

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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.

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning 11-01-2023, and ending 10-31-2024

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: MARSHALL MEDICAL CENTER. Doing business as. Number and street (or P.O. box if mail is not delivered to street address): 1100 MARSHALL WAY. Room/suite. City or town, state or province, country, and ZIP or foreign postal code: PLACERVILLE, CA 95667

D Employer identification number: 94-1450151. E Telephone number: (530) 622-1441. G Gross receipts \$ 344,356,150

F Name and address of principal officer: SIRI NELSON, 1100 MARSHALL WAY, PLACERVILLE, CA 95667

H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? 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: 1957

M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO IMPROVE THE HEALTH OF OUR COMMUNITY AND OFFER HEALTH SERVICES OF SUPERIOR VALUE AND QUALITY.

Table with 3 columns: Line number, Description, and Amount. Rows include 2 (checkbox), 3 (13), 4 (12), 5 (1,819), 6 (120), 7a (0), 7b (0).

Table with 3 columns: Line number, Description, Prior Year, Current Year. Rows include 8 (3,454,804 / 1,134,267), 9 (325,634,558 / 339,575,189), 10 (-1,279,738 / 1,295,493), 11 (3,215,971 / 1,626,722), 12 (331,025,595 / 343,631,671).

Table with 3 columns: Line number, Description, Prior Year, Current Year. Rows include 13 (15,000 / 12,300), 14 (0 / 0), 15 (156,832,089 / 165,390,358), 16a (0 / 0), 17 (165,344,031 / 174,842,458), 18 (322,191,120 / 340,245,116), 19 (8,834,475 / 3,386,555).

Table with 3 columns: Line number, Description, Beginning of Current Year, End of Year. Rows include 20 (339,775,718 / 350,530,200), 21 (149,067,796 / 150,729,348), 22 (190,707,922 / 199,800,852).

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 SIRI NELSON PRESIDENT/CEO		Date 2025-09-09		
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date 2025-09-09	Check <input type="checkbox"/> if self-employed	PTIN P01300654
	Firm's name BAKER TILLY ADVISORY GROUP LP			Firm's EIN 39-0859910	
	Firm's address 2882 PROSPECT PARK DR STE 300 RANCHO CORDOVA, CA 95670			Phone no. (916) 503-8100	

May the IRS discuss this return with the preparer shown above? See Instructions. Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2023)

Part III **Statement of Program Service Accomplishments**

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

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 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 No

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the 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 \$ 253,347,227 including grants of \$ 12,300) (Revenue \$ 339,575,189)

SEE SCHEDULE O 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. 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 2023 WERE PROVIDED TO 4,380 PATIENTS. SOME EXAMPLES OF INPATIENT SERVICES INCLUDED:- 323 BABIES DELIVERED- 3 SPECIAL PROCEDURES PERFORMED- 154 CARDIAC CATHETERIZATIONS- 142,823 LABORATORY TESTS PERFORMED- 4,983 CT SCANS- 7,070 RADIOLOGY PROCEDURES PERFORMED OUTPATIENT SERVICES IN TAX YEAR 2023 WERE PROVIDED TO 209,828 PATIENTS. SOME EXAMPLES FOR OUTPATIENT SERVICES INCLUDED:- 36,952 EMERGENCY ROOM VISITS- 3,066 OUTPATIENT SPECIAL PROCEDURES PERFORMED- 36,861 RADIOLOGY PROCEDURES PERFORMED- 539 CARDIAC CATHETERIZATIONS- 487,924 LABORATORY TESTS PERFORMED- 14,621 CT SCANS- 24,782 RURAL HEALTH CLINIC VISITS- 17,535 RADIOLOGY CLINIC VISITS- 4,348 PULMONOLOGY CLINIC VISITS- 7,095 ONCOLOGY CLINIC VISITS- 7,751 OP INFUSION CLINIC VISITS- 2,420 RHEUMATOLOGY CLINIC VISITS- 16,792 PEDIATRIC CLINIC VISITS- 9,307 OB CLINIC VISITS- 8,141 CANCER PROGRAM CASES- 64,709 FAMILY PRACTICE CLINIC VISITS- 10,383 GASTROENTEROLOGY CLINIC VISITS- 2,254 ENT CLINIC VISITS- 3,353 HEARING CLINIC VISITS- 16,241 ORTHOPEDIC CLINIC VISITS- 6,084 SURGERY CLINIC VISITS- 4,954 UROLOGY CLINIC VISITS- 869 PSYCHIATRY CLINIC VISITS- 3,865 PODIATRY CLINIC VISITS- 3,963 HBO & WOUND CARE CLINIC VISITS- 22,874 HOSPITALISTS VISITS- 6,453 CARES CLINIC VISITS- 1,525 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 1,731 PATIENT VISITS AND CONDUCTED TWO MEMORIAL SERVICES;- 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 \$)

13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
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
15	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
16	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
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	Yes	
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	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?	Yes	
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		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.	38	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		
1b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1,819		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No	
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No	
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		

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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

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a 13		
b Enter the number of voting members included in line 1a, above, who are independent	1b 12		
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?	2	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?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		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?	7a		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	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	9		No

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

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a		No
b 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?	10b		

- 11a** Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?
- b** 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*
- b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
- c** Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*
- 13** Did the organization have a written whistleblower policy?
- 14** Did the organization have a written document retention and destruction policy?
- 15** Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
 - a** The organization's CEO, Executive Director, or top management official
 - b** Other officers or key employees of the organization
 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?
- b** 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?

