERVICES, CHARITY CARE, MEDICARE, AND BAD DEBTS

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7g COSTS FOR SUBSIDIZED SERVICES WERE CALCULATED BASED ON OUR COST ACCOUNTIN G SYSTEM THESE SERVICES WERE SPLIT BETWEEN UNREIMBURSED CHARITY CARE PATIENT ACCOUNTS, ME DICAID PATIENTS ACCOUNTS, AND PATIENTS ACCOUNTS DETERMINED TO BE UNCOLLECTIBLE The follow ing programs and services are subsidized by Mercy Medical Center to address community heal th needs identified through our community assessment process Mercy's Joslin Diabetic Cente r Only one of eight facilities of its kind in Iowa, Mercy's Joslin Diabetes Center provid es diabetes patients and their family members with the comprehensive information they need to better manage this disease and decrease their risk for complications Joslin Diabetes Center team members include an endocrinologist, nurse educators, dietitian educators, a po diatrist and an exercise specialist Diabetes education and insulin management services ar e provided for children (toddler through adolescents) and adults (all ages) Medical diabe tes care is provided for adolescents and adults The estimated number of patients with dia betes or prediabetes in the PSA is 14,000 Joslin provided care to 3240 patient visits from July 2009-May 2010 Each summer Joslin Diabetes Center plays a key role in a one-week Diab etes Camp held at Camp Tanager in Mount Vernon for children with diabetes Joslin experts educate the camp staff about diabetes, and provide nursing and dietary support Joslin als o donates equipment and supplies used at the camp For one week, children with diabetes can relish the opportunity to be with their peers and not be "different " As an added bonus, parents can relax and rest assured that their child is in a safe place, where any special needs are sure to be met This experience enhances the quality of life for these children and creates long-lasting memories for them Behavioral Health Services Mercy serves patien ts older who are in a crisis state related to a mental health, chemical dependency or co-o ccurring mental health and chemical dependency diagnosis Patients originate from Linn Cou nty and the secondary service area In FY 2010, 5,593 inpatients were served Other servic es include telephone triage and 2,788 clients were evaluated and referred to outpatient se rvices Individuals experiencing multiple life stressors are most vulnerable and need beha vior health assistance and coping mechanisms Our state, and our local community, continue s to recover from the catastrophic June 2008 floods that destroyed homes and business The se individuals also are impacted by the effects of the national economic downturn, and Beh avior Health Services continues to serve a role in providing mental health and chemical de pendency resources While the mission is to meet the needs of the PSA and SSA patients, Mer cy has been increasingly called upon to meet state-wide needs and has received patients fr om as far away as Illinois Transportation is provided to safely send patients back to the ir home location without receiving reimbursement from the sending counties Iowa is suffer ing a severe shortage of mental health beds and mental health and chemical dependency reso urces There are long waiting lists for patients to be seen by psychiatrists and mental he alth or chemical dependency providers This same population is frequently either uninsured or their mental health benefits are severely limited or capped at low levels for a lifeti me The state of Iowa and Linn County are targeting patients with co-occurring disorders a s a particularly difficult population to treat and have historically poor outcomes As a p art of this state and county wide initiative, the Behavioral Health Unit is participating in data collection, staff education and consistent treatment initiatives that have been id entified as evidenced base best practice When patients cannot afford discharge medication s Mercy provides an initial 30 day supply to prevent immediate readmission due to noncompl iance due to financial constraints WOMEN AND CHILDREN'S SERVICES Mercy's NICU/Birthplace has a family-centered care approach that starts before birth with educational classes and continues after a family leaves the hospital with their baby A day or two after discharge , a Mercy Home Care nurse visits the home and NICU staff members are available by telephon e 24 hours day Mercy also supports a Developmental Clinic, which follows up on Mercy NICU babies at regular intervals up to age 30 months The purpose of the obstetric home visit program is to provide support and education to parents of newborns after their discharge f rom the hospital and before their first visit to their healthcare provider at approximatel y two weeks of age When mother and newborns started discharging from the hospital two or three days after birth there were a number of cases where babies and sometimes mothers dev eloped serious medical conditions which were not identified until they were seriously comp romised The home visit by an RN is set up to prev

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

ent such situations All mothers discharged from Birthplace are offered a home visit if th ey live within a thirty mile radius or encouraged to return to the hospital for an in hosp ital visit if they live beyond that This visit is done within the first few days they are home The mother and baby are assessed with vital signs and a weight check on the baby A ny concerns or issues are called to the physician and followed up Number served Calendar year 2009 there were 873 babies born on BirthplaceO utcomes -Weight loss and feeding probl ems are identified, care plans developed, and follow up is done to assure effectiveness -J aundice is identified in newborns, labs drawn and orders received to prevent kernicterus - Maternal vital changes are identified and physicians notified when necessary -Education is reinforced and done to assure a safe environment for the baby and mom -Safety issues are identified in the environment and corrected when necessary -Signs and symptoms of postpart um depression are identified and addressedMercy's Fast Track Emergency Department also off ers distraction kits, movies, etc to ease children's concerns when they need care in the emergency room O ur 30-minute wait guarantee ensures families that they will not have to w ait longer 30 minutes for care to begin for their child

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7f $17,417,809 OF BAD DEBT EXPENSE IS SUBTRACTED FOR PURPOSES OF COMPUTING THE PERCENTAGE IN PART I, LINE 7K, COLUMN F THE ORGANIZATION'S TOTAL COMMUNITY BENEFIT EXPENSE AS A PERCENTAGE OF TOTAL EXPENSES, LESS BAD DEBT, IS 15 43%, AND THE PERCENTAGE INCREASES TO 66 14% IF MEDICARE ALLOWABLE COSTS ARE INCLUDED IN TOTAL COMMUNTY BENEFIT EXPENSE

