

Form 990 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047 2022 Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 11-01-2022, and ending 10-31-2023

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: MARSHALL MEDICAL CENTER. D Employer identification number: 94-1450151. E Telephone number: (530) 622-1441. F Name and address of principal officer: SIRI NELSON, 1100 MARSHALL WAY, PLACERVILLE, CA 95667. H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. H(c) Group exemption number. I Tax-exempt status: 501(c)(3). J Website: WWW.MARSHALLMEDICAL.ORG. K Form of organization: Corporation. L Year of formation: 1959. M State of legal domicile: CA.

Part I Summary

Table with 3 main sections: Activities & Governance (lines 1-7b), Revenue (lines 8-12), Expenses (lines 13-19), and Net Assets or Fund Balances (lines 20-22). Includes columns for Prior Year and Current Year.

Part II Signature Block

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

Sign Here Signature of officer: LAURIE ELDRIDGE CFO, Date: 2024-09-03. Print/Type preparer's name, Preparer's signature, Date: 2024-08-21, Check if PTIN: P01469618.

Preparer Use Only

Table with 2 columns: Firm information (name, address) and self-employed information (EIN, phone number).

May the IRS discuss this return with the preparer shown above? See Instructions. [X] Yes [ ] No
For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2022)

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
MARSHALL MEDICAL CENTER PROUDLY SERVES THE WESTERN SLOPE OF EL DORADO COUNTY. OUR MISSION IS TO IMPROVE THE HEALTH OF OUR COMMUNITY AND OFFER HEALTH SERVICES OF SUPERIOR VALUE AND QUALITY, CENTERED ON THE GOALS AND NEEDS OF OUR PATIENTS. WE STRIVE (CONTINUED IN SCHEDULE O) TO DELIVER SERVICE THAT EXCEEDS OUR PATIENTS' EXPECTATIONS.

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

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

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

4a (Code: ) (Expenses \$ 246,362,831 including grants of \$ 15,000 ) (Revenue \$ 325,634,558 )
IN KEEPING WITH THE COMMITMENT TO IMPROVE THE HEALTH OF OUR COMMUNITY AND OFFER HEALTH SERVICES OF SUPERIOR VALUE AND QUALITY, THE FOLLOWING WILL BE CONSIDERED WHEN INDIVIDUALS WHO NEED HEALTH CARE CANNOT PAY: PROVIDING FREE CARE AND/OR SUBSIDIZED CARE; PROVIDING CARE TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST; AND PROVIDING HEALTH/WELLNESS ACTIVITIES AND COMMUNITY EDUCATION PROGRAMS. (CONTINUED ON SCHEDULE O) NOT ONLY DOES MARSHALL MEDICAL CENTER PROVIDE LOW-COST CARE TO INDIVIDUALS COVERED BY GOVERNMENT PROGRAMS AND THOSE UNABLE TO AFFORD HEALTH CARE, BUT IT ALSO HELPS PATIENTS FIND AND ACCESS PRIVATE AND GOVERNMENTAL RESOURCES FOR HEALTH CARE BENEFITS. MARSHALL MEDICAL CENTER RECOGNIZES BELOW-COST REIMBURSEMENTS AS CHARITY AND UNCOMPENSATED CARE IN MEETING ITS MISSION TO THE ENTIRE COMMUNITY. INPATIENT SERVICES IN TAX YEAR 2022 WERE PROVIDED TO 4,418 PATIENTS. SOME EXAMPLES OF INPATIENT SERVICES INCLUDED: 347 BABIES DELIVERED- 22 SPECIAL PROCEDURES PERFORMED- 155 CARDIAC CATHETERIZATIONS- 159,087 LABORATORY TESTS PERFORMED- 4,703 CT SCANS- 8,482 RADIOLOGY PROCEDURES PERFORMED OUTPATIENT SERVICES IN TAX YEAR 2022 WERE PROVIDED TO 189,916 PATIENTS. SOME EXAMPLES FOR OUTPATIENT SERVICES INCLUDED: 28,018 EMERGENCY ROOM VISITS- 2,048 OUTPATIENT SPECIAL PROCEDURES PERFORMED- 45,491 RADIOLOGY PROCEDURES PERFORMED- 501 CARDIAC CATHETERIZATIONS- 444,021 LABORATORY TESTS PERFORMED- 11,518 CT SCANS- 1,711 RURAL HEALTH CLINIC VISITS- 20,824 RADIOLOGY CLINIC VISITS- 1,493 PULMONOLOGY CLINIC VISITS- 6,087 ONCOLOGY CLINIC VISITS- 7,452 OP INFUSION CLINIC VISITS- 2,129 RHEUMATOLOGY CLINIC VISITS- 13,634 PEDIATRIC CLINIC VISITS- 11,643 OB CLINICS VISITS- 6,913 CANCER PROGRAM CASES- 67,311 FAMILY PRACTICE CLINIC VISITS- 7,737 GASTROENTEROLOGY CLINIC VISITS- 2,496 ENT CLINIC VISITS- 3,148 HEARING CLINIC VISITS- 17,392 ORTHOPEDIC CLINIC VISITS- 7,764 SURGERY CLINIC VISITS- 5,232 UROLOGY CLINIC VISITS- 4,201 PSYCHIATRY CLINIC VISITS- 2,416 PODIATRY CLINIC VISITS- 4,298 HBO & WOUND CARE CLINIC VISITS- 23,195 HOSPITALISTS VISITS- 4,779 CARES CLINIC VISITS- 1,213 NEUROLOGY CLINIC VISITS- 1,923 SPECIALTY SERVICES VISITS MARSHALL MEDICAL CENTER RECOGNIZES IT HAS AN OBLIGATION TO PROVIDE SERVICES ABOVE AND BEYOND ITS ROLE AS A HEALING FACILITY. THE FOLLOWING COMMUNITY BENEFITS DEMONSTRATE THE TANGIBLE WAYS IN WHICH THE ORGANIZATION IS FULFILLING ITS MISSION: BLOOD PRESSURE CLINICS; FLU CLINICS; VOLUNTEER PROGRAM; FOR YOUR HEALTH (A COMMUNITY MAGAZINE); CANCER RESOURCE CENTER; PALLIATIVE CARE PROGRAM; HOLIDAY FOOD DRIVE FOR VARIOUS FOOD BANKS; SEXUAL ASSAULT RESPONSE TEAM PROGRAM; COMMUNITY HEALTH LIBRARY; CHILDBIRTH CLASSES; CONGESTIVE HEART ACTIVE TELEPHONE TREATMENT PROGRAM; SCHOLARSHIPS; PHARMACEUTICAL TRIALS; USE OF HOSPITAL CONFERENCE ROOMS FOR COMMUNITY-BASED ORGANIZATIONS; SEMINARS AND SUPPORT GROUPS; FREE TRAINING FOR PHARMACY STUDENTS, NURSING STUDENTS, LVN STUDENTS, AND OTHER HEALTHCARE PROFESSIONALS; SMOKING CESSATION PROGRAM; CONTRIBUTED TO THE COMMUNITY THROUGH VOLUNTEER SERVICE TO ORGANIZATIONS, INCLUDING CHAMBERS OF COMMERCE; LOW-COST MAMMOGRAPHY PROGRAM; HELD NUMEROUS COMMUNITY HEALTH EDUCATION CLASSES; MARSHALL MEDICAL CENTER'S CHAPLAIN PROVIDED 1,674 PATIENT VISITS, 235 PATIENT COUNSELING VISITS, AND CONDUCTED 1 MEMORIAL SERVICE; ACCEL PROGRAM (LOCAL PROJECT TO COORDINATE THE SAFETY NETWORK FOR EL DORADO COUNTY); ELECTRONIC HEALTH INFORMATION EXCHANGE; PROVIDED FREE TRANSPORTATION TO PATIENTS UNABLE TO AFFORD TRANSPORTATION; PROVIDED MEETING LOCATION FOR NUMEROUS SUPPORT GROUPS (MENTAL HEALTH FIRST AID, STROKE EDUCATION AND SUPPORT AND MORE) AT NO CHARGE; COMMUNITY SPONSORSHIPS INCLUDING BUT NOT LIMITED TO, CENTER FOR VIOLENCE-FREE RELATIONSHIPS, SOROPTIMIST INTERNATIONAL, HANDS4HOPE, AND ROTARY CLUB OF EL DORADO HILLS; AND ENCOURAGED EMPLOYEES TO PARTICIPATE IN VARIOUS COMMUNITY-BUILDING ORGANIZATIONS INCLUDING, BUT NOT LIMITED TO EL DORADO COUNTY ECONOMIC DEVELOPMENT CORP, LEADERSHIP EL DORADO, EL DORADO UNION HIGH SCHOOL DISTRICT CAREER EDUCATION ADVISORY COMMITTEE, AND VARIOUS HEALTH ORGANIZATION BOARDS.

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** ▶ 246,362,831

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Part IV Checklist of Required Schedules

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

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .

21	Yes	
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Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .	Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		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? . . . . .		No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		No
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .		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 . . . . .		No
26 Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II . . . . .		No
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .		No
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .		No
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .		No
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .		No
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .		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 . . . . .		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 . . . . .		No
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	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 . . . . .		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 . . . . .		No
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. . . . .	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 17 main rows and multiple sub-rows (a-h). Columns include question text, input fields (e.g., 2a, 7d, 10a, 10b, 11a, 11b, 12b, 13b, 13c), and Yes/No checkboxes. Row 2a contains the value 1,899.

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.

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

**Section A. Governing Body and Management**

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (15); 1b Enter the number of voting members included in line 1a, above, who are independent (14); 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? (Yes); 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 governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (No); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process on 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? (Yes); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (No).

**Section C. Disclosure**

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed (CA); 18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [ ] Own website [ ] Another's website [x] Upon request [ ] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: LAURIE ELDRIDGE 1100 MARSHALL WAY PLACERVILLE, CA 95667 (530) 626-2780

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SIRI NELSON ..... PRESIDENT/CEO	39.00 ..... 1.00	X		X				654,913	0	5,187
(2) BRIAN GOLDSMITH MD ..... CHIEF MEDICAL OFFICER	40.00 ..... 0.00			X				384,395	0	790
(3) LAURIE ELDRIDGE ..... CHIEF FINANCIAL OFFICER	39.00 ..... 1.00			X				369,309	0	5,920
(4) MARTIN ENTWISTLE ASSOC CHIEF ..... MEDICAL OFFICER, VP POP. HEALTH	40.00 ..... 0.00			X				312,579	0	1,281
(5) BRETT APPLEBERG ..... CHIEF HUMAN RESOURCES OFFICER	40.00 ..... 0.00			X				301,797	0	4,374
(6) CYNTHIA RICE ..... CHIEF NURSING OFFICER	40.00 ..... 0.00			X				301,025	0	781
(7) JONATHAN RUSSELL ..... CHIEF AMBULATORY OFFICER	40.00 ..... 0.00			X				280,025	0	6,081
(8) MINDY DANOVARO ..... EXECUTIVE DIRECTOR OF PHILANTHROPY	39.00 ..... 1.00					X		268,183	0	2,983
(9) MARTIN DALY ..... VP OF INFORMATION TECHNOLOGY	40.00 ..... 0.00					X		246,980	0	781
(10) JANICE RANGER ..... EXECUTIVE DIRECTOR OF FINANCE	40.00 ..... 0.00					X		243,606	0	3,778
(11) ROBIN MCATEE ..... OPERATING ROOM RN	40.00 ..... 0.00					X		240,614	0	5,170
(12) STEPHANIE GODON ..... DIRECTOR OF PHARMACY	40.00 ..... 0.00					X		232,018	0	946
(13) JON HAUGAARD ..... CHAIR	2.00 ..... 0.00	X		X				0	0	0
(14) TOM CUMPSTON ..... VICE CHAIR	2.00 ..... 1.00	X		X				0	0	0
(15) JOHN KNIGHT ..... SECRETARY/TREASURER	2.00 ..... 0.00	X		X				0	0	0
(16) JIM ABERCROMBIE ..... DIRECTOR (THROUGH MARCH 2023)	2.00 ..... 0.00	X						0	0	0
(17) SEAN ANDERSON MD ..... CHIEF OF STAFF	2.00 ..... 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANNA BLAIR RN ..... DIRECTOR	2.00 ..... 0.00	X						0	0	0
(19) GERARDO GALANG MD ..... DIRECTOR	2.00 ..... 0.00	X						0	0	0
(20) ANDREA HOWARD ..... DIRECTOR	2.00 ..... 1.00	X						0	0	0
(21) ALEXIS LONG MD ..... DIRECTOR	2.00 ..... 0.00	X						0	0	0
(22) ED MANANSALA EDD ..... DIRECTOR	2.00 ..... 0.00	X						0	0	0
(23) GEORGE NIELSEN ..... PAST CHAIR	2.00 ..... 0.00	X						0	0	0
(24) MIKE PERVIS ..... DIRECTOR	2.00 ..... 0.00	X						0	0	0
(25) CHRISTEEN REEG ..... DIRECTOR	2.00 ..... 0.00	X						0	0	0
(26) KIM STOLL ..... DIRECTOR	2.00 ..... 1.00	X						0	0	0
(27) BRIAN VEERKAMP ..... DIRECTOR	2.00 ..... 0.00	X						0	0	0
(28) SCOTT YODER MD ..... CHIEF OF STAFF (THROUGH DEC 2022)	2.00 ..... 0.00	X						0	0	0
<b>1b Sub-Total</b> . . . . .										
<b>1c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>1d Total (add lines 1b and 1c)</b> . . . . .								3,835,444	0	38,072