11a	Yes	
12a	Yes	
12b	Yes	
12c	Yes	
13	Yes	
14	Yes	
15a	Yes	
15b	Yes	
16a	Yes	
16b		No

Section C. Disclosure

- 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 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:
JOEL ENGELMANN 1100 MARSHALL WAY PLACERVILLE, CA 95667 (530) 626-2606

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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	39.00									

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
1a Federated campaigns				
1b Contributions, Gifts, Grants and Membership dues				
1c Other Amounts and Fundraising events				
1d Related organizations	175,242			
1e Government grants (contributions)	681,335			
1f All other contributions, gifts, grants, and similar amounts not included above	277,690			
1g Noncash contributions included in lines 1a - 1f:\$				
h Total. Add lines 1a-1f	1,134,267			

Program Service Revenue	Business Code			
		(A)	(B)	(C)
2a PATIENT REVENUE, NET				
	621110	338,506,542	338,506,542	
2b EL DORADO SURGERY CENT	621110	1,068,647	1,068,647	
2c				
2d				
2e				
2f All other program service revenue.				
9 Total. Add lines 2a-2f.		339,575,189		

3 Investment income (including dividends, interest, and other similar amounts)		1,332,335		1,332,335
4 Income from investment of tax-exempt bond proceeds				
5 Royalties				
6a Gross rents	(i) Real			
	(ii) Personal			
	6a	373,339		
	6b Less: rental expenses	178,156		
6c Rental income or (loss)	195,183			
d Net rental income or (loss)		195,183		195,183
7a Gross amount from sales of assets other than inventory	(i) Securities			
	(ii) Other		509,481	
	7a		509,481	
	7b Less: cost or other basis and sales expenses		546,323	
7c Gain or (loss)		-36,842		
d Net gain or (loss)		-36,842		-36,842
a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18				

	8a				
b Less: direct expenses	8b				
c Net income or (loss) from fundraising events					
9a Gross income from gaming activities. See Part IV, line 19	9a				
b Less: direct expenses	9b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a				
b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory					
11a CAFETERIA REVENUE	Business Code	900099	762,171		762,171
b MISCELLANEOUS REVENUE		900099	669,368		669,368
d All other revenue					
e Total. Add lines 11a-11d			1,431,539		
12 Total revenue. See instructions			343,631,671	339,575,189	0
					2,922,215

Form 990 (2023)

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	12,300	12,300		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,227,240	2,616,752	610,488	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	108,936,467	86,709,060	22,227,407	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,903,309	3,762,095	2,141,214	
9 Other employee benefits	37,923,436	30,686,052	7,237,384	
10 Payroll taxes	9,399,906	7,516,188	1,883,718	
11 Fees for services (non-employees):				
a Management	2,980,582	12,000	2,968,582	
b Legal	400,732		400,732	
c Accounting	245,659		245,659	
d Lobbying	23,373		23,373	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	65,911,318	60,745,266	5,166,052	

(A) amount, list line 11g expenses on Schedule O,				
12	Advertising and promotion	204,337	22	204,315
13	Office expenses	1,677,641	621,743	1,055,898
14	Information technology	8,824,029		8,824,029
15	Royalties			
16	Occupancy	7,368,276	1,596,942	5,771,334
17	Travel	289,728	131,367	158,361
18	Payments of travel or entertainment expenses for any federal, state, or local public officials			
19	Conferences, conventions, and meetings	262,692	8,718	253,974
20	Interest	2,904,201		2,904,201
21	Payments to affiliates			
22	Depreciation, depletion, and amortization	14,488,993		14,488,993
23	Insurance	1,683,315	428,978	1,254,337
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	46,981,266	46,821,327	159,939
b	BAD DEBT EXPENSE	5,244,372	5,244,372	
c	REGISTRY	1,428,886	1,045,128	383,758
d	SECURITY	1,263,994		1,263,994
e	All other expenses	12,659,064	5,388,917	7,270,147
25	Total functional expenses. Add lines 1 through 24e	340,245,116	253,347,227	86,897,889
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).			0

Part X **Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	30,983,920	1	22,243,320
	2 Savings and temporary cash investments	23,793,490	2	15,423,806
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	77,846,315	4	83,333,621
	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	1,180,566	7	959,893
	8 Inventories for sale or use	5,024,348	8	5,830,048
	9 Prepaid expenses and deferred charges	4,664,463	9	2,789,120
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 345,030,007		
	b Less: accumulated depreciation	10b 208,346,367	120,548,029	10c 136,683,640
	11 Investments—publicly traded securities	31,840,356	11	36,466,670
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11	4,752,442	13	5,503,196
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	39,141,789	15	41,296,886
16 Total assets. Add lines 1 through 15 (must equal line 33)		339,775,718	16 350,530,200	
17 Accounts payable and accrued expenses		45,568,108	17 50,524,745	

Liabilities	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	77,061,096	20	76,158,005
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	23,266,664	23	19,524,629
	24 Unsecured notes and loans payable to unrelated third parties		24	
Net Assets or Fund Balances	25 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	3,171,928	25	4,521,969
	26 Total liabilities. Add lines 17 through 25	149,067,796	26	150,729,348
	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	190,707,922	27	199,800,852
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	190,707,922	32	199,800,852
33 Total liabilities and net assets/fund balances	339,775,718	33	350,530,200	

Form 990 (2023)

Part XI **Reconciliation of Net Assets**

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

1 Total revenue (must equal Part VIII, column (A), line 12)	1	343,631,671
2 Total expenses (must equal Part IX, column (A), line 25)	2	340,245,116
3 Revenue less expenses. Subtract line 2 from line 1	3	3,386,555
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	190,707,922
5 Net unrealized gains (losses) on investments	5	5,790,517
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	-84,142
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	199,800,852

Part XII **Financial Statements and Reporting**

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

	Yes	No
1 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.		
2a 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 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	
c 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	

- 3a** 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?
- 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.

3a		No
3b		

Form **990** (2023)

Form 990 (2023)

Additional Data

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Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

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

2023

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
g Provide the following information about the supported organization(s).

