

** PUBLIC DISCLOSURE COPY **

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)

2021

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning **NOV 1, 2021** and ending **OCT 31, 2022**


B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MARSHALL MEDICAL CENTER		D Employer identification number 94-1450151
	Doing business as		E Telephone number (530) 622-1441
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1100 MARSHALL WAY		G Gross receipts \$ 305,613,949.
City or town, state or province, country, and ZIP or foreign postal code PLACERVILLE, CA 95667		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: SIRI NELSON SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. See instructions	
J Website: WWW.MARSHALLMEDICAL.ORG		H(c) Group exemption number	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1959	M State of legal domicile: CA

Part I Summary

Activities & Governance	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.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	1743
	6 Total number of volunteers (estimate if necessary)	6	117
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,149,738.	Current Year 7,820,920.
	9 Program service revenue (Part VIII, line 2g)	293,850,747.	291,710,916.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,665,300.	1,470,576.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	849,734.	4,425,957.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	311,515,519.	305,428,369.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	294,500.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		145,839,940.	144,675,199.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		0.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		147,868,864.	163,367,694.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	294,003,304.	308,369,714.	
19 Revenue less expenses. Subtract line 18 from line 12	17,512,215.	-2,941,345.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 353,938,648.	End of Year 328,063,834.
	21 Total liabilities (Part X, line 26)	181,215,452.	158,671,049.
	22 Net assets or fund balances. Subtract line 21 from line 20	172,723,196.	169,392,785.

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 <small>FAE8F4CFE76A4E3...</small>	Date 9/7/2023			
	LAURIE ELDRIDGE, CFO Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name KURT BENNION, CPA	Preparer's signature KURT BENNION, CPA	Date 09/07/23	Check if self-employed <input type="checkbox"/>	PTIN P01469618
	Firm's name CLIFTONLARSONALLEN LLP Firm's address 925 HIGHLAND POINTE DRIVE, SUITE 450 ROSEVILLE, CA 95678	Firm's EIN 41-0746749 Phone no. (916) 784-7800			

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 244,928,201. including grants of \$ 326,821.) (Revenue \$ 291,710,916.) IN KEEPING WITH THE COMMITMENT TO IMPROVE THE HEALTH OF OUR COMMUNITY AND OFFER HEALTH SERVICES OF SUPERIOR VALUE AND QUALITY, THE FOLLOWING WILL BE CONSIDERED WHEN INDIVIDUALS WHO NEED HEALTH CARE CANNOT PAY: - PROVIDING FREE CARE AND/OR SUBSIDIZED CARE; - PROVIDING CARE TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST; AND - PROVIDING HEALTH/WELLNESS ACTIVITIES AND COMMUNITY EDUCATION PROGRAMS. (CONTINUED IN SCHEDULE O)

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

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

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

4e Total program service expenses 244,928,201.

Part IV Checklist of Required Schedules

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

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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
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?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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>		X
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>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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>	X	
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>		X
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>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 16; 1b Enter the number of voting members included... 15; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 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... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body... X; b Each committee with authority to act on behalf of the governing body... X; 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 on Schedule O... X

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

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

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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
LAURIE ELDRIDGE - (530) 626-2780
1100 MARSHALL WAY, PLACERVILLE, CA 95667

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, 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, and 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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SIRI NELSON PRESIDENT/CEO	40.00 1.00	X		X				738,242.	0.	70,278.
(2) LAURIE ELDRIDGE CHIEF FINANCIAL OFFICER	40.00 0.00			X				381,516.	0.	142,425.
(3) SHANNON TRUESDELL FORMER OFFICER	0.00 0.00						X	326,549.	0.	153,223.
(4) MARTIN ENTWISTLE, ASSOC. CHIEF MEDICAL OFFICER, VP POPULATION HEALT	40.00 1.00			X				328,310.	0.	112,111.
(5) PAMELA CARLIN VICE PRESIDENT OF FINANCE - MMF	40.00 0.00					X		247,071.	0.	124,319.
(6) SCOTT COMER VP OF H.R. (THROUGH MAY 2021)	0.00 0.00					X		296,595.	0.	70,963.
(7) KATHY KREJCI FORMER OFFICER	0.00 0.00						X	227,337.	0.	111,770.
(8) MARTIN DALY VP OF INFORMATION TECHNOLOGY	40.00 0.00					X		274,649.	0.	55,993.
(9) CYNTHIA RICE CHIEF NURSING OFFICER	40.00 0.00			X				281,326.	0.	48,885.
(10) JONATHAN RUSSELL CHIEF AMBULATORY OFFICER	40.00 0.00			X				242,797.	0.	84,883.
(11) KELLY CORDOVA CHARGE NURSE/LEAD RN - RECOVERY	40.00 0.00					X		228,118.	0.	39,720.
(12) STEPHANIE GODON DIRECTOR OF PHARMACY	40.00 0.00				X			209,538.	0.	56,896.
(13) ANGELINA WILLIAMS ASST. DIRECTOR OF PHARMACY SERVICES	40.00 0.00				X			204,526.	0.	48,018.
(14) BRIAN GOLDSMITH, MD CHIEF MEDICAL OFFICER	40.00 0.00			X				156,624.	0.	42,662.
(15) JILL MCDUGALL PHYSICAL THERAPIST - REHAB SERVICES	40.00 0.00					X		102,342.	0.	85,023.
(16) GEORGE NIELSEN CHAIR	2.00 0.00	X						0.	0.	0.
(17) JON HAUGAARD VICE CHAIR	2.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) TOM CUMPSTON SECRETARY/TREASURER	2.00 0.00	X						0.	0.	0.
(19) JIM ABERCROMBIE DIRECTOR	2.00 0.00	X						0.	0.	0.
(20) SEAN ANDERSON, MD CHIEF OF STAFF	2.00 0.00	X						0.	0.	0.
(21) PETER BARBA, MD DIRECTOR	2.00 0.00	X						0.	0.	0.
(22) TOM CHANDLER DIRECTOR	2.00 0.00	X						0.	0.	0.
(23) GERARDO GALANG, MD DIRECTOR	2.00 0.00	X						0.	0.	0.
(24) ANDREA HOWARD DIRECTOR	2.00 0.00	X						0.	0.	0.
(25) JOHN KNIGHT DIRECTOR	2.00 0.00	X						0.	0.	0.
(26) ALEXIS LONG, MD DIRECTOR	2.00 0.00	X						0.	0.	0.
1b Subtotal								4,245,540.	0.	1,247,169.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								4,245,540.	0.	1,247,169.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 383

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
EL DORADO MULTISPECIALTY MED GROUP, 1095 MARSHALL WAY, 2ND FL, PLACERVILLE, CA	MULTISPECIALTY CARE SERVICES	27,655,031.
MARSHALL PRIMARY CARE MED ASSOCIATES INC, 2882 PROSPECT PARK DR, #300, RANCHO CARTER/KELLY INC.	PHYSICIAN PRIMARY CARE SERVICES	13,610,884.
PO BOX 1477, PLACERVILLE, CA 95667	CONSTRUCTION & ENGINEERING SERVICES	6,611,323.
EL DORADO ANESTHESIA MED GROUP 113 MIRAMONT CT, EL DORADO HILLS, CA 95762	ANESTHESIA SERVICES	4,876,524.
EL DORADO WOMENS HEALTH GROUP, 1095 MARSHALL WAY, 2ND FL, PLACERVILLE, CA	OB/GYN CARE SERVICES	4,537,003.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 41

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ED MANANSALA, ED.D. DIRECTOR	2.00 0.00	X						0.	0.	0.
(28) ANNE PLATT DIRECTOR (THROUGH OCTOBER 2022)	2.00 0.00	X						0.	0.	0.
(29) CHRISTEEN REEG DIRECTOR	2.00 0.00	X						0.	0.	0.
(30) BRIAN VEERKAMP DIRECTOR	2.00 0.00	X						0.	0.	0.
(31) SCOTT YODER, MD CHIEF OF STAFF	2.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	7,346,992.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	473,928.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			7,820,920.			
Program Service Revenue	2 a PATIENT REVENUE, NET	Business Code					
		621110	291,334,037.	291,334,037.			
	b EL DORADO SURGERY CENT	621400	376,879.	376,879.			
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			291,710,916.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,510,231.			1,510,231.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
				385,342.			
	b Less: rental expenses	6b	120,925.				
	c Rental income or (loss)	6c	264,417.				
	d Net rental income or (loss)			264,417.		264,417.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other		25,000.		
	b Less: cost or other basis and sales expenses	7b	64,655.				
	c Gain or (loss)	7c	-39,655.				
d Net gain or (loss)			-39,655.		-39,655.		
8 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							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a 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							
Miscellaneous Revenue	11 a MISCELLANEOUS REVENUE	Business Code					
		900099	4,161,540.			4,161,540.	
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d			4,161,540.				
12 Total revenue. See instructions			305,428,369.	291,710,916.	0.	5,896,533.	