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 379

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	3	No
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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	4	Yes
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
EL DORADO MULTISPECIALTY MED GROUP  1095 MARSHALL WAY PLACERVILLE, CA 95667	MULTISPECIALTY CARE SERVICES	28,941,476
MARSHALL PRIMARY CARE MED ASSOCIATES  2882 PROSPECT PARK DR RANCHO CORDOVA, CA 95670	PHYSICIAN PRIMARY CARE SERVICES	13,338,459

EL DORADO ANESTHESIA MED GROUP 113 MIRAMONT CT EL DORADO HILLS, CA 95762 CARTERKELLY INC	ANESTHESIA SERVICES	5,102,122
PO BOX 1477 PLACERVILLE, CA 95667 AYA HEALTHCARE INC	CONSTRUCTION & ENGINEERING SERVICES	4,571,085
PO BOX 123519 DALLAS, TX 75312	HEALTHCARE STAFFING	4,211,052

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **48**

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Part VIII **Statement of Revenue**

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>1a</b> Federated campaigns . . . . .				
<b>1b</b> Membership dues . . . . .				
<b>1c</b> Fundraising events . . . . .				
<b>1d</b> Related organizations . . . . . 7,757				
<b>1e</b> Government grants (contributions) . . . . .				
<b>1f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . . 3,447,047				
<b>1g</b> Noncash contributions included in lines 1a - 1f:\$ . . . . .				
<b>h Total.</b> Add lines 1a-1f . . . . . ▶	3,454,804			

2a PATIENT REVENUE, NET	Business Code	(A)	(B)	(C)	(D)
	621110	321,594,020	321,594,020		
EL DORADO SURGERY CENT	621400	4,040,538	4,040,538		
<b>f</b> All other program service revenue.					
<b>g Total.</b> Add lines 2a-2f. . . . . ▶		325,634,558			

<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		164,492			164,492
<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▶					
<b>5</b> Royalties . . . . . ▶					
<b>6a</b> Gross rents	(i) Real	346,993			
<b>6b</b> Less: rental expenses	(ii) Personal	188,566			
<b>6c</b> Rental income or (loss)		158,427			
<b>d</b> Net rental income or (loss) . . . . . ▶		158,427			158,427
<b>7a</b> Gross amount from sales of	(i) Securities				
	(ii) Other				

<b>Other Revenue</b>	assets other than inventory					
	Less: cost or other basis and sales expenses	<b>7b</b>	1,397,209	47,021		
	Gain or (loss)	<b>7c</b>	-1,397,209	-47,021		
	<b>d</b> Net gain or (loss)				-1,444,230	-1,444,230
	<b>a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>				
	<b>b</b> Less: direct expenses	<b>8b</b>				
	<b>c</b> Net income or (loss) from fundraising events					
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>				
	<b>b</b> Less: direct expenses	<b>9b</b>				
	<b>c</b> Net income or (loss) from gaming activities					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>					
<b>b</b> Less: cost of goods sold	<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory						
<b>11a</b> MISCELLANEOUS REVENUE	Business Code	900099	3,057,544		3,057,544	
<b>b</b>						
<b>d</b> All other revenue						
<b>e</b> Total. Add lines 11a-11d			3,057,544			
<b>12</b> Total revenue. See instructions			331,025,595	325,634,558	0	1,936,233

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**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	10,000	10,000		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	5,000	5,000		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	2,628,456	919,960	1,708,496	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	101,760,014	82,769,015	18,990,999	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,192,752	3,915,159	1,277,593	
<b>9</b> Other employee benefits	38,390,420	29,986,834	8,403,586	
<b>10</b> Payroll taxes	8,860,447	7,124,565	1,735,882	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	440,053	30,758	409,295	
<b>b</b> Legal	762,226		762,226	
<b>c</b> Accounting	327,329		327,329	
<b>d</b> Lobbying	15,967		15,967	

e Professional fundraising services. See Part IV, line 1/				
f Investment management fees . . . . .	8,704		8,704	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	75,573,547	62,225,971	13,347,576	
12 Advertising and promotion . . . . .	529,008	118	528,890	
13 Office expenses . . . . .	1,426,644	609,604	817,040	
14 Information technology . . . . .				
15 Royalties . . . . .				
16 Occupancy . . . . .	6,954,384	1,734,630	5,219,754	
17 Travel . . . . .	217,992	137,613	80,379	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19 Conferences, conventions, and meetings . . . . .	117,210	66,920	50,290	
20 Interest . . . . .	2,584,980		2,584,980	
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .	13,412,967		13,412,967	
23 Insurance . . . . .	885,940	476,780	409,160	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	44,879,387	44,147,639	731,748	
b BAD DEBT EXPENSE	5,750,174	5,750,174		
c REGISTRY	3,312,268	2,984,816	327,452	
d MISCELLANEOUS EXPENSES	3,307,410	177,995	3,129,415	
e All other expenses	4,837,841	3,289,280	1,548,561	
25 Total functional expenses. Add lines 1 through 24e	322,191,120	246,362,831	75,828,289	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing . . . . .	20,233,594	1	30,983,920
	2 Savings and temporary cash investments . . . . .	12,448,463	2	23,793,490
	3 Pledges and grants receivable, net . . . . .		3	
	4 Accounts receivable, net . . . . .	65,456,451	4	78,825,784
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		6	
	7 Notes and loans receivable, net . . . . .	1,555,701	7	1,180,566
	8 Inventories for sale or use . . . . .	4,716,546	8	5,024,348
	9 Prepaid expenses and deferred charges . . . . .	2,470,246	9	4,664,463
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	322,366,427		
	b Less: accumulated depreciation	201,818,398	122,855,228	10c 120,548,029
	11 Investments—publicly traded securities . . . . .	67,180,397	11	31,840,356
	12 Investments—other securities. See Part IV, line 11 . . . . .		12	
	13 Investments—program-related. See Part IV, line 11 . . . . .	904,055	13	4,752,442
	14 Intangible assets . . . . .	13,973	14	0
	15 Other assets. See Part IV, line 11 . . . . .	30,229,180	15	38,162,320
16 Total assets. Add lines 1 through 15 (must equal line 33) . . . . .	328,063,834	16	339,775,718	
17 Accounts payable and accrued expenses . . . . .	54,881,830	17	48,740,036	
18 Grants payable . . . . .		18		
19 Deferred revenue . . . . .		19		
20 Tax-exempt bond liabilities . . . . .	79,990,616	20	77,061,096	

<b>Liabilities</b>	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	23,798,603	<b>23</b>	23,266,664
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	158,671,049	<b>26</b>	149,067,796
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	169,050,878	<b>27</b>	190,707,922
	<b>28</b> Net assets with donor restrictions . . . . .	341,907	<b>28</b>	0
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	169,392,785	<b>32</b>	190,707,922
	<b>33</b> Total liabilities and net assets/fund balances . . . . .	328,063,834	<b>33</b>	339,775,718

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Part XI Reconciliation of Net Assets

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

<b>1</b> Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	331,025,595
<b>2</b> Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	322,191,120
<b>3</b> Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	8,834,475
<b>4</b> Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .	<b>4</b>	169,392,785
<b>5</b> Net unrealized gains (losses) on investments . . . . .	<b>5</b>	6,342,487
<b>6</b> Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b> Investment expenses . . . . .	<b>7</b>	
<b>8</b> Prior period adjustments . . . . .	<b>8</b>	
<b>9</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	6,138,175
<b>10</b> Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	190,707,922

Part XII Financial Statements and Reporting

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	Yes	
<b>b</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.	Yes	

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**Additional Data**

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SCHEDULE A (Form 990)

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. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Table with 2 columns: Name of the organization (MARSHALL MEDICAL CENTER) and Employer identification number (94-1450151)

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 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture.
10 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...
11 An organization organized and operated exclusively to test for public safety.
12 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...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities.

4	<b>Total.</b> 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	<b>Public support.</b> Subtract line 5 from line 4.					

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4. . .					
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .					
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .					
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .					
11	<b>Total support.</b> Add lines 7 through 10					
12	Gross receipts from related activities, etc. (see instructions) . . . . .				12	
13	<b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .					<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14	Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	
15	Public support percentage for 2021 Schedule A, Part II, line 14 . . . . .	15	
16a	<b>33 1/3% support test—2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
b	<b>33 1/3% support test—2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
17a	<b>10%-facts-and-circumstances test—2022.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
b	<b>10%-facts-and-circumstances test—2021.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

Schedule A (Form 990) 2022

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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	<b>Total.</b> 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	<b>Public support.</b> (Subtract line 7c from line 6.)					

**Section B. Total Support**

Calendar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
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(or fiscal year beginning in) ▶

<b>9</b> Amounts from line 6. . . . .					
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .					
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .					
<b>c</b> Add lines 10a and 10b. . . . .					
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. . . . .					
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .					
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .					
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> . . . . .					<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

- 19a 33 1/3% support tests-2022.** 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-2021.** 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 . . . . .

**Schedule A (Form 990) 2022**

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)) a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial		

section 509(c)(3)(C) a family member of a substantial contributor, or a 35% controlled entity that regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

- 7**
- 8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- 9b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- 9c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- 10b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).

Schedule A (Form 990) 2022

Part IV Supporting Organizations (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described on 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

Section B. Type I Supporting Organizations

	Yes	No
<b>1</b> Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		
<b>2</b>		

Section C. Type II Supporting Organizations

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

Section D. All Type III Supporting Organizations

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
  - a**  The organization satisfied the Activities Test. Complete **line 2** below.
  - b**  The organization is the parent of each of its supported organizations. Complete **line 3** below.
  - c**  The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)
- 2** Activities Test. Answer lines 2a and 2b below.
 

	Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>2a</b>		
<b>b</b> Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for		

the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in **Part VI**.
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>			Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	

4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in <b>Part VI</b> )	5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions	6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	8	
9	Distributable amount for 2022 from Section C, line 6	9	
10	Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.		
3	Excess distributions carryover, if any, to 2022:		
a	From 2017. . . . .		
b	From 2018. . . . .		
c	From 2019. . . . .		
d	From 2020. . . . .		
e	From 2021. . . . .		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.		
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018. . . . .		
b	Excess from 2019. . . . .		
c	Excess from 2020. . . . .		
d	Excess from 2021. . . . .		
e	Excess from 2022. . . . .		

