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Return of Organization Exempt From Income Tax

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning NOV 1, 2024 and ending OCT 31, 2025

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ termin-ated
- ☐ Amended return
- ☐ Applica-tion pending

C Name of organization
MARSHALL MEDICAL CENTER
Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1100 MARSHALL WAY

City or town, state or province, country, and ZIP or foreign postal code
PLACERVILLE, CA 95667

F Name and address of principal officer: MARTIN ENTWISTLE
SAME AS C ABOVE

D Employer identification number
94-1450151

E Telephone number
530-622-1441

G Gross receipts $ 368,049,416.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.MARSHALLMEDICAL.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1957 **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 ☐ 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	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	1753
6	Total number of volunteers (estimate if necessary)	6	120
7a	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.

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	1,134,267.	5,159,338.
9	Program service revenue (Part VIII, line 2g)	339,575,189.	357,833,059.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,295,493.	2,802,245.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,626,722.	1,745,838.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	343,631,671.	367,540,480.
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,300.	10,090.
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)	165,390,358.	176,935,875.
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)	174,842,458.	195,119,751.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	340,245,116.	372,065,716.
19	Revenue less expenses. Subtract line 18 from line 12	3,386,555.	-4,525,236.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	350,530,200.	346,756,890.
21	Total liabilities (Part X, line 26)	150,729,348.	149,159,959.
22	Net assets or fund balances. Subtract line 21 from line 20	199,800,852.	197,596,931.

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

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Signature of officer Date

MARTIN ENTWISTLE, INTERIM PRESIDENT/CEO
Type or print name and title

Paid Preparer Use Only

Preparer's name AMY L. HENDLEY	Preparer's signature AMY L. HENDLEY	Date 09/11/26	Check if self-employed ☐	PTIN P01300654
Firm's name BAKER TILLY ADVISORY GROUP, LP			Firm's EIN 39-0859910	
Firm's address 2882 PROSPECT PARK DR, STE 300 RANCHO CORDOVA, CA 95670			Phone no. 916-503-8100	

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

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:
SEE 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 $ 267,963,986. including grants of $ 10,090.) (Revenue $ 357,833,059.)
SEE 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 267,963,986.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		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? *If "Yes," complete Schedule C, Part II*	4	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? *If "Yes," complete Schedule C, Part III*	5		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? *If "Yes," complete Schedule D, Part I*	6		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? *If "Yes," complete Schedule D, Part II*	7	X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		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? *If "Yes," complete Schedule D, Part VI*	11a	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? *If "Yes," complete Schedule D, Part VII*	11b		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? *If "Yes," complete Schedule D, Part VIII*	11c		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? *If "Yes," complete Schedule D, Part IX*	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	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)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? *If "Yes," complete Schedule F, Parts I and IV*	14b		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? *If "Yes," complete Schedule F, Parts II and IV*	15		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? *If "Yes," complete Schedule F, Parts III and IV*	16		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? *If "Yes," complete Schedule G, Part I.* See instructions	17		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? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	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? *If "Yes," complete Schedule I, Parts I and II*	21	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? *If "Yes," complete Schedule I, Parts I and III*	22		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? *If "Yes," complete Schedule J*	23	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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	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?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		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? *If "Yes," complete Schedule L, Part I*	25a		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? *If "Yes," complete Schedule L, Part I*	25b		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? *If "Yes," complete Schedule L, Part II*	26		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? *If "Yes," complete Schedule L, Part III*	27		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? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		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? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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)? *If "Yes," complete Schedule R, Part V, line 2*	35b	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

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	1a	127		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 1753			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	**15**		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	**17**		

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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			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?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		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*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	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 ☒ 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

JOEL ENGELMANN - 530-626-2606

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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	39.00									
PRESIDENT/CEO	1.50	X		X				834,563.	0.	19,969.
(2) MARTIN ENTWISTLE - ASSOCIATE	40.00									
CHIEF MEDICAL OFFICER/VP OF POP.	0.50				X			438,707.	0.	22,204.
(3) LAURIE ELDRIDGE	39.00									
CHIEF FINANCIAL OFFICER (THRU 10/24)	1.00				X			364,665.	0.	61,784.
(4) BRIAN GOLDSMITH, MD	40.00									
CHIEF MEDICAL OFFICER	0.00				X			394,000.	0.	13,588.
(5) CYNTHIA RICE	40.00									
CHIEF NURSING OFFICER	0.00				X			355,126.	0.	32,538.
(6) CORINA BRONNY	40.00									
STAFF RN - ICU	0.00					X		357,207.	0.	21,900.
(7) JONATHAN RUSSELL	40.00									
CHIEF AMBULATORY OFFICER	0.50				X			320,515.	0.	30,249.
(8) CHERYL MORGAN	40.00									
SONOGRAPHER 3 - DIAGNOSTIC IMAGING	0.00					X		281,774.	0.	34,113.
(9) MARTIN DALY	40.00									
VP OF INFORMATION TECHNOLOGY	0.00					X		299,508.	0.	15,850.
(10) MINDY DANOVARO	39.00									
EXECUTIVE DIRECTOR OF PHILANTHROPY	1.00					X		289,396.	0.	18,253.
(11) PHILLIP LEONERIO	40.00									
STAFF RN	0.00					X		286,374.	0.	7,850.
(12) ELLE KARIMKHANI	40.00									
CHIEF LEGAL OFFICER	0.00				X			274,632.	0.	784.
(13) LISA KISSEL	40.00									
COMPLIANCE & PRIVACY OFFICER	0.00				X			219,051.	0.	0.
(14) BRETT APPLEBERG - CHIEF	40.00									
HUMAN RESOURCES OFFICER (THRU 04/24)	0.00				X			163,246.	0.	12,637.
(15) JOEL ENGELMANN	39.00									
VP OF FINANCE	1.00			X				161,566.	0.	9,100.
(16) JON HAUGAARD	2.00									
CHAIR	0.00	X		X				0.	0.	0.
(17) THOMAS CUMPSTON	2.00									
VICE CHAIR	2.00	X		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) JOHN R. KNIGHT	2.00									
SECRETARY (THRU 04/25)/TREASURER	0.00	X		X				0.	0.	0.
(19) SYLVIA STEPHENSON	2.00									
SECRETARY (AS OF 04/25)	0.00	X		X				0.	0.	0.
(20) SEAN ANDERSON, MD	2.00									
CHIEF OF STAFF (THRU 12/24)	0.00	X						0.	0.	0.
(21) LEANNE CAMISA	2.00									
CHIEF OF STAFF (AS OF 01/25)	0.00	X						0.	0.	0.
(22) ANNA BLAIR, RN	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(23) GERARDO GALANG, MD	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(24) ANDREA HOWARD	2.00									
DIRECTOR (THRU 02/25)	0.00	X						0.	0.	0.
(25) ALEXIS LONG, MD	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(26) MIKE PERVIS	2.00									
DIRECTOR	0.00	X						0.	0.	0.
1b Subtotal								5,040,330.	0.	300,819.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								5,040,330.	0.	300,819.

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 416

		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*	3		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*	4	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*	5		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, PLACERVILLE, CA 95667	MULTISPECIALTY CARE SERVICES	28,187,708.
MARSHALL PRIMARY CARE MED ASSOC, 2882 PROSPECT PARK DR, RANCHO CORDOVA, CA 95670	PHYSICIAN PRIMARY CARE SERVICES	14,222,511.
EL DORADO ANESTHESIA MED GROUP, 113 MIRAMONT COURT, EL DORADO HILLS, CA 95670	ANESTHESIA SERVICES	5,655,435.
OBHG CALIFORNIA PC, 777 LOWNDES HILL ROAD, BUILDING 1, GREENVILLE, SC 29607	OB/GYN CARE SERVICES	2,956,140.
THE REGENTS OF U.C.(PSA) P.O. BOX 741816, LOS ANGELES, CA 90074	PROFESSIONAL MEDICAL SERVICES	2,185,077.

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 42

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) KIM STOLL	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(28) BRIAN VEERKAMP	2.00									
DIRECTOR	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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	493,400.				
	e Government grants (contributions)	1e	4,045,350.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	620,588.				
	g Noncash contributions included in lines 1a-1f	1g	$ 20,720.				
	h **Total.** Add lines 1a-1f			5,159,338.			
Program Service Revenue		**Business Code**					
	2a PATIENT REVENUE, NET	621110		357597235.	357597235.		
	b EL DORADO SURGERY CENT	621110		235,824.	235,824.		
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f			357833059.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,855,975.			2855975.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real	(ii) Personal			
	6a Gross rents	6a	336,087.				
	b Less: rental expenses	6b	192,676.				
	c Rental income or (loss)	6c	143,411.				
	d Net rental income or (loss)			143,411.			143,411.
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a		240,913.			
	b Less: cost or other basis and sales expenses	7b		294,643.			
	c Gain or (loss)	7c		-53,730.			
	d Net gain or (loss)			-53,730.			-53,730.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a	32,346.				
	b Less: cost of goods sold	10b	21,617.				
	c Net income or (loss) from sales of inventory			10,729.			10,729.
Miscellaneous Revenue		**Business Code**					
	11a CAFETERIA REVENUE	900099		857,780.			857,780.
	b MISCELLANEOUS REVENUE	900099		357,153.			357,153.
	c REBATE REVENUE	900099		208,504.			208,504.
	d All other revenue	900099		168,261.			168,261.
	e **Total.** Add lines 11a-11d			1,591,698.			
	12 **Total revenue.** See instructions			367540480.	357833059.	0.	4548083.