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 X

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	321,821.	321,821.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	5,000.	5,000.		
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	5,774,901.	2,069,890.	3,705,011.	
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	97,049,729.	78,903,421.	18,146,308.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	417,385.	101,627.	315,758.	
9 Other employee benefits	32,967,481.	26,684,799.	6,282,682.	
10 Payroll taxes	8,465,703.	6,763,310.	1,702,393.	
11 Fees for services (nonemployees):				
a Management	772,623.	73,564.	699,059.	
b Legal	1,094,199.		1,094,199.	
c Accounting	206,494.		206,494.	
d Lobbying	14,688.		14,688.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	51,110.		51,110.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	67,267,057.	62,278,776.	4,988,281.	
12 Advertising and promotion	893,055.	3,147.	889,908.	
13 Office expenses	1,164,211.	476,668.	687,543.	
14 Information technology	8,000,338.		8,000,338.	
15 Royalties				
16 Occupancy	5,825,870.	1,711,721.	4,114,149.	
17 Travel	244,944.	118,305.	126,639.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	144,403.	75,273.	69,130.	
20 Interest	2,369,356.	2,369,356.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,805,453.	5,964,325.	6,841,128.	
23 Insurance	903,098.	480,614.	422,484.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	41,964,208.	41,264,988.	699,220.	
b MISCELLANEOUS EXPENSES	10,562,561.	7,438,114.	3,124,447.	
c BAD DEBT EXPENSE	5,345,878.	5,345,878.		
d REPAIRS & MAINTENANCE	2,917,119.	2,240,487.	676,632.	
e All other expenses	821,029.	237,117.	583,912.	
25 Total functional expenses. Add lines 1 through 24e	308,369,714.	244,928,201.	63,441,513.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	34,361,647.	1	20,233,594.
	2 Savings and temporary cash investments	32,527,721.	2	12,448,463.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	67,030,592.	4	65,456,451.
	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	2,132,819.	7	1,555,701.
	8 Inventories for sale or use	4,851,391.	8	4,716,546.
	9 Prepaid expenses and deferred charges	2,563,831.	9	2,470,246.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 312,376,224.		
	b Less: accumulated depreciation	10b 189,520,996.		
	11 Investments - publicly traded securities	120,546,305.	10c	122,855,228.
	12 Investments - other securities. See Part IV, line 11	79,252,201.	11	67,180,397.
	13 Investments - program-related. See Part IV, line 11	784,061.	12	904,055.
	14 Intangible assets	13,973.	13	13,973.
	15 Other assets. See Part IV, line 11	9,874,107.	14	30,229,180.
16 Total assets. Add lines 1 through 15 (must equal line 33)	353,938,648.	15	328,063,834.	
Liabilities	17 Accounts payable and accrued expenses	72,095,682.	16	328,063,834.
	18 Grants payable		17	54,881,830.
	19 Deferred revenue		18	
	20 Tax-exempt bond liabilities	82,985,968.	19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	79,990,616.
	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		21	
	23 Secured mortgages and notes payable to unrelated third parties	23,790,922.	22	
	24 Unsecured notes and loans payable to unrelated third parties		23	23,798,603.
	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	2,342,880.	24	
	26 Total liabilities. Add lines 17 through 25	181,215,452.	25	0.
Net Assets or Fund Balances	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	172,510,878.	26	158,671,049.
	28 Net assets with donor restrictions	212,318.	27	169,050,878.
	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		28	341,907.
	30 Paid-in or capital surplus, or land, building, or equipment fund		29	
	31 Retained earnings, endowment, accumulated income, or other funds		30	
	32 Total net assets or fund balances	172,723,196.	31	
33 Total liabilities and net assets/fund balances	353,938,648.	32	169,392,785.	
		33	328,063,834.	

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	305,428,369.
2	Total expenses (must equal Part IX, column (A), line 25)	2	308,369,714.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,941,345.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	172,723,196.
5	Net unrealized gains (losses) on investments	5	-15,062,933.
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 on Schedule O)	9	14,673,867.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	169,392,785.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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 on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
- 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 on Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2021)

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

2021

Open to Public Inspection

Name of the organization MARSHALL MEDICAL CENTER	Employer identification number 94-1450151
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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).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 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, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 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 described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - 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).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 2021 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. 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"/>

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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3; 7b Amounts included on lines 2 and 3; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17.

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

b 33 1/3% support tests - 2020. 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.

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
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 (as 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>		

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 line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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 supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

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 on 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).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental 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? <i>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.</i>	Yes	No
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? <i>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.</i>		
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? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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):		
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 0.85 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).		

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 (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). 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 (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 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-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

MARSHALL MEDICAL CENTER

Employer identification number

94-1450151

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (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 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 of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization MARSHALL MEDICAL CENTER	Employer identification number 94-1450151
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Part I 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
1	<hr/> <hr/> <hr/>	\$ 5,752,308.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 37,046.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 1,523,022.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 7,593.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 51,662.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MARSHALL MEDICAL CENTER	Employer identification number 94-1450151
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Part I 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
7	<hr/> <hr/> <hr/>	\$ 270,598.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 116,667.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MARSHALL MEDICAL CENTER	Employer identification number 94-1450151
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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 info. once.) ▶ \$ _____
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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

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

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

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

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

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

Name of organization MARSHALL MEDICAL CENTER	Employer identification number 94-1450151
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 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? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990) 2021**

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	7,789.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	52,461.													
c	Total lobbying expenditures (add lines 1a and 1b)	60,250.													
d	Other exempt purpose expenditures	308,309,464.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	308,369,714.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	19,474.	19,129.	24,137.	60,250.	122,990.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures			7,175.	7,789.	14,964.

Schedule C (Form 990) 2021

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
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 (include compensation in expenses reported on lines 1c through 1i)? ..			
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 campaign activity 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.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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.

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes (land, natural habitat, open space, historic area, historic structure), a table for conservation contributions (2a-2d), and questions about monitoring, expenses, and reporting.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting art and historical treasures, and a table for revenue and assets.

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 make 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 program
 - 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:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, 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 on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g 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:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,927,627.		5,927,627.
b Buildings		144,747,550.	84,701,633.	60,045,917.
c Leasehold improvements		29,412,990.	20,316,053.	9,096,937.
d Equipment		114,174,209.	84,503,310.	29,670,899.
e Other		18,113,848.		18,113,848.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				122,855,228.

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. (Col. (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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) UNAMORTIZED LOAN COSTS	2,914,310.
(2) PREPAID PENSION COSTS	21,184,086.
(3) RIGHT-OF-USE LEASE ASSET	5,309,551.
(4) OTHER ASSETS	821,233.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	30,229,180.

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	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	297,079,108.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	39,655.
e	Add lines 2a through 2d	2e	39,655.
3	Subtract line 2e from line 1	3	297,039,453.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	29,860.
b	Other (Describe in Part XIII.)	4b	8,359,056.
c	Add lines 4a and 4b	4c	8,388,916.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	305,428,369.

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

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

1	Total expenses and losses per audited financial statements	1	303,033,631.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	39,655.
e	Add lines 2a through 2d	2e	39,655.
3	Subtract line 2e from line 1	3	302,993,976.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	29,860.
b	Other (Describe in Part XIII.)	4b	5,345,878.
c	Add lines 4a and 4b	4c	5,375,738.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	308,369,714.

Part XIII Supplemental Information.

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

PART II, LINE 9:

MARSHALL MEDICAL CENTER HAS ONE CONSERVATION EASEMENT FOR THE PROTECTION

OF NATURAL HABITAT, WHICH WAS OBTAINED ON APRIL 16, 2003. THE

CONSERVATION EASEMENT IS INCLUDED AS PART OF LAND THAT IS INCLUDED IN

PROPERTY & EQUIPMENT ON THE BALANCE SHEET. NO REVENUE OR MATERIAL

EXPENSES ARE ASSOCIATED WITH THE EASEMENT.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON SALE OF FIXED ASSETS 39,655.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

PROVISION FOR BAD DEBTS 5,345,878.

Part XIII Supplemental Information (continued)

INVESTMENT INCOME 1,480,371.

CONTRIBUTIONS WITH DONOR RESTRICTIONS 891,512.

OTHER NONOPERATING INCOME 641,295.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 8,359,056.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON SALE OF FIXED ASSETS 39,655.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

PROVISION FOR BAD DEBTS 5,345,878.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

MARSHALL MEDICAL CENTER

Employer identification number

94-1450151

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENT		0.
3 a Subtotal	0	0			0.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			0.

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

Schedule F (Form 990) 2021

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ► _____

3 Enter total number of other organizations or entities ► _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Multiple horizontal lines for supplemental information input.

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization MARSHALL MEDICAL CENTER	Employer identification number 94-1450151
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Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	X	
b If "Yes," was it a written policy?	1b	X	
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. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
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.			
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free care</i> ? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	3a	X	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>149</u> %			
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted care</i> ? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	3b	X	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>450</u> %			
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
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"?	4	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		X
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a Did the organization prepare a community benefit report during the tax year?	6a	X	
b If "Yes," did the organization make it available to the public?	6b	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)	10	465	5,804,306.	3,140,802.	2,663,504.	.88%
b Medicaid (from Worksheet 3, column a)	2	14,622	58,423,597.	39,127,753.	19,295,844.	6.37%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs	12	15,087	64,227,903.	42,268,555.	21,959,348.	7.25%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	5	1,274	2,906,714.		2,906,714.	.96%
f Health professions education (from Worksheet 5)	22	136	203,743.		203,743.	.07%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	5	20,130	253,436.		253,436.	.08%
j Total. Other Benefits	32	21,540	3,363,893.		3,363,893.	1.11%
k Total. Add lines 7d and 7j	44	36,627	67,591,796.	42,268,555.	25,323,241.	8.36%

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development	1	150,000	12,631.		12,631.	.00%
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	1	53	68,257.		68,257.	.02%
9 Other						
10 Total	2	150,053	80,888.		80,888.	.02%

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?		X	
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 5,345,878.		
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	3 358,708.		
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 64,373,402.
6 Enter Medicare allowable costs of care relating to payments on line 5	6 103,128,366.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7 -38,754,964.
8 Describe in Part VI the extent to which any shortfall reported on 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 X
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 X

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	87.00%	.00%	13.00%

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest)

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)

1 MARSHALL MEDICAL CENTER
1100 MARSHALL WAY
PLACERVILLE, CA 95667
WWW.MARSHALLMEDICAL.ORG
30000059

Table with columns: Licensed hospital, Gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Row 1 contains 'X' marks in the first three columns and 'ER-24 hours' column.

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group MARSHALL MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 21</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE LINE 7D</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 21</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>SEE LINE 7D</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group MARSHALL MEDICAL CENTER

		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?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>149</u> % and FPG family income limit for eligibility for discounted care of <u>450</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance?	X	
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	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE LINE 16J</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE LINE 16J</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE LINE 16J</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2021

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group MARSHALL MEDICAL CENTER

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group MARSHALL MEDICAL CENTER

	Yes	No
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.		
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		
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		
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		
d <input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
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? If "Yes," explain in Section C.	23	x
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? If "Yes," explain in Section C.	24	x

Schedule H (Form 990) 2021

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.

MARSHALL MEDICAL CENTER:

PART V, SECTION B, LINE 5: SEVENTEEN (17) PHONE INTERVIEWS WERE

CONDUCTED DURING JUNE 2022. COMMUNITY STAKEHOLDERS IDENTIFIED BY THE

HOSPITAL WERE CONTACTED AND ASKED TO PARTICIPATE IN THE NEEDS ASSESSMENT

INTERVIEWS. INTERVIEW PARTICIPANTS INCLUDED A BROAD RANGE OF STAKEHOLDERS

CONCERNED WITH HEALTH AND WELLBEING IN EL DORADO COUNTY, WHO SPOKE TO

ISSUES AND NEEDS IN THE COMMUNITIES SERVED BY THE HOSPITAL.

MARSHALL ALSO CONDUCTED SURVEYS WITH COMMUNITY RESIDENTS TO OBTAIN INPUT

ON HEALTH NEEDS, BARRIERS TO CARE AND RESOURCES AVAILABLE TO ADDRESS THE

IDENTIFIED HEALTH NEEDS. THE SURVEYS WERE AVAILABLE IN AN ELECTRONIC

FORMAT THROUGH A SURVEYMONKEY LINK. THE SURVEYS WERE COLLECTED FROM JUNE 6

TO JULY 11, 2022. DURING THIS TIME, 62 COMMUNITY MEMBERS COMPLETED THE

SURVEY.