Schedule A (Form 990) (2022)

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
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Schedule A (Form 990) 2022

Additional Data

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Software ID:

**Software Version:**

Schedule B

Schedule of Contributors

OMB No. 1545-0047

(Form 990) Department of the Treasury Internal Revenue Service

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

2022

Name of the organization MARSHALL MEDICAL CENTER

Employer identification number 94-1450151

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)( ) (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test...
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Cat. No. 30613X

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Page 2

Name of organization MARSHALL MEDICAL CENTER

Employer identification number 94-1450151

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

Table with 4 columns: (a) No., (b) Name, address, and ZIP + 4, (c) Total contributions, (d) Type of contribution. Includes a checkbox for Person.

<u>RESTRICTED</u>			
		\$ <u>RESTRICTED</u>	<input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization MARSHALL MEDICAL CENTER	Employer identification number 94-1450151
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization MARSHALL MEDICAL CENTER	Employer identification number 94-1450151
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	

Schedule B (Form 990) (2022)

## Additional Data

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**Software ID:**  
**Software Version:**

SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

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. Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Table with 2 columns: Name of the organization (MARSHALL MEDICAL CENTER) and Employer identification number (94-1450151)

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. See instructions for definition of "political campaign activities."
2 Political campaign activity expenditures. See instructions
3 Volunteer hours for political campaign activities. See instructions

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?
4a Was a correction made?
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 function 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?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Cat. No. 50084S

Schedule C (Form 990) 2022

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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
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.)

Table with 2 columns: (a) Filing organization's totals, (b) Affiliated group totals

<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....	0
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	15,967
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....	15,967
<b>d</b> Other exempt purpose expenditures .....	322,175,153
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....	322,191,120
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000

<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>
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.

<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....	0
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....	0

**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 separate instructions for lines 2a through 2f.)**

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
<b>c</b> Total lobbying expenditures	19,129	24,137	60,250	15,967	119,483
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures		7,175	7,789		14,964

Schedule C (Form 990) 2022

**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)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> 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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

1	Dues, assessments and similar amounts from members .....	1	
2	Section 162(e) nondeductible lobbying and political expenditures <b>(do not include amounts of political expenses for which the section 527(f) tax was paid)</b> .		
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**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
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Schedule C (Form 990) 2022

**Additional Data**

[Return to Form](#)

**Software ID:**  
**Software Version:**

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: MARSHALL MEDICAL CENTER Employer identification number: 94-1450151

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Form for Part II Conservation Easements, including questions 1-9 and a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a, 1b, 2, and 3.

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

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

Public exhibition

Loan or exchange programs

**b**  Scholarly research

**e**  Other .....

**c**  Preservation for future generations

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

**c** Beginning balance . . . . .

**d** Additions during the year . . . . .

**e** Distributions during the year . . . . .

**f** Ending balance . . . . .

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  Yes  No

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

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

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

**a** Board designated or quasi-endowment ▶ .....

**b** Permanent endowment ▶ .....

**c** Term endowment ▶ .....

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

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

**(i)** Unrelated organizations . . . . .

**(ii)** Related organizations . . . . .

**b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		5,527,627		5,527,627
<b>b</b> Buildings . . . . .		157,812,646	88,939,605	68,873,041
<b>c</b> Leasehold improvements		30,215,110	21,468,559	8,746,551
<b>d</b> Equipment . . . . .		121,202,067	91,410,234	29,791,833
<b>e</b> Other . . . . .		7,608,977		7,608,977
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				120,548,029

Schedule D (Form 990) 2022

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
<b>(1)</b> Financial derivatives . . . . .		
<b>(2)</b> Closely-held equity interests . . . . .		
<b>(3)</b> Other _____		
(A)		
(B)		
(C)		

(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) UNAMORTIZED LOAN COSTS	2,683,561
(2) PREPAID PENSION COSTS	30,235,077
(3) RIGHT-OF-USE LEASE ASSET	4,395,324
(4) OTHER ASSETS	848,358
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	38,162,320

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	319,930,871
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	1,288,442
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	1,288,442
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	318,642,429
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	8,704
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	12,374,462
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	12,383,166
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	331,025,595

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	316,479,263
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	47,021
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	47,021
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	316,432,242
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	8,704
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	5,750,174
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	5,758,878
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	322,191,120

**Part XIII Supplemental Information**

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

Return Reference	Explanation
PART II, LINE 9:	MARSHALL MEDICAL CENTER HAS ONE CONSERVATION EASEMENT FOR THE PROTECTION OF NATURAL HABITAT, WHICH WAS OBTAINED ON APRIL 16, 2003. THE CONSERVATION EASEMENT IS INCLUDED AS PART OF LAND THAT IS INCLUDED IN PROPERTY & EQUIPMENT ON THE BALANCE SHEET. NO REVENUE OR MATERIAL EXPENSES ARE ASSOCIATED WITH THE EASEMENT.
PART X, LINE 2:	THE MEDICAL CENTER IS A TAX EXEMPT ORGANIZATION AND IS NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES, EXCEPT FOR UNRELATED BUSINESS INCOME. IN ACCORDANCE WITH SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION, THE MEDICAL CENTER QUALIFIED FOR THE CHARITABLE DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. THERE WAS NO INCOME TAX DUE FOR THE TAX YEARS ENDED OCTOBER 31, 2023 AND 2022.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	LOSS ON SALE OF FIXED ASSETS 47,021. INVESTMENT LOSS 1,241,421.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	PROVISION FOR BAD DEBTS 5,750,174. CONTRIBUTIONS WITH DONOR RESTRICTIONS 2,425,323. OTHER NONOPERATING INCOME 4,198,965.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	LOSS ON SALE OF FIXED ASSETS 47,021.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	PROVISION FOR BAD DEBTS 5,750,174.

**Additional Data**

[Return to Form](#)

**Software ID:**  
**Software Version:**

SCHEDULE H (Form 990)

Hospitals

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a. Attach to Form 990. Go to www.irs.gov/Form990EZ for instructions and the latest information.

Name of the organization MARSHALL MEDICAL CENTER

Employer identification number

94-1450151

Part I Financial Assistance and Certain Other Community Benefits at Cost

1a Did the organization have a financial assistance policy during the tax year? 1b If "Yes," was it a written policy? 2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy... 3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? 5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? 5c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? 6a Did the organization prepare a community benefit report during the tax year? 6b If "Yes," did the organization make it available to the public?

7 Financial Assistance and Certain Other Community Benefits at Cost

Table with 6 columns: (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. Rows include Government Programs (Financial Assistance at cost, Medicaid, Other means-tested government programs, Total) and Other Benefits (Community health improvement services, Health professions education, Subsidized health services, Research, Cash and in-kind contributions, Total Other Benefits, Total Add lines 7d and 7j).

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

Cat. No. 50192T

Schedule H (Form 990) 2022

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

communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development	1	150,000	17,694		17,694	0.010 %
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development	2	45	64,687		64,687	0.020 %
9 Other						
<b>10 Total</b>	<b>3</b>	<b>150,045</b>	<b>82,381</b>		<b>82,381</b>	<b>0.030 %</b>

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

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

**Section B. Medicare**

5	Enter total revenue received from Medicare (including DSH and IME)	5	62,967,583
6	Enter Medicare allowable costs of care relating to payments on line 5	6	107,816,900
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-44,849,317
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:  <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 EL DORADO SURGERY CENTER LLC	OUTPATIENT SURGERY CENTER	87.000 %	0 %	13.000 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

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

1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

Table with 10 columns: Facility reporting group, Other (describe), ER-other, ER-24 hours, Research facility, Critical access hospital, Teaching hospital, Children's hospital, General medical & surgical, Licensed hospital. Row 1: 1, MARSHALL MEDICAL CENTER, 1100 MARSHALL WAY, PLACERVILLE, CA 95667, WWW.MARSHALLMEDICAL.ORG, 30000059, X, X, X.

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

1

Community Health Needs Assessment

1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?

1 No

2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.

2 No

3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.

3 Yes

If "Yes," indicate what the CHNA report describes (check all that apply):

- a [checked] A definition of the community served by the hospital facility
b [checked] Demographics of the community
c [checked] Existing health care facilities and resources within the community that are available to respond to the health needs of the community
d [checked] How data was obtained

**e**  The significant health needs of the community

**f**  Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups

**g**  The process for identifying and prioritizing community health needs and services to meet the community health needs

**h**  The process for consulting with persons representing the community's interests

**i**  The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)

**j**  Other (describe in Section C)

**4** Indicate the tax year the hospital facility last conducted a CHNA: 20 21

**5** In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . . **5** Yes

**6 a** Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . . **6a** No

**b** Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C. . . . . **6b** No

**7** Did the hospital facility make its CHNA report widely available to the public? . . . . . **7** Yes

If "Yes," indicate how the CHNA report was made widely available (check all that apply):

**a**  Hospital facility's website (list url): SEE LINE 7D

**b**  Other website (list url): \_\_\_\_\_

**c**  Made a paper copy available for public inspection without charge at the hospital facility

**d**  Other (describe in Section C)

**8** Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11. . . . . **8** Yes

**9** Indicate the tax year the hospital facility last adopted an implementation strategy: 20 21

**10** Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . **10** Yes

If "Yes" (list url): SEE LINE 7D

**a** \_\_\_\_\_

**b** If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . . **10b**

**11** Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.

**12a** Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . . **12a** No

**b** If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . . **12b**

**c** If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ \_\_\_\_\_

Schedule H (Form 990) 2022

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

MARSHALL MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

	Yes	No
<b>13</b> Did the hospital facility have in place during the tax year a written financial assistance policy that: Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	Yes	
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>149.000000000000</u> % and FPG family income limit for discounted care of <u>450.000000000000</u> %		
<b>b</b> <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Asset level		
<b>d</b> <input checked="" type="checkbox"/> Medical indigency		
<b>e</b> <input type="checkbox"/> Insurance status		
<b>f</b> <input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b> <input checked="" type="checkbox"/> Residency		
<b>h</b> <input type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .	Yes	
<b>15</b> Explained the method for applying for financial assistance? . . . . .	Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? . . . . .	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): _____		

- The FAP was widely available on a website (list url):  
SEE LINE 16J
- b**  The FAP application form was widely available on a website (list url):  
SEE LINE 16J
- c**  A plain language summary of the FAP was widely available on a website (list url):  
SEE LINE 16J
- d**  The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
- e**  The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)
- f**  A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
- g**  Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention
- h**  Notified members of the community who are most likely to require financial assistance about availability of the FAP
- i**  The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations
- j**  Other (describe in Section C)

Schedule H (Form 990) 2022

Part V Facility Information (continued)

Billing and Collections

MARSHALL MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	17 Yes	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
<b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
<b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>f</b> <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .	21 Yes	
If "No," indicate why:		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2022

**Part V Facility Information (continued)**

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

MARSHALL MEDICAL CENTER

**Name of hospital facility or letter of facility reporting group**

	Yes	No
<p><b>22</b> Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.</p> <p><b>a</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period</p> <p><b>b</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period</p> <p><b>c</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period</p> <p><b>d</b> <input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method</p>		
<p><b>23</b> During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .</p> <p>If "Yes," explain in Section C.</p>		No
<p><b>24</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .</p> <p>If "Yes," explain in Section C.</p>		No