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	10,090.	10,090.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,166,367.	2,603,249.	563,118.	
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	118,107,359.	93,262,901.	24,844,458.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,895,769.	1,815,839.	1,079,930.	
9 Other employee benefits	43,034,666.	26,450,620.	16,584,046.	
10 Payroll taxes	9,731,714.	6,492,104.	3,239,610.	
11 Fees for services (nonemployees):				
a Management	3,824,454.	42,847.	3,781,607.	
b Legal	528,177.		528,177.	
c Accounting	253,236.		253,236.	
d Lobbying	43,846.		43,846.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	71,978,030.	66,728,251.	5,249,779.	
12 Advertising and promotion	692,898.	1,555.	691,343.	
13 Office expenses	2,071,198.	803,578.	1,267,620.	
14 Information technology	9,848,025.		9,848,025.	
15 Royalties				
16 Occupancy	7,258,627.	1,497,679.	5,760,948.	
17 Travel	472,795.	156,034.	316,761.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	225,036.	17,799.	207,237.	
20 Interest	2,532,563.		2,532,563.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	14,211,944.		14,211,944.	
23 Insurance	2,030,712.	489,675.	1,541,037.	
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	51,196,872.	51,065,048.	131,824.	
b BAD DEBT EXPENSE	8,574,476.	8,574,476.		
c REGISTRY	1,705,696.	1,433,299.	272,397.	
d SECURITY	1,325,702.		1,325,702.	
e All other expenses	16,345,464.	6,518,942.	9,826,522.	
25 **Total functional expenses.** Add lines 1 through 24e	372,065,716.	267,963,986.	104,101,730.	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	22,243,320.	1	12,083,336.
	2	Savings and temporary cash investments	15,423,806.	2	12,341,549.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	83,333,621.	4	85,293,307.
	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	959,893.	7	1,168,735.
	8	Inventories for sale or use	5,830,048.	8	6,464,999.
	9	Prepaid expenses and deferred charges	2,789,120.	9	2,767,653.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 366,545,316.			
	b	Less: accumulated depreciation — 10b: 221,797,899.	136,683,640.	10c	144,747,417.
	11	Investments - publicly traded securities	36,466,670.	11	36,153,952.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	5,503,196.	13	5,391,020.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	41,296,886.	15	40,344,922.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	350,530,200.	16	346,756,890.
Liabilities	17	Accounts payable and accrued expenses	50,524,745.	17	53,180,674.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	76,158,005.	20	74,040,849.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	19,524,629.	23	18,379,787.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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	4,521,969.	25	3,558,649.
	26	**Total liabilities.** Add lines 17 through 25	150,729,348.	26	149,159,959.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	199,800,852.	27	197,596,931.
	28	Net assets with donor restrictions		28	
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	199,800,852.	32	197,596,931.
	33	Total liabilities and net assets/fund balances	350,530,200.	33	346,756,890.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	367,540,480.
2	Total expenses (must equal Part IX, column (A), line 25)	2	372,065,716.
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,525,236.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	199,800,852.
5	Net unrealized gains (losses) on investments	5	2,554,965.
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	-233,650.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	197,596,931.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ 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?	2a		X
	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?	2b	X	
	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?	2c	X	
	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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
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	3b		

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

2024

Open to Public Inspection

Name of the organization
MARSHALL MEDICAL CENTER

Employer identification number
94-1450151

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 14 %

15 Public support percentage from 2023 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support test - 2023.** 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 ☐

17a **10% -facts-and-circumstances test - 2024.** 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 ☐

b **10% -facts-and-circumstances test - 2023.** 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 ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests - 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	4b		
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)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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? *If "Yes," provide detail in* **Part VI.**	6		
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? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
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? *If "Yes," provide detail in* **Part VI.**	9b		
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? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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

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? *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.*	**1**		
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? *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.*	**2**		

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)? *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).*	**1**		

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

- **a** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	*Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.	**3b**		

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 (*explain in detail in* **Part VI**):			
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 ☐ 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 2024 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-2024**	**(iii)** **Distributable Amount for 2024**
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

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

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

MARSHALL MEDICAL CENTER

Employer identification number

94-1450151

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 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

[X] 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

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		$ 2,205,914.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 1,044,575.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 582,306.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 359,749.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 212,555.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 187,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization

MARSHALL MEDICAL CENTER

Employer identification number

94-1450151

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		$ 493,400.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
8		$ 43,714.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9		$ 14,800.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10		$ 9,825.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization

MARSHALL MEDICAL CENTER

Employer identification number

94-1450151

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	VEHICLE & EQUIPMENT	$ 20,720.	10/31/25
		$	
		$	
		$	
		$	
		$	
		$	

Name of organization: MARSHALL MEDICAL CENTER

Employer identification number: 94-1450151

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2024

Open to Public Inspection

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

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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	Employer identification number (EIN)
MARSHALL MEDICAL CENTER	94-1450151

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

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

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)	2,555.	0.
b Total lobbying expenditures to influence a legislative body (direct lobbying)	41,291.	0.
c Total lobbying expenditures (add lines 1a and 1b)	43,846.	0.
d Other exempt purpose expenditures	372043487.	
e Total exempt purpose expenditures (add lines 1c and 1d)	372087333.	0.
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.	0.
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	0.
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.	

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

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

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(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	60,250.	15,967.	23,373.	43,846.	143,436.
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	7,789.			2,555.	10,344.

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) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
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 not be 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 expenditures 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)
(Rev. December 2024)
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

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.

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

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

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

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (for example, recreation or education)
- ☐ Preservation of a historically important land area
- ☒ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	1
b	Total acreage restricted by conservation easements	2b	0.10
c	Number of conservation easements on a certified historic structure included on line 2a	2c	0
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	0

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 0

4 Number of states where property subject to conservation easement is located 1

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 0

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 0.

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 $ _____

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 $ _____

b Assets included in Form 990, Part X $ _____

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

3 Using the organization's 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 in Part XIII ☐

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
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?	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		7,124,430.		7,124,430.
b Buildings		184,736,115.	98,932,001.	85,804,114.
c Leasehold improvements		30,546,326.	23,800,247.	6,746,079.
d Equipment		135,187,871.	99,065,651.	36,122,220.
e Other		8,950,574.		8,950,574.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				144,747,417.

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, line 12, col. (B))		

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, line 13, col. (B))		

Part IX Other Assets

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

(a) Description	(b) Book value
(1) PREPAID PENSION COSTS	33,740,801.
(2) RIGHT-OF-USE LEASE ASSET	3,320,183.
(3) UNAMORTIZED LOAN COSTS	2,248,119.
(4) THIRD PARTY COST SETTLEMENT	95,308.
(5) OTHER ASSETS	940,511.
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	40,344,922.

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) LEASE LIABILITY	3,359,841.
(3) THIRD PARTY PAYOR SETTLEMENTS	198,808.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	3,558,649.

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 ... X

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	361,362,666.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	2,554,965.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-158,303.		
e	Add lines 2a through 2d			2e	2,396,662.
3	Subtract line 2e from line 1			3	358,966,004.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	8,574,476.		
c	Add lines 4a and 4b			4c	8,574,476.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	367,540,480.

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	363,566,587.
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	75,347.		
e	Add lines 2a through 2d			2e	75,347.
3	Subtract line 2e from line 1			3	363,491,240.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	8,574,476.		
c	Add lines 4a and 4b			4c	8,574,476.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	372,065,716.

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 AND EQUIPMENT ON THE BALANCE SHEET. NO REVENUE OR MATERIAL EXPENSES ARE ASSOCIATED WITH THE EASEMENT.

PART X, LINE 2:

THE MEDICAL CENTER IS A TAX-EXEMPT ORGANIZATION AND IS NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES, EXCEPT FOR UNRELATED BUSINESS INCOME, IN ACCORDANCE WITH SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION, THE MEDICAL CENTER QUALIFIED FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. THE PROVISION FOR INCOME TAXES WAS $0 FOR THE YEARS ENDED OCTOBER 31, 2025 AND 2024.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST	-233,650.
LOSS ON SALE OF FIXED ASSETS	53,730.
COST OF GOODS SOLD	21,617.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-158,303.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

PROVISION FOR BAD DEBTS	8,574,476.

Part XIII Supplemental Information *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:	
LOSS ON SALE OF FIXED ASSETS	53,730.
COST OF GOODS SOLD	21,617.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	75,347.

PART XII, LINE 4B - OTHER ADJUSTMENTS:	
PROVISION FOR BAD DEBTS	8,574,476.