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

Calendar year (or fiscal year beginning in) ▶	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. 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 stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2022 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test—2022. 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 stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Schedule A (Form 990) 2023

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						

5	The value of services or facilities furnished by a governmental unit to the organization without charge					
6	Total. Add lines 1 through 5					
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons					
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.					
c	Add lines 7a and 7b.					
8	Public support. (Subtract line 7c from line 6.)					

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. 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 stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	

- 19a** **33 1/3% support tests-2023.** 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-2022.** 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) 2023

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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
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)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		

4a	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	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>		
c	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>		
5a	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	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	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>		
7	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 contributor? <i>If "Yes," complete Part I of Schedule L (Form 990) .</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b	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? <i>If "Yes," provide detail in Part VI.</i>		
c	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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

Schedule A (Form 990) 2023

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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	A family member of a person described on 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	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? <i>If "No," describe in Part VI 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.</i>		
2	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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	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)? <i>If "No," describe in Part VI how control or management of the</i>		

1		
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Section D. All Type III Supporting Organizations

		Yes	No
1	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?		
2	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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**):
 - The organization satisfied the Activities Test. Complete **line 2** below.
 - The organization is the parent of each of its supported organizations. Complete **line 3** below.
 - 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.**

- a** 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 Part VI identify those supported organizations and explain 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** 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

		Yes	No
2a			
2b			
3a			
3b			

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.*

Schedule A (Form 990) 2023

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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	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)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		

2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	<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)			

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

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

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6	Other distributions (<i>describe in Part VI</i>). See instructions	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9	Distributable amount for 2023 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-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023:			
a From 2018.			
b From 2019.			
c From 2020.			
d From 2021.			
e From 2022.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			

c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019.			
b Excess from 2020.			
c Excess from 2021.			
d Excess from 2022.			
e Excess from 2023.			

Schedule A (Form 990) (2023)

Schedule A (Form 990) 2023

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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) 2023

Additional Data

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Software ID:

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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.

2023

Table with 2 columns: Name of the organization (MARSHALL MEDICAL CENTER) and 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, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes...
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000.

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).

Part I

Contributors

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

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

Schedule B (Form 990) (2023)

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

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	
-			\$	

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Page 4

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

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) (2023)

Additional Data

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Software ID:
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SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

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.

Section 501(c)(3)

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 columns (a) Filing organization's totals and (b) Affiliated group totals. Rows include 1a-1f, g-i, and j regarding Form 4720 reporting.

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 Table with columns (a) 2019, (b) 2020, (c) 2021, (d) 2022, and (e) Total. Rows include 2a-2f.

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.

Table with columns (a) Yes | No and (b) Amount. Row 1: During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a) Volunteers? b) Paid staff or management? c) Media advertisements? d) Mailings to members, legislators, or the public? e) Publications or published or broadcast statements?

f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to 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 (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures. See Instructions	5	

Part IV Supplemental Information

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

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Software ID:
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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.

Table with 2 columns: Name of the organization (MARSHALL MEDICAL CENTER) and 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: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds and organization policies.

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

Table with 3 columns: Question number, description, and answer. Includes questions 1-9 regarding conservation easements, including a sub-table for 'Held at the End of the Year' with rows 2a-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.

Table with 2 columns: Question number and description. Includes questions 1a-1b and 2a-2b regarding collections of art and historical treasures.

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

- 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):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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

Table with 2 columns: Amount, and rows 1c, 1d, 1e, 1f.

- 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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include 1a-1g: Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, 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

Table with 2 columns: Yes, No. Rows 3a(i), 3a(ii), 3b.

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

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.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, and Total.

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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)		
Total. (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) PREPAID PENSION COSTS	32,299,276
(2) RIGHT-OF-USE LEASE ASSET	4,355,548
(3) UNAMORTIZED LOAN COSTS	2,458,644
(4) THIRD PARTY COST SETTLEMENT	1,242,907
(5) OTHER ASSETS	940,511
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	41,296,886

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	
LEASE LIABILITY	4,411,883
THIRD PARTY PAYOR SETTLEMENTS	110,086

NET ASSETS 39,842. GRANT REVERSAL FOR FY 2025 -237,110.

PART XI, LINE 4B - OTHER ADJUSTMENTS:	PROVISION FOR BAD DEBTS 5,244,372.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	LOSS ON SALE OF FIXED ASSETS 36,842.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	PROVISION FOR BAD DEBTS 5,244,372.

Schedule D (Form 990) 2022

Additional Data

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Software ID:
Software Version:

SCHEDULE H (Form 990)

Hospitals

OMB No. 1545-0047

2023

Open to Public Inspection

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? If "No," skip to question 6a. 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 to its various hospital facilities during the tax year. 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 7 columns: Financial Assistance and Means-Tested Government Programs, (a) Number of activities or programs (optional), (b) Persons served (optional), (c) Total community benefit expense, (d) Direct offsetting revenue, (e) Net community benefit expense, (f) Percent of total expense. Rows include Financial Assistance at cost, Medicaid, Costs of other means-tested government programs, Total Financial Assistance and Means-Tested Government Programs, Other Benefits (Community health improvement services, Health professions education, Subsidized health services, Research, Cash and in-kind contributions), and Total Other Benefits.

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	50,000	412	0	412	0 %
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	3	140	242,523	0	242,523	0.070 %
9 Other						
10 Total	4	50,140	242,935		242,935	0.070 %

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?	1 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.	2 5,244,372	
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.	3 614,640	
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 66,279,251
6 Enter Medicare allowable costs of care relating to payments on line 5	6 126,565,434
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7 -60,286,183
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
b 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 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				

Schedule H (Form 990) 2023

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)

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

Schedule H (Form 990) 2023

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

Table with 3 columns: Question, Yes, No. Rows include Community Health Needs Assessment questions 1 through 12b.