MARSHALL MEDICAL CENTER:

PART V, SECTION B, LINE 7D: THE COMMUNITY HEALTH NEEDS ASSESSMENT REPORT

AND IMPLEMENTATION STRATEGY ARE AVAILABLE ONLINE AT

WWW.MARSHALLMEDICAL.ORG/ABOUT-US/COMMUNITY-BENEFIT/.

MARSHALL MEDICAL CENTER:

PART V, SECTION B, LINE 11: IN FY22, MARSHALL MEDICAL CENTER ENGAGED IN

ACTIVITIES AND PROGRAMS THAT ADDRESSED THE PRIORITY HEALTH NEEDS

IDENTIFIED IN THE FY20-FY22 IMPLEMENTATION STRATEGY. MARSHALL MEDICAL

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.

CENTER COMMITTED TO COMMUNITY BENEFIT EFFORTS THAT ADDRESSED: BEHAVIORAL

HEALTH (INCLUDED MENTAL HEALTH AND SUBSTANCE USE), CHRONIC DISEASE

PREVENTION, MANAGEMENT, AND TREATMENT, AND SUPPORT FOR THE HEALTH AND

WELFARE OF THE COMMUNITY. SELECTED ACTIVITIES AND PROGRAMS THAT HIGHLIGHT

THE HOSPITAL'S COMMITMENT TO THE COMMUNITY ARE DETAILED BELOW.

ACCESS TO BEHAVIORAL HEALTH SERVICES (MENTAL HEALTH AND SUBSTANCE USE)

1. MARSHALL CARES (CLINICALLY ASSISTED RECOVERY & EDUCATION SERVICES) -

CARES WAS CREATED TO TREAT OPIATE USE DISORDER, BUT IT HAS GROWN INTO A

CLINIC FOCUSED ON SUPPORT TREATMENT FOR PERSONS WITH ANY SUBSTANCE

DEPENDENCY, INCLUDING ALCOHOL, TOBACCO, STIMULANTS, OPIOIDS,

BENZODIAZEPINES, AND OTHER SEDATIVE HYPNOTICS. CLINIC SERVICES INCLUDE

COMPREHENSIVE MEDICATION ASSISTED TREATMENT WITH A PHYSICIAN, COUNSELING,

CASE MANAGEMENT AND BEHAVIORAL HEALTH SUPPORT SERVICES.

2. MEDICATION ASSISTED TREATMENT (MAT) - SINCE DECEMBER 2016, MARSHALL HAS

PARTICIPATED IN A JOINT EFFORT WITH THE EL DORADO COMMUNITY HEALTH CENTER

(EDCHC) AND THE CALIFORNIA HEALTHCARE FOUNDATION TO PROVIDE MEDICATION

ASSISTED TREATMENT (MAT) FOR OPIOID ADDICTION. WHEN PEOPLE PRESENT IN

MARSHALL'S EMERGENCY DEPARTMENT IN WITHDRAWAL, THEY ARE OFFERED

PARTICIPATION IN THE MAT/ED BRIDGE PROGRAM, WHICH INCLUDES BUPRENORPHINE

TO ALLEVIATE WITHDRAWAL SYMPTOMS. THROUGH THE EDCHC AND MARSHALL CARES,

THEY ARE ALSO REFERRED TO OUTPATIENT THERAPY, WHERE THEY MEET WITH A

DOCTOR WITHIN 48 HOURS. THE PROGRAM INCLUDES GROUP SESSIONS, COUNSELING,

AND SOCIAL SERVICES.

3. COLLABORATION - STAFF MEMBERS PARTICIPATE IN ASSEMBLYMAN KEVIN KILEY'S

HEALTH COUNCIL ON HOMELESSNESS AND MENTAL HEALTH TO PROMOTE AWARENESS AND

PROVIDE RESOURCES FOR PERSONS EXPERIENCING HOMELESSNESS AND INDIVIDUALS

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.

SUFFERING FROM MENTAL HEALTH ISSUES IN EL DORADO COUNTY.

CHRONIC DISEASE PREVENTION, MANAGEMENT AND TREATMENT

1. POPULATION HEALTH - THE MARSHALL POPULATION HEALTH TEAM COORDINATED THE

COMMUNITY CASE SERVICES THAT MARSHALL DELIVERED, WITH THE OBJECTIVE OF

STRENGTHENING THE CONTINUUM OF CARE PROVIDED TO OUR PATIENTS AND THE

COMMUNITY. DRIVEN BY PRIMARY CARE PROVIDERS, AND WITH ENGAGEMENT OF CLINIC

STAFF AND SPECIALISTS, MARSHALL PLACED PARTICULAR FOCUS ON SCREENINGS FOR

BREAST CANCER, COLON CANCER AND DIABETES AND MET OR EXCEEDED ITS

PERFORMANCE TARGETS IN ALL THREE AREAS.

2. COMMUNITY CARE NETWORK (CCN) - THE CCN FOCUSES ON IMPROVING THE

EFFECTIVENESS AND QUALITY OF CARE FOR HIGH-RISK PATIENTS. MARSHALL'S CCN

ASSISTS CHRONICALLY ILL PATIENTS WITH HEALTH CARE COORDINATION AND

MANAGEMENT, IN-HOME CARE, MEDICAL SUPPLIES, AND VOLUNTEER HEALTH COACHES,

AT NO COST TO THE PATIENT. CCN REMOVES OBSTACLES THAT OFTEN PREVENT

PATIENTS FROM RECEIVING ROUTINE AND PREVENTIVE CARE AS WELL AS TO PREVENT

THE POTENTIAL NEED FOR REHOSPITALIZATION. THIS PROGRAM REDUCES

READMISSIONS AND UNNECESSARY EMERGENCY ROOM VISITS. FOR PERSONS WITH MORE

COMPLEX NEEDS, A TEAM OF SOCIAL WORKERS, LVNS, RN CASE MANAGERS,

PHARMACISTS, DIABETES EDUCATORS, DIETITIANS, AND PHYSICAL THERAPISTS WORK

WITH THEM IN THEIR HOMES TO HELP NAVIGATE THEIR PATHS TO IMPROVED HEALTH

AND OVERCOME COMMUNITY BARRIERS. IN FY22, 5,200 PERSONS WERE REACHED

THROUGH CCN.

3. CONGESTIVE HEART ACTIVE TELEPHONE TREATMENT (CHATT) - THE CHATT PROGRAM

HELPED PEOPLE MANAGE CONGESTIVE HEART FAILURE. CHATT IMPROVED QUALITY OF

LIFE, REDUCED CHF COMPLICATIONS AND HELPED KEEP PEOPLE WITH CHF OUT OF THE

HOSPITAL. THIS SERVICE INCLUDED FREQUENT TELEPHONE CALLS FROM A REGISTERED

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.

NURSE, WHO SPECIALIZES IN CARDIOVASCULAR CARE. IN FY22, CHATT SERVED 503

INDIVIDUALS.

4. CANCER RESOURCE CENTER - MARSHALL'S CANCER RESOURCE CENTER PROVIDED

CLASSES, SUPPORT GROUPS AND SERVICES. SERVICES WERE AVAILABLE TO ANYONE

IMPACTED BY CANCER IN EL DORADO COUNTY. IN FY22, THE CANCER RESOURCE

CENTER AIDED 400 INDIVIDUALS:

- COMPLETED 185 NUTRITION CONSULTS/SERVICES AND 122 PSYCHOSOCIAL DISTRESS

AND NUTRITION SCREENINGS.

- PROVIDED 370 NAVIGATION CONSULTATIONS AND 235 SOCIAL WORK CONSULTATIONS.

- TRANSPORTATION IS A WELL-KNOWN BARRIER TO HEALTH CARE, ESPECIALLY IN

RURAL AREAS. THE CANCER RESOURCE CENTER PROVIDED 130 ROUND TRIP RIDES AS

WELL AS PROVIDED 275 PERSONS WITH GAS CARDS.

- THE WIG BANK SERVED 26 PERSONS.

- PROVIDED 42 NO-COST MAMMOGRAMS.

- PROVIDED 195 PSYCHOSOCIAL DISTRESS AND NUTRITION SCREENINGS.

- 266 INDIVIDUALS RECEIVED SOCIAL WORK CONSULTS OR SERVICES.

5. HEALTH EDUCATION - IN FY22, MARSHALL REACHED 343 COMMUNITY MEMBERS WITH

THE FOLLOWING COMMUNITY HEALTH EDUCATION SESSIONS:

- JOINT REPLACEMENT EDUCATION

- SMOKING CESSATION EDUCATION

- MENTAL HEALTH FIRST AID

- ALZHEIMER'S AND DEMENTIA EDUCATION

- BARIATRIC SURGERY EDUCATION

- FALL PREVENTION AWARENESS

- MATTER OF BALANCE CLASSES

6. DIABETES AND NUTRITION EDUCATION - HEALTHY LIVING CLASSES WERE PROVIDED

MONTHLY. THESE FREE VIRTUAL CLASSES, LED BY A NURSE, PROVIDED INFORMATION

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.

ON THE BASICS OF DIABETES SELF-MANAGEMENT. CLASSES INCLUDED: UNDERSTANDING

DIABETES AND PLANNING FOR SUCCESS AND HEALTHY EATING FOR DIABETES. IN

ADDITION, MARSHALL PROVIDED TELE-VISITS FOR THE DIABETES IN PREGNANCY

PROGRAM, A GESTATIONAL DIABETES PROGRAM. PARTICIPANTS LEARNED ABOUT

NUTRITION AND MEAL PLANNING, CONTROLLING BLOOD SUGAR, EXERCISE AND

EMOTIONAL SUPPORT RESOURCES.

7. SUPPORT GROUPS - SUPPORT GROUPS WERE OFFERED TO COMMUNITY MEMBERS

THROUGH ONLINE OPTIONS, INCLUDING ZOOM. THE SUPPORT GROUPS INCLUDED:

BREAST CANCER, OSTOMY, AND PROSTATE CANCER.

SUPPORT FOR THE HEALTH AND WELFARE OF THE COMMUNITY

1. FINANCIAL AID AND HEALTH INSURANCE ASSISTANCE - PROVIDED FINANCIAL

ASSISTANCE THROUGH FREE AND DISCOUNTED CARE FOR HEALTH CARE SERVICES,

CONSISTENT WITH MARSHALL MEDICAL CENTER'S FINANCIAL ASSISTANCE POLICY.

OFFERED ASSISTANCE TO ENROLL IN PUBLIC HEALTH INSURANCE PROGRAMS.