Schedule H (Form 990) 2022

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
MARSHALL MEDICAL CENTER	PART V, SECTION B, LINE 5: SEVENTEEN (17) PHONE INTERVIEWS WERE CONDUCTED DURING JUNE 2022. COMMUNITY STAKEHOLDERS IDENTIFIED BY THE HOSPITAL WERE CONTACTED AND ASKED TO PARTICIPATE IN THE NEEDS ASSESSMENT INTERVIEWS. INTERVIEW PARTICIPANTS INCLUDED A BROAD RANGE OF STAKEHOLDERS CONCERNED WITH HEALTH AND WELLBEING IN EL DORADO COUNTY, WHO SPOKE TO ISSUES AND NEEDS IN THE COMMUNITIES SERVED BY THE HOSPITAL. MARSHALL ALSO CONDUCTED SURVEYS WITH COMMUNITY RESIDENTS TO OBTAIN INPUT ON HEALTH NEEDS, BARRIERS TO CARE AND RESOURCES AVAILABLE TO ADDRESS THE IDENTIFIED HEALTH NEEDS. THE SURVEYS WERE AVAILABLE IN AN ELECTRONIC FORMAT THROUGH A SURVEYMONKEY LINK. THE SURVEYS WERE COLLECTED FROM JUNE 6 TO JULY 11, 2022. DURING THIS TIME, 62 COMMUNITY MEMBERS COMPLETED THE SURVEY.
MARSHALL MEDICAL CENTER	PART V, SECTION B, LINE 7D: THE COMMUNITY HEALTH NEEDS ASSESSMENT REPORT AND IMPLEMENTATION STRATEGY ARE AVAILABLE ONLINE AT <a href="http://WWW.MARSHALLMEDICAL.ORG/ABOUT-US/COMMUNITY-BENEFIT/">WWW.MARSHALLMEDICAL.ORG/ABOUT-US/COMMUNITY-BENEFIT/</a> .
MARSHALL MEDICAL CENTER	PART V, SECTION B, LINE 11: IN FY22, MARSHALL MEDICAL CENTER ENGAGED IN ACTIVITIES AND PROGRAMS THAT ADDRESSED THE PRIORITY HEALTH NEEDS IDENTIFIED IN THE FY20-FY22 IMPLEMENTATION STRATEGY. MARSHALL MEDICAL CENTER COMMITTED TO COMMUNITY BENEFIT EFFORTS THAT ADDRESSED: BEHAVIORAL HEALTH (INCLUDED MENTAL HEALTH AND SUBSTANCE USE), CHRONIC DISEASE PREVENTION, MANAGEMENT, AND TREATMENT, AND SUPPORT FOR THE HEALTH AND WELFARE OF THE COMMUNITY. SELECTED ACTIVITIES AND PROGRAMS THAT HIGHLIGHT THE HOSPITAL'S COMMITMENT TO THE COMMUNITY ARE DETAILED BELOW. ACCESS TO BEHAVIORAL HEALTH SERVICES (MENTAL HEALTH AND SUBSTANCE USE)1. MARSHALL CARES (CLINICALLY ASSISTED RECOVERY & EDUCATION SERVICES) - CARES WAS CREATED TO TREAT OPIATE USE DISORDER, BUT IT HAS GROWN INTO A CLINIC FOCUSED ON SUPPORT TREATMENT FOR PERSONS WITH ANY SUBSTANCE DEPENDENCY, INCLUDING ALCOHOL, TOBACCO, STIMULANTS, OPIOIDS,

BENZODIAZEPINES, AND OTHER SEDATIVE HYPNOTICS. CLINIC SERVICES INCLUDE COMPREHENSIVE MEDICATION ASSISTED TREATMENT WITH A PHYSICIAN, COUNSELING, CASE MANAGEMENT AND BEHAVIORAL HEALTH SUPPORT SERVICES.2. MEDICATION ASSISTED TREATMENT (MAT) - SINCE DECEMBER 2016, MARSHALL HAS PARTICIPATED IN A JOINT EFFORT WITH THE EL DORADO COMMUNITY HEALTH CENTER (EDCHC) AND THE CALIFORNIA HEALTHCARE FOUNDATION TO PROVIDE MEDICATION ASSISTED TREATMENT (MAT) FOR OPIOID ADDICTION. WHEN PEOPLE PRESENT IN MARSHALL'S EMERGENCY DEPARTMENT IN WITHDRAWAL, THEY ARE OFFERED PARTICIPATION IN THE MAT/ED BRIDGE PROGRAM, WHICH INCLUDES BUPRENORPHINE TO ALLEVIATE WITHDRAWAL SYMPTOMS. THROUGH THE EDCHC AND MARSHALL CARES, THEY ARE ALSO REFERRED TO OUTPATIENT THERAPY, WHERE THEY MEET WITH A DOCTOR WITHIN 48 HOURS. THE PROGRAM INCLUDES GROUP SESSIONS, COUNSELING, AND SOCIAL SERVICES.3. COLLABORATION - STAFF MEMBERS PARTICIPATE IN ASSEMBLYMAN KEVIN KILEY'S HEALTH COUNCIL ON HOMELESSNESS AND MENTAL HEALTH TO PROMOTE AWARENESS AND PROVIDE RESOURCES FOR PERSONS EXPERIENCING HOMELESSNESS AND INDIVIDUALS SUFFERING FROM MENTAL HEALTH ISSUES IN EL DORADO COUNTY.CHRONIC DISEASE PREVENTION, MANAGEMENT AND TREATMENT1. POPULATION HEALTH - THE MARSHALL POPULATION HEALTH TEAM COORDINATED THE COMMUNITY CASE SERVICES THAT MARSHALL DELIVERED, WITH THE OBJECTIVE OF STRENGTHENING THE CONTINUUM OF CARE PROVIDED TO OUR PATIENTS AND THE COMMUNITY. DRIVEN BY PRIMARY CARE PROVIDERS, AND WITH ENGAGEMENT OF CLINIC STAFF AND SPECIALISTS, MARSHALL PLACED PARTICULAR FOCUS ON SCREENINGS FOR BREAST CANCER, COLON CANCER AND DIABETES AND MET OR EXCEEDED ITS PERFORMANCE TARGETS IN ALL THREE AREAS.2. COMMUNITY CARE NETWORK (CCN) - THE CCN FOCUSES ON IMPROVING THE EFFECTIVENESS AND QUALITY OF CARE FOR HIGH-RISK PATIENTS. MARSHALL'S CCN ASSISTS CHRONICALLY ILL PATIENTS WITH HEALTH CARE COORDINATION AND MANAGEMENT, IN-HOME CARE, MEDICAL SUPPLIES, AND VOLUNTEER HEALTH COACHES, AT NO COST TO THE PATIENT. CCN REMOVES OBSTACLES THAT OFTEN PREVENT PATIENTS FROM RECEIVING ROUTINE AND PREVENTIVE CARE AS WELL AS TO PREVENT THE POTENTIAL NEED FOR REHOSPITALIZATION. THIS PROGRAM REDUCES READMISSIONS AND UNNECESSARY EMERGENCY ROOM VISITS. FOR PERSONS WITH MORE COMPLEX NEEDS, A TEAM OF SOCIAL WORKERS, LVNS, RN CASE MANAGERS, PHARMACISTS, DIABETES EDUCATORS, DIETITIANS, AND PHYSICAL THERAPISTS WORK WITH THEM IN THEIR HOMES TO HELP NAVIGATE THEIR PATHS TO IMPROVED HEALTH AND OVERCOME COMMUNITY BARRIERS. IN FY23, 5,543 PERSONS WERE REACHED THROUGH CCN.3. CONGESTIVE HEART ACTIVE TELEPHONE TREATMENT (CHATT) - THE CHATT PROGRAM HELPED PEOPLE MANAGE CONGESTIVE HEART FAILURE. CHATT IMPROVED QUALITY OF LIFE, REDUCED CHF COMPLICATIONS AND HELPED KEEP PEOPLE WITH CHF OUT OF THE HOSPITAL. THIS SERVICE INCLUDED FREQUENT TELEPHONE CALLS FROM A REGISTERED NURSE, WHO SPECIALIZES IN CARDIOVASCULAR CARE. IN FY22, CHATT SERVED 335 INDIVIDUALS.4. CANCER RESOURCE CENTER - MARSHALL'S CANCER RESOURCE CENTER PROVIDED CLASSES, SUPPORT GROUPS AND SERVICES. SERVICES WERE AVAILABLE TO ANYONE IMPACTED BY CANCER IN EL DORADO COUNTY. IN FY23, THE CANCER RESOURCE CENTER AIDED 400 INDIVIDUALS:- COMPLETED 185 NUTRITION CONSULTS/SERVICES AND 122 PSYCHOSOCIAL DISTRESS AND NUTRITION SCREENINGS.- PROVIDED 370 NAVIGATION CONSULTATIONS AND 235 SOCIAL WORK CONSULTATIONS.- TRANSPORTATION IS A WELL-KNOWN BARRIER TO HEALTH CARE, ESPECIALLY IN RURAL AREAS. THE CANCER RESOURCE CENTER PROVIDED 23 ROUND TRIP RIDES AS WELL AS PROVIDED 78 PERSONS WITH GAS CARDS.- THE WIG BANK SERVED 44 PERSONS.- PROVIDED 53 NO-COST MAMMOGRAMS.- PROVIDED 195 PSYCHOSOCIAL DISTRESS AND NUTRITION SCREENINGS. 300

DIABETES AND NUTRITION SCREENINGS. 7. 200 INDIVIDUALS RECEIVED SOCIAL WORK CONSULTS OR SERVICES. 5. HEALTH EDUCATION - IN FY23, MARSHALL REACHED 496 COMMUNITY MEMBERS WITH THE FOLLOWING COMMUNITY HEALTH EDUCATION SESSIONS:- JOINT REPLACEMENT EDUCATION- SMOKING CESSATION EDUCATION- MENTAL HEALTH FIRST AID- ALZHEIMER'S AND DEMENTIA EDUCATION- BARIATRIC SURGERY EDUCATION- FALL PREVENTION AWARENESS- MATTER OF BALANCE CLASSES. 6. DIABETES AND NUTRITION EDUCATION - HEALTHY LIVING CLASSES WERE PROVIDED MONTHLY. THESE FREE VIRTUAL CLASSES, LED BY A NURSE, PROVIDED INFORMATION ON THE BASICS OF DIABETES SELF-MANAGEMENT. CLASSES INCLUDED: UNDERSTANDING DIABETES AND PLANNING FOR SUCCESS AND HEALTHY EATING FOR DIABETES. IN ADDITION, MARSHALL PROVIDED TELE-VISITS FOR THE DIABETES IN PREGNANCY PROGRAM, A GESTATIONAL DIABETES PROGRAM. PARTICIPANTS LEARNED ABOUT NUTRITION AND MEAL PLANNING, CONTROLLING BLOOD SUGAR, EXERCISE AND EMOTIONAL SUPPORT RESOURCES. 7. SUPPORT GROUPS - SUPPORT GROUPS WERE OFFERED TO COMMUNITY MEMBERS THROUGH ONLINE OPTIONS, INCLUDING ZOOM. THE SUPPORT GROUPS INCLUDED: BREAST CANCER, OSTOMY, AND PROSTATE CANCER. SUPPORT FOR THE HEALTH AND WELFARE OF THE COMMUNITY. 1. FINANCIAL AID AND HEALTH INSURANCE ASSISTANCE - PROVIDED FINANCIAL ASSISTANCE THROUGH FREE AND DISCOUNTED CARE FOR HEALTH CARE SERVICES, CONSISTENT WITH MARSHALL MEDICAL CENTER'S FINANCIAL ASSISTANCE POLICY. OFFERED ASSISTANCE TO ENROLL IN PUBLIC HEALTH INSURANCE PROGRAMS. 2. TRANSPORTATION AND OTHER MEDICAL NEEDS - PROVIDED TRANSPORTATION TO PERSONS WHO COULD NOT AFFORD TRANSPORTATION TO OR FROM MEDICAL SERVICES AND APPOINTMENTS. FOR PERSONS LIVING IN POVERTY, THE HOSPITAL PROVIDED MEDICATIONS AND ASSISTED LIVING SERVICES. 3. COMMUNITY HEALTH LIBRARY - MARSHALL'S COMMUNITY HEALTH LIBRARY CONTAINS OVER 5,000 RESOURCES, WHICH WERE MADE AVAILABLE AT NO CHARGE FOR USE BY COMMUNITY RESIDENTS. STAFF LIBRARIANS ALSO CONDUCTED MEDICAL TOPIC SEARCHES FOR COMMUNITY MEMBERS. IN FY23, 276 COMMUNITY MEMBERS ACCESSED THESE SERVICES. 4. STOP THE BLEED - MARSHALL TRAINED STAFF MEMBERS AS INSTRUCTORS TO EDUCATE COMMUNITY MEMBERS TO TREAT INJURIES CAUSED BY HOME ACCIDENTS, MOTOR VEHICLE ACCIDENTS, ACTIVE SHOOTERS, BOMBINGS, AND WORK-RELATED INJURIES. IN FY23, MARSHALL STAFF INSTRUCTORS TRAINED 120 EL DORADO COUNTY RESIDENTS, INCLUDING STUDENTS AND TEACHERS AT LOCAL SCHOOLS ON WOUND PACKING AND TOURNIQUET APPLICATION. 5. FALL PREVENTION - PROVIDED COMMUNITY PRESENTATIONS AND SCREENINGS IN AREAS OF PHYSICAL THERAPY, VESTIBULAR REHAB, MEDICATION REVIEW, BLOOD PRESSURE SCREENINGS, AND A HOME SAFETY REVIEW. IN FY23, 5 COMMUNITY MEMBERS WERE SERVED. 6. CASE MANAGEMENT AND SOCIAL SERVICES - MARSHALL CASE MANAGEMENT AND SOCIAL SERVICES WORKED ON BEHALF OF PERSONS EXPERIENCING HOMELESSNESS AND ASSISTED THEM WITH FINDING SHELTER, TRANSPORTATION, CLOTHING AND REHABILITATION. ADDITIONALLY, THE TEAM ASSISTED THEM TO ENROLL IN HEALTH INSURANCE AND FREE MEDICATION PROGRAMS AND OBTAIN NEEDED MEDICAL EQUIPMENT. IN FY23, MARSHALL ASSISTED 484 INDIVIDUALS EXPERIENCING HOMELESSNESS. 7. MOBILE MEDICINE/RURAL OUTREACH - MARSHALL MOBILE MEDICINE/RURAL OUTREACH'S PROGRAM PROVIDED PRIMARY CARE, WOUND CARE, AND WOMEN'S HEALTH SERVICES IN PARTNERSHIP WITH LOCAL ORGANIZATIONS. PROGRAMS INCLUDED:- MOBILE SERVICES REACHED HOMELESS CAMPS, CABINS IN THE WOODS AND THE ELDERLY IN THE COMFORT OF THEIR HOMES WHO WERE INHIBITED BY A LACK OF TRANSPORTATION OR OTHER MEANS AND WERE CHALLENGED TO MEET THE EXPECTATIONS OF A TRADITIONAL OFFICE VISIT.- MULTI-VISIT PATIENTS (MVP) IDENTIFIED THE HIGHEST UTILIZERS OF THE EMERGENCY DEPARTMENT