Schedule H (Form 990) 2023

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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Name of hospital facility or letter of facility reporting group

Yes No

Did the hospital facility have in place during the tax year a written financial assistance policy that:

13 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:

- a Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 149.00000000000000 % and FPG family income limit for eligibility for discounted care of 450.00000000000000 %
- b Income level other than FPG (describe in Section C)
- c Asset level
- d Medical indigency
- e Insurance status
- f Underinsurance discount
- g Residency
- h Other (describe in Section C)

14 Explained the basis for calculating amounts charged to patients?

15 Explained the method for applying for financial assistance?

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):

- a Described the information the hospital facility may require an individual to provide as part of his or her application
- b Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application
- c Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process
- d Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications
- e Other (describe in Section C)

16 Was widely publicized within the community served by the hospital facility?

If "Yes," indicate how the hospital facility publicized the policy (check all that apply):

- a 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)

13	Yes	
14	Yes	
15	Yes	
16	Yes	

Part V Facility Information (continued)

Billing and Collections

MARSHALL MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

17 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?

18 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:

- a Reporting to credit agency(ies)
- b Selling an individual's debt to another party
- c 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
- d Actions that require a legal or judicial process
- e Other similar actions (describe in Section C)
- f None of these actions or other similar actions were permitted

	Yes	No
17	Yes	

<p>19 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?</p> <p>If "Yes," check all actions in which the hospital facility or a third party engaged:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>c <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</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p>20 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):</p> <p>a <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)</p> <p>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)</p> <p>c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)</p> <p>d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p> <p>f <input type="checkbox"/> None of these efforts were made</p>	19	No
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Policy Relating to Emergency Medical Care

<p>21 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?</p> <p>If "No," indicate why:</p> <p>a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p>b <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p>c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</p> <p>d <input type="checkbox"/> Other (describe in Section C)</p>	21	Yes
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Part V Facility Information (continued)

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

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Name of hospital facility or letter of facility reporting group

	Yes	No
<p>22 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>a <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 <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>c <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>d <input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method</p>		
<p>23 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>	23	No
<p>24 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>	24	No

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.

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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.

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PART V, SECTION B, LINE 7D: THE COMMUNITY HEALTH NEEDS ASSESSMENT REPORT AND IMPLEMENTATION STRATEGY ARE AVAILABLE ONLINE AT [HTTPS://WWW.MARSHALLMEDICAL.ORG/ABOUT-US/COMMUNITY-BENEFIT/](https://www.marshallmedical.org/about-us/community-benefit/).

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PART V, SECTION B, LINE 11: IN FY24, MARSHALL ENGAGED IN ACTIVITIES AND PROGRAMS THAT ADDRESSED THE PRIORITY HEALTH NEEDS IDENTIFIED IN THE FY23-FY25 IMPLEMENTATION STRATEGY. MARSHALL COMMITTED TO COMMUNITY BENEFIT EFFORTS THAT ADDRESSED BEHAVIORAL HEALTH (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): RESPONSE TO NEED: 1. MARSHALL CARES (CLINICALLY ASSISTED RECOVERY & EDUCATION SERVICES) - CARES TREATS OPIATE USE DISORDER AND HAS GROWN INTO A CLINIC FOCUSED ON SUPPORTIVE TREATMENT FOR PEOPLE WITH ANY SUBSTANCE DEPENDENCY, INCLUDING ALCOHOL, TOBACCO, STIMULANTS, OPIOIDS, BENZODIAZEPINES, AND OTHER SEDATIVE HYPNOTICS. CLINIC SERVICES SERVED 822 PEOPLE AND INCLUDED 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 COME TO MARSHALL'S EMERGENCY DEPARTMENT IN WITHDRAWAL, THEY WORK WITH A SUBSTANCE USE NAVIGATOR (SUN) AND 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. IN FY24, THE SUN CONSULTED WITH 900 PEOPLE. BEYOND OPIOID USE DISORDER TREATMENT, MARSHALL HAS ALSO ENGAGED TO SUPPORT TREATING ALCOHOL USE DISORDER, NICOTINE USE DISORDER, AS WELL AS METHAMPHETAMINE USE. FENTANYL-SPECIFIC USE AND OVERDOSE CONTINUES TO RISE AS SIGNIFICANT PUBLIC HEALTH IMPACT DUE TO ITS HIGHLY CONCENTRATED AND OFTEN POLLUTED NATURE, PARTICULARLY IN SEMI-RURAL WESTERN EL DORADO COUNTY 3