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization
MARSHALL MEDICAL CENTER

Employer identification number
94-1450151

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy (FAP) 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 FAP to its various hospital facilities during the tax year: [X] Applied uniformly to all hospital facilities [ ] Applied uniformly to most hospital facilities [ ] 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 *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: [ ] 100% [ ] 150% [ ] 200% [X] Other 149 %	3a	X	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: [ ] 200% [ ] 250% [ ] 300% [ ] 350% [ ] 400% [X] Other 450 %	3b	X	
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 FAP 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 FAP 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

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial assistance at cost (from Worksheet 1)	10	694	1727350.	3902985.	0.	.00%
b Medicaid (from Worksheet 3, column a)	2	15,298	17757552.	73774581.	0.	.00%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total.** Financial assistance and means-tested government programs	12	15,992	19484902.	77677566.	0.	.00%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	0	42,213	3847703.	152,165.	3695538.	.99%
f Health professions education (from Worksheet 5)	0	282	3991875.	0.	3991875.	1.07%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			191,562.	14,864.	176,698.	.05%
j **Total.** Other benefits		42,495	8031140.	167,029.	7864111.	2.11%
k **Total.** Add lines 7d and 7j	12	58,487	27516042.	77844595.	7864111.	2.11%

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	3	218	32,727.	0.	32,727.	.01%
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development	2	69	237,750.	660.	237,090.	.06%
9	Other						
10	Total	5	287	270,477.	660.	269,817.	.07%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		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	8,574,476.		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's FAP. 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	2,580,917.		
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	69,791,528.		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	130,595,177.		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-60,803,649.		
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: ☐ Cost accounting system ☒ Cost to charge ratio ☐ 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 - see instructions)

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility):	Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 MARSHALL MEDICAL CENTER 1100 MARSHALL WAY PLACERVILLE, CA 95667 WWW.MARSHALLMEDICAL.ORG 30000059	X	X					X			

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 (CHNA)			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		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	2		X
3 During the tax year or either of the 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12	3	X	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a [X] A definition of the community served by the hospital facility			
b [X] Demographics of the community			
c [X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d [X] How data was obtained			
e [X] The significant health needs of the community			
f [X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g [X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h [X] The process for consulting with persons representing the community's interests			
i [X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA			
j [ ] Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 24			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	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	6a		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	6b		X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a [X] Hospital facility's website (list url): SEE LINE 7D			
b [ ] Other website (list url):			
c [X] Made a paper copy available for public inspection without charge at the hospital facility			
d [X] Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 24			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a If "Yes," list url: SEE LINE 7D			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
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 FAP that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	X	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	[X] FPG, with FPG family income limit for eligibility for free care of and FPG family income limit 149 % for eligibility for discounted care of 450 %			
b	[X] Income level other than FPG (describe in Section C)			
c	[X] Asset level			
d	[X] Medical indigency			
e	[ ] Insurance status			
f	[X] Underinsurance status			
g	[X] Residency			
h	[ ] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	X	
15	Explained the method for applying for financial assistance?	15	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	[X] Described the information the hospital facility may require an individual to provide as part of their application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of their application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[X] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[ ] Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The FAP was widely available on a website (list url): SEE LINE 16J			
b	[X] The FAP application form was widely available on a website (list url): SEE LINE 16J			
c	[X] A plain language summary of the FAP was widely available on a website (list url): SEE LINE 16J			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[X] 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	[X] 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	[X] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[X] 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	[X] Other (describe in Section C)			

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 FAP that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	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	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			
f	☒ None of these actions or other similar actions were permitted			
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?	19		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) on line 19 (check all that apply):

- **a** ☒ Provided a written notice about upcoming extraordinary collection actions (ECAs) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)
- **b** ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
- **c** ☒ Processed incomplete and complete FAP applications (if not, describe in Section C)
- **d** ☒ Made presumptive eligibility determinations (if not, describe in Section C)
- **e** ☐ Other (describe in Section C)
- **f** ☐ 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 FAP?	21	X	
	If "No," indicate why:			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ 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	☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
b	☐ 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	☐ 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	☒ 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

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: EIGHTEEN (18) PHONE INTERVIEWS WERE CONDUCTED DURING MAY AND JUNE 2025. 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 ABOUT ISSUES AND NEEDS IN COMMUNITIES SERVED BY THE HOSPITAL.

THE IDENTIFIED STAKEHOLDERS WERE INVITED BY EMAIL TO PARTICIPATE IN THE PHONE INTERVIEW. APPOINTMENTS FOR THE INTERVIEWS WERE MADE ON DATES AND TIMES CONVENIENT TO THE STAKEHOLDERS. AT THE BEGINNING OF EACH INTERVIEW, THE PURPOSE OF THE INTERVIEW IN THE CONTEXT OF THE ASSESSMENT WAS EXPLAINED, THE STAKEHOLDERS WERE ASSURED THEIR RESPONSES WOULD REMAIN CONFIDENTIAL, AND CONSENT TO PROCEED WAS GIVEN.

THE INTERVIEWS WERE STRUCTURED TO OBTAIN GREATER DEPTH AND RICHNESS OF INFORMATION ON SIGNIFICANT HEALTH NEEDS. FIRST, INTERVIEW PARTICIPANTS WERE ASKED TO DESCRIBE THE MAJOR HEALTH ISSUES IMPACTING THE COMMUNITY AS WELL AS THE SOCIAL DETERMINANTS OF HEALTH CONTRIBUTING TO POOR HEALTH. INTERVIEW PARTICIPANTS WERE ALSO ASKED TO RATE THE IMPACT AND IMPORTANCE OF EACH SIGNIFICANT HEALTH NEED ON A BRIEF SURVEY PRIOR TO PARTICIPATING IN THE TELEPHONE INTERVIEWS.

DURING THE INTERVIEWS, PARTICIPANTS WERE ASKED TO SHARE THEIR PERSPECTIVES ON THE ISSUES, CHALLENGES AND BARRIERS RELATED TO THE SIGNIFICANT HEALTH NEEDS AND IDENTIFY KNOWN RESOURCES TO ADDRESS THE SIGNIFICANT HEALTH NEEDS.

SECONDARY DATA WERE COLLECTED FROM A VARIETY OF LOCAL, COUNTY, AND STATE SOURCES TO PRESENT COMMUNITY DEMOGRAPHICS, SOCIAL DETERMINANTS OF HEALTH, ACCESS TO HEALTH CARE, BIRTH CHARACTERISTICS, LEADING CAUSES OF DEATH, ACUTE AND CHRONIC DISEASE, HEALTH BEHAVIORS, MENTAL HEALTH, SUBSTANCE USE AND PREVENTIVE PRACTICES. WHERE AVAILABLE, THESE DATA ARE PRESENTED IN THE CONTEXT OF EL DORADO COUNTY AND CALIFORNIA.

ANALYSIS OF SECONDARY DATA INCLUDES AN EXAMINATION AND REPORTING OF HEALTH DISPARITIES FOR SOME HEALTH INDICATORS. THE REPORT INCLUDES BENCHMARK COMPARISON DATA THAT MEASURE THE DATA FINDINGS AS COMPARED TO HEALTHY PEOPLE 2030 OBJECTIVES, WHERE APPROPRIATE (ATTACHMENT 1). HEALTHY PEOPLE OBJECTIVES ARE A NATIONAL INITIATIVE TO IMPROVE THE PUBLIC'S HEALTH BY PROVIDING MEASURABLE OBJECTIVES THAT ARE APPLICABLE AT NATIONAL, STATE, AND LOCAL LEVELS.

MARSHALL MEDICAL CENTER:
PART V, SECTION B, LINE 7D: THE COMMUNITY HEALTH NEEDS ASSESSMENT REPORT AND IMPLEMENTATION STRATEGY ARE AVAILABLE ONLINE AT HTTPS://WWW.MARSHALLMEDICAL.ORG/ABOUT-US/COMMUNITY-BENEFIT/.

MARSHALL MEDICAL CENTER:
PART V, SECTION B, LINE 11: THE 2025 CHNA IDENTIFIED THE FOLLOWING PRIORITY HEALTH NEEDS: ACCESS TO CARE, CHRONIC DISEASES, CLIMATE HAZARDS,

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.

FOOD INSECURITY, HOUSING AND HOMELESSNESS, MENTAL HEALTH, OVERWEIGHT AND OBESITY, PREVENTIVE CARE, SUBSTANCE USE, AND UNINTENTIONAL INJURIES. THESE NEEDS WILL BE ADDRESSED BASED ON THE FY26-FY28 IMPLEMENTATION STRATEGY.

IN FY25, MARSHALL ENGAGED IN ACTIVITIES AND PROGRAMS THAT ADDRESSED THE PRIORITY HEALTH NEEDS IDENTIFIED IN THE FY23-FY25 IMPLEMENTATION STRATEGY. MARSHALL COMMITTED TO COMMUNITY BENEFIT EFFORTS THAT ADDRESSED BEHAVIORAL HEALTH (MENTAL HEALTH AND SUBSTANCE USE), CHRONIC DISEASE PREVENTION, MANAGEMENT, AND TREATMENT, AND SUPPORT FOR THE HEALTH AND WELFARE OF THE COMMUNITY. SELECTED ACTIVITIES AND PROGRAMS THAT HIGHLIGHT THE HOSPITAL'S COMMITMENT TO THE COMMUNITY ARE DETAILED BELOW.

ACCESS TO BEHAVIORAL HEALTH SERVICES (MENTAL HEALTH AND SUBSTANCE USE) RESPONSE TO NEED:

1. MARSHALL CARES (CLINICALLY ASSISTED RECOVERY & EDUCATION SERVICES) - CARES TREATS OPIATE USE DISORDER AND HAS GROWN INTO A CLINIC FOCUSED ON SUPPORTIVE TREATMENT FOR PEOPLE WITH ANY SUBSTANCE DEPENDENCY, INCLUDING ALCOHOL, TOBACCO, STIMULANTS, OPIOIDS, BENZODIAZEPINES, AND OTHER SEDATIVE HYPNOTICS. CLINIC SERVICES SERVED 833 PEOPLE AND INCLUDED COMPREHENSIVE MEDICATION ASSISTED TREATMENT WITH A PHYSICIAN, COUNSELING, CASE MANAGEMENT AND BEHAVIORAL HEALTH SUPPORT SERVICES.