2. TRANSPORTATION AND OTHER MEDICAL NEEDS - PROVIDED TRANSPORTATION TO

PERSONS WHO COULD NOT AFFORD TRANSPORTATION TO OR FROM MEDICAL SERVICES

AND APPOINTMENTS. FOR PERSONS LIVING IN POVERTY, THE HOSPITAL PROVIDED

MEDICATIONS AND ASSISTED LIVING SERVICES.

3. COMMUNITY HEALTH LIBRARY - MARSHALL'S COMMUNITY HEALTH LIBRARY CONTAINS

OVER 5,000 RESOURCES, WHICH WERE MADE AVAILABLE AT NO CHARGE FOR USE BY

COMMUNITY RESIDENTS. STAFF LIBRARIANS ALSO CONDUCTED MEDICAL TOPIC

SEARCHES FOR COMMUNITY MEMBERS. IN FY22, 276 COMMUNITY MEMBERS ACCESSED

THESE SERVICES.

4. STOP THE BLEED - MARSHALL TRAINED STAFF MEMBERS AS INSTRUCTORS TO

EDUCATE COMMUNITY MEMBERS TO TREAT INJURIES CAUSED BY HOME ACCIDENTS,

MOTOR VEHICLE ACCIDENTS, ACTIVE SHOOTERS, BOMBINGS, AND WORK-RELATED

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.

INJURIES. IN FY22, MARSHALL STAFF INSTRUCTORS TRAINED 280 EL DORADO COUNTY

RESIDENTS, INCLUDING STUDENTS AND TEACHERS AT LOCAL SCHOOLS ON WOUND

PACKING AND TOURNIQUET APPLICATION.

5. FALL PREVENTION - PROVIDED COMMUNITY PRESENTATIONS AND SCREENINGS IN

AREAS OF PHYSICAL THERAPY, VESTIBULAR REHAB, MEDICATION REVIEW, BLOOD

PRESSURE SCREENINGS, AND A HOME SAFETY REVIEW. IN FY22, 200 COMMUNITY

MEMBERS WERE SERVED.

6. CASE MANAGEMENT AND SOCIAL SERVICES - MARSHALL CASE MANAGEMENT AND

SOCIAL SERVICES WORKED ON BEHALF OF PERSONS EXPERIENCING HOMELESSNESS AND

ASSISTED THEM WITH FINDING SHELTER, TRANSPORTATION, CLOTHING AND

REHABILITATION. ADDITIONALLY, THE TEAM ASSISTED THEM TO ENROLL IN HEALTH

INSURANCE AND FREE MEDICATION PROGRAMS AND OBTAIN NEEDED MEDICAL

EQUIPMENT. IN FY22, MARSHALL ASSISTED 484 INDIVIDUALS EXPERIENCING

HOMELESSNESS.

7. MOBILE MEDICINE/RURAL OUTREACH - MARSHALL MOBILE MEDICINE/RURAL

OUTREACH'S PROGRAM PROVIDED PRIMARY CARE, WOUND CARE, AND WOMEN'S HEALTH

SERVICES IN PARTNERSHIP WITH LOCAL ORGANIZATIONS. PROGRAMS INCLUDED:

- MOBILE SERVICES REACHED HOMELESS CAMPS, CABINS IN THE WOODS AND THE

ELDERLY IN THE COMFORT OF THEIR HOMES WHO WERE INHIBITED BY A LACK OF

TRANSPORTATION OR OTHER MEANS AND WERE CHALLENGED TO MEET THE EXPECTATIONS

OF A TRADITIONAL OFFICE VISIT.

- MULTI-VISIT PATIENTS (MVP) IDENTIFIED THE HIGHEST UTILIZERS OF THE

EMERGENCY DEPARTMENT THAT COULD HAVE BEEN PROACTIVELY MANAGED AT AN

OUTPATIENT/ COMMUNITY OUTREACH CAPACITY.

- CLINICAL SERVICES WERE PROVIDED ON LIBRARY CAMPUSES THROUGHOUT THE

COUNTY.

- WORKING WITH UPPER ROOM, A LOCAL ORGANIZATION THAT SUPPORTS THE ELDERLY,

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.

LOW INCOME AND UNSHELTERED INDIVIDUALS, THE OUTREACH PROGRAM PROVIDED

WOUND CARE, SUPPORTED MEDICATION ADHERENCE, TOOK VITAL SIGNS, PROVIDED

REFERRALS AND HEALTH EDUCATION, CALLED PROVIDERS WITH CLIENTS, ESTABLISHED

PRIMARY CARE APPOINTMENTS, SCRIBING FOR HEALTH INSURANCE COVERAGE

DOCUMENTS, AND OFFERED PSYCHIATRIC SUPPORT.

MARSHALL MEDICAL CENTER:

PART V, SECTION B, LINE 13B: WHEN ANY PATIENT'S SINGLE VISIT

RESPONSIBILITY EXCEEDS \$50,000 THE BALANCE ABOVE \$50,000 WILL BE

DISCOUNTED BY 50% AS CATASTROPHIC ADJUSTMENT AUTOMATICALLY UPON FINAL

BILLING. PATIENTS ARE NOT REQUIRED TO APPLY FOR THIS PRGORAM TO BE

ENTITLED TO THIS 50% OVER \$50,000 DISCOUNT. IF THE PATIENT APPLIES AND

QUALIFIES FOR THE FINANCIAL ASSISTANCE PROGRAM, THE REMAINING BALANCE WILL

RECEIVE THE APPROPRIATE REDUCTION IN ADDITION TO THE CATASTROPHIC

ADJUSTMENT.

A PATIENT WHOSE FAMILY INCOME DOES NOT EXCEED 450 PERCENT OF THE FEDERAL

POVERTY LEVEL MAY QUALIFY FOR CHARITY CARE ON THE BASIS OF HIGH MEDICAL

COSTS, WHICH IS DEFINED TO MEAN ANY OF THE FOLLOWING:

1. ANNUAL OUT-OF-POCKET COSTS PAID AT THIS FACILITY EXCEED 10% OF SUCH

PATIENTS' FAMILY GROSS INCOME AND ESSENTIAL LIVING EXPENSES IN THE PRIOR

12 MONTHS; 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

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.

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/
FINANCIAL-ASSISTANCE.ASPX.](https://www.marshallmedical.org/patients-visitors/patient-information/insurance-billing-information/business-office/financial-assistance.aspx)

MARSHALL MEDICAL CENTER'S HOSPITAL BILLING DEPARTMENT ALSO ATTEMPTS TO

MAKE CONTACT WITH PATIENTS TO INFORM THEM THAT THEY SHOULD APPLY FOR

FINANCIAL ASSISTANCE.

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

8. CARE COORDINATION FOR VULNERABLE POPULATIONS (CCVP) - CARE

COORDINATION FOR VULNERABLE POPULATIONS (CCVP) SERVED THE UNSHELTERED

HOMELESS, THE ELDERLY, WOMEN AND LATINO COMMUNITIES. PROGRAMS INCLUDED

A NAVIGATION PROGRAM CENTERED ON LIFE SKILLS TO DECREASE AVOIDABLE ED

VISITS, DECREASING MISSED MEDICAL APPOINTMENTS, AND INFECTION CONTROL.

THIS WORK INCLUDED THE ESTABLISHMENT OF A COMMUNITY HEALTH WORKER

PROGRAM. THIS PROGRAM FOCUSED ON WORKING WITH VOLUNTEERS WHO WERE

ALREADY ENGAGED WITH PERSONS EXPERIENCING HOMELESSNESS AND SUPPORTED

THEM TO PROVIDE MORE SERVICES.

9. COMMUNITY HEALTH MAGAZINE - FOR YOUR HEALTH IS MARSHALL'S QUARTERLY

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.

MAGAZINE, WHICH WAS WIDELY DISTRIBUTED THROUGHOUT EL DORADO COUNTY AND

AVAILABLE IN DIGITAL FORMAT ON THE HOSPITAL'S WEBSITE. TOPICS IN FY22

INCLUDED: GENERAL WELLNESS, VACCINATIONS, AND DISEASE PREVENTION.

10. CHILDBIRTH CLASSES - PROVIDED FREE OR LOW-COST EDUCATIONAL CLASSES

TO THE COMMUNITY, INCLUDING CHILDBIRTH CLASSES. CLASSES WERE SELF-PACED

AND VIRTUAL AND WERE PAIRED WITH LIVESTREAM Q & A SESSIONS. CLASS

TOPICS INCLUDED: HEALTHY PREGNANCY, BREASTFEEDING, NEWBORN BABY AND

BEHAVIOR, SOOTHING TECHNIQUES, BATHING, HEALTH AND SAFETY SKILLS, AND

NUTRITION. 226 COMMUNITY MEMBERS PARTICIPATED.

Multiple horizontal lines for additional text entry.

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 2

Name and address	Type of Facility (describe)
1 CLINICALLY ASSISTED RECOVERY & EDUCATI 1045 MARSHALL WAY PLACERVILLE, CA 95667	OTHER OUTPATIENT CLINIC
2 PSYCHIATRY & NEUROLOGY 3581 PALMER DRIVE, SUITE 202 CAMERON PARK, CA 95682	OTHER OUTPATIENT CLINIC

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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

Part VI Supplemental Information (Continuation)

ORDER TO CALCULATE FINANCIAL ASSISTANCE AT COST.

PART I, LINE 7, COLUMN (F):

THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25(A),
BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN
THIS COLUMN IS \$ 5,345,878.

PART II, COMMUNITY BUILDING ACTIVITIES:

WORKFORCE DEVELOPMENT - MARSHALL LEADERSHIP PARTICIPATED IN THE EL DORADO
UNION HIGH SCHOOL DISTRICT CAREER TECHNICAL EDUCATION ADVISORY COMMITTEE,
A GROUP OF PRIVATE ENTITIES THAT ASSIST THE HIGH SCHOOL DISTRICT PLAN AND
PREPARE FOR TECHNICAL CAREERS AND EDUCATION OFFERINGS. 53 STUDENTS
PARTICIPATED IN THE HEALTH CAREER EXPLORATION DAY.

ADVOCACY - HOSPITAL REPRESENTATIVES ENGAGED IN ADVOCACY EFFORTS THAT
SUPPORTED THE COMMUNITY.

ECONOMIC DEVELOPMENT - HOSPITAL LEADERS SUPPORTED LOCAL CHAMBERS OF
COMMERCE AND FOCUSED ON ISSUES RELATED TO COMMUNITY HEALTH AND SAFETY.