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 4 Patient receivables due directly from the patients are carried at the original charge for the service provided less amounts covered by third-party payers and less an estimated allowance for doubtful receivables based on a review of all outstanding amounts on a monthly basis Management determines the allowance for doubtful accounts by identifying troubled accounts, by historical experience applied to an aging of accounts and by considering the patient's financial history, credit history and current economic conditions The Hospital does not charge interest on patient receivables Patient receivables are written off as bad debt expense when deemed uncollectible Recoveries of receivables previously written off are recorded as a reduction of bad debt expense when received Charity care is provided for services where the patient's inability to pay is documented and the revenues are not expected to be received Bad debts, on the other hand, relate to services for which the hospital expected to receive payments, but did not receive the payment This may be a result of the patient may not beING able to pay for the services, but the hospital is unaware of that fact, or the patient is unwilling to pay for the services In many cases, it is not possible to determine whether the bad debt amount could be for an indigent or medically needy patient Not-for-profit hospitals must accept any patient who needs services regardless of their ability to pay We may even know that a patient has a large balance due on a number of prior services, but we cannot turn the patient away if the services are necessary Once a patient is stabilized, it does not mean that the patient will be willing to move to another facility for the remainder of their treatment nor does it mean there is another facility that may be willing to accept the patient as a transfer Bad debt, whether for patients who cannot pay or those who are unwilling to pay, should be considered a community benefit A hospital cannot deny necessary services even if the patient will not pay for the services A retailer, on the other hand, can deny credit if the customer has not been paying on their credit card There is a significant difference between bad debts at the hospital and bad debts in general

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 8 The costs shown for the Medicare shortfall are based on total charges of all Medicare and Medicare replacement patients The shortfall is calculated by multiplying the total charges by the cost to charge ratio calculated on Worksheet 2 less the payments we received for these services The Medicare cost report is not an appropriate source to determine the costs for these patients Many items including all outpatient services for patients who are covered by a Medicare replacement plan and many services such as laboratory, physical and occupational therapy, and others paid on a fee for service basis are not included on the Medicare cost report In addition, hospice, home health, and dialysis services, although included on the Medicare cost report, do not show the costs and payments associated with these services for Medicare beneficiaries For Mercy Medical Center, 50 2% of our gross charges are for Medicare patients including those with Medicare replacements Another 6 7% of our charges are for patients who qualify for Medicaid coverage Neither government program pays enough to cover the costs of the services provided to these patients If we did not serve the Medicare and Medicaid patients, another facility would have to provide the service Of the 59,188 Medicare patients who were discharged during the 2010 fiscal year, 12,678, or 21 4%, had Medicaid coverage This does not reflect any of the patients whose primary coverage is a Medicare replacement policy Based on information from the American Hospital Association, 46% of Medicare spending is for beneficiaries whose income is below 200% of the federal poverty level

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 9b Mercy Medical Center understands patients may not have the ability to pay for services nor recognize the opportunity they may have to receive financial assistance To aid in this process Mercy Medical Center has implemented a Presumptive Charity Eligibility Program (PCEP) Patients who qualify for this program do not have to complete paperwork Mercy utilizes an outside vendor to assist in determining a patient's financial risk Mercy Medical Center uses billing and collection recommendations established by the Iowa Hospital Association These recommendations include -Mercy Medical Center will provide to all patients the same information concerning services and charges -For a patient who has an application pending for either government-sponsoredcoverage or Medical Center's financial aid program, Mercy will notknowingly send that patient's bill to a collection agency before the initial eligibility determination has been made -Mercy Medical Center will review the patient's record to determine if reasonable efforts were undertaken to ensure that financial assistance was offered and/or if financial assistance is appropriate before any collection agency assignment

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

FORM 990, SCHEDULE H, PART I, LINE 3B Mercy Medical Center utilizes a presumptive charity care process for Medicaid, medically needy, food stamp, state-assisted, or self-pay patients These patients receive a 25% discount without having to submit an application for financial assistance Full charity care will be provided to uninsured and underinsured patients earning 200% or less of the Federal Poverty Income Guidelines (FPIG) Patients whose income, as determined by the Federal Poverty Income Guideline, is more than 200% and less than or equal to 1000% of the poverty guidelines may be eligible for assistance under the "Sliding Scale Discount Program " A sliding scale discount will be applied to the patient's balance BASED ON THE the lower of 10% of 2 years household income or the discounted AMOUNT BASED ON A THE PATIENT'S PERCENT OF fEDERAL POVERTY INCOME GUIDELINES

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

Part VI, Line 2 Mercy Medical Center takes a collaborative approach in assessing the needs of the community it serves AS A SPONSORING PARTNER OF THE HEALTHY LINN CARE NETWORK A Community Health Needs Assessment was conducted in 2005 by Healthy Linn Care Network, a branch of the Linn County Public Health Department Data and information was collected through qualitative and quantitative methods and a Health Improvement Plan was developed Mercy partnered with several community organizations to form coalitions to address the top five community health needs -Obesity (and related chronic health conditions including diabetes and cardiovascular disease)-Mental Health-Substance Abuse-Cancer-Sexually Transmitted Infections and Human Immunodeficiency VirusMercy staff members participate on the following committees and coalitions -Women's Health Network-Colorectal Cancer Committee-Linn County Mental Health Services Planning Committee-Healthy Living Coalition-Linn County Senior Coalition-STI/HIV/AIDS Alliance-Linn County Partnership on Substance Abuse-Community Indigent/Low Income Service Committee-Linn County Family Violence Coalition-Linn County Asthma Reduction Coalition-Make it Safe CoalitionHealthy Linn Care Network has made a commitment to the community to provide a Health Needs Assessment every 3 years The most current assessment is due for completion in February, 2011 Mercy Medical Center understands the need for ongoing assessment and uses data and information obtained from Federal Census Bureau reports, hospital charity care cases, Linn County Public Health Department, Community Free Clinics, schools, United Way, County Health Ranking report, and the Cedar Rapids Healthcare Alliance to modify current programs and create new programs to address health needs