2. MEDICATION ASSISTED TREATMENT (MAT) - SINCE DECEMBER 2016, MARSHALL HAS PARTICIPATED IN A JOINT EFFORT WITH THE EL DORADO COMMUNITY HEALTH CENTER (EDCHC) AND THE CALIFORNIA HEALTHCARE FOUNDATION TO PROVIDE MEDICATION ASSISTED TREATMENT (MAT) FOR OPIOID ADDICTION. WHEN PEOPLE COME TO MARSHALL'S EMERGENCY DEPARTMENT IN WITHDRAWAL, THEY WORK WITH A SUBSTANCE USE NAVIGATOR (SUN) AND ARE OFFERED PARTICIPATION IN THE MAT/ED BRIDGE PROGRAM, WHICH INCLUDES BUPRENORPHINE TO ALLEVIATE WITHDRAWAL SYMPTOMS. THROUGH THE EDCHC AND MARSHALL CARES, THEY ARE ALSO REFERRED TO OUTPATIENT THERAPY, WHERE THEY MEET WITH A DOCTOR WITHIN 48 HOURS. THE PROGRAM INCLUDES GROUP SESSIONS, COUNSELING, AND SOCIAL SERVICES. IN FY25, THE SUN CONSULTED WITH 833 PEOPLE. BEYOND OPIOID USE DISORDER TREATMENT, MARSHALL HAS ALSO ENGAGED TO SUPPORT TREATING ALCOHOL USE DISORDER, NICOTINE USE DISORDER, AS WELL AS METHAMPHETAMINE USE. FENTANYL-SPECIFIC USE AND OVERDOSE CONTINUES TO RISE AS SIGNIFICANT PUBLIC HEALTH IMPACT DUE TO ITS HIGHLY CONCENTRATED AND OFTEN POLLUTED NATURE, PARTICULARLY IN SEMI-RURAL WESTERN EL DORADO COUNTY.

3. OVERDOSE RECOGNITION AND PREVENTION - OUTREACH TO THE COMMUNITY FOR EDUCATION ON SUBSTANCE USE TREATMENT, OVERDOSE PREVENTION AND STIGMA REDUCTION. MARSHALL REACHED 230 PEOPLE AT A FENTANYL AND OVERDOSE AWARENESS DAY. OVERDOSE EDUCATION AND PREVENTION REACHED 130 HIGH SCHOOL STUDENTS. OPIOID PREVENTION COMMUNITY EDUCATION REACHED 90 PEOPLE. OVER 700 PEOPLE WERE PROVIDED WITH NARCAN FOR USE IN THE COMMUNITY.

STAFF AT MARSHALL LED THE SUBSTANCE USE DISORDER BOARD FOR INTERDISCIPLINARY REVIEW AND EDUCATION REGARDING CARE FOR CURRENT AND EMERGING SUBSTANCE USE DISORDERS AND PARTICIPATED IN THE EL DORADO COUNTY PERINATAL SUD TREATMENT COLLABORATIVE. AND OUTREACH AND RESOURCE NAVIGATION WERE PROVIDED FOR INDIVIDUALS AND THEIR FAMILIES EXPERIENCING SUBSTANCE USE DISORDERS.

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 PROVIDED COLLABORATIVE COMMUNITY SUPPORT WITH ST. PATRICK'S CHURCH. THIS COLLABORATION SUPPORTED UNDERSERVED POPULATIONS AND PROVIDED ASSISTANCE WITH COMMUNITY RESOURCE NAVIGATION, INCLUDING SUBSTANCE USE DISORDER (SUD)RELATED SUPPORT AND REFERRALS FOR RESIDENTS AT MOTHER TERESA MATERNITY HOME RESIDENTIAL PROGRAM FOR PREGNANT MOTHERS.

OUTREACH AND COMMUNITY INTERVENTION ACTIVITIES CONNECTED 545 COMMUNITY MEMBERS TO HEALTH, BEHAVIORAL HEALTH, AND SUBSTANCE USE DISORDERRELATED EDUCATION AND RESOURCES. OUTREACH AND ENGAGEMENT OCCURRED AT WOODRIDGE APARTMENTS, CEDAR GROVE MOBILE HOME PARK, COTTONWOOD APARTMENTS, SANTA MARIA TAQUERIA, LA PROMESA, AND EXHILARATION STATION. THESE ACTIVITIES SUPPORTED ACCESS TO CULTURALLY RESPONSIVE OUTREACH, RESOURCE NAVIGATION, AND COMMUNITY-BASED INTERVENTIONS AIMED AT IMPROVING CONNECTION TO CARE AND SUPPORT SERVICES FOR UNDERSERVED POPULATIONS.

CHRONIC DISEASE PREVENTION, MANAGEMENT AND TREATMENT RESPONSE TO NEED:

1. POPULATION HEALTH - THE MARSHALL POPULATION HEALTH TEAM COORDINATED THE COMMUNITY SERVICES THAT MARSHALL PROVIDED, WITH THE OBJECTIVE OF STRENGTHENING THE CONTINUUM OF CARE PROVIDED TO OUR PATIENTS AND THE COMMUNITY. DRIVEN BY PRIMARY CARE PROVIDERS, AND WITH ENGAGEMENT OF CLINIC STAFF AND SPECIALISTS, MARSHALL PLACED A PARTICULAR FOCUS ON SCREENINGS FOR BREAST CANCER, COLON CANCER AND DIABETES AND MET OR EXCEEDED ITS PERFORMANCE TARGETS IN ALL THREE AREAS. POPULATION HEALTH, IN ADDITION TO COORDINATING HEALTH PROMOTION ACTIVITIES FOR EXISTING PATIENTS, COMPLETED SEVEN OUTREACH EVENTS REACHING OVER 200 PEOPLE TO EDUCATE THE COMMUNITY REGARDING CANCER SCREENINGS AND HEALTH PROMOTION ACTIVITIES.

2. FLU VACCINES - WITHIN THE VULNERABLE POPULATIONS STREET NURSING PROGRAM, MARSHALL PROVIDED 15 PEOPLE WITH FLU VACCINE CLINICS IN THE COMMUNITY IN FY25 WHILE MANY MORE VACCINES WERE PROVIDED THROUGH NORMAL COURSE OF PATIENT CARE.

3. COMMUNITY CARE NETWORK (CCN) - THE CCN FOCUSES ON IMPROVING THE EFFECTIVENESS AND QUALITY OF CARE FOR HIGH-RISK PATIENTS. THROUGH THE COMMUNITY CARE NETWORK (CCN) HIGH RISK PATIENT CASE MANAGEMENT, TRANSITIONAL CASE MANAGEMENT (TCM) AND ENHANCED CARE MANAGEMENT (ECM) PROGRAMS, MARSHALL ASSISTS CHRONICALLY ILL PATIENTS WITH HEALTH CARE COORDINATION AND MANAGEMENT, IN-HOME CARE, MEDICAL SUPPLIES, AND VOLUNTEER HEALTH COACHES, AT NO COST. CCN REMOVES OBSTACLES THAT OFTEN PREVENT PEOPLE FROM RECEIVING ROUTINE AND PREVENTIVE CARE. THESE PROGRAMS REDUCE READMISSIONS AND UNNECESSARY EMERGENCY ROOM VISITS. FOR PEOPLE WITH MORE COMPLEX NEEDS, A TEAM OF SOCIAL WORKERS, LVNS, RN CASE MANAGERS, PHARMACISTS, DIABETES EDUCATORS, DIETITIANS, AND PHYSICAL THERAPISTS WORK WITH THEM IN THEIR HOMES TO NAVIGATE THEIR PATHS TO IMPROVED HEALTH AND OVERCOME COMMUNITY BARRIERS. IN FY25, 7,484 ENCOUNTERS WERE PROVIDED TO PEOPLE THROUGH THESE CCN PROGRAMS.

4. CONGESTIVE HEART ACTIVE TELEPHONE TREATMENT (CHATT) - THE CHATT PROGRAM HELPED PEOPLE MANAGE CONGESTIVE HEART FAILURE. CHATT IMPROVED QUALITY OF LIFE, REDUCED CHF COMPLICATIONS AND HELPED KEEP PEOPLE WITH CHF OUT OF THE HOSPITAL. THIS SERVICE INCLUDED FREQUENT TELEPHONE CALLS FROM A REGISTERED NURSE, WHO SPECIALIZES IN CARDIOVASCULAR CARE. IN FY25, CHATT PROVIDED 7,346 ENCOUNTERS FOR CARE.

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.

5. CANCER RESOURCE CENTER - MARSHALL'S CANCER RESOURCE CENTER PROVIDED CLASSES, SUPPORT GROUPS AND SERVICES. SERVICES WERE AVAILABLE TO ANYONE IMPACTED BY CANCER IN EL DORADO COUNTY.
- TRANSPORTATION IS A WELL-KNOWN BARRIER TO ACCESSING HEALTH CARE, ESPECIALLY IN RURAL AREAS. THE CANCER RESOURCE CENTER PROVIDED 132 ONE-WAY RIDES AS WELL AS PROVIDED 470 GAS CARDS.
- THE WIG BANK SERVED 24 PEOPLE.
- PROVIDED 49 NO-COST MAMMOGRAMS.
- PROVIDED LODGING ASSISTANCE FOR TWO PEOPLE WHO COULD NOT AFFORD THE COST OF A HOTEL ROOM WHILE OBTAINING CANCER TREATMENT.
- PARTICIPATED IN A COMMUNITY WIDE MAKING STRIDES AGAINST BREAST CANCER PREVENTION EVENT.
- NUTRITION CONSULTATIONS AND SERVICES REACHED 229 PEOPLE.
- 368 PEOPLE WITH CANCER WERE PROVIDED WITH CASE MANAGEMENT NAVIGATION SERVICES.
- 260 PEOPLE RECEIVED PSYCHOSOCIAL DISTRESS SCREENING.
- SOCIAL WORK CONSULTATIONS AND SERVICES ASSISTED 366 PEOPLE.