PART III, LINE 2:

MARSHALL MEDICAL CENTER MAKES A BEST EFFORT TO APPLY ALL KNOWN DISCOUNTS
AND PAYMENTS POSTED TO THE PATIENT ACCOUNT PRIOR TO DETERMINATION OF BAD
DEBT WRITE-OFF. NON-COMPLIANT PATIENTS MAY RESULT IN THE DELAY OF PROPERLY
APPLIED DISCOUNTS.

IN ACCORDANCE WITH CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 127400 ET
SEQ., MARSHALL MEDICAL CENTER DISCOUNTS PAYMENTS AND PROVIDES CHARITY CARE

Part VI Supplemental Information (Continuation)

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; AND

2. 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 6.71% OF ALL PATIENT

ACCOUNTS ASSIGNED TO BAD DEBT MIGHT BE ATTRIBUTABLE TO PATIENTS WHO MIGHT

HAVE QUALIFIED FOR FINANCIAL ASSISTANCE HAD THOSE PATIENTS PROVIDED

SUFFICIENT INFORMATION TO BECOME QUALIFIED.

PART III, LINE 4:

SEE THE "PATIENT ACCOUNTS RECEIVABLE" SECTION IN NOTE 1, PAGE 11, IN THE

ATTACHED AUDITED FINANCIAL STATEMENTS FOR A DISCUSSION OF THE

ORGANIZATION'S BAD DEBT EXPENSE.

PART III, LINE 8:

MARSHALL MEDICAL CENTER USES A COST ACCOUNTING SYSTEM, MAKING A BEST

EFFORT TO APPLY ALL KNOWN DISCOUNTS AND PAYMENTS POSTED TO THE PATIENT

ACCOUNT PRIOR TO DETERMINATION OF BAD DEBT WRITE-OFFS. NON-COMPLIANT

PATIENTS MAY RESULT IN THE DELAY OF PROPERLY APPLIED DISCOUNTS.

THE SHORTFALL INCURRED ON MEDICARE PATIENTS CAN BE CONSIDERED A COMMUNITY

BENEFIT BECAUSE MARSHALL MEDICAL CENTER IS THE ONLY HOSPITAL FACILITY

Part VI Supplemental Information (Continuation)

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 Supplemental Information (Continuation)

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 MEDICAL EMPLOYEES WHO WORK WITH PATIENTS DURING AND AFTER SERVICES TO ASSIST THEM IN COMPLETING THE NECESSARY FORMS, TO FILE ALL THE NECESSARY DOCUMENTS, AND TO ATTEND ANY REQUISITE APPOINTMENTS WITH PROVIDING AGENCIES. FINANCIAL COUNSELORS ARE ALSO PROVIDED TO ASSIST PATIENTS IN UNDERSTANDING ELIGIBILITY REQUIREMENTS RELATED TO QUALIFYING FOR CHARITY CARE.

PART VI, LINE 4:

MARSHALL MEDICAL CENTER SERVES APPROXIMATELY 158,730 RESIDENTS ON THE WESTERN SLOPE OF THE SIERRAS IN EL DORADO COUNTY. OTHER PERTINENT DEMOGRAPHICS ABOUT OUR HOSPITAL SERVICE AREA FOR TAX YEAR 2022 INCLUDE:

- 20.6% IS UNDER AGE 18; 57.9% IS AGE 18-64 AND 21.5% IS AGE 65 AND OVER
- PERCENTAGE LIVING IN POVERTY IS 7.9%
- PERCENTAGE LACKING HIGH SCHOOL DIPLOMA IS 6.0% (EL DORADO COUNTY)
- PERCENTAGE UNINSURED IS 3.6%

Part VI Supplemental Information (Continuation)

- ETHNIC PERCENTAGES ARE: WHITE 80.1%, HISPANIC 10.6%, ASIAN 4.3%, AFRICAN AMERICAN 0.8%, NATIVE AMERICAN, PACIFIC ISLANDER OR OTHER RACE 4.2%

PART VI, LINE 5:

MARSHALL MEDICAL CENTER PROMOTES THE HEALTH OF THE COMMUNITY THROUGH A LARGE AND VARIED ARRAY OF HEALTHCARE SERVICES INCLUDING BUT NOT LIMITED TO INPATIENT SERVICES (OBSTETRICS, SURGERIES, RADIOLOGY, DIAGNOSTIC CARDIAC CATHETERIZATIONS) AND OUTPATIENT SERVICES (EMERGENCY ROOM, OUTPATIENT SURGERIES, RADIOLOGY, LABORATORY, DIAGNOSTIC CARDIAC CATHETERIZATIONS, NUMEROUS FAMILY AND SPECIALTY CLINICS, RURAL HEALTH CLINIC, CANCER PROGRAMS, AND HOME HEALTH VISITS). WE RECOGNIZE THAT WE HAVE AN OBLIGATION TO PROVIDE SERVICES ABOVE AND BEYOND OUR ROLE AS A HEALING FACILITY.

- OPEN MEDICAL STAFF: WE OFFER AN "OPEN MEDICAL STAFF" MODEL EXCEPT FOR A FEW SELECT SPECIALTIES, WHICH ARE "EXCLUSIVE CONTRACTS".

- COMMUNITY BOARD: OUR BOARD OF DIRECTORS IS COMPRISED OF 14 VOLUNTEER COMMUNITY MEMBERS. THEY DEDICATE NUMEROUS HOURS OF THEIR OWN TIME TO CONTRIBUTE TO A POSITIVE HEALTH ENVIRONMENT THROUGH MARSHALL MEDICAL CENTER.

- USE OF SURPLUS FUNDS: EXCESS REVENUE (SURPLUS FUNDS) ARE RETAINED FOR FUTURE COMMUNITY NEEDS INCLUDING BUT NOT LIMITED TO CAPITAL IMPROVEMENTS, EXPANSION OF NEW SERVICES AND TECHNOLOGICAL IMPROVEMENTS. THE COMMUNITY-BASED BOARD OF DIRECTORS CONTROLS THE DIRECTION OF THE USE OF SURPLUS FUNDS.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

CA

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MARSHALL FOUNDATION FOR COMMUNITY HEALTH - P.O. BOX 1996 - PLACERVILLE, CA 95667	23-7419011	501(C)(3)	300,321.	0.			PROGRAM SUPPORT
EL DORADO COUNTY CHAMBER OF COMMERCE - 542 MAIN STREET - PLACERVILLE, CA 95667	94-1328508	501(C)(3)	9,000.	0.			GENERAL OPERATING SUPPORT
EL DORADO COMMUNITY HEALTH CENTER 3108 POINTE MORINO DRIVE CAMERON PARK, CA 95682	42-1533531	501(C)(3)	12,500.	0.			GENERAL OPERATING SUPPORT

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

3 Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) 2021

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

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

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

PART I, LINE 2:

MARSHALL MEDICAL CENTER'S ASSISTANCE TO EITHER AN ORGANIZATION OR AN INDIVIDUAL IS LIMITED. THE PROCEDURES FOR MONITORING THE GRANTS ARE DIFFERENT FOR EACH TYPE OF ASSISTANCE.

MARKETING SPONSORSHIP ASSISTANCE - THE AMOUNTS TO EACH ORGANIZATION ARE NOMINAL AND USUALLY GIVEN TO NONPROFIT ORGANIZATIONS. NO MONITORING IS NEEDED ON THESE DONATED MONIES BASED ON MATERIALITY AND CRITERIA FOR SELECTION.

Part IV Supplemental Information

PROGRAM SUPPORT RELATED TO PAYROLL FUNDING - MONITORING IS CONDUCTED AS THE FUNDS ARE ISSUED TO COVER THE PAYROLL AND BENEFIT EXPENSES OF A RELATED NONPROFIT ORGANIZATION. ADDITIONALLY, THE GRANT RECIPIENT SHARES A BOARD MEMBER WITH MARSHALL MEDICAL CENTER AND RECIPIENT MANAGEMENT REPORTS TO MARSHALL MEDICAL CENTER'S BOARD OF DIRECTORS ON AN ANNUAL BASIS.

PROGRAM SUPPORT RELATED TO COMMUNITY HEALTH ISSUES - THIS FINANCIAL ASSISTANCE IS GIVEN TO A HEALTHCARE NONPROFIT FOR COMMUNITY HEALTH NEEDS. THE CARE MANAGER FOR THE RECEIVING ORGANIZATION ATTENDS CASE MANAGEMENT MEETINGS HERE AT MARSHALL AND GIVES PERIODIC VERBAL REPORTS ON PROGRESS MADE WITH THE GRANTED MONEY. THE ORGANIZATION ALSO PROVIDES COMPREHENSIVE WRITTEN REPORTS REGARDING PROGRESS ON AN ANNUAL BASIS TO MANAGEMENT.

ASSISTANCE TO INDIVIDUALS IN THE FORM OF EDUCATIONAL SCHOLARSHIPS - THESE ASSISTANCE AWARDS ARE NOMINAL AND ARE GIVEN TO RECIPIENTS FOR EDUCATIONAL NEEDS WITHOUT FOLLOW-UP MONITORING. RECIPIENTS MUST MEET SELECTION CRITERIA BEFORE SUPPORT IS PROVIDED.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization MARSHALL MEDICAL CENTER	Employer identification number 94-1450151
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Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a	X	
4b		X
4c		X
5a		X
5b		X
6a	X	
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2021

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 aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SIRI NELSON PRESIDENT/CEO	(i)	569,012.	168,042.	1,188.	42,361.	27,917.	808,520.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LAURIE ELDRIDGE CHIEF FINANCIAL OFFICER	(i)	317,212.	63,890.	414.	111,923.	30,502.	523,941.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SHANNON TRUESDELL FORMER OFFICER	(i)	244,172.	81,674.	703.	133,861.	19,362.	479,772.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MARTIN ENTWISTLE, ASSOC. CHIEF MEDICAL OFFICER, VP POPULATION HEALTH	(i)	282,643.	44,448.	1,219.	101,846.	10,265.	440,421.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) PAMELA CARLIN VICE PRESIDENT OF FINANCE - MMF	(i)	208,850.	37,447.	774.	92,189.	32,130.	371,390.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SCOTT COMER VP OF H.R. (THROUGH MAY 2021)	(i)	250,378.	45,029.	1,188.	44,745.	26,218.	367,558.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) KATHY KREJCI FORMER OFFICER	(i)	174,267.	52,293.	777.	90,154.	21,616.	339,107.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MARTIN DALY VP OF INFORMATION TECHNOLOGY	(i)	235,712.	37,749.	1,188.	41,836.	14,157.	330,642.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) CYNTHIA RICE CHIEF NURSING OFFICER	(i)	238,417.	41,721.	1,188.	34,728.	14,157.	330,211.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JONATHAN RUSSELL CHIEF AMBULATORY OFFICER	(i)	206,237.	36,380.	180.	41,554.	43,329.	327,680.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) KELLY CORDOVA CHARGE NURSE/LEAD RN - RECOVERY	(i)	227,344.	0.	774.	39,511.	209.	267,838.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) STEPHANIE GODON DIRECTOR OF PHARMACY	(i)	205,130.	4,138.	270.	46,708.	10,188.	266,434.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) ANGELINA WILLIAMS ASST. DIRECTOR OF PHARMACY SERVICES	(i)	204,256.	0.	270.	47,809.	209.	252,544.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) BRIAN GOLDSMITH, MD CHIEF MEDICAL OFFICER	(i)	99,488.	56,362.	774.	42,575.	87.	199,286.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) JILL MCDUGALL PHYSICAL THERAPIST - REHAB SERVICES	(i)	102,286.	0.	56.	84,814.	209.	187,365.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							

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.