Form 990 Schedule H, Part VI - Supplemental Information, Line 3

Part VI, Line 3 Mercy Medical Center is committed to -Providing access to quality healthcare with compassion, dignity and respect for all those we serve, particularly the poor and underserved,-Caring for all persons, regardless of their ability to pay for services,-Assisting patients who cannot pay for part or all of the care they receive,-Communicating information about financial assistance in a clear and consistent manner-Balancing needed financial assistance for some patients with broader fiscal responsibilities in order to sustain viability and provide the quality and quantity of services for all who may need care in the community Mercy will notify prospective patients that the hospital will provide, upon request, an estimated price or price range for the contemplated services Communicate the Availability of Financial Aid -Publicly Displaying Billing and Collection Policies - Mercy displaysand/or makes available our billing and collection policies, including discount and charity care policies Brochures list all available financial resources -Communication with Patients - Mercy provides information on policies within patient registration packets Financial counselors are available seven days a week, 24 hours a day, to communicate these policies and assist patients in applying for public and private programs for which they may qualify and that may assist them in obtaining and paying for healthcare services Mercy Medical Center educates staff members who work closely with patients (including those working in patient registration and admitting, financial assistance, social work, billing and collections) about hospital billing, collection policies and practices, financial assistance, and our commitment to care for all patients with dignity and respect regardless of their insurance status or ability to pay for services Education is also provided regarding federal, state and local public financial assistance programs and Mercy Medical Centers financial assistance program -Communications to the public regarding financial assistance are writtenin consumer-friendly terminology and in a language that the patient canunderstand -Information is included in hospital bills about the availability of financialassistance and how to obtain further information and apply for financial assistance - Information on financial assistance policies is posted in key public areas withinstructions on how to apply or obtain further information Brochures are also Available -Patients are educated about their responsibilities, the potential financial OBligation they may incur, their obligations for completing eligibilitydocumentation, and the hospital's bill collection policies -Patients are referred to and/or provided with assistance regardingapplying for Medicaid, Iowa Care, Healthy Start, General Assistance and/orlocal county funds for future care needs In addition to English, patient financial assistance information is also available in Spanish for those with limited English proficiency, reflecting other dominant languages spoken in the communities served by Mercy Medical Center Mercy also has interpreting services available for limited English proficiency patients who speak other languages

Form 990 Schedule H, Part VI - Supplemental Information, Line 4

Part VI, Line 4 Mercy Medical Center serves a primary service area (PSA) of Linn County and a secondary service area (SSA) of 7 contiguous counties (Benton, Buchanan, Cedar, Delaware, Iowa, Johnson, and Jones) The total population of Linn County is 209,226 The total population of both primary and secondary service areas is 328,256 The projected 10 year population growth for the PSA is 2% and the SSA, 1% 12 7% of persons living in Mercy's combined service area are age 65 or older 90 6% are high school graduates while 27 7% hold a Bachelors degree or higher The median household income is $55,173 The percentage of people living below poverty level is 9,3% as compared to 10 1% for all of Iowa 1 in 9 Iowans is uninsured or 12% (includes children and nonelderly adults) The average persons per household are 2 4 Demographics for the service area are as follows 49 5% male, 50 5% female92% Caucasian3 5% African American 4% Native American1 9% Asian/Pacific2 2% HispanicThe current unemployment rate for Linn County is 6 3%, THE SAME RATE AS THE STATE OF IOWA Linn County features a diverse employer base including manufacturing, trade, education, service, finance and agriculture

Form 990 Schedule H, Part VI - Supplemental Information, Line 5

Part VI, Line 5 Cash contributions Mercy Medical Center gives cash contributions to several area non-profit organizations, especially those that address health, emergency housing and the needs of children Examples include -American Cancer Society-Waypoint-Juvenile Diabetes Association-Horizons Meals on Wheels-Camp Courageous-Tanager Place-Young Parents Network-Alzheimer's Association-Cedar Rapid Health Care AllianceMercy Medical Center also provides in-kind printing services for several area non-profits Meeting space for nonprofits Mercy Medical Center provides meeting space for a variety of non-profit organizations throughout the year at no charge Mercy also provides no charge catering services for several non-profit community organizations Mercy Medical Center hosts many community support groups for individuals facing emotion and physical challenges including cancer, pulmonary disease, heart disease, prostate cancer, dialysis, grief and mental health issues In-kind space for nonprofits Mercy Medical Center provides space for operations for several local community non-profits These include -Young Parents Network and Wee Care Shop-Gems of Hope-Boys and Girls Club-Kids First Law office-American Cancer SocietyCommunity Health improvement through coalition building/community board participation Mercy Medical Center contributed to the economic and civic health of the surrounding community by serving on several community and area boards Mercy also supported the efforts of local rotary and chamber of commerce as well as organizations established to increase awareness on economic growth and diversity Examples include -United Way-Cedar Rapids Chamber of Commerce-Marion Chamber of Commerce-Daybreak Rotary-Waypoint Kids Board-Diversity Focus Board-Freedom From Hunger planning committee-Junior Achievement Board-Kirkwood College Advisory Board-Aging Services Board-Healthy Linn Care Network Board-AMERICAN CANCER SOCIETY-Catherine McAuley Center BoardCOMMUNITY IMPACT EVALUATIONS ARE REQUESTED TO ASSURE FUNDS ARE ADDRESSING COMMUNITY NEEDS