6. HEALTH EDUCATION - IN FY25, MARSHALL REACHED 655 COMMUNITY MEMBERS WITH THE FOLLOWING COMMUNITY HEALTH EDUCATION SESSIONS:
- CANCER EXERCISE
- FALL PREVENTION
- JOINT CARE
- STROKE EDUCATION AND SUPPORT GROUP
- WEIGHT LOSS MANAGEMENT

MARSHALL PARTICIPATED IN AND/OR SPONSORED COMMUNITY EVENTS TO RAISE AWARENESS ABOUT CHRONIC DISEASE AND TO PROVIDE OUTREACH AND EDUCATION INCLUDING: THE AMERICAN HEART ASSOCIATION HEART WALK, MARSHALL GOLD COUNTRY 5K, CANCER ASSOCIATION SURVIVORS 5K, AND THE GEORGETOWN HEALTH FAIR.

7. NIH STRIVE STUDY FOR CARDIAC REHABILITATION - MARSHALL CARDIAC REHAB HAS PARTNERED WITH UC DAVIS AND UCSF TO PROVIDE VIRTUAL HEALTH COACHING AND PSYCHOSOCIAL SUPPORT TO HELP MAINTAIN PHYSICAL ACTIVITY AFTER A CARDIAC EVENT. CLIENTS PERFORM BASELINE EXERCISE TESTING MEASUREMENTS AND REVIEW HABITS. CLIENTS ARE GIVEN A FIT BIT FOR EXERCISE TRACKING PURPOSES AS WELL AS VIRTUAL ACCESS TO HEALTH COACHING. IN 2025, FIVE PEOPLE PARTICIPATED IN THE PROGRAM.

MARSHALL MEDICAL CENTER:
PART V, SECTION B, LINE 13B: 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 INCURRED BY THE PATIENT FOR SERVICES AND ITEMS RENDERED AT MARSHALL MEDICAL CENTER THAT EXCEED THE INDIVIDUAL THE LESSER OF TEN (10)% OF THE PATIENT'S CURRENT INCOME OR FAMILY INCOME IN THE PRIOR 12 MONTHS;

2. ANNUAL OUT-OF-POCKET COSTS THAT EXCEED THE PATIENT'S FAMILY INCOME, IF

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.

THE PATIENT PROVIDES DOCUMENTATION OF THE PATIENT'S MEDICAL EXPENSES PAID BY THE PATIENT OR THE PATIENT'S FAMILY IN THE PRIOR 12 MONTHS; OR

3. A LOWER LEVEL DETERMINED BY MARSHALL IN ACCORDANCE WITH THIS POLICY.

MARSHALL MEDICAL CENTER:
PART V, SECTION B, LINE 16J: THE FINANCIAL ASSISTANCE POLICY, PLAIN LANGUAGE SUMMARY AND APPLICATION ARE AVAILABLE ONLINE AT HTTPS://WWW.MARSHALLMEDICAL.ORG/PATIENTS-VISITORS/PATIENT-INFORMATION/INSURANCE-BILLING-INFORMATION/BUSINESS-OFFICE/HELP-PAYING-YOUR-BILL/,

MARSHALL MEDICAL CENTER'S HOSPITAL BILLING DEPARTMENT ALSO ATTEMPTS TO MAKE CONTACT WITH PATIENTS TO INFORM THEM THAT THEY SHOULD APPLY FOR FINANCIAL ASSISTANCE.

PART V, SECTION B, LINE 11 (CONTINUED):
SUPPORT FOR THE HEALTH AND WELFARE OF THE COMMUNITY RESPONSE TO NEED:

1. FINANCIAL AID AND HEALTH INSURANCE ASSISTANCE - PROVIDED FINANCIAL ASSISTANCE THROUGH FREE AND DISCOUNTED CARE FOR HEALTH CARE SERVICES, CONSISTENT WITH MARSHALL MEDICAL CENTER'S FINANCIAL ASSISTANCE POLICY. OFFERED ASSISTANCE TO ENROLL IN PUBLIC HEALTH INSURANCE PROGRAMS.

2. TRANSPORTATION - PROVIDED TRANSPORTATION TO 52 PEOPLE WHO COULD NOT AFFORD TRANSPORTATION TO OR FROM MEDICAL SERVICES AND APPOINTMENTS.

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 FY25, 940 COMMUNITY MEMBERS ACCESSED THESE SERVICES.

4. STREET NURSING AND OUTREACH PROGRAM - THE STREET NURSING AND OUTREACH PROGRAM PROVIDED TRAUMA-INFORMED CARE DIRECTLY TO UNHOUSED AND UNSTABLY HOUSED COMMUNITY MEMBERS. THE TEAM PROVIDED DIRECT MEDICAL CARE, ADDRESSING CHRONIC DISEASES, ACUTE ILLNESS, WOUND CARE, MEDICATION ACCESS, AND HEALTH EDUCATION. MOBILE CARE WAS DELIVERED AT ENCAMPMENTS, SHELTERS, AND TRANSITIONAL HOUSING SITES, HELPING PATIENTS MANAGE HEALTH CONDITIONS OUTSIDE OF TRADITIONAL CARE SYSTEMS. THE PROGRAMS PROVIDED CARE AT LOCATIONS THROUGHOUT EL DORADO COUNTY, INCLUDING THE PLACERVILLE AND GEORGETOWN LIBRARIES, UPPER ROOM DINING HALL, GREEN VALLEY CHURCH SHOWER PROGRAM, AND THE NAVIGATION CENTER OPERATED BY VOLUNTEERS OF AMERICA.

SERVICES INCLUDED MEDICAL COORDINATION, MENTAL HEALTH REFERRALS, HOUSING NAVIGATION, BENEFITS ASSISTANCE, TRANSPORTATION SUPPORT, AND RESOURCE DISTRIBUTION (E.G., HYGIENE KITS, FOOD, CLOTHING, TENTS, AND MEDICAL SUPPLIES). THE STREET OUTREACH TEAM SERVED 627 PEOPLE IN FY25. THEY PROVIDED 1,554 PHONE CONTACTS AND REFERRALS FOR 178 PEOPLE. THEY HOSTED OUTREACH EVENTS, TRAININGS, AND FLU CLINICS.

5. EMERGENCY EVACUATION SHELTER CLINIC PLANNING - IN ADDITION TO 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.

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

6. TRAUMA SERVICES - MARSHALL PROVIDED COMMUNITY EDUCATION, OUTREACH AND RESOURCES TO REDUCE INJURIES AND ACCIDENTS. THEY REACHED OVER 1,000 PEOPLE AT THESE EVENTS:
- DIVIDE WELLNESS FAIR
- EVERY 15 MINUTES
- FOLSOM FAMILY EXPO
- WILD FIRE SAFETY DAY

7. STOP THE BLEED - MARSHALL TRAINED STAFF MEMBERS AS INSTRUCTORS TO EDUCATE COMMUNITY MEMBERS TO TREAT INJURIES CAUSED BY HOME ACCIDENTS, MOTOR VEHICLE ACCIDENTS, ACTIVE SHOOTERS, BOMBINGS, AND WORK-RELATED INJURIES. IN FY25, MARSHALL STAFF INSTRUCTORS TRAINED 150 EL DORADO COUNTY RESIDENTS, WHICH INCLUDED ONLINE COURSES AND IN-PERSON TRAINING.

8. FOOD DISTRIBUTION - FOOD WAS DISTRIBUTED TO 44 FAMILIES EXPERIENCING FOOD INSECURITY.

9. COMMUNITY HEALTH MAGAZINE - FOR YOUR HEALTH IS MARSHALL'S QUARTERLY MAGAZINE, WHICH WAS WIDELY DISTRIBUTED THROUGHOUT EL DORADO COUNTY AND AVAILABLE IN DIGITAL FORMAT ON THE HOSPITAL'S WEBSITE. TOPICS IN FY25 INCLUDED ALZHEIMER'S DISEASE, INJURY PREVENTION, CANCER TREATMENT, HEART DISEASE AND DIABETES.

SINCE MARSHALL MEDICAL CENTER CANNOT DIRECTLY ADDRESS ALL THE HEALTH NEEDS PRESENT IN THE COMMUNITY, WE WILL CONCENTRATE ON THOSE HEALTH NEEDS THAT WE CAN MOST EFFECTIVELY ADDRESS GIVEN OUR AREAS OF FOCUS AND EXPERTISE. HOWEVER, AND WITH THIS IN MIND AND TAKING EXISTING HOSPITAL AND COMMUNITY RESOURCES INTO CONSIDERATION, MARSHALL WILL ENDEAVOR TO ADDRESS ANY PREVALENT OR UNANTICIPATED ISSUES THAT SURGE TO A LEVEL THAT THREATENS THE HEALTH AND WELLBEING OF THE COMMUNITY. SUCH ISSUES MAY INCLUDE COVID-19 AND OTHER INFECTIOUS DISEASES, ENVIRONMENTAL POLLUTION, FOOD INSECURITY, OVERWEIGHT AND OBESITY, AND UNINTENTIONAL INJURIES.