THAT COULD HAVE BEEN PROACTIVELY MANAGED AT AN OUTPATIENT/ COMMUNITY OUTREACH CAPACITY.- CLINICAL SERVICES WERE PROVIDED ON LIBRARY CAMPUSES THROUGHOUT THE COUNTY.- WORKING WITH UPPER ROOM, A LOCAL ORGANIZATION THAT SUPPORTS THE ELDERLY, LOW INCOME AND UNSHELTERED INDIVIDUALS, THE OUTREACH PROGRAM PROVIDED WOUND CARE, SUPPORTED MEDICATION ADHERENCE, TOOK VITAL SIGNS, PROVIDED REFERRALS AND HEALTH EDUCATION, CALLED PROVIDERS WITH CLIENTS, ESTABLISHED PRIMARY CARE APPOINTMENTS, SCRIBING FOR HEALTH INSURANCE COVERAGE DOCUMENTS, AND OFFERED PSYCHIATRIC SUPPORT.(CONTINUED AT THE END OF PART V, SECTION C)

MARSHALL MEDICAL CENTER

PART V, SECTION B, LINE 13B: WHEN ANY PATIENT'S SINGLE VISIT RESPONSIBILITY EXCEEDS \$50,000 THE BALANCE ABOVE \$50,000 WILL BE DISCOUNTED BY 50% AS CATASTROPHIC ADJUSTMENT AUTOMATICALLY UPON FINAL BILLING. PATIENTS ARE NOT REQUIRED TO APPLY FOR THIS PRGORAM TO BE ENTITLED TO THIS 50% OVER \$50,000 DISCOUNT. IF THE PATIENT APPLIES AND QUALIFIES FOR THE FINANCIAL ASSISTANCE PROGRAM, THE REMAINING BALANCE WILL RECEIVE THE APPROPRIATE REDUCTION IN ADDITION TO THE CATASTROPHIC ADJUSTMENT.A PATIENT WHOSE FAMILY INCOME DOES NOT EXCEED 450 PERCENT OF THE FEDERAL POVERTY LEVEL MAY QUALIFY FOR CHARITY CARE ON THE BASIS OF HIGH MEDICAL COSTS, WHICH IS DEFINED TO MEAN ANY OF THE FOLLOWING: 1. ANNUAL OUT-OF-POCKET COSTS PAID AT THIS FACILITY EXCEED 10% OF SUCH PATIENTS' FAMILY GROSS INCOME AND ESSENTIAL LIVING EXPENSES IN THE PRIOR 12 MONTHS; OR2. ANNUAL OUT-OF-POCKET EXPENSES THAT EXCEED 10% OF SUCH PATIENT'S FAMILY GROSS INCOME AND ESSENTIAL LIVING EXPENSES, IF THE PATIENT PROVIDES DOCUMENTATION OF THE PATIENT'S MEDICAL EXPENSES PAID BY THE PATIENT OR THE PATIENT'S FAMILY IN THE PRIOR 12 MONTHS.THIS SHALL NOT INCLUDE OUT-OF-POCKET EXPENSES FOR INSURANCE PREMIUMS.

MARSHALL MEDICAL CENTER

PART V, SECTION B, LINE 16J: THE FINANCIAL ASSISTANCE POLICY, PLAIN LANGUAGE SUMMARY AND APPLICATION ARE AVAILABLE ONLINE AT [HTTPS://WWW.MARSHALLMEDICAL.ORG/PATIENTS-VISITORS/PATIENT-INFORMATION/INSURANCE-BILLING-INFORMATION/BUSINESS-OFFICE/HELP-PAYING-YOUR-BILL/MARSHALL MEDICAL CENTER'S HOSPITAL BILLING DEPARTMENT](https://www.marshallmedical.org/patients-visitors/patient-information/insurance-billing-information/business-office/help-paying-your-bill/marshall-medical-center's-hospital-billing-department) ALSO ATTEMPTS TO MAKE CONTACT WITH PATIENTS TO INFORM THEM THAT THEY SHOULD APPLY FOR FINANCIAL ASSISTANCE.

PART V, SECTION B, LINE 11 (CONTINUED):

8. CARE COORDINATION FOR VULNERABLE POPULATIONS (CCVP) - CARE COORDINATION FOR VULNERABLE POPULATIONS (CCVP) SERVED THE UNSHELTERED HOMELESS, THE ELDERLY, WOMEN AND LATINO COMMUNITIES. PROGRAMS INCLUDED A NAVIGATION PROGRAM CENTERED ON LIFE SKILLS TO DECREASE AVOIDABLE ED VISITS, DECREASING MISSED MEDICAL APPOINTMENTS, AND INFECTION CONTROL. THIS WORK INCLUDED THE ESTABLISHMENT OF A COMMUNITY HEALTH WORKER PROGRAM. THIS PROGRAM FOCUSED ON WORKING WITH VOLUNTEERS WHO WERE ALREADY ENGAGED WITH PERSONS EXPERIENCING HOMELESSNESS AND SUPPORTED THEM TO PROVIDE MORE SERVICES.9. COMMUNITY HEALTH MAGAZINE - FOR YOUR HEALTH IS MARSHALL'S QUARTERLY MAGAZINE, WHICH WAS WIDELY DISTRIBUTED THROUGHOUT EL DORADO COUNTY AND AVAILABLE IN DIGITAL FORMAT ON THE HOSPITAL'S WEBSITE. TOPICS IN FY23 INCLUDED: GENERAL WELLNESS, VACCINATIONS, AND DISEASE PREVENTION.10. CHILDBIRTH CLASSES - PROVIDED FREE OR LOW-COST EDUCATIONAL CLASSES TO THE COMMUNITY, INCLUDING CHILDBIRTH CLASSES. CLASSES WERE SELF-PACED AND VIRTUAL AND WERE PAIRED WITH LIVESTREAM Q & A SESSIONS. CLASS TOPICS INCLUDED: HEALTHY PREGNANCY, BREASTFEEDING, NEWBORN BABY AND BEHAVIOR, SOOTHING TECHNIQUES, BATHING, HEALTH AND SAFETY SKILLS, AND NUTRITION. 226 COMMUNITY MEMBERS PARTICIPATED.