Form 990 Schedule H, Part VI - Supplemental Information, Line 6

Form 990 Schedule H, Part VI - Supplemental Information, Line 6

Part VI, Line 6 Mercy Regional Cancer CenterCancer is now Iowa's leading cause of death with more than 16,000 Iowans diagnosed each year In Linn County alone, one person dies from cancer every day, those numbers will continue to rise with the growing aging population Mercy's cancer programs and services are patient-focused, with an integrated approach to care Additional comprehensive services such as forums, support groups, and genetic counseling, are open to the community participation as well as our patients and family members Mercy Medical Center's Board of Trustees is made up of volunteers, the majority of whom are residents within the PSA The board consists of 32 members who are neither employees nor contractors of the organization The governance structure ensures that community interests are represented in decision-making for the organization In addition, five seats are allocated to women religious who ensure the organization remains true to its charitable mission Mercy also provides Board-level support in a Community Benefit committee comprised of community members from Linn County This committee was formed to provide guidance, support and make recommendations for program development to improve the health of the communities served by Mercy Mercy Medical Center maintains an open medical staff, as privileges are extended to all qualified PROVIDERS CURRENTLY THERE ARE 423 MEDICAL STAFF MEMBERS AND 73 MID-LEVEL PROVIDERS Mercy Medical Center partners with St Luke's hospital to support a Family Practice Residency program THE CEDAR RAPIDS MEDICAL EDUCATION FOUNDATION WAS ESTABLISHED IN 1971 SINCE THAT TIME, THERE HAVE BEEN 255 GRADUATES OF THESE, 68 ARE PRACTICING IN THE 7 COUNTY AREA CONSIDERD AS PART OF MERCY MEDICAL CENTER'S SERVICE AREA THE VAST MAJORITY OF THE RESIDENTS STAY IN THE MIDWEST STATES (NEBRASKA TO INDIANA, MINNESOTA TO MISSOURI) THE PROGRAM ADDRESSES GAPS IN COMMUNITY CARE FOR THE UNINSURED AND UNDERINSURED Mercy Medical Center provides health professions education through precepting nursing and other allied health students within the hospital and on off-campus sites 10,600 employee hours were reported for precepting health care students in FY 2010 Mercy Medical Center provides no charge radiology, laboratory and in-patient care services for patients originating from two free health clinics within the PSA This strategy assisted 2,451 patients and equated to $345,231 in charity care Mercy Medical Center has developed several key programs to address the physical and mental health needs identified through our community health needs assessment process Examples include -Especially For You - Race Against Breast Cancer - raises funds to pay for free pap and mammography services for uninsured females in the PSA and SSA For 19 years, this annual race is held at Mercy Medical Center The OCTOBER 2009 race was the largest in the event's history, with 11,575 people registered Since 1991 the fund has been accessed by 4,300 women, for a total of $1 13M in services -Parish Nurse Education Program - Mercy became an education affiliate of the International Parish Nurse Resource Center to offer a parish nurse curriculum at a reduced rate to area nurses 37 nurses have taken the course Mercy also created a Parish Nurse Advisory Council, comprised of community representatives who provide program oversight and guidance Parish nurses play a key role in health care navigation and health education within their faith communities -Vascular screening - Free outreach screenings are provided to determine risk for PVD/PAD for those older than age 50, smoke, have high blood pressure, diabetes or suffer from leg pain when walking Screenings help participants understand their risks, share prevention tips and outline treatment options Patients served 333 -Sexual Abuse Nurse Examiner (SANE) Program - Started more than 10 years ago, this free service was the first program developed in Cedar Rapids Nurses have in-depth training to provide all aspects of the forensic and health-care processes for sexual assault victims, and a sexual assault nurse examination In FY 2010, 228 hours of direct SANE patient care, 192 hours orientation and training for SANE, 75 hours on Case Study and CEU's SANE-specific, on-call hours total for the year was 3712 Today we offer sexual assault nurse examination services 24/7 through our Emergency Department We have a Sexual Assault Response Team (SART) for Linn County which includes but is not limited to representatives from Mercy's Sexual Assault program, Waypoint Advocacy Services, local police departments, Child Protection Center, Planned Parenthood, and the Linn County Attorney's Office -Parochial School Nurse Health Clinic Program - Episodic care, evaluation of illness, health promotion, health education, case management, management of chronic illnesses, management of outbreaks and communicable diseases is provided by one advanced practice nurse at two elementar

Form 990 Schedule H, Part VI - Supplemental Information, Line 6

y school sites 325 students were served at St Matthew's and All Saints Schools -Chronic Disease Self-management program - Live Active, Live Healthy chronic disease self managemen t workshops educate patients about how to get the most of each day while living with a chr onic condition Mercy is licensed through Stanford University to offer the workshops and m aintains fidelity through a Stanford certified master Number of individuals served from 0 7/01/09 - 06/30/10 179 -Fit Families - This physician-driven clinic helps overweight chil dren and teenagers, and their families through a series of clinic visits with a doctor, di etitian and exercise specialist The goal is to help families understand that obesity affe cts many people throughout our community and that there is hope for change -Trim Kids - a family-oriented fitness and nutrition class created through a unique partnership between Mercy's Fit Families and the Cedar Rapids metropolitan area YMCA to help families become a ware of healthier nutrition and fitness Clinically proven to be effective, the program as sists families in making positive lifestyle changes through 6 weeks of lifestyle training -Mobile Mammography - Residents within a 75-mile radius of Mercy Medical Center have acce ss to the same high level of digital mammography equipment available at Mercy's Women's Ce nter via a mobile digital mammography van Mercy Medical Center provides on-going communit y health education presentations and programs These include classes on nutrition and heal thy eating, chronic disease, cancer, exercise and substance abuse Mercy staff members pre sent in churches, community centers, grocery stores, schools, manufacturing plants, colleg es, assisted living and nursing homes Examples include -Sisters of Mercy Arthritis-Young Parents Expectant Moms Group Having a Healthy Pregnancy-Mount Mercy College Accessing Me ntal Health Services-Linn County Office Administration Stress Reduction Exercises-Advance ment Services, Disabled Adults Nutrition-Options of Linn County, Disabled Adults Healthy Lifestyle, Exercise, and Nutrition-Mount Zion Baptist Church Healthy Living and Nutritio n-Steps2Health and the Walk with a Doc programMercy Medical Center supports Project Access , a program of Healthy Linn Care Network, a branch of the Linn County Public Health Depart ment Project Access assists patient who earn 200% FPG or less obtain specialty inpatient and outpatient medical services Mercy assisted 188 patients obtain these services this fi scal year

Form 990 Schedule H, Part VI - Supplemental Information, Line 7

Part VI, Line 7 MERCY HOSPITAL, D/B/A MERCY MEDICAL CENTER (HOSPITAL), IS AN IOWA NOT-FOR-PROFIT CORPORATION THE HOSPITAL PROVIDES SERVICES FROM ITS FACILITY LOCATED IN CEDAR RAPIDS, IOWA THE ACCOMPANYING FINANCIAL STATEMENTS INCLUDE THE HOSPITAL'S INTEREST IN THE NET ASSETS OF THE MERCY HOSPITAL ENDOWMENT FOUNDATION, INC , D/B/A MERCY MEDICAL CENTER FOUNDATION (FOUNDATION) THE FOUNDATION WAS ESTABLISHED TO FOSTER SUPPORT AND ENCOURAGE THE ACTIVITIES AND PURPOSES OF THE HOSPITAL MERCYCARE SERVICE CORPORATION (PARENT), AN IOWA NOT-FOR-PROFIT CORPORATION, IS THE SOLE CORPORATE MEMBER OF THE HOSPITAL ANOTHER RELATED CORPORATION, MERCY CARE MANAGEMENT, INC (MCM), IS ALSO CONTROLLED BY THE PARENT THE FINANCIAL POSITION AND RESULTS OF OPERATIONS OF THE PARENT AND MCM ARE NOT INCLUDED IN THE ACCOMPANYING FINANCIAL STATEMENTS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493131023361