PART I, LINE 1A:

ANY EMPLOYEE WHO MEETS A 20+ YEAR LONGEVITY THRESHOLD RECEIVES A BONUS OF \$1,000 - \$3,000 THAT IS GROSSED UP TO COVER INCOME TAXES AND PAYROLL TAXES.

NEW EMPLOYEES MAY RECEIVE A SIGN-ON BONUS TAHT IS GROSSED UP TO COVER PAYROLL TAXES.

PART I, LINE 4A:

IN CALENDAR YEAR 2022, JILL MCDUGALL RECEIVED A SEVERANCE PAYMENT OF \$10,890.

PART I, LINE 6:

THERE ARE FOUR LEM LEADERSHIP INCENTIVE COMPENSATION POLICIES THAT INCLUDE LEM LEADERSHIP INCENTIVE COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER, LEADERSHIP INCENTIVE COMPENSATION FOR CHIEF EXECUTIVE LEADERSHIP POSITIONS, LEADERSHIP EVALUATION COMPENSATION FOR EXECUTIVE DIRECTOR & DEPARTMENT DIRECTOR POSITIONS, AND LEADERSHIP EVALUATION COMPENSATION FOR VICE PRESIDENT POSITIONS. ALL OF THESE COMPENSATION POLICIES ARE WEIGHTED UNDER FOUR PILLARS INCLUDING PEOPLE, FINANCE, QUALITY AND COMMUNITY. THE FINANCE

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.

PILLAR IS BASED ON AUDITED OPERATING MARGIN RESULTS FOR THE FISCAL YEAR

ENDING OCTOBER 31ST. IN ADDITION, THERE IS ALSO A REWARD PROGRAM FOR

MARSHALL MEDICAL CENTER STAFF THAT IS WEIGHTED ON THE SAME FOUR PILLARS.

PART I, LINE 7:

BONUSES ARE CALCULATED USING A PRE-DETERMINED FORMULA, BUT THE BOARD HAS

THE ABILITY TO TAKE INTO ACCOUNT OTHER FACTORS AND ADJUST THE FORMULA AT

THEIR DISCRETION.

**SCHEDULE K
(Form 990)**
Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, 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.**

OMB No. 1545-0047

2021
Open to Public Inspection

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

	(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) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY	52-1643828	13032UVPO	04/27/20	54,734,815.	SEE PART VI		X		X		X
B	CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY	52-1643828	13033L6R3	04/09/15	30,423,048.	SEE PART VI		X		X		X
C	CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY	52-1643828	13033LD79	09/26/12	19,682,430.	SEE PART VI		X		X		X
D												

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired				3,415,000.		16,270,000.		
2 Amount of bonds legally defeased								
3 Total proceeds of issue		54,819,977.		30,423,055.		19,682,432.		
4 Gross proceeds in reserve funds		2,911,731.		1,357,818.		2,495,121.		
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds		636,674.		498,389.		382,541.		
8 Credit enhancement from proceeds		2,289,428.		791,050.		414,659.		
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds		15,647,504.						
11 Other spent proceeds		19,459,114.		29,133,616.		18,885,232.		
12 Other unspent proceeds		14,564,735.						
13 Year of substantial completion								
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X		X			
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		
16 Has the final allocation of proceeds been made?		X	X		X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

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

Schedule K (Form 990) 2021

Part III Private Business Use								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X		X					
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government00 %		.00 %		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government00 %		.00 %		%		%
6 Total of lines 4 and 500 %		.00 %		%		%
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X			X		X		
b Exception to rebate?	X		X		X			
c No rebate due?		X	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		X		

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		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		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		X		
7 Has the organization established written procedures to monitor the requirements of section 148?	X		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 isn't available under applicable regulations?	X		X		X			

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:

(A) ISSUER NAME: CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY
DATE THE REBATE COMPUTATION WAS PERFORMED: 04/09/2020

(A) ISSUER NAME: CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY
DATE THE REBATE COMPUTATION WAS PERFORMED: 10/16/2017

- ENTRY A - ISSUED 04/27/2020:

PART I, COLUMN F - THE BONDS CURRENTLY REFUNDED THE BORROWER'S SERIES 2004B BONDS (ORIGINALLY ISSUED ON MARCH 25, 2004) AS WELL AS FOR THE FINANCING AND RENOVATIONS TO CERTAIN HEALTH FACILITIES, TO FUND A DEBT SERVICE RESERVE, TO PAY RELATED CAPITALIZED INTEREST AND TO PAY COSTS OF ISSUANCE RELATED TO THE BONDS.

PART II, LINE 3 - THE TOTAL PROCEEDS SHOWN IN PART II, LINE 3 DIFFERS FROM THE ISSUE PRICE SHOWN IN PART I, COLUMN E DUE TO INTEREST EARNINGS ON INVESTED PROCEEDS.

PART III, LINE 7 - AS PROVIDED IN TREASURY REGULATION SECTION 1.141-4(C)(2)(I)(B), THE AMOUNT OF PRIVATE PAYMENTS TAKEN INTO ACCOUNT

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions. *(continued)*

UNDER THE PRIVATE SECURITY OR PAYMENT TEST MAY NOT EXCEED THE AMOUNT OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS USE.

ACCORDINGLY, THE AMOUNT OF PRIVATE PAYMENTS FOR THE REPORTING PERIOD DOES NOT EXCEED THE AMOUNT STATED IN PART III, LINE 6. THE ORGANIZATION HAS NOT UNDERTAKEN AN ANALYSIS OF THE PRIVATE SECURITY OR PAYMENT TEST WITH RESPECT TO THE BONDS, AS THE LEVEL OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS USE REPORTED IN PART III, LINE 6 IS NOT IN EXCESS OF AMOUNTS PERMITTED UNDER SECTION 145 OF THE CODE.

PART IV, LINE 2B - THE PORTION OF THE BOND PROCEEDS USED FOR CURRENT REFUNDING HAS MET THE 6-MONTH EXPENDITURE EXCEPTION.

- ENTRY B - ISSUED 04/09/2015:

PART 1, COLUMN F - THE BONDS CURRENTLY REFUNDED THE BORROWER'S SERIES 2004A BONDS (ORIGINALLY ISSUED ON MARCH 25, 2004).

PART II, LINE 4 - THE SERIES 2015 BOND RESERVE ACCOUNT WAS FUNDED BY BOND PROCEEDS OF THE SERIES 2004A AND SERIES 2012A BONDS.

PART II, LINE 13 - PROCEEDS OF THE BONDS WERE ISSUED FOR THE PURPOSE OF CURRENT REFUNDING; THEREFORE, THE PROJECT PERIOD IS NOT APPLICABLE FOR THIS BOND ISSUE.

PART III, LINE 7 - AS PROVIDED IN TREASURY REGULATION SECTION 1.141-4(C)(2)(I)(B), THE AMOUNT OF PRIVATE PAYMENTS TAKEN INTO ACCOUNT UNDER THE PRIVATE SECURITY OR PAYMENT TEST MAY NOT EXCEED THE AMOUNT OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS USE. ACCORDINGLY, THE AMOUNT OF PRIVATE PAYMENTS FOR THE REPORTING PERIOD DOES NOT EXCEED THE AMOUNT STATED IN PART III, LINE 6. THE ORGANIZATION HAS NOT UNDERTAKEN AN ANALYSIS OF THE PRIVATE SECURITY OR PAYMENT TEST WITH RESPECT TO THE BONDS, AS THE LEVEL OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS USE REPORTED IN PART III, LINE 6 IS NOT IN EXCESS OF AMOUNTS PERMITTED UNDER SECTION 145 OF THE CODE.

- ENTRY C - ISSUED 09/26/2012:

PART I, COLUMN F - THE BONDS CURRENTLY REFUNDED SERIES 1993A BONDS (ISSUED ON OCTOBER 6, 1993) AND SERIES 1998A BONDS (ISSUED ON MAY 13, 1998).

PART II, LINE 4 - THE SERIES 2012A BOND RESERVE ACCOUNT WAS FUNDED BY BOND PROCEEDS OF THE SERIES 1993 BONDS AND SERIES 1998 BONDS.

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions. *(continued)*

PART II, LINE 13 - PROCEEDS OF THE BONDS WERE ISSUED FOR THE PURPOSE OF A CURRENT REFUNDING, THEREFORE, THE PROJECT PERIOD IS NOT APPLICABLE FOR THIS BOND ISSUE.

PART III - BECAUSE PROCEEDS OF THE BONDS WERE USED TO REFUND BONDS ISSUED BEFORE JANUARY 1, 2003, THE ISSUER HAS NOT COMPLETED PART III WITH RESPECT TO THE BONDS.

PART III, LINE 7 - AS PROVIDED IN TREASURY REGULATION SECTION 1.141-4(C)(2)(I)(B), THE AMOUNT OF PRIVATE PAYMENTS TAKEN INTO ACCOUNT UNDER THE PRIVATE SECURITY OR PAYMENT TEST MAY NOT EXCEED THE AMOUNT OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS USE. ACCORDINGLY, THE AMOUNT OF PRIVATE PAYMENTS FOR THE REPORTING PERIOD DOES NOT EXCEED THE AMOUNT STATED IN PART III, LINE 6. THE ORGANIZATION HAS NOT UNDERTAKEN AN ANALYSIS OF THE PRIVATE SECURITY OR PAYMENT TEST WITH RESPECT TO THE BONDS, AS THE LEVEL OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS USE REPORTED IN PART III, LINE 6 IS NOT IN EXCESS OF AMOUNTS PERMITTED UNDER SECTION 145 OF THE CODE.