OVERDOSE RECOGNITION AND PREVENTION - OUTREACH TO THE COMMUNITY FOR EDUCATION ON SUBSTANCE USE TREATMENT, OVERDOSE PREVENTION AND STIGMA REDUCTION. COMMUNITY PROGRAMS REACHED 60 PEOPLE. THROUGH AN OUTREACH PARTNERSHIP WITH ASSOCIATION GUADALUPANA, MARSHALL PARTICIPATED IN A HEALTH FAIR AT ST PATRICK'S CATHOLIC CHURCH IN PLACERVILLE FOR SPANISH-SPEAKING COMMUNITY MEMBERS. IN ADDITION, THE HOSPITAL PARTICIPATED IN COMMUNITY OUTREACH EVENTS, INCLUDING THE CATALYST COMMUNITY KIDS EXPO, PLACERVILLE FARMERS MARKET, NATIONAL NIGHT OUT, THE CENTER FOR VIOLENCE FREE RELATIONSHIPS, AND THE NEW MORNING YOUTH AND FAMILY SERVICES YOUTH SHELTER. THE FOCUS WAS ON PROVIDING SUBSTANCE USE EDUCATION AND ACCESS TO OVERDOSE PREVENTION SUPPLIES. THESE COMMUNITY EVENTS REACHED 698 PEOPLE. CHRONIC DISEASE PREVENTION, MANAGEMENT AND TREATMENT: RESPONSE TO NEED: 1. POPULATION HEALTH - THE MARSHALL POPULATION HEALTH TEAM COORDINATED THE COMMUNITY SERVICES THAT MARSHALL PROVIDED, 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 A PARTICULAR FOCUS ON SCREENINGS FOR BREAST CANCER, COLON CANCER AND DIABETES AND MET OR EXCEEDED ITS PERFORMANCE TARGETS IN ALL THREE AREAS. POPULATION HEALTH, IN ADDITION TO COORDINATING HEALTH PROMOTION ACTIVITIES FOR EXISTING PATIENTS, COMPLETED 7 OUTREACH EVENTS REACHING OVER 200 PEOPLE TO EDUCATE THE COMMUNITY REGARDING CANCER SCREENINGS AND HEALTH PROMOTION ACTIVITIES. 2. COMMUNITY CARE NETWORK (CCN) - THE CCN FOCUSES ON IMPROVING THE EFFECTIVENESS AND QUALITY OF CARE FOR HIGH-RISK PATIENTS. THROUGH THE COMMUNITY CARE NETWORK (CCN) HIGH RISK PATIENT CASE MANAGEMENT, TRANSITIONAL CASE MANAGEMENT (TCM) AND ENHANCED CARE MANAGEMENT (ECM) PROGRAMS, MARSHALL ASSISTS CHRONICALLY ILL PATIENTS WITH HEALTH CARE COORDINATION AND MANAGEMENT, IN-HOME CARE, MEDICAL SUPPLIES, AND VOLUNTEER HEALTH COACHES, AT NO COST. CCN REMOVES OBSTACLES THAT OFTEN PREVENT PEOPLE FROM RECEIVING ROUTINE AND PREVENTIVE CARE. THESE PROGRAMS REDUCE READMISSIONS AND UNNECESSARY EMERGENCY ROOM VISITS. FOR PEOPLE 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 NAVIGATE THEIR PATHS TO IMPROVED HEALTH AND OVERCOME COMMUNITY BARRIERS. IN FY24, 4,538 PEOPLE WERE REACHED THROUGH THESE CCN PROGRAMS. 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 FY24, CHATT SERVED 284 INDIVIDUALS. 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. - TRANSPORTATION IS A WELL-KNOWN BARRIER TO ACCESSING HEALTH CARE, ESPECIALLY IN RURAL AREAS. THE CANCER RESOURCE CENTER PROVIDED 21 PEOPLE WITH 58 ROUND TRIP

RIDES AS WELL AS PROVIDED 102 PEOPLE WITH 308 GAS CARDS.- THE WIG BANK SERVED 64 PEOPLE AND PROVIDED 42 WIGS.- PROVIDED 38 NO-COST MAMMOGRAMS.- PROVIDED LODGING ASSISTANCE FOR 11 PEOPLE WHO COULD NOT AFFORD THE COST OF A HOTEL ROOM WHILE OBTAINING CANCER TREATMENT.- 85 PEOPLE PARTICIPATED IN A COMMUNITY WIDE MAKING STRIDES AGAINST BREAST CANCER PREVENTION EVENT.- NUTRITION CONSULTATIONS AND SERVICES REACHED 232 PEOPLE.- 272 PEOPLE WITH CANCER WERE PROVIDED WITH CASE MANAGEMENT NAVIGATION SERVICES.- 462 PEOPLE RECEIVED PSYCHOSOCIAL DISTRESS SCREENING.- SOCIAL WORK CONSULTATIONS AND SERVICES ASSISTED 233 PEOPLE.5. HEALTH EDUCATION - IN FY24, MARSHALL REACHED 230 COMMUNITY MEMBERS WITH THE FOLLOWING COMMUNITY HEALTH EDUCATION SESSIONS:- DEMENTIA AWARENESS- JOINT REPLACEMENT EDUCATION- SMOKING CESSATION- WEIGHT LOSS MANAGEMENTDIABETES AND NUTRITION EDUCATION:HEALTHY LIVING CLASSES WERE PROVIDED MONTHLY TO 145 PEOPLE. 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 THAT REACHED 53 PEOPLE. PARTICIPANTS LEARNED ABOUT NUTRITION AND MEAL PLANNING, CONTROLLING BLOOD SUGAR, EXERCISE AND EMOTIONAL SUPPORT RESOURCES.REMOTE PATIENT MANAGEMENT FOR RURALLY ISOLATED INDIVIDUALS:MARSHALL, IN PARTNERSHIP WITH UC DAVIS, CONTINUED A PILOT PROGRAM TO IDENTIFY APPROACHES TO OVERCOMING CHALLENGES IN THE DEPLOYMENT OF REMOTE PATIENT MANAGEMENT DEVICES TO THOSE LIVING IN RURAL COMMUNITIES, WHICH INCLUDE CONNECTIVITY, FEAR OF TECHNOLOGY, AND DESIRE TO BE COMPLETELY INDEPENDENT. OUR GOAL IS TO PROACTIVELY IDENTIFY NEEDS AND CONNECT INDIVIDUALS TO SERVICES IN THE COMMUNITY. 12 UNIQUE INDIVIDUALS WERE SERVED THROUGH THIS PILOT PROGRAM, PROVIDING CRITICAL INTELLIGENCE TO INFORM FUTURE PROGRAM DEVELOPMENT.SUPPORT GROUPS:COMMUNITY EDUCATION AND SUPPORT GROUPS WERE OFFERED TO COMMUNITY MEMBERS THROUGH ONLINE OPTIONS, INCLUDING ZOOM. THE SUPPORT GROUPS INCLUDED:- BARIATRIC SURGERY - 40 ATTENDEES- STROKE - 300 ENCOUNTERSSUPPORT FOR THE HEALTH AND WELFARE OF THE COMMUNITY RESPONSE TO NEED: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 PEOPLE WHO COULD NOT AFFORD TRANSPORTATION TO OR FROM MEDICAL SERVICES AND APPOINTMENTS. FOR PEOPLE LIVING IN POVERTY, THE HOSPITAL PROVIDED MEDICATIONS, ASSISTED LIVING, AND CARE MANAGEMENT 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 FY24, 276 COMMUNITY MEMBERS ACCESSED THESE SERVICES.