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MERCY MEDICAL CENTER

Employer identification number
42-0698295

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 19

3 Enter total number of other organizations . . . . . ▶ 3

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 ALL CHECKS ARE ISSUED DIRECTLY TO THE ORGANIZATION TO BE USED AT THEIR DISCRETION

Additional Data Return to Form

Software ID:
Software Version:
EIN: 42-0698295
Name: MERCY MEDICAL CENTER

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MERCYCARE SERVICE CORPORATION701 10TH STREET SE CEDAR RAPIDS,IA 52403	42-1199429	501(c)(3)	2,500,000				FOR USE IN CONTINUING OPERATIONS
MERCY HOSPITAL CEDAR RAPIDS IA ENDOWMENT FOUNDATION701 10TH STREET SE CEDAR RAPIDS,IA 52403	51-0233180	501(c)(3)	132,788				FOR USE IN CONTINUING OPERATIONS
AMERICAN DIABETES ASSOCIATION1026 A AVE NW CEDAR RAPIDS,IA 52402	13-1623888	501(c)(3)	10,000				GENERAL SUPPORT
AMERICAN CANCER SOCIETY4080 1st ave ne ste 101 CEDAR RAPIDS,IA 52402	41-0724036	501(c)(3)	48,046				GENERAL SUPPORT
CEDAR RAPIDS HEALTHCARE ALLIANCE 600 7TH ST SE CEDAR RAPIDS,IA 52401	20-3178229	501(c)(3)	25,000				GENERAL SUPPORT
DIVERSITY FOCUS205 SECOND STREET SE CEDAR RAPIDS,IA 52401	20-3420207	501(c)(3)	21,000				GENERAL SUPPORT
ESPECIALLY FOR YOU701 10TH STREET SE CEDAR RAPIDS,IA 52403	42-0698295	501(c)(3)	10,000				GENERAL SUPPORT
HEALTHY LINN CARE NETWORKPO BOX 3026 CEDAR RAPIDS,IA 52406	42-1106819	501(c)(3)	30,000				GENERAL SUPPORT
JUVENILE DIABETES FOUNDATION1026 A AVENUE NE CEDAR RAPIDS,IA 52402	23-1907729	501(c)(3)	10,000				GENERAL SUPPORT
JUNIOR ACHIEVEMENT OF EAST CENTRAL IOWA315 3RD AVENUE SE CEDAR RAPIDS,IA 52401	42-0919209	501(c)(3)	10,500				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LINN COUNTY MEDICAL SOCIETY813 1ST AVENUE SE CEDAR RAPIDS,IA 52402	23-7410746	501(C)(6)	5,000				GENERAL SUPPORT
PRIORITY ONE424 1ST AVENUE NE CEDAR RAPIDS,IA 52401	42-0172900	501(C)(6)	20,240				GENERAL SUPPORT
WAYPOINT SERVICES FOR WOMEN & CHILDREN318 5TH STREET SE CEDAR RAPIDS,IA 52401	42-0680307	501(c)(3)	5,680				GENERAL SUPPORT
ALZHEIMER'S ASSOCIATION OF EAST CENTRAL IOWA1570 42ND AVENUE NE CEDAR RAPIDS,IA 52402	42-1333384	501(c)(3)	6,000				GENERAL SUPPORT
AMERICAN HEART ASSOCIATION3220 GREY WOLF HIAWATHA,IA 52233	13-5613797	501(c)(3)	7,000				GENERAL SUPPORT
BOYS AND GIRLS CLUB OF CEDAR RAPIDS621 4TH AVENUE SE CEDAR RAPIDS,IA 52401	42-1434056	501(c)(3)	37,060				DONATED SPACE FOR OPERATIONS
ENTREPRENEURIAL DEVELOPMENT CENTER230 2ND STREET SE STE 212 CEDAR RAPIDS,IA 52401	42-1447565	501(C)(6)	20,000				CAPITAL CAMPAIGN CONTRIBUTIONS
FOUR OAKS5400 KIRKWOOD BLVD SW CEDAR RAPIDS,IA 52404	42-0998726	501(c)(3)	10,000				GENERAL SUPPORT
HORIZONS819 5TH STREET SE CEDAR RAPIDS,IA 52401	42-1135083	501(c)(3)	5,000				CAPITAL CAMPAIGN CONTRIBUTIONS
JUNIOR LEAGUE OF CEDAR RAPIDS2100 1ST AVENUE NE CEDAR RAPIDS,IA 52402	42-6060212	501(c)(3)	9,000				CORPORATE EVENT SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KIDS FIRST621 4TH AVENUE SE CEDAR RAPIDS,IA 52401	20-2199649	501(c)(3)	16,296				DONATED SPACE FOR OPERATIONS
YOUNG PARENTS NETWORK205 12TH STREET SE CEDAR RAPIDS,IA 52403	42-1355480	501(c)(3)	53,134				GENERAL SUPPORT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MERCY MEDICAL CENTER