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? 1

Name and address	Type of facility (describe)
1 CARES 1045 MARSHALL WAY PLACERVILLE, CA 95667	OTHER OUTPATIENT CLINIC - CLINICALLY ASSISTED RECOVERY AND EDUCATION SERVICE

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 FAP.

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 (for example, 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 ORDER TO CALCULATE FINANCIAL ASSISTANCE AT COST.

PART I, LN 7 COL(F):
THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25(A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS $8,574,476.

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. THIRTY-THREE STUDENTS PARTICIPATED IN THE HEALTH CAREER EXPLORATION DAY.

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

Part VI **Supplemental Information** *(Continuation)*

DEBT WRITE-OFF. NON-COMPLIANT PATIENTS MAY RESULT IN THE DELAY OF PROPERLY APPLIED DISCOUNTS.

IN ACCORDANCE WITH CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 127400 ET SEQ., MARSHALL MEDICAL CENTER DISCOUNTS PAYMENTS AND PROVIDES CHARITY CARE TO FINANCIALLY QUALIFIED PATIENTS. PATIENTS WHO QUALIFY FOR THESE DISCOUNTS OR CHARITY CARE UNDER OUR POLICIES INCLUDE PATIENTS WHO MEET BOTH OF THE FOLLOWING QUALIFICATIONS:

1. THE PATIENT EITHER IS SELF-PAY OR HAS HIGH MEDICAL COSTS, AS DEFINED IN OUR FINANCIAL ASSISTANCE POLICY; AND

2. THE PATIENT HAS A FAMILY INCOME (AS DEFINED IN THE FINANCIAL ASSISTANCE POLICY) THAT DOES NOT EXCEED 450% OF THE FEDERAL POVERTY LEVEL.

PART III, LINE 3:
MARSHALL MEDICAL CENTER ESTIMATES THAT APPROXIMATELY 30.1% OF ALL PATIENT ACCOUNTS ASSIGNED TO BAD DEBT MIGHT BE ATTRIBUTABLE TO PATIENTS WHO MIGHT HAVE QUALIFIED FOR FINANCIAL ASSISTANCE. THIS REPRESENTS THE PERCENTAGE OF INDIVIDUALS THAT WERE DENIED CHARITY CARE AS A RESULT OF SUBMITTING INSUFFICIENT INFORMATION.

PART III, LINE 4:
SEE THE "PATIENT ACCOUNTS RECEIVABLE" SECTION IN NOTE 1, PAGE 12, IN THE ATTACHED AUDITED FINANCIAL STATEMENTS FOR A DISCUSSION OF THE ORGANIZATION'S BAD DEBT EXPENSE.

PART III, LINE 8:
THE SHORTFALL INCURRED ON MEDICARE PATIENTS CAN BE CONSIDERED A COMMUNITY BENEFIT BECAUSE MARSHALL MEDICAL CENTER IS THE ONLY HOSPITAL FACILITY WITHIN APPROXIMATELY 25 MILES. THEREFORE, PATIENTS WOULD HAVE TO TRAVEL OUTSIDE OF THE COMMUNITY TO OBTAIN HEALTHCARE SERVICES. THE ONLY OTHER HOSPITAL FACILITY IN EL DORADO COUNTY IS APPROXIMATELY 50 MILES FROM PLACERVILLE AND PATIENTS WOULD HAVE TO TRAVERSE A 7,000+ FOOT ELEVATION MOUNTAIN PASS TO OBTAIN HEALTHCARE SERVICES FROM THAT FACILITY. OUR PATIENT POPULATION IS HEAVILY MEDICARE-WEIGHTED AND MARSHALL PROVIDES A VAST AMOUNT OF CARE TO THIS MEDICARE POPULATION, WHICH TEND TOWARDS MORE ACUTE ILLNESSES THAT MAKE TRAVEL DIFFICULT. BECAUSE WE ARE A COMMUNITY-BASED HOSPITAL, WE HAVE TO PROVIDE A BROAD RANGE OF SERVICES TO MEET THE NEEDS OF THE COMMUNITY, WHICH IMPACTS OUR ABILITY TO SPECIALIZE IN MORE FOCUSED SERVICES.

NON-NEGOTIABLE MEDICARE RATES ARE NOT ALWAYS CONSISTENT WITH ACTUAL COSTS OF TREATING MEDICARE PATIENTS. TREATING MEDICARE PATIENTS, REGARDLESS OF REIMBURSEMENT RATE, HELPS TO ALLEVIATE THE FEDERAL GOVERNMENT'S BURDEN FOR PROVIDING HEALTHCARE 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

Part VI **Supplemental Information** *(Continuation)*

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.

AN ACCOUNT IS CONSIDERED BAD DEBT WHEN ALL ATTEMPTS TO CONTACT THE PATIENT VIA TELEPHONE CALLS, CONTACT LETTERS, AND MONTHLY STATEMENTS, TO ASSIST THE PATIENT/GUARANTOR IN APPLYING FOR AVAILABLE PROGRAMS, OR SETTING UP A MONTHLY PAYMENT PLAN HAVE BEEN EXHAUSTED.

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 FINANCIAL ASSISTANCE POLICY THAT THEY MAY BE ABLE TO QUALIFY FOR. MARSHALL MEDICAL CENTER PROVIDES, AT ITS EXPENSE, PRIVATE CONSULTANTS AND COUNTY MEDI-CAL EMPLOYEES WHO WORK WITH PATIENTS DURING AND AFTER SERVICES TO ASSIST THEM IN COMPLETING THE NECESSARY FORMS, TO FILE ALL THE NECESSARY DOCUMENTS, AND TO ATTEND ANY REQUISITE APPOINTMENTS WITH PROVIDING AGENCIES. FINANCIAL COUNSELORS ARE ALSO PROVIDED TO ASSIST PATIENTS IN UNDERSTANDING ELIGIBILITY REQUIREMENTS RELATED TO QUALIFYING FOR CHARITY CARE OR DISCOUNTED CARE UNDER THE FINANCIAL ASSISTANCE POLICY.

PART VI, LINE 4:
MARSHALL MEDICAL CENTER SERVES APPROXIMATELY 162,213 RESIDENTS ON THE WESTERN SLOPE OF THE SIERRAS IN EL DORADO COUNTY. OTHER PERTINENT DEMOGRAPHICS ABOUT OUR HOSPITAL SERVICE AREA FOR TAX YEAR 2024 INCLUDE:

- THE HOSPITAL SERVICE AREA POPULATION BY GENDER IS 50.2% FEMALE AND 49.8% MALE.
- IN EL DORADO COUNTY, 92.3% OF THE ADULT POPULATION IDENTIFY AS STRAIGHT OR HETEROSEXUAL, AND 99.6% AS CISGENDER, OR NOT TRANSGENDER. 2.3% IDENTIFY AS GAY, LESBIAN OR HOMOSEXUAL AND 4.5% IDENTIFY AS BISEXUAL.
-IN EL DORADO COUNTY, 1.8% TEENS IDENTIFY AS TRANSGENDER OR GENDER NON-CONFORMING. 12.9% OF TEENS SAID THAT OTHER PEOPLE AT SCHOOL WOULD DESCRIBE THEM AS GENDER NON-CONFORMING (MALES WHO WOULD BE DESCRIBED AS FEMININE, FEMALES WHO WOULD BE DESCRIBED AS MASCULINE, OR EITHER GENDER DESCRIBED AS EQUALLY FEMININE AND MASCULINE). FEWER TEENS IN THE COUNTY IDENTIFY AS TRANSGENDER OR HAVING A NON-CONFORMING GENDER EXPRESSION THAN DO TEENS STATEWIDE.
- CHILDREN AND YOUTH, AGES 0-17, MAKE UP 20.3% OF THE POPULATION OF THE SERVICE AREA, 56.1% ARE ADULTS, AGES 18-64, AND 23.6% OF THE POPULATION ARE SENIOR ADULTS, AGES 65 AND OLDER.
- WHEN THE SERVICE AREA IS EXAMINED BY ZIP CODE, RIVER PINES (45.8%) HAS THE HIGHEST PERCENTAGE OF CHILDREN AND YOUTH. SOMERSET (6.4%) AND PILOT HILL (6.6%) HAVE THE LOWEST PERCENTAGES OF CHILDREN AND YOUTH IN THE SERVICE AREA. GEORGETOWN HAS THE HIGHEST PERCENTAGE OF SENIOR ADULTS IN THE SERVICE AREA (40.2%), FOLLOWED BY SOMERSET (37.8%) AND PILOT HILL