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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

\$50,000 WILL BE DISCOUNTED BY 50% AS CATASTROPHIC ADJUSTMENT AUTOMATICALLY UPON FINAL BILLING. PATIENTS ARE NOT REQUIRED TO APPLY FOR THIS PROGRAM 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% 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, OR 2) 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 COSTS FOR INSURANCE PREMIUMS.

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PART V, SECTION B, LINE 15E: 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 PROGRAM 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; OR 2. 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/](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):

4. STREET NURSING AND OUTREACH PROGRAM - THE STREET NURSING AND OUTREACH PROGRAM PROVIDED TRAUMA-INFORMED CARE DIRECTLY TO UNHOUSED AND UNSTABLY HOUSED COMMUNITY MEMBERS. THE PROGRAMS PROVIDED CARE AT LOCATIONS THROUGHOUT EL DORADO COUNTY, INCLUDING THE PLACERVILLE AND GEORGETOWN LIBRARIES, UPPER ROOM DINING HALL, GREEN VALLEY CHURCH SHOWER PROGRAM, AND THE NAVIGATION CENTER OPERATED BY VOLUNTEERS OF AMERICA. SERVICES INCLUDED MEDICAL COORDINATION, MENTAL HEALTH REFERRALS, HOUSING NAVIGATION, BENEFITS ASSISTANCE, TRANSPORTATION SUPPORT, AND RESOURCE DISTRIBUTION (E.G., HYGIENE KITS, FOOD, CLOTHING, TENT, AND MEDICAL

SUPPLIES). THE STREET OUTREACH TEAM COMPLETED 782 FACE-TO-FACE ENGAGEMENTS, 1,862 PHONE CONTACTS, AND HOSTED 17 OUTREACH EVENTS, REACHING AN AVERAGE OF 27 INDIVIDUALS PER EVENT. IN TOTAL, 105 INDIVIDUALS WERE PROVIDED WITH ONGOING CASE MANAGEMENT SUPPORT. THE STREET MEDICINE TEAM PROVIDED DIRECT MEDICAL CARE TO 152 UNIQUE PATIENTS, ADDRESSING CHRONIC DISEASES, ACUTE ILLNESS, WOUND CARE, MEDICATION ACCESS, AND HEALTH EDUCATION. MOBILE CARE WAS DELIVERED AT ENCAMPMENTS, SHELTERS, AND TRANSITIONAL HOUSING SITES, HELPING PATIENTS MANAGE HEALTH CONDITIONS OUTSIDE OF TRADITIONAL CARE SYSTEMS. KEY OUTREACH INITIATIVES INCLUDED: HYDRATION STATIONS WERE PROVIDED DURING EXTREME HEAT DAYS, OFFERING GATORADE, WATER, AND COOLING ITEMS. TWO FOOD INSECURITY EVENTS DISTRIBUTED 37 FOOD BASKETS. FIVE FLU VACCINATION CLINICS, IN PARTNERSHIP WITH EL DORADO COUNTY PUBLIC HEALTH, ADMINISTERED 47 VACCINES. COLD WEATHER RESPONSE EVENTS DISTRIBUTED SLEEPING BAGS, INSULATED TENTS, GLOVES, HAND WARMERS, AND PONCHOS. WILDFIRE EVACUATION RESPONSE. MARSHALL PARTNERED WITH THE AMERICAN RED CROSS TO SUPPORT A MEDICAL CLINIC AT A DESIGNATED EVACUATION CENTER DURING THE CROZIER FIRE. STAFF PROVIDED OUTREACH AND CARE FOR FIVE CONSECUTIVE DAYS, OFFERING MEDICAL SUPPORT, EMOTIONAL REASSURANCE, AND RESOURCES TO COMMUNITY MEMBERS DISPLACED BY THE FIRE.

5. EMERGENCY EVACUATION SHELTER CLINIC PLANNING - IN ADDITION TO THE SERVICES PROVIDED ABOVE, THE STREET NURSING AND OUTREACH PROGRAM HAS UNDERTAKEN EMERGENCY PREPAREDNESS PLANNING TO BUILD THE INFRASTRUCTURE NECESSARY TO DEPLOY AN EMERGENCY EVACUATION SHELTER MEDICAL / NURSING CLINIC. MARSHALL HAS PROVIDED THESE SERVICES IN THE PAST AND HAVE ANALYZED THE COMPONENTS NECESSARY TO DEPLOY RAPIDLY AND PROVIDE SUFFICIENT CARE IN THE COMMUNITY. THE PROGRAM NOW HAS A TRAILER PREPARED WITH URGENT CARE SUPPLIES, ELECTRONIC EQUIPMENT FOR REGISTRATION AND DOCUMENTATION, VITAL SIGN EQUIPMENT, AND FIRST AID/MINOR WOUND CARE SUPPLIES. THIS ENSURES THAT OUR VULNERABLE POPULATIONS ARE ABLE TO RAPIDLY AND PROACTIVELY RECEIVE CARE WHILE DISPLACED AND THAT MARSHALL IS PREPARED TO RESPOND WITH URGENCY.