Employer identification number
42-0698295

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☑ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
TIM CHARLES	(i)	387,023	58,795	127,904	105,465	8,010	687,197	0
	(ii)	0	0	0	0	0	0	0
PHIL PETERSON	(i)	248,210	56,560	6,774	42,035	8,004	361,583	0
	(ii)	0	0	0	0	0	0	0
JEFFERY CASH	(i)	181,013	33,472	22,826	32,003	8,001	277,315	0
	(ii)	0	0	0	0	0	0	0
BETH HOULAHAN	(i)	170,039	35,063	5,864	20,342	8,001	239,309	0
	(ii)	0	0	0	0	0	0	0
KARL KEELER	(i)	191,580	31,014	11,412	34,855	8,002	276,863	0
	(ii)	0	0	0	0	0	0	0
KATHY KRUSIE	(i)	182,173	37,429	32,585	53,134	8,001	313,322	0
	(ii)	0	0	0	0	0	0	0
DR MARK VALLIERE	(i)	310,189	63,731	6,614	29,513	8,007	418,054	0
	(ii)	0	0	0	0	0	0	0
LARRY DONALDSON	(i)	171,719	11,760	7,060	50,835	8,001	249,375	0
	(ii)	0	0	0	0	0	0	0
HUI LI	(i)	235,590	0	100	16,222	8,074	259,986	0
	(ii)	0	0	0	0	0	0	0
DESMOND WATERS	(i)	146,871	6,672	0	691	8,074	162,308	0
	(ii)	0	0	0	0	0	0	0
PENNY GLANZ	(i)	122,971	5,803	25,295	10,227	8,074	172,370	0
	(ii)	0	0	0	0	0	0	0
SUSAN VANGORDEN	(i)	118,034	0	16,975	9,215	8,074	152,298	0
	(ii)	0	0	0	0	0	0	0
A JAMES TINKER	(i)	0	0	121,777	0	0	121,777	0
	(ii)	0	0	26,000	0	0	26,000	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	Part I, Line 1a	TRAVEL FOR COMPANIONS AND HEALTH OR SOCIAL CLUB DUES LIMITED TRAVEL FOR COMPANIONS AND HEALTH AND SOCIAL CLUB DUES ARE PAID BY THE ORGANIZATION ON BEHALF OF TOP MANAGEMENT THESE AMOUNTS ARE INCLUDED IN REPORTABLE COMPENSATION AS REPORTED ON FORM 990, PART VII AND SCHEDULE J, PART II
	Part I, Line 4a	THE FOLLOWING INDIVIDUALS PARTICIPATED IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN AND RECEIVED A DISTRIBUTION IN 2009 A JAMES TINKER - $81,411 AND CAROL WATSON - $3,457 THE FOLLOWING INDIVIDUALS PARTICIPATED IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN IN 2009 PHILIP PETERSON - $17,375, BETH HOULAHAN - $11,903, TIMOTHY CHARLES - $85,795, MARK VALLIERE - $21,713, KATHLEEN KRUSIE - $12,752, KARL KEELER - $21,165, LARRY DONALDSON - $12,020, AND JEFFREY CASH - $16,390 THE DOLLAR AMOUNT REPRESENTS THE CURRENT YEAR CONTRIBUTION MADE BY THE ORGANIZATION ON BEHALF OF THE INDIVIDUALS TO THE PLAN IN 2009

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MERCY MEDICAL CENTER

Employer identification number
42-0698295

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	CITY OF CEDAR RAPIDS IOWA	42-6004336	150543AA4	04-10-2003	30,000,000	REIMBURSE HOSPITAL FOR COSTS OF ACQUIRING AND CONSTRUCTING FACILITIES		X		X
B	CITY OF CEDAR RAPIDS IOWA	42-6004336	150543AB2	11-17-2005	58,405,000	ADVANCE REFUND OF 1999 BONDS		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	30,000,000	58,405,000			
2	Gross proceeds in reserve funds					
3	Proceeds in refunding or defeasance escrows	56,852,500	56,852,500			
4	Other unspent proceeds					
5	Issuance costs from proceeds	1,288,620	1,552,500			
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds	28,711,380				
8	Year of substantial completion	2003	2005			

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?		X		X						
10	Were the bonds issued as part of an advance refunding issue?		X	X							
11	Has the final allocation of proceeds been made?	X		X							
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X							

Part III Private Business Use

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X						
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X		X						

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X						
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X						
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X		X						
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 %						
6	Total of lines 4 and 5		0 %		0 %						
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X							

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X						
2	Is the bond issue a variable rate issue?		X		X						
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	X		X							
b	Name of provider	UBS AG		UBS AG							
c	Term of hedge	29 000000000000		24 000000000000							
4a	Were gross proceeds invested in a GIC?		X		X						
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X		X						
6	Did the bond issue qualify for an exception to rebate?		X		X						

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶**See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MERCY MEDICAL CENTER

Employer identification number
42-0698295

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
TIMOTHY CHARLES PERSONAL		X	75,000	54,911		No	Yes		Yes	
Total . . . . . ▶ $				54,911						

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
ALLIANT ENERGY	ENTITY IN WHICH ELIOT PROTSCH, A BOARD MEMBER, IS AN OFFICER	1,616,623	ALLIANT ENERGY PROVIDES UTILITY SERVICES TO MERCY MEDICAL CENTER		No
BARBARA PROTSCH	BARBARA PROTSCH IS THE WIFE OF ELIOT PROTSCH, A BOARD MEMBER FOR MMC	64,619	COMPENSATION		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MERCY MEDICAL CENTER

Employer identification number
42-0698295

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests	X	1	791,731	COST
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . **29** 1

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Method for Determining Number of Contributors	Part I, Column (b)	THE ORGANIZATION IS REPORTING BOTH THE NUMBER OF CONTRIBUTIONS RECEIVED AND THE NUMBER OF CONTRIBUTORS ON LINE 11, COLUMN B

Additional Data

Software ID:
Software Version:
EIN: 42-0698295
Name: MERCY MEDICAL CENTER

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MERCY MEDICAL CENTER

Employer identification number
42-0698295

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		THE SOLE MEMBER OF MERCY MEDICAL CENTER IS MERCYCARE SERVICE CORPORATION, AN IOWA NONPROFIT CORPORATION THE SOLE MEMBER HAS THE EXCLUSIVE POWER TO APPOINT, AFTER CONSIDERATION OF ANY RECOMMENDATIONS FROM THE CORPORATION'S BOARD OF TRUSTEES, ANY TRUSTEE TO THE CORPORATION'S BOARD AND TO REMOVE ANY TRUSTEE FROM THE CORPORATION'S BOARD AT ANY TIME FOR ANY REASON

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		AS THE SOLE MEMBER OF MERCY MEDICAL CENTER, MERCYCARE SERVICE CORPORATION HAS THE EXCLUSIVE POWER TO APPOINT, AFTER CONSIDERATION OF ANY RECOMMENDATIONS FROM THE CORPORATION'S BOARD OF TRUSTEES, ANY TRUSTEE TO THE CORPORATION'S BOARD AND TO REMOVE ANY TRUSTEE FROM THE CORPORATION'S BOARD AT ANY TIME FOR ANY REASON