PART IV, LINE 2B - THE PORTION OF THE BOND PROCEEDS USED FOR CURRENT REFUNDING HAS MET THE 6-MONTH EXPENDITURE EXCEPTION.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

MARSHALL MEDICAL CENTER

Employer identification number

94-1450151

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO DELIVER SERVICE THAT EXCEEDS OUR PATIENTS' EXPECTATIONS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

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. IN

MARCH 2021, THE WORLD HEALTH ORGANIZATION DECLARED THE SPREAD OF

CORONAVIRUS DISEASE (COVID-19) A WORLDWIDE PANDEMIC. STATE MANDATED

SHUTDOWNS AND RESTRICTIONS WERE IMPOSED AS A RESULT, LEADING TO

DECREASED PATIENT VOLUMES AND CURTAILING COMMUNITY BENEFIT ACTIVITIES

DURING TAX YEAR 2021. INPATIENT SERVICES IN TAX YEAR 2021 WERE PROVIDED

TO 4,418 PATIENTS. SOME EXAMPLES OF INPATIENT SERVICES INCLUDED:

- 347 BABIES DELIVERED

- 22 SPECIAL PROCEDURES PERFORMED

- 155 CARDIAC CATHETERIZATIONS

- 159,087 LABORATORY TESTS PERFORMED

- 4,703 CT SCANS

- 8,482 RADIOLOGY PROCEDURES PERFORMED

OUTPATIENT SERVICES IN TAX YEAR 2021 WERE PROVIDED TO 189,916 PATIENTS.

SOME EXAMPLES FOR OUTPATIENT SERVICES INCLUDED:

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

Schedule O (Form 990) 2021

Name of the organization MARSHALL MEDICAL CENTER	Employer identification number 94-1450151
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- 28,018 EMERGENCY ROOM VISITS
- 2,048 OUTPATIENT SPECIAL PROCEDURES PERFORMED
- 45,491 RADIOLOGY PROCEDURES PERFORMED
- 501 CARDIAC CATHETERIZATIONS
- 444,021 LABORATORY TESTS PERFORMED
- 11,518 CT SCANS
- 1,711 RURAL HEALTH CLINIC VISITS
- 20,824 CARDIOLOGY CLINIC VISITS
- 1,493 PULMONOLOGY CLINIC VISITS
- 6,087 ONCOLOGY CLINIC VISITS
- 7,452 OP INFUSION CLINIC VISITS
- 2,129 RHEUMATOLOGY CLINIC VISITS
- 13,634 PEDIATRIC CLINIC VISITS
- 11,643 OB CLINICS VISITS
- 6,913 CANCER PROGRAM CASES
- 67,311 FAMILY PRACTICE CLINICS VISITS
- 7,737 GASTROENTEROLOGY CLINIC VISITS
- 2,496 ENT CLINIC VISITS
- 3,148 HEARING CLINIC VISITS
- 17,392 ORTHOPEDIC CLINIC VISITS
- 7,764 SURGERY CLINIC VISITS
- 5,232 UROLOGY CLINIC VISITS
- 4,201 PSYCHIATRY CLINIC VISITS
- 2,416 PODIATRY CLINIC VISITS
- 4,298 HBO & WOUND CARE CLINIC VISITS
- 23,195 HOSPITALISTS VISITS
- 4,779 CARES CLINIC VISTS

Name of the organization MARSHALL MEDICAL CENTER	Employer identification number 94-1450151
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- 1,213 NEUROLOGY CLINIC VISITS

- 1,923 SPECIALTY SERVICES VISITS

MARSHALL MEDICAL CENTER RECOGNIZES IT HAS AN OBLIGATION TO PROVIDE SERVICES ABOVE AND BEYOND ITS ROLE AS A HEALING FACILITY. THE FOLLOWING COMMUNITY BENEFITS DEMONSTRATE THE TANGIBLE WAYS IN WHICH THE ORGANIZATION IS FULFILLING ITS MISSION:

- BLOOD PRESSURE CLINICS;
- FLU CLINICS;
- VOLUNTEER PROGRAM;
- FOR YOUR HEALTH (A COMMUNITY MAGAZINE);
- CANCER RESOURCE CENTER;
- PALLIATIVE CARE PROGRAM;
- HOLIDAY FOOD DRIVE FOR VARIOUS FOOD BANKS;
- SEXUAL ASSAULT RESPONSE TEAM PROGRAM;
- COMMUNITY HEALTH LIBRARY;
- CHILDBIRTH CLASSES;
- CONGESTIVE HEART ACTIVE TELEPHONE TREATMENT PROGRAM;
- SCHOLARSHIPS;
- PHARMACEUTICAL TRIALS;
- USE OF HOSPITAL CONFERENCE ROOMS FOR COMMUNITY-BASED ORGANIZATIONS;
- SEMINARS AND SUPPORT GROUPS;
- FREE TRAINING FOR PHARMACY STUDENTS, NURSING STUDENTS, LVN STUDENTS, AND OTHER HEALTHCARE PROFESSIONALS;
- SMOKING CESSATION PROGRAM;
- CONTRIBUTED TO THE COMMUNITY THROUGH VOLUNTEER SERVICE TO ORGANIZATIONS, INCLUDING CHAMBERS OF COMMERCE;

Name of the organization MARSHALL MEDICAL CENTER	Employer identification number 94-1450151
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- LOW-COST MAMMOGRAPHY PROGRAM;
- HELD NUMEROUS COMMUNITY HEALTH EDUCATION CLASSES;
- MARSHALL MEDICAL CENTER'S CHAPLAIN PROVIDED 1,674 PATIENT VISITS, 235 PATIENT COUNSELING VISITS, AND CONDUCTED 1 MEMORIAL SERVICE;
- ACCEL PROGRAM (LOCAL PROJECT TO COORDINATE THE SAFETY NETWORK FOR EL DORADO COUNTY);
- ELECTRONIC HEALTH INFORMATION EXCHANGE;
- PROVIDED FREE TRANSPORTATION TO PATIENTS UNABLE TO AFFORD TRANSPORTATION;
- PROVIDED MEETING LOCATION FOR NUMEROUS SUPPORT GROUPS (MENTAL HEALTH FIRST AID, STROKE EDUCATION AND SUPPORT AND MORE) AT NO CHARGE;
- COMMUNITY SPONSORSHIPS INCLUDING BUT NOT LIMITED TO, CENTER FOR VIOLENCE-FREE RELATIONSHIPS, SOROPTIMIST INTERNATIONAL, HANDS4HOPE, AND ROTARY CLUB OF EL DORADO HILLS; AND
- ENCOURAGED EMPLOYEES TO PARTICIPATE IN VARIOUS COMMUNITY-BUILDING ORGANIZATIONS INCLUDING, BUT NOT LIMITED TO EL DORADO COUNTY ECONOMIC DEVELOPMENT CORP, LEADERSHIP EL DORADO, EL DORADO UNION HIGH SCHOOL DISTRICT CAREER EDUCATION ADVISORY COMMITTEE, AND VARIOUS HEALTH ORGANIZATION BOARDS.

FORM 990, PART VI, SECTION A, LINE 1A:

THE BOARD OF DIRECTORS HAS AN EXECUTIVE COMMITTEE CONSISTING OF THE OFFICERS OF THE BOARD, THE PAST CHAIR, THE PRESIDENT/CEO, THE CHIEF OF THE MEDICAL STAFF, AND THE LONGEST-TENURED MEDICAL GROUP DIRECTOR. THE EXECUTIVE COMMITTEE HAS THE POWER TO TRANSACT ALL REGULAR BUSINESS OF THE HOSPITAL DURING THE INTERIM BETWEEN MEETINGS OF THE BOARD, PROVIDED THAT ANY ACTION IT TAKES CANNOT CONFLICT WITH THE POLICIES AND EXPRESSED WISHES OF THE BOARD.

Name of the organization MARSHALL MEDICAL CENTER	Employer identification number 94-1450151
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FORM 990, PART VI, SECTION A, LINE 2:

SIRI NELSON, SHANNON TRUESDELL, KATHY KREJCI, JONATHAN RUSSELL, AND MARTIN

ENTWISTLE WERE BOARD MEMBERS OF EL DORADO SURGERY CENTER DURING THE FISCAL

YEAR ENDED OCTOBER 31, 2022.

FORM 990, PART VI, SECTION B, LINE 11B:

PRIOR TO FILING THE FORM 990, MANAGEMENT (CFO AND EXECUTIVE DIRECTOR OF

FINANCE) REVIEWED THE FORM 990 IN DETAIL. ANY APPROPRIATE CHANGES WERE

MADE. THE FULL GOVERNING BOARD OF DIRECTORS (BOD) HAS DELEGATED THE

RESPONSIBILITY OF REVIEWING THE FORM 990 PRIOR TO FILING WITH THE IRS TO

THE BOD AUDIT COMMITTEE, A SUBCOMMITTEE OF THE FULL GOVERNING BOD, SO THE

FORM 990 WAS THEN SUBMITTED TO THE GOVERNING BOD AUDIT COMMITTEE. THE AUDIT

COMMITTEE PERFORMED A HIGH-LEVEL REVIEW OF THE FORM 990 AND REQUESTED

MANAGEMENT TO MAKE ANY CHANGES THE COMMITTEE DEEMED NECESSARY. PRIOR TO

FILING THE FORM 990 WITH THE IRS, THE AUDIT COMMITTEE PROVIDED A SUMMARY TO

THE FULL GOVERNING BOD OF THE BOD AUDIT COMMITTEE'S REVIEW OF THE FORM 990.

AT ANY TIME, BOTH BEFORE OR AFTER FILING, THE COMPLETE FORM 990 WAS

AVAILABLE UPON REQUEST TO ANY MEMBER OF THE GOVERNING BOD.