	ASSISTANCE IF YOU SUBMIT THE NECESSARY DOCUMENTATION AND EITHER: (1) YOUR FAMILY INCOME IS BELOW 450% OF THE CURRENT FEDERAL POVERTY GUIDELINES; OR (2) YOU INDIVIDUALLY OR YOUR FAMILY HAS HIGH MEDICAL COSTS. YOU WOULD HAVE HIGH MEDICAL COSTS IF YOUR INDIVIDUAL OR YOUR FAMILY ANNUAL OUT-OF-POCKET COSTS EXCEED 10% OF YOUR OR YOUR FAMILY GROSS INCOME AND ESSENTIAL LIVING EXPENSES IN THE PRIOR 12 MONTHS. THE SPECIFIC LEVEL OF ASSISTANCE YOU MAY BE ELIGIBLE FOR WILL DEPEND ON YOUR PARTICULAR FAMILY INCOME LEVEL.
PART I, LINE 7:	BEGINNING WITH TAX YEAR 2014, MARSHALL MEDICAL CENTER IMPLEMENTED A COST ACCOUNTING SYSTEM TO ESTIMATE DIRECT AND INDIRECT COSTS OF PROVIDING PATIENT CARE. THE RESULTING COST-TO-CHARGE RATIO WAS APPLIED TO GROSS REVENUES ASSOCIATED WITH FINANCIAL ASSISTANCE AND MEANS-TESTED PROGRAMS IN ORDER TO CALCULATE FINANCIAL ASSISTANCE AT COST.
PART I, LINE 7, COLUMN (F):	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 5,750,174.
PART II, COMMUNITY BUILDING ACTIVITIES:	WORKFORCE DEVELOPMENT - MARSHALL LEADERSHIP PARTICIPATED IN THE EL DORADO UNION HIGH SCHOOL DISTRICT CAREER TECHNICAL EDUCATION ADVISORY COMMITTEE, A GROUP OF PRIVATE ENTITIES THAT ASSIST THE HIGH SCHOOL DISTRICT PLAN AND PREPARE FOR TECHNICAL CAREERS AND EDUCATION OFFERINGS. 53 STUDENTS PARTICIPATED IN THE HEALTH CAREER EXPLORATION DAY.ADVOCACY - HOSPITAL REPRESENTATIVES ENGAGED IN ADVOCACY EFFORTS THAT SUPPORTED THE COMMUNITY.ECONOMIC DEVELOPMENT - HOSPITAL LEADERS SUPPORTED LOCAL CHAMBERS OF COMMERCE AND FOCUSED ON ISSUES RELATED TO COMMUNITY HEALTH AND SAFETY.
PART III, LINE 2:	MARSHALL MEDICAL CENTER MAKES A BEST EFFORT TO APPLY ALL KNOWN DISCOUNTS AND PAYMENTS POSTED TO THE PATIENT ACCOUNT PRIOR TO DETERMINATION OF BAD DEBT WRITE-OFF. NON-COMPLIANT PATIENTS MAY RESULT IN THE DELAY OF PROPERLY APPLIED DISCOUNTS.IN ACCORDANCE WITH CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 127400 ET SEQ., MARSHALL MEDICAL CENTER DISCOUNTS PAYMENTS AND PROVIDES CHARITY CARE TO FINANCIALLY QUALIFIED PATIENTS. PATIENTS WHO QUALIFY FOR THESE DISCOUNTS OR CHARITY CARE UNDER OUR POLICIES INCLUDE PATIENTS WHO MEET BOTH OF THE FOLLOWING QUALIFICATIONS:1. THE PATIENT EITHER IS SELF-PAY OR HAS HIGH MEDICAL COSTS, AS DEFINED IN OUR DISCOUNT PAYMENT AND CHARITY CARE POLICIES; AND2. THE PATIENT HAS A FAMILY INCOME (AS DEFINED IN THE POLICIES) THAT DOES NOT EXCEED 350% OF THE FEDERAL POVERTY LEVEL.
PART III, LINE 3:	MARSHALL MEDICAL CENTER ESTIMATES THAT APPROXIMATELY 19.97% OF ALL PATIENT ACCOUNTS ASSIGNED TO BAD DEBT MIGHT BE ATTRIBUTABLE TO PATIENTS WHO MIGHT HAVE QUALIFIED FOR FINANCIAL ASSISTANCE HAD THOSE PATIENTS PROVIDED SUFFICIENT INFORMATION TO BECOME QUALIFIED.
PART III, LINE 4:	SEE THE "PATIENT ACCOUNTS RECEIVABLE" SECTION IN NOTE 1, PAGE 11, IN THE ATTACHED AUDITED FINANCIAL STATEMENTS FOR A DISCUSSION OF THE ORGANIZATION'S BAD DEBT EXPENSE.
PART III, LINE 8:	MARSHALL MEDICAL CENTER USES A COST ACCOUNTING SYSTEM, MAKING A BEST EFFORT TO APPLY ALL KNOWN DISCOUNTS AND PAYMENTS POSTED TO THE PATIENT ACCOUNT PRIOR TO DETERMINATION OF BAD DEBT WRITE-OFFS. NON-COMPLIANT PATIENTS MAY RESULT IN THE DELAY OF PROPERLY APPLIED DISCOUNTS.THE SHORTFALL INCURRED ON MEDICARE PATIENTS CAN BE CONSIDERED A COMMUNITY BENEFIT BECAUSE MARSHALL MEDICAL CENTER IS THE ONLY HOSPITAL FACILITY WITHIN APPROXIMATELY 25 MILES. THEREFORE, PATIENTS WOULD HAVE TO TRAVEL OUTSIDE OF THE COMMUNITY TO OBTAIN HEALTHCARE SERVICES. THE ONLY OTHER HOSPITAL FACILITY IN EL DORADO COUNTY IS APPROXIMATELY 50 MILES FROM PLACERVILLE AND PATIENTS WOULD HAVE TO TRAVERSE A 7,000+ FOOT ELEVATION MOUNTAIN PASS TO OBTAIN HEALTHCARE SERVICES FROM THAT FACILITY. OUR PATIENT POPULATION IS HEAVILY MEDICARE-WEIGHTED AND MARSHALL PROVIDES A VAST AMOUNT OF CARE TO THIS MEDICARE POPULATION, WHICH TEND TOWARDS MORE ACUTE ILLNESSES THAT MAKE TRAVEL DIFFICULT. BECAUSE WE ARE A COMMUNITY-BASED HOSPITAL, WE HAVE TO PROVIDE A BROAD RANGE OF SERVICES TO MEET THE NEEDS OF THE COMMUNITY, WHICH IMPACTS OUR ABILITY TO SPECIALIZE IN MORE FOCUSED SERVICES.
PART III, LINE 9B:	AT THE TIME OF REGISTRATION AND IN THE FIRST BILLING STATEMENT, PATIENTS ARE PRESENTED WITH ALL DISCOUNT AND PROGRAM OPTIONS AVAILABLE. BILLING STATEMENTS 2 THROUGH 5 REMIND THE PATIENT OF DISCOUNTS AVAILABLE. FOR PATIENTS WHO HAVE AN APPLICATION PENDING FOR EITHER GOVERNMENT-SPONSORED COVERAGE OR FOR MARSHALL MEDICAL CENTER'S OWN FINANCIAL ASSISTANCE PROGRAM, MARSHALL MEDICAL CENTER SHALL NOT KNOWINGLY SEND OR ASSIGN SUCH PATIENT'S BILL TO AN OUTSIDE COLLECTION AGENCY PRIOR TO 180 DAYS FROM THE DATE OF MARSHALL MEDICAL CENTER'S INITIAL BILLING OF THAT ACCOUNT. PRIOR TO FILING ANY LEGAL ACTION AGAINST A PATIENT, THE DEBT COLLECTION AGENCY WILL (A) PERFORM AN ANALYSIS OF THE PATIENT'S ASSETS AND INCOME TO DETERMINE WHETHER THE PATIENT HAS ASSETS AND INCOME SUFFICIENT TO JUSTIFY FILING THE LEGAL ACTION, (B) PRESENT THE ANALYSIS TO MARSHALL MEDICAL CENTER'S DIRECTOR OF HOSPITAL PATIENT BILLING, IN SUCH FORMAT AS MARSHALL MEDICAL CENTER MAY REQUEST, AND (C) OBTAIN THE DIRECTOR'S APPROVAL FOR FILING THE LEGAL ACTION AGAINST THE PATIENT.
PART VI, LINE 2:	THE COMMUNITY'S HEALTHCARE NEEDS ARE DETERMINED BASED ON MANY FACTORS INCLUDING BUT NOT LIMITED TO MARKET STUDIES, PHYSICIAN FEEDBACK BASED ON THE NEEDS OF THEIR PATIENTS, HEALTH MANPOWER STUDIES, SURVEYS, AND A COMMUNITY HEALTH NEEDS ASSESSMENT EVERY THREE YEARS.
PART VI, LINE 3:	AT THE TIME OF REGISTRATION, EVERY UNINSURED PATIENT IS PRESENTED WITH A DOCUMENT THAT OUTLINES ALL THE FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS, AS WELL AS THE ORGANIZATIONAL CHARITY CARE POLICY THAT THEY MAY BE ABLE TO QUALIFY FOR. MARSHALL MEDICAL CENTER PROVIDES, AT ITS EXPENSE, PRIVATE CONSULTANTS AND COUNTY MEDI-CAL EMPLOYEES WHO WORK WITH PATIENTS DURING AND AFTER SERVICES TO ASSIST THEM IN COMPLETING THE NECESSARY FORMS, TO FILE ALL THE NECESSARY DOCUMENTS, AND TO ATTEND ANY REQUISITE APPOINTMENTS WITH PROVIDING AGENCIES. FINANCIAL COUNSELORS ARE ALSO PROVIDED TO ASSIST PATIENTS IN UNDERSTANDING ELIGIBILITY REQUIREMENTS RELATED TO QUALIFYING FOR CHARITY CARE.
PART VI, LINE 4:	MARSHALL MEDICAL CENTER SERVES APPROXIMATELY 158,730 RESIDENTS ON THE WESTERN SLOPE OF THE SIERRAS IN EL DORADO COUNTY. OTHER PERTINENT DEMOGRAPHICS ABOUT OUR HOSPITAL SERVICE AREA FOR TAX YEAR 2022 INCLUDE:- 20.6% IS UNDER AGE 18; 57.9% IS AGE 18-64 AND 21.5% IS AGE 65 AND OVER- PERCENTAGE LIVING IN POVERTY IS 7.9%- PERCENTAGE LACKING HIGH SCHOOL DIPLOMA IS 6.0% (EL DORADO COUNTY)- PERCENTAGE UNINSURED IS 3.6%- ETHNIC PERCENTAGES ARE: WHITE 80.1%, HISPANIC 10.6%, ASIAN 4.3%, AFRICAN AMERICAN 0.8%, NATIVE AMERICAN, PACIFIC ISLANDER OR OTHER RACE 4.2%
PART VI, LINE 5:	MARSHALL MEDICAL CENTER PROMOTES THE HEALTH OF THE COMMUNITY THROUGH A LARGE AND VARIED ARRAY OF HEALTHCARE SERVICES INCLUDING BUT NOT LIMITED TO INPATIENT SERVICES (OBSTETRICS, SURGERIES, RADIOLOGY, DIAGNOSTIC CARDIAC CATHETERIZATIONS) AND OUTPATIENT SERVICES (EMERGENCY ROOM, OUTPATIENT SURGERIES, RADIOLOGY, LABORATORY, DIAGNOSTIC CARDIAC CATHETERIZATIONS, NUMEROUS FAMILY AND SPECIALTY CLINICS, RURAL HEALTH CLINIC, CANCER PROGRAMS, AND HOME HEALTH VISITS). WE RECOGNIZE THAT WE HAVE AN OBLIGATION TO PROVIDE SERVICES ABOVE AND BEYOND OUR ROLE AS A HEALING FACILITY. - OPEN MEDICAL STAFF: WE OFFER AN "OPEN MEDICAL STAFF" MODEL EXCEPT FOR A FEW SELECT SPECIALTIES, WHICH ARE "EXCLUSIVE CONTRACTS".- COMMUNITY BOARD: OUR BOARD OF DIRECTORS IS COMPRISED OF 14 VOLUNTEER COMMUNITY MEMBERS. THEY DEDICATE NUMEROUS HOURS OF THEIR OWN TIME TO CONTRIBUTE TO A POSITIVE HEALTH ENVIRONMENT THROUGH MARSHALL MEDICAL CENTER.- USE OF SURPLUS FUNDS: EXCESS REVENUE (SURPLUS FUNDS) ARE RETAINED FOR FUTURE COMMUNITY NEEDS INCLUDING BUT NOT LIMITED TO CAPITAL IMPROVEMENTS, EXPANSION OF NEW SERVICES AND TECHNOLOGICAL IMPROVEMENTS. THE COMMUNITY-BASED BOARD OF DIRECTORS CONTROLS THE DIRECTION OF THE USE OF SURPLUS FUNDS.
PART VI, LINE 7, REPORTS FILED WITH STATES	CA

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Schedule I (Form 990)

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

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

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization MARSHALL MEDICAL CENTER

Employer identification number 94-1450151

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?
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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC 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 noncash assistance, (h) Purpose of grant or assistance. Row 1: (1) EL DORADO COUNTY CHAMBER OF COMMERCE, 94-1328508, 501(C)(3), 10,000, 0, GENERAL OPERATING SUPPORT.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 1
3 Enter total number of other organizations listed in the line 1 table. 0

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50055P Schedule I (Form 990) 2022

Schedule I (Form 990) 2022

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Table with 6 columns: (a) Type of grant or assistance, (b) Number of recipients, (c) Amount of cash grant, (d) Amount of noncash assistance, (e) Method of valuation (book, FMV, appraisal, other), (f) Description of noncash assistance. Rows 1-7 are empty.

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Table with 2 columns: Return Reference, Explanation. Row 1: PART I, LINE 2: MARSHALL MEDICAL CENTER'S ASSISTANCE TO EITHER AN ORGANIZATION OR AN INDIVIDUAL IS LIMITED. THE PROCEDURES FOR MONITORING THE GRANTS ARE DIFFERENT FOR EACH TYPE OF ASSISTANCE...