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		AS THE SOLE MEMBER OF MERCY MEDICAL CENTER, MERCYCARE SERVICE CORPORATION HAS THE POWER TO APPROVE THE FOLLOWING ACTIONS 1 AMEND, REPEAL, OR RESTATE THE ARTICLES OF INCORPORATION, 2 ANY MATTER DIRECTLY RELATED TO THE RELIGIOUS PRINCIPLES AND MORAL PHILOSOPHY OF THE SISTERS OF MERCY, 3 ADOPT OR CHANGE THE PHILOSOPHY AND MISSION OF THE CORPORATION, 4 SALE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION, AND MERGER OR CONSOLIDATION OF THE CORPORATION WITH ANOTHER ENTITY, 5 DISSOLUTION OF THE CORPORATION, 6 ADOPTION OR AMENDMENT TO LONG-TERM STRATEGIC PLANS, 7 ADOPTION OR AMENDMENT TO ANNUAL CAPITAL OR OPERATING BUDGETS, AND 8 APPOINTMENT OR REMOVAL OF THE CHIEF EXECUTIVE OFFICER OF THE CORPORATION

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		THE 990 IS REVIEWED WITH THE EXECUTIVE COMMITTEE (SUBCOMMITTEE OF THE BOARD OF TRUSTEES) PRIOR TO FILING THE FORM THE COMMITTEE IS PROVIDED WITH GENERAL BACKGROUND INFORMATION REGARDING THE FORM 990, AND THE FORM ITSELF (INCLUDING ATTACHMENTS) IS REVIEWED UPON REQUEST, THE TAX RETURN WILL BE AVAILABLE FOR REVIEW BY THE BOARD OF TRUSTEES MEMBERS OF THE EXECUTIVE COMMITTEE AND MANAGEMENT ARE AVAILABLE TO ANSWER QUESTIONS FROM THE TRUSTEES ON THE RETURN

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		THE ORGANIZATION REQUIRES ALL DIRECTORS, OFFICERS, AND KEY EMPLOYEES, AS WELL AS EACH EMPLOYEE TO DISCLOSE ANY INTEREST IN, OBLIGATION OR DUTY TO, OR ACTIVITY FOR ANY CONCERN IN WHICH A DIRECTOR, OFFICER, KEY EMPLOYEE, OR EMPLOYEE OR THEIR FAMILY MEMBER MAY BE INVOLVED THAT MIGHT CREATE AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST OR MIGHT HAVE THE APPEARANCE OF ADVERSELY AFFECTING THE DIRECTOR'S, OFFICER'S, KEY EMPLOYEE'S, OR EMPLOYEE'S JUDGMENT OR ACTIONS IN PERFORMING HIS/HER DUTIES TOWARDS MERCY ALL DIRECTORS, OFFICERS, KEY EMPLOYEES, AND EMPLOYEES SHALL FILE AN INITIAL CONFLICT OF INTEREST REPORT UPON HIRE AND SHALL BE REQUIRED TO FILE AN UPDATED REPORT IMMEDIATELY IF ANY CHANGES OCCUR WHICH RESULT IN A CONFLICT OF INTEREST OR FINANCIAL INTEREST ALL DIRECTORS, OFFICERS, KEY EMPLOYEES, AND EMPLOYEES (SUPERVISOR AND ABOVE), PHYSICIANS, AND ANY EMPLOYEE IN A POSITION TO INFLUENCE A PURCHASE DECISION SHALL RE-SUBMIT A CONFLICT OF INTEREST DISCLOSURE STATEMENT, WITH ANY NECESSARY CHANGES, EACH YEAR AND IMMEDIATELY IF ANY ADDITIONAL CONFLICTING OR FINANCIAL INTEREST ARISE ALL BOARD MEMBERS SHALL SUBMIT IN WRITING A CONFLICT OF INTEREST DISCLOSURE STATEMENT LISTING ALL FINANCIAL AND CONFLICTING INTERESTS THE STATEMENT SHALL BE RESUBMITTED WITH ANY NECESSARY CHANGES EACH YEAR AND AS ANY ADDITIONAL CONFLICTING OR FINANCIAL INTEREST ARISE

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT IS SET BY THE COMPENSATION COMMITTEE THE COMMITTEE USES RSM MCGLADREY, INC FOR THE REVIEW OF SALARIES AND COMPARES THEM TO COMPARABLE ENTITIES IN THE REGION THIS PROCESS WAS LAST COMPLETED ON SEPTEMBER 10, 2010

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC

Identifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2C		MERCY MEDICAL CENTER'S GOVERNING BOARD ENGAGES THE INDEPENDENT ACCOUNTANTS TO PERFORM THE AUDIT IN ADDITION, THE AUDITORS REVIEW THE MANAGEMENT LETTER WITH THE GOVERNING BOARD

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
MERCY MEDICAL CENTER

Employer identification number
42-0698295

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
MERCY HOSPITAL CEDAR RAPIDS IA ENDOWMENT FOUNDATION INC 701 10TH STREET SE CEDAR RAPIDS, IA 52403 51-0233180	FUNDRAISING FOR MERCY MEDICAL CENTER	IA	501(C)(3)	11B/II	MERCY MEDICAL CENTER
MERCYCARE SERVICE CORPORATION 701 10TH STREET SE CEDAR RAPIDS, IA 52403 42-1199429	HEALTHCARE OVERSIGHT	IA	501(C)(3)	11C/III-FI	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
MR ASSOCIATES LLP 1455 SHERMAN ROAD HIAWATHA, IA52233 42-1260463	MEDICAL IMAGING	IA	N/A	RELATED	1,389,329	2,304,142		No		Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
MERCY CARE MANAGEMENT INC PO BOX 786 CEDAR RAPIDS, IA52406 42-1198970	MEDICAL CLINICS	IA	MERCYCARE SERVICE CORPORATION	C	3,332,471	80,918,807	100 000 %
MERCY PHYSICIANS ASSOCIATES (SUB OF MERCY CARE MANAGEMENTINC) PO BOX 786 CEDAR RAPIDS, IA52406 42-1442443	MEDICAL SERVICES	IA	MERCY CARE MANAGEMENT INC	C	16,933,838	134,693,616	100 000 %
MERCY PHYSICIAN SERVICES (SUB OF MERCY CARE MANAGEMENTINC) PO BOX 786 CEDAR RAPIDS, IA52406 42-1442442	SUPPORT SERVICES	IA	MERCY CARE MANAGEMENT INC	C	-23,596,466	18,968,108	100 000 %