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 FY24, MARSHALL STAFF INSTRUCTORS TRAINED 329 EL DORADO COUNTY RESIDENTS, WHICH INCLUDED ONLINE COURSES AND IN-PERSON TRAINING.

1. FALL PREVENTION - PROVIDED THE MATTER OF BALANCE FALL PREVENTION CLASS THAT ENGAGED 19 COMMUNITY MEMBERS.
2. 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 FY24 INCLUDED STROKE AWARENESS, CANCER CARE, SKIN CANCER PREVENTION, AND GENERAL WELLNESS.
3. 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, AND BABY CARE. 58 COMMUNITY MEMBERS PARTICIPATED IN ENGLISH AND SPANISH.

Form and Line Reference	Explanation
PART I, LINE 3C:	MARSHALL MEDICAL CENTER IS COMMITTED TO SERVING THE MEMBERS OF OUR COMMUNITY. WE WANT TO MAKE SURE THAT YOU ARE GIVEN EVERY OPPORTUNITY TO APPLY FOR ANY FINANCIAL ASSISTANCE, INCLUDING CHARITY CARE, FOR WHICH YOU MAY BE ELIGIBLE. YOU MAY BE ELIGIBLE FOR FINANCIAL 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, LN 7 COL(F):	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25(A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$5,244,372.
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. 50 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 11.72% 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 12, 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 2023 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 VARIETY

PART VI, LINE 5:

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

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Schedule H (Form 990) 2023

Additional Data

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Schedule I (Form 990)

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

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization MARSHALL MEDICAL CENTER

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.

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...
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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance.

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

Cat. No. 50055P

Schedule I (Form 990) 2023

Schedule I (Form 990) 2023

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

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, (f) Description of noncash assistance.

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. Contains detailed text regarding Marshall Medical Center's assistance procedures.

Schedule I (Form 990) 2023

Additional Data

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Schedule J (Form 990)

Compensation Information

OMB No. 1545-0047

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

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Part I Questions Regarding Compensation

Form with multiple sections (1a-9) containing checkboxes and text boxes for reporting compensation details. Includes questions about travel, housing, substantiation, and compensation committees.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 2023

Schedule J (Form 990) 2023

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.

Table with 7 columns: (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. Rows include SIRI NELSON, LAURIE ELDRIDGE, MARTIN ENTWISTLE, and BRETT APPLEBERG.

5 CYNTHIA RICE
CHIEF NURSING OFFICER

(i)	274,775	26,250	0	30,298	781	332,104	0
(ii)	0	0	0	0	0	0	0

6 JONATHAN RUSSELL
CHIEF AMBULATORY OFFICER

(i)	255,947	24,078	0	20,916	6,081	307,022	0
(ii)	0	0	0	0	0	0	0

7 BRIAN GOLDSMITH MD
CHIEF MEDICAL OFFICER

(i)	260,406	23,988	0	11,095	790	296,279	0
(ii)	0	0	0	0	0	0	0

8 MARTIN DALY
VP OF INFORMATION TECHNOLOGY

(i)	252,024	19,525	0	12,047	781	284,377	0
(ii)	0	0	0	0	0	0	0

9 MINDY DANOVARO
EXECUTIVE DIRECTOR OF PHILANTHROPY

(i)	267,183	1,000	0	9,792	2,983	280,958	0
(ii)	0	0	0	0	0	0	0

10 JANICE RANGER - EXECUTIVE
DIRECTOR OF FINANCE (THRU 09/23)

(i)	45,100	102,974	95,532	0	3,778	247,384	0
(ii)	0	0	0	0	0	0	0

11 ROBIN MCATEE
OPERATING ROOM RN

(i)	229,661	7,453	3,500	0	5,170	245,784	0
(ii)	0	0	0	0	0	0	0

12 CORINA BRONNY
STAFF RN - ICU

(i)	223,336	9,103	0	0	2,857	235,296	0
(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023

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	ROBIN MCATEE RECEIVED \$3,500 OF GROSS-UP PAYMENTS. THIS IS INCLUDED IN TAXABLE INCOME.
PART I, LINE 4A	JANICE RANGER RECEIVED A SEVERANCE PAYMENT OF \$95,532. THE TERMS AND CONDITIONS ARE AVAILABLE TO THE IRS UPON REQUEST.

Schedule J (Form 990) 2023

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Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2023

Open to Public Inspection

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

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 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 A and B for California Health Facilities Financing Authority.

Part II Proceeds

Table with columns A, B, C, D for bond proceeds. Rows 1-13 for amounts and 14-17 for allocation questions.

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

Cat. No. 50193E

Schedule K (Form 990) 2023

Schedule K (Form 990) 2023

Part III Private Business Use

Table with columns A, B, C, D for private business use questions. Rows 1-9 covering partnership, lease, management, and remedial actions.

Part IV Arbitrage

Table with columns A, B, C, D for arbitrage questions. Rows 1-2 covering Form 8038-T and remedial actions.

b	Exception to rebate?	X		X				
c	No rebate due?		X	X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X			

Schedule K (Form 990) 2023

Schedule K (Form 990) 2023

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?	X			X				
7 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
COLUMN A, PART I (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 COST OF ISSUANCE RELATED TO THE BONDS.
COLUMN A, 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.
COLUMN A, 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 STATE 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.
COLUMN A, PART IV, LINE 2 (B):	THE PORTION OF THE BOND PROCEEDS USED FOR CURRENT REFUNDING HAS MET THE 6-MONTH EXPENDITURE EXCEPTION.
COLUMN B, PART I (F):	THE BONDS CURRENTLY REFUNDED THE BORROWER'S SERIES 2004A BONDS (ORIGINALLY ISSUED ON MARCH 25, 2004).
COLUMN B, PART II, LINE 4:	THE SERIES 2015 BOND RESERVE ACCOUNT WAS FUNDED BY BOND PROCEEDS OF THE SERIES 2004A AND SERIES 2012A BONDS.
COLUMN B, 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.
COLUMN B, 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 STATE 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.
COLUMN B, PART IV, LINE 2 (C):	THE REBATE COMPUTATION WAS PERFORMED AS OF APRIL 9, 2020 AND SHOWED NO REBATE DUE.