Part VI **Supplemental Information** *(Continuation)*

(34.7%). RIVER PINES REPORTED NO SENIOR ADULT POPULATION.
- SENIOR ADULTS LIVING ALONE MAY BE ISOLATED AND LACK ADEQUATE SUPPORT SYSTEMS. AMONG THE SENIOR ADULTS IN THE SERVICE AREA, THOSE WHO LIVE ALONE RANGED FROM 10.5% OF SENIOR ADULTS IN CAMINO/APPLE HILL TO 94.5% IN LOTUS. NOTE THAT THE NUMBER OF SENIORS IN LOTUS IS COMPARATIVELY SMALL.
- MORE THAN THREE-QUARTERS OF THE POPULATION IN THE SERVICE AREA IDENTIFY AS NON-HISPANIC WHITE RESIDENTS (75.9%), 12.5% OF THE POPULATION ARE HISPANIC OR LATINO RESIDENTS, 4.9% AS NON-LATINO ASIAN RESIDENTS, 4.9% ARE NON-LATINO MULTIRACIAL (TWO-OR-MORE RACES) RESIDENTS, AND 0.9% ARE NON-LATINO BLACK OR AFRICAN AMERICAN RESIDENTS. RESIDENTS WHO IDENTIFY AS A RACE AND ETHNICITY NOT LISTED REPRESENT 0.5% OF THE SERVICE AREA POPULATION, 0.4% IDENTIFY AS AMERICAN INDIAN OR ALASKAN NATIVE (AIAN), AND 0.1% IDENTIFY AS NATIVE HAWAIIAN OR PACIFIC ISLANDER (NHPI).
- WHEN RACE AND ETHNICITY ARE EXAMINED BY ZIP CODE, RIVER PINES HAS THE HIGHEST PERCENTAGE OF WHITE RESIDENTS IN THE SERVICE AREA (93.9%), FOLLOWED BY GRIZZLY FLATS (88%). DIAMOND SPRINGS (23.6%) AND LOTUS (20.7%) HAVE THE HIGHEST PERCENTAGE OF HISPANIC OR LATINO RESIDENTS IN THE SERVICE AREA. LOTUS HAS THE HIGHEST PERCENTAGE OF ASIAN RESIDENTS (26.5%). PILOT HILL HAS THE HIGHEST PERCENTAGE OF BLACK OR AFRICAN AMERICAN RESIDENTS IN THE SERVICE AREA (7.8%).
- IN THE SERVICE AREA, 89.8% OF THE POPULATION, 5 YEARS AND OLDER, SPEAK ONLY ENGLISH IN THE HOME. AMONG THE AREA POPULATION, 4.4% SPEAK SPANISH, 2.9% SPEAK AN ASIAN OR PACIFIC ISLANDER LANGUAGE, 2.6% SPEAK AN INDO-EUROPEAN LANGUAGE OTHER THAN SPANISH OR ENGLISH IN THE HOME, AND 0.2% SPEAK SOME OTHER LANGUAGE.
- THE HIGHEST PERCENTAGE OF SPANISH SPEAKERS IN THE SERVICE AREA IS IN CAMINO/APPLE HILL (8.5%). LOTUS (18.1%) HAS THE HIGHEST PERCENTAGE OF ASIAN OR PACIFIC ISLANDER LANGUAGE SPEAKERS. GARDEN VALLEY (6.1%) HAS THE HIGHEST PERCENTAGE OF NON-SPANISH INDO-EUROPEAN LANGUAGES SPOKEN AT HOME, FOLLOWED BY EL DORADO HILLS (5.6%). ENGLISH IS SPOKEN IN THE HOME BY 100% OF THE POPULATION OF GRIZZLY FLAT AND 97.3% OF THE POPULATION OF GEORGETOWN.
- IN THE SERVICE AREA, 8.6% OF THE CIVILIAN POPULATION, AGES 18 AND OLDER, ARE VETERANS.
- IN THE SERVICE AREA, 7.7% OF THE POPULATION IS FOREIGN-BORN. AMONG THE FOREIGN-BORN, 39.8% ARE NOT U.S. CITIZENS. IT IS IMPORTANT TO NOTE THAT NOT BEING A U.S. CITIZEN DOES NOT INDICATE AN ILLEGAL RESIDENT STATUS WITHIN THE U.S.

PART VI, LINE 5:
MARSHALL MEDICAL CENTER PROMOTES THE HEALTH OF THE COMMUNITY BY PROVIDING A COMPREHENSIVE CONTINUUM OF HIGH-QUALITY HEALTHCARE SERVICES DESIGNED TO MEET THE EVOLVING NEEDS OF THE RESIDENTS OF EL DORADO COUNTY AND SURROUNDING COMMUNITIES. SERVICES INCLUDE A BROAD RANGE OF INPATIENT CARE, INCLUDING OBSTETRICS, SURGICAL SERVICES, RADIOLOGY, AND DIAGNOSTIC CARDIAC CATHETERIZATIONS, AS WELL AS EXTENSIVE OUTPATIENT SERVICES, INCLUDING EMERGENCY CARE, OUTPATIENT SURGERY, DIAGNOSTIC IMAGING, LABORATORY SERVICES, DIAGNOSTIC CARDIAC CATHETERIZATIONS, PRIMARY AND SPECIALTY CARE CLINICS, A RURAL HEALTH CLINIC, COMPREHENSIVE CANCER SERVICES, AND HOME HEALTH SERVICES. MARSHALL MEDICAL CENTER IS COMMITTED NOT ONLY TO PROVIDING EXCEPTIONAL CLINICAL CARE BUT ALSO TO IMPROVING THE OVERALL HEALTH AND WELL-BEING OF THE COMMUNITY THROUGH EDUCATION, PREVENTION, OUTREACH, AND ACCESS TO ESSENTIAL HEALTHCARE SERVICES.

MARSHALL MEDICAL CENTER FULFILLS ITS CHARITABLE AND COMMUNITY BENEFIT MISSION THROUGH THE FOLLOWING PRACTICES:

Part VI **Supplemental Information** *(Continuation)*

- OPEN MEDICAL STAFF: MARSHALL MEDICAL CENTER MAINTAINS AN OPEN MEDICAL STAFF, ALLOWING QUALIFIED PHYSICIANS AND OTHER CREDENTIALED HEALTHCARE PROVIDERS TO APPLY FOR CLINICAL PRIVILEGES, SUBJECT TO ESTABLISHED CREDENTIALING AND QUALITY STANDARDS. EXCLUSIVE CONTRACTUAL ARRANGEMENTS ARE UTILIZED ONLY IN LIMITED SPECIALTY AREAS WHERE NECESSARY TO ENSURE CONSISTENT, HIGH-QUALITY PATIENT CARE.
- COMMUNITY GOVERNANCE: MARSHALL MEDICAL CENTER IS GOVERNED BY A VOLUNTEER BOARD OF DIRECTORS COMPOSED OF UP TO 14 COMMUNITY MEMBERS WHO REPRESENT THE INTERESTS OF THE COMMUNITIES SERVED. BOARD MEMBERS CONTRIBUTE SIGNIFICANT TIME, EXPERTISE, AND OVERSIGHT TO ENSURE THE ORGANIZATION REMAINS RESPONSIVE TO LOCAL HEALTHCARE NEEDS AND FULFILLS ITS CHARITABLE MISSION.
- REINVESTMENT IN THE COMMUNITY: AS A NONPROFIT HEALTHCARE ORGANIZATION, MARSHALL MEDICAL CENTER REINVESTS ANY OPERATING SURPLUS INTO PROGRAMS AND SERVICES THAT BENEFIT THE COMMUNITY. SURPLUS FUNDS ARE USED TO SUPPORT CAPITAL IMPROVEMENTS, ACQUIRE ADVANCED MEDICAL TECHNOLOGY, EXPAND CLINICAL PROGRAMS AND ACCESS TO CARE, RECRUIT HEALTHCARE PROVIDERS, IMPROVE PATIENT SAFETY AND QUALITY INITIATIVES, AND ADDRESS EMERGING HEALTHCARE NEEDS. DECISIONS REGARDING THE USE OF THESE FUNDS ARE MADE UNDER THE OVERSIGHT OF THE COMMUNITY-BASED BOARD OF DIRECTORS TO ENSURE THEY ARE ALIGNED WITH THE ORGANIZATION'S EXEMPT PURPOSE AND LONG-TERM COMMITMENT TO COMMUNITY HEALTH.

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

SCHEDULE I (Form 990)
(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

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? ..... [X] 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
EL DORADO COUNTY CHAMBER OF COMMERCE - 542 MAIN STREET - PLACERVILLE, CA 95667	94-1328508	501(C)(6)	10,090.	0.			GENERAL OPERATING SUPPORT

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (Rev. 12-2024)**

LHA 432101 01-02-25

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 MONITORS THE USE OF GRANT FUNDS THROUGH ESTABLISHED GRANT MANAGEMENT POLICIES AND FINANCIAL CONTROLS. GRANT EXPENDITURES ARE REVIEWED FOR COMPLIANCE WITH APPROVED BUDGETS AND FUNDER REQUIREMENTS, MONITORED BY THE PROJECT DIRECTOR, FINANCE DEPARTMENT, AND GRANT WRITER & ADMINISTRATOR, AND SUPPORTED BY REGULAR FINANCIAL REPORTING, COMPLIANCE REVIEWS, AND RECORDKEEPING TO ENSURE ACCOUNTABILITY AND PROPER STEWARDSHIP OF GRANT FUNDS.