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

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

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

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 42-0698295
Name: MERCY MEDICAL CENTER

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	MERCY HOSPITAL CEDAR RAPIDS IA ENDOWMENT FOUNDATION	B	132,788
(2)	MERCY HOSPITAL CEDAR RAPIDS IA ENDOWMENT FOUNDATION	C	2,338,686
(3)	MERCYCARE SERVICE CORPORATION	B	2,500,000
(4)	MERCY CARE MANAGEMENT INC	A	456,000
(5)	MERCYCARE SERVICE CORPORATION	C	307,056
(6)	MERCY HOSPITAL CEDAR RAPIDS IA ENDOWMENT FOUNDATION	P	439,228
(7)	MERCY HOSPITAL CEDAR RAPIDS IA ENDOWMENT FOUNDATION	I	1

Additional Data

Software ID:
Software Version:
EIN: 42-0698295
Name: MERCY MEDICAL CENTER

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JACK COSGROVE CHAIRMAN	1 00	X		X				0	0	0
KYLE SKOGMAN VICE CHAIRMAN	1 00	X		X				0	0	0
SISTER SHARON SUTHERLAND SECRETARY	1 00	X		X				0	0	0
EMMETT SCHERRMAN TREASURER	1 00	X		X				0	0	0
TIM CHARLES PRESIDENT & CEO	1 00	X		X				573,722	0	113,475
MICHELE BUSSE MEMBER BOARD OF TRUSTEES	1 00	X						0	0	0
TONY GOLOBIC MEMBER BOARD OF TRUSTEES	1 00	X						0	0	0
DON HATTERY MEMBER BOARD OF TRUSTEES	1 00	X						0	0	0
SISTER CORITA HEID MEMBER BOARD OF TRUSTEES	1 00	X						0	0	0
JOE HLADKY MEMBER BOARD OF TRUSTEES	1 00	X						0	0	0
JAN KAZIMOUR MEMBER BOARD OF TRUSTEES	1 00	X						0	0	0
BARB KNAPP MEMBER BOARD OF TRUSTEES	1 00	X						0	0	0
LEE LIU MEMBER BOARD OF TRUSTEES	1 00	X						0	0	0
BRUCE MCGRATH MEMBER BOARD OF TRUSTEES	1 00	X						0	0	0
TOM MCINTOSH MD MEMBER BOARD OF TRUSTEES	1 00	X						0	0	0
CHERYLE MITVALSKY MEMBER BOARD OF TRUSTEES	1 00	X						0	0	0
DARREL MORF MEMBER BOARD OF TRUSTEES	1 00	X						0	0	0
DAVE NEUHAUS MEMBER BOARD OF TRUSTEES	1 00	X						0	0	0
RUE PATEL MEMBER BOARD OF TRUSTEES	1 00	X						0	0	0
CHUCK PETERS MEMBER BOARD OF TRUSTEES	1 00	X						0	0	0
FRED PILCHER MD MEMBER BOARD OF TRUSTEES	1 00	X						0	0	0
MARY QUASS MEMBER BOARD OF TRUSTEES	1 00	X						0	0	0
TOM REED MEMBER BOARD OF TRUSTEES	1 00	X						0	0	0
SISTER LAURA REICKS MEMBER BOARD OF TRUSTEES	1 00	X						0	0	0
JOHN RIFE MEMBER BOARD OF TRUSTEES	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHARLIE ROHDE MEMBER BOARD OF TRUSTEES	1 00	X						0	0	0
AL RUFFALO memBER BOARD OF TRUSTEES	1 00	X						0	0	0
JOHN SMITH MEMBER BOARD OF TRUSTEES	1 00	X						0	0	0
SISTER MAURITA SOUKUP MEMBER BOARD OF TRUSTEES	1 00	X						0	0	0
BOB VERHILLE MEMBER BOARD OF TRUSTEES	1 00	X						0	0	0
SISTER MARGARET WEIGEL MEMBER BOARD OF TRUSTEES	1 00	X						0	0	0
ELIOT PROTSCH MEMBER BOARD OF TRUSTEES	1 00	X						0	0	0
PHIL PETERSON EXECUTIVE VP/CFO	40 00			X				311,544	0	50,039
JEFFERY CASH CIO & SENIOR VP	40 00				X			237,311	0	40,004
BETH HOULAHAN SENIOR VP PATIENT CARE SER	40 00				X			210,966	0	28,343
KARL KEELER EXECUTIVE VP & COO	40 00				X			234,006	0	42,857
KATHY KRUSIE SENIOR VP OF ADMIN & SUPPO	40 00				X			252,187	0	61,135
DR MARK VALLIERE SENIOR VP MEDICAL AFFAIRS	40 00				X			380,534	0	37,520
LARRY DONALDSON SENIOR VP OF MANAGED CARE	40 00					X		190,539	0	58,836
HUI LI RADIATION PHYSICIST	40 00					X		235,690	0	24,296
DESMOND WATERS DIRECTOR, PHARMACY	40 00					X		153,543	0	8,765
PENNY GLANZ OPERATIONS DIRECTOR - O/P SERVICES	40 00					X		154,069	0	18,301
SUSAN VANGORDEN IT PHARMACIST	40 00					X		135,009	0	17,289
A JAMES TINKER FORMER BOARD OF TRUSTEES	1 00						X	121,777	26,000	0

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
BAD DEBT EXPENSE	17,417,809	17,417,809		
REPAIRS	6,395,685	6,395,685		
RESIDENCY EXPENSE	1,525,107	1,525,107		
DUES & SUBSCRIPTIONS	542,435	542,435		
VEHICLE EXPENSE	375,663	375,663		