Schedule I (Form 990) 2022

Additional Data

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Software Version:

<a href="#">efile Public Visual Render</a>	<b>ObjectID: 202412499349300026 - Submission: 2024-09-05</b>	<b>TIN: 94-1450151</b>
<b>Schedule J (Form 990)</b>	<b>Compensation Information</b>	
Department of the Treasury Internal Revenue Service	OMB No. 1545-0047	
	<b>2022</b> Open to Public Inspection	
For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.		
Name of the organization MARSHALL MEDICAL CENTER	Employer identification number 94-1450151	

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	
<input checked="" type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)	
<b>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .	<b>1b</b> Yes	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? . . . . .	<b>2</b> Yes	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee	
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment? . . . . .	<b>4a</b> Yes	
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .	<b>4b</b>	No
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .	<b>4c</b>	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization? . . . . .	<b>5a</b>	No
<b>b</b> Any related organization? . . . . .	<b>5b</b>	No
If "Yes," on line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization? . . . . .	<b>6a</b> Yes	
<b>b</b> Any related organization? . . . . .	<b>6b</b>	No
If "Yes," on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .	<b>7</b> Yes	
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .	<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .	<b>9</b>	

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SIRI NELSON PRESIDENT/CEO	(i)	547,091	107,822	0	0	660,100	0	
	(ii)	0	0	0	0	0	0	
2 BRIAN GOLDSMITH MD CHIEF MEDICAL OFFICER	(i)	360,407	23,988	0	0	385,185	0	
	(ii)	0	0	0	0	0	0	
3 LAURIE ELDRIDGE CHIEF FINANCIAL OFFICER	(i)	324,812	44,497	0	0	375,229	0	
	(ii)	0	0	0	0	0	0	
4 MARTIN ENTWISTLE ASSOC CHIEF MEDICAL OFFICER, VP POP. HEALTH	(i)	284,834	27,745	0	0	313,860	0	
	(ii)	0	0	0	0	0	0	
5 BRETT APPLEBERG CHIEF HUMAN RESOURCES OFFICER	(i)	276,797	25,000	0	0	306,171	0	
	(ii)	0	0	0	0	0	0	
6 CYNTHIA RICE CHIEF NURSING OFFICER	(i)	274,775	26,250	0	0	301,806	0	
	(ii)	0	0	0	0	0	0	
7 JONATHAN RUSSELL	(i)	255,947	74,078	0	0	286,106	0	

CHIEF AMBULATORY OFFICER

	(ii)	0	0	0	0	0	0	0
<b>8</b> MINDY DANOVARO EXECUTIVE DIRECTOR OF PHILANTHROPY	(i)	267,183	1,000	0	0	2,983	271,166	0
	(ii)	0	0	0	0	0	0	0
<b>9</b> MARTIN DALY VP OF INFORMATION TECHNOLOGY	(i)	227,455	19,525	0	0	781	247,761	0
	(ii)	0	0	0	0	0	0	0
<b>10</b> JANICE RANGER EXECUTIVE DIRECTOR OF FINANCE	(i)	140,632	102,974	0	0	3,778	247,384	0
	(ii)	0	0	0	0	0	0	0
<b>11</b> ROBIN MCATEE OPERATING ROOM RN	(i)	233,161	7,453	0	0	5,170	245,784	0
	(ii)	0	0	0	0	0	0	0
<b>12</b> STEPHANIE GODON DIRECTOR OF PHARMACY	(i)	223,355	8,663	0	0	946	232,964	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

**Part III Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 1A	ANY EMPLOYEE WHO MEETS A 20+ YEAR LONGEVITY THRESHOLD RECEIVES A BONUS OF \$1,000 - \$3,000 THAT IS GROSSED UP TO COVER INCOME TAXES AND PAYROLL TAXES.
PART I, LINE 4A	IN CALENDAR YEAR 2023, JANICE RANGER RECEIVED A SEVERANCE PAYMENT OF \$95,532.
PART I, LINE 6	THERE ARE FOUR LEM LEADERSHIP INCENTIVE COMPENSATION POLICIES THAT INCLUDE LEM LEADERSHIP INCENTIVE COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER, LEADERSHIP INCENTIVE COMPENSATION FOR CHIEF EXECUTIVE LEADERSHIP POSITIONS, LEADERSHIP EVALUATION COMPENSATION FOR EXECUTIVE DIRECTOR & DEPARTMENT DIRECTOR POSITIONS, AND LEADERSHIP EVALUATION COMPENSATION FOR VICE PRESIDENT POSITIONS. ALL OF THESE COMPENSATION POLICIES ARE WEIGHTED UNDER FOUR PILLARS INCLUDING PEOPLE, FINANCE, QUALITY AND COMMUNITY. THE FINANCE PILLAR IS BASED ON AUDITED OPERATING MARGIN RESULTS FOR THE FISCAL YEAR ENDING OCTOBER 31ST. IN ADDITION, THERE IS ALSO A REWARD PROGRAM FOR MARSHALL MEDICAL CENTER STAFF THAT IS WEIGHTED ON THE SAME FOUR PILLARS.
PART I, LINE 7	BONUSES ARE CALCULATED USING A PRE-DETERMINED FORMULA, BUT THE BOARD HAS THE ABILITY TO TAKE INTO ACCOUNT OTHER FACTORS AND ADJUST THE FORMULA AT THEIR DISCRETION.

Schedule J (Form 990) 2022

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Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization MARSHALL MEDICAL CENTER

Employer identification number 94-1450151

Part I Bond Issues

Table with columns: (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, (i) Pool financing. Rows include California Health Facilities Financing Authority.

Part II Proceeds

Table with columns: 1-13 (Amount of bonds retired, Total proceeds of issue, etc.), 14-17 (Were the bonds issued as part of a current refunding issue, etc.).

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50193E Schedule K (Form 990) 2022

Schedule K (Form 990) 2022

Part III Private Business Use

Table with columns: 1-9 (Was the organization a partner in a partnership, Are there any lease arrangements, etc.).

Part IV Arbitrage

Table with columns: 1-3 (Has the issuer filed Form 8038-T, If "No" to line 1, did the following apply?, Is the bond issue a variable rate issue?).

Part IV Arbitrage (Continued)								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X				
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .	X		X					

Part V Procedures To Undertake Corrective Action								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).	
Return Reference	Explanation
- ENTRY A - ISSUED 04/27/2020:	PART I, COLUMN F - THE BONDS CURRENTLY REFUNDED THE BORROWER'S SERIES 2004B BONDS (ORIGINALLY ISSUED ON MARCH 25, 2004) AS WELL AS FOR THE FINANCING AND RENOVATIONS TO CERTAIN HEALTH FACILITIES, TO FUND A DEBT SERVICE RESERVE, TO PAY RELATED CAPITALIZED INTEREST AND TO PAY COSTS OF ISSUANCE RELATED TO THE BONDS. PART II, LINE 3 - THE TOTAL PROCEEDS SHOWN IN PART II, LINE 3 DIFFERS FROM THE ISSUE PRICE SHOWN IN PART I, COLUMN E DUE TO INTEREST EARNINGS ON INVESTED PROCEEDS. PART III, LINE 7 - AS PROVIDED IN TREASURY REGULATION SECTION 1.141-4(C)(2)(I) (B), THE AMOUNT OF PRIVATE PAYMENTS TAKEN INTO ACCOUNT UNDER THE PRIVATE SECURITY OR PAYMENT TEST MAY NOT EXCEED THE AMOUNT OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS USE. ACCORDINGLY, THE AMOUNT OF PRIVATE PAYMENTS FOR THE REPORTING PERIOD DOES NOT EXCEED THE AMOUNT STATED IN PART III, LINE 6. THE ORGANIZATION HAS NOT UNDERTAKEN AN ANALYSIS OF THE PRIVATE SECURITY OR PAYMENT TEST WITH RESPECT TO THE BONDS, AS THE LEVEL OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS USE REPORTED IN PART III, LINE 6 IS NOT IN EXCESS OF AMOUNTS PERMITTED UNDER SECTION 145 OF THE CODE. PART IV, LINE 2B - THE PORTION OF THE BOND PROCEEDS USED FOR CURRENT REFUNDING HAS MET THE 6-MONTH EXPENDITURE EXCEPTION.
- ENTRY B - ISSUED 04/09/2015:	PART I, COLUMN F - THE BONDS CURRENTLY REFUNDED THE BORROWER'S SERIES 2004A BONDS (ORIGINALLY ISSUED ON MARCH 25, 2004). PART II, LINE 4 - THE SERIES 2015 BOND RESERVE ACCOUNT WAS FUNDED BY BOND PROCEEDS OF THE SERIES 2004A AND SERIES 2012A BONDS. PART II, LINE 13 - PROCEEDS OF THE BONDS WERE ISSUED FOR THE PURPOSE OF CURRENT REFUNDING; THEREFORE, THE PROJECT PERIOD IS NOT APPLICABLE FOR THIS BOND ISSUE. PART III, LINE 7 - AS PROVIDED IN TREASURY REGULATION SECTION 1.141-4(C)(2)(I)(B), THE AMOUNT OF PRIVATE PAYMENTS TAKEN INTO ACCOUNT UNDER THE PRIVATE SECURITY OR PAYMENT TEST MAY NOT EXCEED THE AMOUNT OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS USE. ACCORDINGLY, THE AMOUNT OF PRIVATE PAYMENTS FOR THE REPORTING PERIOD DOES NOT EXCEED THE AMOUNT STATED IN PART III, LINE 6. THE ORGANIZATION HAS NOT UNDERTAKEN AN ANALYSIS OF THE PRIVATE SECURITY OR PAYMENT TEST WITH RESPECT TO THE BONDS, AS THE LEVEL OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS USE REPORTED IN PART III, LINE 6 IS NOT IN EXCESS OF AMOUNTS PERMITTED UNDER SECTION 145 OF THE CODE. PART IV, LINE 2C - THE REBATE COMPUTATION WAS PERFORMED AS OF APRIL 9, 2020 AND SHOWED NO REBATE DUE.

Additional Data

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**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public Inspection