FORM 990, PART VI, SECTION B, LINE 12C:

OUR POLICY IS TO OBTAIN ON AN ANNUAL BASIS FROM CHIEF ADMINISTRATIVE

OFFICERS, VICE PRESIDENTS, DIRECTORS, ASSISTANT DIRECTORS, PURCHASING

STAFF, LEGAL STAFF, AND COMPLIANCE STAFF A DISCLOSURE STATEMENT NAMING ANY

ORGANIZATIONS, INCLUDING THOSE AFFILIATED WITH MARSHALL MEDICAL CENTER, IN

WHICH THE EMPLOYEE AND/OR A MEMBER OF HIS/HER IMMEDIATE FAMILY MAY HAVE ANY

INTEREST, WHETHER THROUGH EMPLOYMENT, STOCK OR SHARES OWNERSHIP,

CONTRACTUAL AGREEMENT, BOARD MEMBERSHIP, OR DIRECT COMPENSATION. THERE IS

Name of the organization MARSHALL MEDICAL CENTER	Employer identification number 94-1450151
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NO MINIMUM AMOUNT OF VALUE OF AN ITEM, SERVICE, OR ARRANGEMENT THAT WILL TRIGGER A CONFLICT OF INTEREST. IMMEDIATE FAMILY INCLUDES ANY SPOUSE, PARENT, CHILD/STEP-CHILD, AND/OR SIBLING THAT LIVES IN THE SAME HOUSEHOLD AS THE EMPLOYEE. DISCLOSURE STATEMENTS ARE REVIEWED BY THE CEO FOR ANY ACTUAL OR POTENTIAL CONFLICTS. THE CEO'S DISCLOSURE STATEMENT IS REVIEWED BY THE AUDIT AND COMPLIANCE COMMITTEES OF THE BOARD OF DIRECTORS. ADDITIONALLY, UPON CONSIDERATION OF ANY NEW CONTRACT AGREEMENT, POTENTIAL PARTIES MUST IDENTIFY ANY POTENTIAL INTERESTED PARTIES IN COMMON. SHOULD ANY TRANSACTIONS INVOLVING POTENTIAL OR ACTUAL CONFLICTS OF INTEREST ARISE, THE CEO APPOINTS A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE ARRANGEMENT IN QUESTION. DUE DILIGENCE IS EXERCISED TO DETERMINE WHETHER MARSHALL MEDICAL CENTER CAN, WITH REASONABLE EFFORTS, OBTAIN A MORE ADVANTAGEOUS TRANSACTION FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY ATTAINABLE UNDER CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST, THE CEO MAKES THE DETERMINATION WHETHER THE TRANSACTION IS IN MARSHALL MEDICAL CENTER'S BEST INTEREST, BENEFIT, AND IS FAIR AND REASONABLE. IN THE EVENT THAT ANY OF THE AFOREMENTIONED EMPLOYEES OR IMMEDIATE FAMILY MEMBERS HAS AN OUTSIDE INTEREST THAT CONFLICTS OR SUGGESTS A POSSIBLE CONFLICT WITH MARSHALL MEDICAL CENTER'S BUSINESS INTERESTS, SAID EMPLOYEES ARE RECUSED FROM PARTICIPATING IN DELIBERATIONS AND/OR DECISIONS ABOUT A BUSINESS TRANSACTION.

OUR POLICY IS TO OBTAIN ON AN ANNUAL BASIS FROM MEMBERS OF THE GOVERNING BOARD A DISCLOSURE STATEMENT NAMING ANY ORGANIZATIONS, INCLUDING THOSE AFFILIATED WITH MARSHALL MEDICAL CENTER, IN WHICH THE BOARD MEMBER OR AN IMMEDIATE FAMILY MEMBER HAS ANY INTEREST, WHETHER THROUGH EMPLOYMENT,

Name of the organization MARSHALL MEDICAL CENTER	Employer identification number 94-1450151
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OWNERSHIP, CONTRACTUAL AGREEMENT, BOARD MEMBERSHIP, OR COMPENSATION. THERE IS NO MINIMUM AMOUNT OF VALUE OF AN ITEM, SERVICE, OR ARRANGEMENT THAT WILL TRIGGER A CONFLICT OF INTEREST. DISCLOSURE STATEMENTS ARE REVIEWED BY ADMINISTRATIVE OFFICE PERSONNEL FOR ANY ACTUAL OR POTENTIAL CONFLICTS AND ARE AVAILABLE TO ALL BOARD MEMBERS FOR REVIEW. ANY MATERIAL FINDINGS ARE FORWARDED TO ADMINISTRATION FOR RESOLUTION. ADDITIONALLY, UPON CONSIDERATION OF ANY NEW CONTRACT AGREEMENT, VENDORS ARE REVIEWED FOR POTENTIAL CONFLICTS OF INTEREST TO IDENTIFY ANY POTENTIAL INTERESTED PARTIES IN COMMON. SHOULD ANY TRANSACTION INVOLVING POTENTIAL OR ACTUAL CONFLICTS OF INTEREST ARISE, THE TRANSACTION MAY BE ENTERED INTO ONLY AFTER THE FOLLOWING STEPS ARE TAKEN BY THE BOARD:

A. CONCLUDE THAT THE TRANSACTION WILL BENEFIT THE HOSPITAL AND THAT THE HOSPITAL IS ENTERING INTO THE TRANSACTION FOR ITS OWN BENEFIT (THE MINUTES SHOULD DELINEATE THE BENEFIT);

B. CONCLUDE THAT THE TRANSACTION IS FAIR AND REASONABLE TO THE HOSPITAL AT THE TIME IT IS ENTERED;

C. AUTHORIZE OR APPROVE IT IN GOOD FAITH BY A VOTE OF THE DIRECTORS, WITHOUT COUNTING THE VOTE OF THE INTERESTED PERSON(S) AND WITH KNOWLEDGE OF THE MATERIAL FACTS CONCERNING THE TRANSACTION AND THE DIRECTOR(S)' INTEREST IN THE TRANSACTION; AND

D. PRIOR TO AUTHORIZING OR APPROVING THE TRANSACTION, THE BOARD DETERMINES AFTER REASONABLE INVESTIGATION AND IN GOOD FAITH THAT THE HOSPITAL COULD NOT OBTAIN THROUGH REASONABLE EFFORT A MORE ADVANTAGEOUS ARRANGEMENT UNDER THE CIRCUMSTANCES.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS DECIDES THE CEO'S COMPENSATION WITH INPUT FROM THE

Name of the organization MARSHALL MEDICAL CENTER	Employer identification number 94-1450151
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AUDIT AND COMPLIANCE COMMITTEES USING DATA COMPILED FROM THE CALIFORNIA HEALTHCARE ASSOCIATION'S ALLIED FOR HEALTH EXECUTIVE COMPENSATION SURVEY, WILLIS TOWERS WATSON EXECUTIVE COMPENSATION SURVEY AND OTHER SOURCES SUCH AS AN INDEPENDENT COMPENSATION CONSULTANT, AND FOLLOWING THE EXECUTIVE COMPENSATION PHILOSOPHY STATEMENT. THE DATA INCLUDES HOSPITALS FROM NORTHERN AND SOUTHERN CALIFORNIA, AS WELL AS RURAL AND URBAN HOSPITALS. THE DATA DIFFERENTIATES BY BED SIZE, OPERATING EXPENSES, AND FULL-TIME EQUIVALENTS (FTES). ALL INFORMATION UTILIZES AGGREGATE, HISTORICAL INFORMATION. THE AUDIT AND COMPLIANCE COMMITTEES MEET QUARTERLY BUT INCORPORATES COMPENSATION REVIEW ANNUALLY WHEN A REVIEW OF THE CEO'S COMPENSATION IS IN ORDER.

THE CEO (ADMINISTRATOR) DECIDES THE COMPENSATION FOR THE COO (ASSISTANT ADMINISTRATOR), CNO (CHIEF NURSING OFFICER), CFO (CHIEF FINANCIAL OFFICER), CAO (CHIEF AMBULATORY OFFICER) AND CMO (CHIEF MEDICAL OFFICER); REVIEWING THEM ANNUALLY. THE CHIEF EXECUTIVE TEAM DECIDES COMPENSATION FOR ALL DIVISION/INTERNAL LEADERSHIP VICE PRESIDENTS. THE ABOVE COMPENSATION WAS DETERMINED USING A STATEMENT OF EXECUTIVE COMPENSATION PHILOSOPHY CREATED WITH INPUT FROM AN INDEPENDENT COMPENSATION CONSULTANT WHICH USED DATA COMPILED FROM THE CALIFORNIA HEALTHCARE ASSOCIATION'S ALLIED FOR HEALTH EXECUTIVE COMPENSATION SURVEY, AS WELL AS OTHER SURVEYS. THE DATA INCLUDES HOSPITALS FROM NORTHERN AND SOUTHERN CALIFORNIA, AS WELL AS RURAL AND URBAN HOSPITALS. THE DATA DIFFERENTIATES BY BED SIZE, OPERATING EXPENSES, AND FULL-TIME EQUIVALENTS (FTES). ALL INFORMATION UTILIZES AGGREGATE, HISTORICAL INFORMATION. IF NECESSARY, TEMPORARY PAY CUTS MAY ALSO BE APPROVED FOR OFFICERS TO MEET OPERATIONAL NEEDS.

FORM 990, PART VI, SECTION C, LINE 19:

Schedule O (Form 990) 2021

Page 2

Name of the organization MARSHALL MEDICAL CENTER	Employer identification number 94-1450151
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- MARSHALL MEDICAL CENTER'S GOVERNING DOCUMENTS ARE MADE AVAILABLE

ACCORDING TO THE CALIFORNIA CORPORATIONS CODE REQUIREMENTS.

- OUR CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST.

- SELECTED FINANCIAL INFORMATION IS PUBLISHED ANNUALLY IN OUR PERIODIC

PUBLICATION, "REPORT TO THE COMMUNITY". THIS PUBLICATION IS INCLUDED IN

TWO LOCAL NEWSPAPERS WITH A CIRCULATION OF APPROXIMATELY 35,000 HOMES. THE

PUBLICATION IS ALSO PLACED IN VARIOUS PUBLIC AREAS INCLUDING DOCTORS'

OFFICES, LIBRARIES, THE CHAMBER OF COMMERCE, REAL ESTATE OFFICES, AND ALL

OF OUR LOCATION WAITING ROOMS. MONTHLY SELECTED FINANCIAL INFORMATION IS

POSTED ON THE "KAIZEN" BULLETIN BOARD IN THE HOSPITAL FOR PURPOSES OF

OPERATIONAL TRANSPARENCY TO THE COMMUNITY. ALSO, AUDITED FINANCIAL

STATEMENTS ARE MADE AVAILABLE FOR REVIEW UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PHYSICIAN SERVICES:

PROGRAM SERVICE EXPENSES	42,776,691.
MANAGEMENT AND GENERAL EXPENSES	1,328,415.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	44,105,106.

OTHER PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES	19,502,085.
MANAGEMENT AND GENERAL EXPENSES	3,659,866.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	23,161,951.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	67,267,057.
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

Name of the organization MARSHALL MEDICAL CENTER	Employer identification number 94-1450151
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PENSION-RELATED CHANGES	14,673,867.
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**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" 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

2021

Open to Public Inspection

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.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2021

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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	
EL DORADO SURGERY CENTER LLC - 45-0586784, 4300 GOLDEN CENTER DRIVE, SUITE E, PLACERVILLE, CA 95667	SURGICAL SERVICES	CA	MARSHALL MEDICAL CENTER	RELATED	-139,308.	1,211,346.		X	N/A	X		87.00%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								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
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)	X	

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) EL DORADO SURGERY CENTER LLC	S	256,886.	CASH
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	