Schedule K (Form 990) 2023

Additional Data

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efile Public Visual Render	ObjectID: 202502559349301205 - Submission: 2025-09-12	TIN: 94-1450151
SCHEDULE O (Form 990)	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 for the latest information.	OMB No. 1545-0047
		2023

Department of the Treasury
Internal Revenue Service

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 PRIOR RESOLUTIONS 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, 2024.
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	CHIEF ADMINISTRATIVE OFFICERS, VICE PRESIDENTS, DIRECTORS, ASSISTANT DIRECTORS, PURCHASING STAFF, LEGAL STAFF, COMPLIANCE STAFF, AND MEMBERS OF THE GOVERNING BOARD ARE REQUIRED TO ANNUALLY PROVIDE A DISCLOSURE STATEMENT IDENTIFYING ANY ORGANIZATIONS IN WHICH THE INDIVIDUAL OR AN IMMEDIATE FAMILY MEMBER HAS AN INTEREST IN. 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 THE CEO FOR ANY ACTUAL OR POTENTIAL CONFLICTS. THE CEO'S DISCLOSURE STATEMENT IS REVIEWED BY THE AUDIT AND COMPLIANCE COMMITTEES OF THE GOVERNING BOARD. THE GOVERNING BOARD'S DISCLOSURE STATEMENTS ARE REVIEWED BY THE ADMINISTRATIVE OFFICE PERSONNEL. 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, CONCLUDE THAT THE TRANSACTION IS FAIR AND REASONABLE TO THE HOSPITAL, BE APPROVED IN GOOD FAITH BY A VOTE OF THE DIRECTORS THAT DO NOT HAVE A CONFLICT, AND THAT THE HOSPITAL COULD NOT OBTAIN A MORE ADVANTAGEOUS ARRANGEMENT UNDER THE CIRCUMSTANCES.
FORM 990, PART VI, SECTION B, LINE 15	THE GOVERNING BOARD DETERMINES 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, ALL IN ACCORDANCE WITH THE HOSPITAL'S EXECUTIVE COMPENSATION PHILOSOPHY STATEMENT. THE PROCESS FOR DETERMINING THE CEO'S COMPENSATION INVOLVES THE EXECUTIVE TEAM MEETING WITH THE BOARD TO DISCUSS COMPENSATION MATTERS. KASSY PAUL, EXECUTIVE ASSISTANT TO THE BOARDS, RECORDS THESE DISCUSSIONS IN THE BOARD MINUTES, WHICH ARE THEN APPROVED AT THE FOLLOWING BOARD MEETING. THE CEO'S TOTAL REWARDS PACKAGE IS REVIEWED EVERY THREE YEARS BY OUTSIDE CONSULTANTS. IN 2024, THIS REVIEW WAS CONDUCTED BY WILLIS TOWERS WATSON. ADDITIONALLY, THE CEO IS ELIGIBLE FOR THE ANNUAL INCENTIVE PROGRAM (AIP) AND MERIT INCREASES, CONSISTENT WITH OTHER ASSOCIATES. THE CEO DETERMINES COMPENSATION FOR OFFICERS AND KEY EMPLOYEES. EXECUTIVE COMPENSATION SURVEYS, AN INDEPENDENT COMPENSATION CONSULTANT, AND COMPARABILITY DATA WERE USED TO DETERMINE COMPENSATION.
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART IX, LINE 11G	PROFESSIONAL FEES - PHYSICIANS: PROGRAM SERVICE EXPENSES 56,253,769. MANAGEMENT AND GENERAL EXPENSES 1,392,170. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 57,645,939. OTHER PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 4,491,497. MANAGEMENT AND GENERAL EXPENSES 3,773,882. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 8,265,379.
FORM 990, PART XI, LINE 9:	PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST 152,974. GRANT REVERSAL FOR FY 2023 -237,116.

Additional Data

[Return to Form](#)

Software ID:
Software Version:

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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.

OMB No. 1545-0047

2023

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 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) 2023

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 10 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?

	country)	or trust)						Yes	No

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?

	Yes	No
1a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
1b Gift, grant, or capital contribution to related organization(s)		No
1c Gift, grant, or capital contribution from related organization(s)	Yes	
1d Loans or loan guarantees to or for related organization(s)		No
1e Loans or loan guarantees by related organization(s)		No
1f Dividends from related organization(s)		No
1g Sale of assets to related organization(s)		No
1h Purchase of assets from related organization(s)		No
1i Exchange of assets with related organization(s)		No
1j Lease of facilities, equipment, or other assets to related organization(s)		No
1k Lease of facilities, equipment, or other assets from related organization(s)		No
1l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
1m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
1n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
1o Sharing of paid employees with related organization(s)	Yes	
1p Reimbursement paid to related organization(s) for expenses	Yes	
1q Reimbursement paid by related organization(s) for expenses		No
1r Other transfer of cash or property to related organization(s)		No
1s Other transfer of cash or property from related organization(s)	Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MARSHALL FOUNDATION FOR COMMUNITY HEALTH	L	77,472	COST
(2) EL DORADO SURGERY CENTER LLC	S	367,894	CASH
(3) MARSHALL FOUNDATION FOR COMMUNITY HEALTH	C	175,242	CASH
(4) MARSHALL FOUNDATION FOR COMMUNITY HEALTH	O	764,308	COST

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(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 in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