Name of the organization  
MARSHALL MEDICAL CENTER

Employer identification number

94-1450151

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1A	THE BOARD OF DIRECTORS HAS AN EXECUTIVE COMMITTEE CONSISTING OF THE OFFICERS OF THE BOARD, THE PAST CHAIR, THE PRESIDENT/CEO, THE CHIEF OF THE MEDICAL STAFF, AND THE LONGEST-TENURED MEDICAL GROUP DIRECTOR. THE EXECUTIVE COMMITTEE HAS THE POWER TO TRANSACT ALL REGULAR BUSINESS OF THE HOSPITAL DURING THE INTERIM BETWEEN MEETINGS OF THE BOARD, PROVIDED THAT ANY ACTION IT TAKES CANNOT CONFLICT WITH THE POLICIES AND EXPRESSED WISHES OF THE BOARD.
FORM 990, PART VI, SECTION A, LINE 2	SIRI NELSON, JONATHAN RUSSELL, AND MARTIN ENTWISTLE WERE BOARD MEMBERS OF EL DORADO SURGERY CENTER DURING THE FISCAL YEAR ENDED OCTOBER 31, 2023.
FORM 990, PART VI, SECTION B, LINE 11B	PRIOR TO FILING THE FORM 990, MANAGEMENT (CFO AND EXECUTIVE DIRECTOR OF FINANCE) REVIEWED THE FORM 990 IN DETAIL. ANY APPROPRIATE CHANGES WERE MADE. THE FULL GOVERNING BOARD OF DIRECTORS (BOD) HAS DELEGATED THE RESPONSIBILITY OF REVIEWING THE FORM 990 PRIOR TO FILING WITH THE IRS TO THE BOD AUDIT COMMITTEE, A SUBCOMMITTEE OF THE FULL GOVERNING BOD, SO THE FORM 990 WAS THEN SUBMITTED TO THE GOVERNING BOD AUDIT COMMITTEE. THE AUDIT COMMITTEE PERFORMED A HIGH-LEVEL REVIEW OF THE FORM 990 AND REQUESTED MANAGEMENT TO MAKE ANY CHANGES THE COMMITTEE DEEMED NECESSARY. PRIOR TO FILING THE FORM 990 WITH THE IRS, THE AUDIT COMMITTEE PROVIDED A SUMMARY TO THE FULL GOVERNING BOD OF THE BOD AUDIT COMMITTEE'S REVIEW OF THE FORM 990. AT ANY TIME, BOTH BEFORE OR AFTER FILING, THE COMPLETE FORM 990 WAS AVAILABLE UPON REQUEST TO ANY MEMBER OF THE GOVERNING BOD.
FORM 990, PART VI, SECTION B, LINE 12C	OUR POLICY IS TO OBTAIN ON AN ANNUAL BASIS FROM CHIEF ADMINISTRATIVE OFFICERS, VICE PRESIDENTS, DIRECTORS, ASSISTANT DIRECTORS, PURCHASING STAFF, LEGAL STAFF, AND COMPLIANCE STAFF A DISCLOSURE STATEMENT NAMING ANY ORGANIZATIONS, INCLUDING THOSE AFFILIATED WITH MARSHALL MEDICAL CENTER, IN WHICH THE EMPLOYEE AND/OR A MEMBER OF HIS/HER IMMEDIATE FAMILY MAY HAVE ANY INTEREST, WHETHER THROUGH EMPLOYMENT, STOCK OR SHARES OWNERSHIP, CONTRACTUAL AGREEMENT, BOARD MEMBERSHIP, OR DIRECT COMPENSATION. THERE IS NO MINIMUM AMOUNT OF VALUE OF AN ITEM, SERVICE, OR ARRANGEMENT THAT WILL TRIGGER A CONFLICT OF INTEREST. IMMEDIATE FAMILY INCLUDES ANY SPOUSE, PARENT, CHILD/STEP-CHILD, AND/OR SIBLING THAT LIVES IN THE SAME HOUSEHOLD AS THE EMPLOYEE. DISCLOSURE STATEMENTS ARE REVIEWED BY THE CEO FOR ANY ACTUAL OR POTENTIAL CONFLICTS. THE CEO'S DISCLOSURE STATEMENT IS REVIEWED BY THE AUDIT AND COMPLIANCE COMMITTEES OF THE BOARD OF DIRECTORS. ADDITIONALLY, UPON CONSIDERATION OF ANY NEW CONTRACT AGREEMENT, POTENTIAL PARTIES MUST IDENTIFY ANY POTENTIAL INTERESTED PARTIES IN COMMON. SHOULD ANY TRANSACTION INVOLVING POTENTIAL OR ACTUAL CONFLICTS OF INTEREST ARISE, THE CEO APPOINTS A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE ARRANGEMENT IN QUESTION. DUE DILIGENCE IS EXERCISED TO DETERMINE WHETHER MARSHALL MEDICAL CENTER CAN, WITH REASONABLE EFFORTS, OBTAIN A MORE ADVANTAGEOUS TRANSACTION FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY ATTAINABLE UNDER CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST, THE CEO MAKES THE DETERMINATION WHETHER THE TRANSACTION IS IN MARSHALL MEDICAL CENTER'S BEST INTEREST, BENEFIT, AND IS FAIR AND REASONABLE. IN THE EVENT THAT ANY OF THE AFOREMENTIONED EMPLOYEES OR IMMEDIATE FAMILY MEMBERS HAS AN OUTSIDE INTEREST THAT CONFLICTS OR SUGGESTS A POSSIBLE CONFLICT WITH MARSHALL MEDICAL CENTER'S BUSINESS INTERESTS, SAID EMPLOYEES ARE RECUSED FROM PARTICIPATING IN DELIBERATIONS AND/OR DECISIONS ABOUT A BUSINESS TRANSACTION. OUR POLICY IS TO OBTAIN ON AN ANNUAL BASIS FROM MEMBERS OF THE GOVERNING BOARD A DISCLOSURE STATEMENT NAMING ANY ORGANIZATIONS, INCLUDING THOSE AFFILIATED WITH MARSHALL MEDICAL CENTER, IN WHICH THE BOARD MEMBER OR AN IMMEDIATE FAMILY MEMBER HAS ANY INTEREST, WHETHER THROUGH EMPLOYMENT, OWNERSHIP, CONTRACTUAL AGREEMENT, BOARD MEMBERSHIP, OR COMPENSATION. THERE IS NO MINIMUM AMOUNT OF VALUE OF AN ITEM, SERVICE, OR ARRANGEMENT THAT WILL TRIGGER A CONFLICT OF INTEREST. DISCLOSURE STATEMENTS ARE REVIEWED BY ADMINISTRATIVE OFFICE PERSONNEL FOR ANY ACTUAL OR POTENTIAL CONFLICTS AND ARE AVAILABLE TO ALL BOARD MEMBERS FOR REVIEW. ANY MATERIAL FINDINGS ARE FORWARDED TO ADMINISTRATION FOR RESOLUTION. ADDITIONALLY, UPON CONSIDERATION OF ANY NEW CONTRACT AGREEMENT, VENDORS ARE REVIEWED FOR POTENTIAL CONFLICTS OF INTEREST TO IDENTIFY ANY POTENTIAL INTERESTED PARTIES IN COMMON. SHOULD ANY TRANSACTION INVOLVING POTENTIAL OR ACTUAL CONFLICTS OF INTEREST ARISE, THE TRANSACTION MAY BE ENTERED INTO ONLY AFTER THE FOLLOWING STEPS ARE TAKEN BY THE BOARD: A. CONCLUDE THAT THE TRANSACTION WILL BENEFIT THE HOSPITAL AND THAT THE HOSPITAL IS ENTERING INTO THE TRANSACTION FOR ITS OWN BENEFIT (THE MINUTES SHOULD DELINEATE THE BENEFIT); B. CONCLUDE THAT THE TRANSACTION IS FAIR AND REASONABLE TO THE HOSPITAL AT THE TIME IT IS ENTERED; C. AUTHORIZE OR APPROVE IT IN GOOD FAITH BY A VOTE OF THE DIRECTORS, WITHOUT COUNTING THE VOTE OF THE INTERESTED PERSON(S) AND WITH KNOWLEDGE OF THE MATERIAL FACTS CONCERNING THE TRANSACTION AND THE DIRECTOR(S)' INTEREST IN THE TRANSACTION; AND D. PRIOR TO AUTHORIZING OR APPROVING THE TRANSACTION, THE BOARD DETERMINES AFTER REASONABLE INVESTIGATION AND IN GOOD FAITH THAT THE HOSPITAL COULD NOT OBTAIN THROUGH REASONABLE EFFORT A MORE ADVANTAGEOUS ARRANGEMENT UNDER THE CIRCUMSTANCES.
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF DIRECTORS DECIDES THE CEO'S COMPENSATION WITH INPUT FROM THE AUDIT AND COMPLIANCE COMMITTEES USING DATA COMPILED FROM THE CALIFORNIA HEALTHCARE ASSOCIATION'S ALLIED FOR HEALTH EXECUTIVE COMPENSATION SURVEY, WILLIS TOWERS WATSON EXECUTIVE COMPENSATION SURVEY AND OTHER SOURCES SUCH AS AN INDEPENDENT COMPENSATION CONSULTANT, AND FOLLOWING THE EXECUTIVE COMPENSATION PHILOSOPHY STATEMENT. THE DATA INCLUDES HOSPITALS FROM NORTHERN AND SOUTHERN CALIFORNIA, AS WELL AS RURAL AND URBAN HOSPITALS. THE DATA DIFFERENTIATES BY BED SIZE, OPERATING EXPENSES, AND FULL-TIME EQUIVALENTS (FTES). ALL INFORMATION UTILIZES AGGREGATE, HISTORICAL INFORMATION. THE AUDIT AND COMPLIANCE COMMITTEES MEET QUARTERLY BUT INCORPORATES COMPENSATION REVIEW ANNUALLY WHEN A REVIEW OF THE CEO'S COMPENSATION IS IN ORDER. THE CEO (ADMINISTRATOR)

	<p>DECIDES THE COMPENSATION FOR THE COO (ASSISTANT ADMINISTRATOR), CNO (CHIEF NURSING OFFICER), CFO (CHIEF FINANCIAL OFFICER), CAO (CHIEF AMBULATORY OFFICER) AND CMO (CHIEF MEDICAL OFFICER); REVIEWING THEM ANNUALLY. THE CHIEF EXECUTIVE TEAM DECIDES COMPENSATION FOR ALL DIVISION/INTERNAL LEADERSHIP VICE PRESIDENTS. THE ABOVE COMPENSATION WAS DETERMINED USING A STATEMENT OF EXECUTIVE COMPENSATION PHILOSOPHY CREATED WITH INPUT FROM AN INDEPENDENT COMPENSATION CONSULTANT WHICH USED DATA COMPILED FROM THE CALIFORNIA HEALTHCARE ASSOCIATION'S ALLIED FOR HEALTH EXECUTIVE COMPENSATION SURVEY, AS WELL AS OTHER SURVEYS. THE DATA INCLUDES HOSPITALS FROM NORTHERN AND SOUTHERN CALIFORNIA, AS WELL AS RURAL AND URBAN HOSPITALS. THE DATA DIFFERENTIATES BY BED SIZE, OPERATING EXPENSES, AND FULL-TIME EQUIVALENTS (FTES). ALL INFORMATION UTILIZES AGGREGATE, HISTORICAL INFORMATION. IF NECESSARY, TEMPORARY PAY CUTS MAY ALSO BE APPROVED FOR OFFICERS TO MEET OPERATIONAL NEEDS.</p>
<p>FORM 990, PART VI, SECTION C, LINE 19</p>	<p>- MARSHALL MEDICAL CENTER'S GOVERNING DOCUMENTS ARE MADE AVAILABLE ACCORDING TO THE CALIFORNIA CORPORATIONS CODE REQUIREMENTS. - OUR CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST. - SELECTED FINANCIAL INFORMATION IS PUBLISHED ANNUALLY IN OUR PERIODIC PUBLICATION, "REPORT TO THE COMMUNITY". THIS PUBLICATION IS INCLUDED IN TWO LOCAL NEWSPAPERS WITH A CIRCULATION OF APPROXIMATELY 35,000 HOMES. THE PUBLICATION IS ALSO PLACED IN VARIOUS PUBLIC AREAS INCLUDING DOCTORS' OFFICES, LIBRARIES, THE CHAMBER OF COMMERCE, REAL ESTATE OFFICES, AND ALL OF OUR LOCATION WAITING ROOMS. MONTHLY SELECTED FINANCIAL INFORMATION IS POSTED ON THE "KAIZEN" BULLETIN BOARD IN THE HOSPITAL FOR PURPOSES OF OPERATIONAL TRANSPARENCY TO THE COMMUNITY. ALSO, AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE FOR REVIEW UPON REQUEST.</p>
<p>FORM 990, PART IX, LINE 11G</p>	<p>OTHER FEES: PROGRAM SERVICE EXPENSES 62,225,971. MANAGEMENT AND GENERAL EXPENSES 13,347,576. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 75,573,547.</p>
<p>FORM 990, PART XI, LINE 9:</p>	<p>PENSION-RELATED CHANGES 6,138,175.</p>
<p>FORM 990, PART XII, LINE 2C:</p>	<p>THE RESPONSIBILITY FOR SELECTING THE FINANCIAL STATEMENT AUDITOR AND FOR OVERSEEING THE FINANCIAL STATEMENT AUDIT DID NOT CHANGE DURING THE YEAR.</p>

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

Cat. No. 51056K

Schedule O (Form 990) 2022

**Additional Data**

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047 2022 Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service Name of the organization MARSHALL MEDICAL CENTER

Employer identification number 94-1450151

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

Table with 6 columns: (a) Name, address, and EIN of disregarded entity; (b) Primary activity; (c) Legal domicile; (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.

Table with 7 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Exempt Code section; (e) Public charity status; (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity?

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2022

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.

Table with 11 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Predominant income; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations; (i) Code V-UBI amount; (j) General or managing partner; (k) Percentage ownership.

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

Table with 9 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Type of entity; (f) Share of total income; (g) Share of end-of-year assets; (h) Percentage ownership; (i) Section 512(b)(13) controlled entity?

Table with 10 empty columns and 3 rows.

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

Table with 13 rows (1a-1s) and 2 columns (Yes/No). Rows 1a-1s contain transaction descriptions and their corresponding Yes/No status.

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.

Table with 4 columns: (a) Name of related organization, (b) Transaction type (a-s), (c) Amount involved, (d) Method of determining amount involved. Contains entries for EL DORADO SURGERY CENTER LLC and MARSHALL FOUNDATION FOR COMMUNITY HEALTH.

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.

Table with 11 columns: (a) Name, address, and EIN of entity, (b) Primary activity, (c) Legal domicile, (d) Predominant income, (e) Are all partners section 501(c)(3) organizations?, (f) Share of total income, (g) Share of end-of-year assets, (h) Disproportionate allocations?, (i) Code V-UBI amount, (j) General or managing partner?, (k) Percentage ownership.


Schedule R (Form 990) 2022

Schedule R (Form 990) 2022

**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation
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Schedule R (Form 990) 2022

**Additional Data**

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