SCHEDULE J (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

MARSHALL MEDICAL CENTER

Employer identification number

94-1450151

Part I Questions Regarding Compensation

			Yes	No
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.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☒ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ 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	**1b**	X	
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?	**2**	X	
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.			
	☒ Compensation committee	☐ Written employment contract		
	☒ Independent compensation consultant	☒ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed 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?	**4a**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	**4b**		X
c	Participate in or receive payment from an equity-based compensation arrangement?	**4c**		X
	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?	**5a**		X
b	Any related organization?	**5b**		X
	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?	**6a**		X
b	Any related organization?	**6b**		X
	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	**7**		X
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	**8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use 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	(i)	642,997.	191,566.	0.	14,850.	5,119.	854,532.	0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARTIN ENTWISTLE - ASSOCIATE	(i)	372,974.	65,733.	0.	14,850.	7,354.	460,911.	0.
CHIEF MEDICAL OFFICER/VP OF POP.	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LAURIE ELDRIDGE	(i)	298,673.	65,992.	0.	56,100.	5,684.	426,449.	0.
CHIEF FINANCIAL OFFICER (THRU 10/24)	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) BRIAN GOLDSMITH, MD	(i)	341,916.	52,084.	0.	12,798.	790.	407,588.	0.
CHIEF MEDICAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CYNTHIA RICE	(i)	300,252.	54,874.	0.	31,565.	973.	387,664.	0.
CHIEF NURSING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CORINA BRONNY	(i)	338,767.	18,440.	0.	18,781.	3,119.	379,107.	0.
STAFF RN - ICU	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JONATHAN RUSSELL	(i)	268,163.	52,352.	0.	22,867.	7,382.	350,764.	0.
CHIEF AMBULATORY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CHERYL MORGAN	(i)	278,253.	1,958.	1,563.	27,794.	6,319.	315,887.	0.
SONOGRAPHER 3 - DIAGNOSTIC IMAGING	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MARTIN DALY	(i)	261,765.	37,743.	0.	14,913.	937.	315,358.	0.
VP OF INFORMATION TECHNOLOGY	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MINDY DANOVARO	(i)	275,947.	13,449.	0.	12,149.	6,104.	307,649.	0.
EXECUTIVE DIRECTOR OF PHILANTHROPY	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) PHILLIP LEONERIO	(i)	266,095.	20,279.	0.	7,577.	273.	294,224.	0.
STAFF RN	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) ELLE KARIMKHANI	(i)	224,632.	50,000.	0.	0.	784.	275,416.	0.
CHIEF LEGAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) LISA KISSEL	(i)	209,129.	9,922.	0.	0.	0.	219,051.	0.
COMPLIANCE & PRIVACY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) BRETT APPLEBERG - CHIEF	(i)	107,082.	56,164.	0.	12,637.	0.	175,883.	0.
HUMAN RESOURCES OFFICER (THRU 04/24)	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) JOEL ENGELMANN	(i)	160,101.	1,465.	0.	8,163.	937.	170,666.	0.
VP OF FINANCE	(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:
CHERYL MORGAN RECEIVED GROSS-UP PAYMENTS OF $1,563. THIS WAS INCLUDED IN TAXABLE INCOME.

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

SCHEDULE K (Form 990)
(Rev. December 2024)
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

Open to Public Inspection

Name of the organization
MARSHALL MEDICAL CENTER

Employer identification number
94-1450151

Part I Bond Issues SEE PART VI FOR COLUMN (A) CONTINUATIONS

	(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 AUT	52-1643828	13032UVPO	04/27/20	54734815.	SEE PART VI		X		X		X
B	CALIFORNIA HEALTH FACILITIES FINANCING AUT	52-1643828	13033L6R3	04/09/15	30423048.	SEE PART VI		X		X		X
C												
D												

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired		7,760,000.		
2	Amount of bonds legally defeased				
3	Total proceeds of issue	56,167,132.	30,423,055.		
4	Gross proceeds in reserve funds	2,911,731.	3,849,054.		
5	Capitalized interest from proceeds	224,642.			
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	636,674.	498,389.		
8	Credit enhancement from proceeds	2,289,428.	791,050.		
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	31,239,066.			
11	Other spent proceeds	19,459,114.	29,133,616.		
12	Other unspent proceeds	95,686.			
13	Year of substantial completion	2025	2015		

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
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					
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				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

		A		B		C		D	
		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 government	.00 %		.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 government	.00 %		.00 %		%		%	
6	Total of lines 4 and 5	.00 %		.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					
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?								
c	No rebate due?								
	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				

Part IV **Arbitrage** *(continued)*

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

Part V **Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	X		X					

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

SCHEDULE K, PART I, BOND ISSUES:
(A) ISSUER NAME: CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY

(A) ISSUER NAME: CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY

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

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

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

SEE PART VI SUPPLEMENTAL INFORMATION SHEET

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

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.

COLUMN A, PART IV, LINE 2 (A):
THE REBATE COMPUTATION FOR SERIES 2020 WAS PERFORMED AS OF APRIL 27, 2025 AND A YIELD REDUCTION PAYMENT WAS DUE.

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

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

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

COLUMN B, PART III, LINE 7:
AS PROVIDED IN TREASURY REGULATION SECTION 1.141-4(C)(2)(I)(B), THE AMOUNT OF PRIVATE PAYMENTS TAKEN INTO ACCOUNT UNDER THE PRIVATE SECURITY OR PAYMENT TEST MAY NOT EXCEED THE AMOUNT OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS USE. ACCORDINGLY, THE AMOUNT OF PRIVATE PAYMENTS FOR THE REPORTING PERIOD DOES NOT EXCEED THE AMOUNT 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.

COLUMN B, PART IV, LINE 2 (B):
THE REBATE COMPUTATION FOR SERIES 2015 WAS PERFORMED AS OF APRIL 9, 2025 AND A YIELD REDUCTION PAYMENT WAS DUE.

SCHEDULE O (Form 990)
(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

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:
MARSHALL MEDICAL CENTER PROUDLY SERVES THE WESTERN SLOPE OF EL DORADO COUNTY. OUR MISSION IS TO IMPROVE THE HEALTH OF OUR COMMUNITY AND OFFER HEALTH SERVICES OF SUPERIOR VALUE AND QUALITY, CENTERED ON THE GOALS AND NEEDS OF OUR PATIENTS. WE STRIVE TO DELIVER SERVICE THAT EXCEEDS OUR PATIENTS' EXPECTATIONS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
IN KEEPING WITH THE COMMITMENT TO IMPROVE THE HEALTH OF OUR COMMUNITY AND OFFER HEALTH SERVICES OF SUPERIOR VALUE AND QUALITY, THE FOLLOWING WILL BE CONSIDERED WHEN INDIVIDUALS WHO NEED HEALTH CARE CANNOT PAY:

- PROVIDING FREE CARE AND/OR SUBSIDIZED CARE;
- PROVIDING CARE TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST; AND
- PROVIDING HEALTH/WELLNESS ACTIVITIES AND COMMUNITY EDUCATION PROGRAMS.

NOT ONLY DOES MARSHALL MEDICAL CENTER PROVIDE LOW-COST CARE TO INDIVIDUALS COVERED BY GOVERNMENT PROGRAMS AND THOSE UNABLE TO AFFORD HEALTH CARE, BUT IT ALSO HELPS PATIENTS FIND AND ACCESS PRIVATE AND GOVERNMENTAL RESOURCES FOR HEALTH CARE BENEFITS. MARSHALL MEDICAL CENTER RECOGNIZES BELOW-COST REIMBURSEMENTS AS CHARITY AND UNCOMPENSATED CARE IN MEETING ITS MISSION TO THE ENTIRE COMMUNITY.

INPATIENT SERVICES

IN TAX YEAR 2024, INPATIENT SERVICES WERE PROVIDED TO 5,067 PATIENTS. EXAMPLES OF INPATIENT SERVICES INCLUDED:

- 355 BABIES DELIVERED
- 11 SPECIAL PROCEDURES PERFORMED
- 168 CARDIAC CATHETERIZATIONS
- 134,372 LABORATORY TESTS PERFORMED
- 5,671 CT SCANS
- 10,468 RADIOLOGY PROCEDURES PERFORMED

OUTPATIENT SERVICES

IN TAX YEAR 2024, OUTPATIENT SERVICES WERE PROVIDED TO 216,583 PATIENTS. EXAMPLES OF OUTPATIENT SERVICES INCLUDED:

- 32,158 EMERGENCY ROOM VISITS
- 2,117 OUTPATIENT SPECIAL PROCEDURES PERFORMED
- 77,941 RADIOLOGY PROCEDURES PERFORMED
- 495 CARDIAC CATHETERIZATIONS
- 406,537 LABORATORY TESTS PERFORMED
- 18,131 CT SCANS
- 5,938 RURAL HEALTH CLINIC VISITS
- 23,528 CARDIOLOGY CLINIC VISITS
- 4,684 PULMONOLOGY CLINIC VISITS
- 5,960 ONCOLOGY CLINIC VISITS

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

- 6,465 OUTPATIENT INFUSION CLINIC VISITS
- 2,405 RHEUMATOLOGY CLINIC VISITS
- 16,801 PEDIATRIC CLINIC VISITS
- 9,460 OB CLINIC VISITS
- 10,671 CANCER PROGRAM CASES
- 57,382 FAMILY PRACTICE CLINIC VISITS
- 7,491 GASTROENTEROLOGY CLINIC VISITS
- 2,129 ENT CLINIC VISITS
- 3,491 HEARING CLINIC VISITS
- 13,535 ORTHOPEDIC CLINIC VISITS
- 6,242 SURGERY CLINIC VISITS
- 6,290 UROLOGY CLINIC VISITS
- 3,972 PODIATRY CLINIC VISITS
- 4,187 HBO AND WOUND CARE CLINIC VISITS
- 24,772 HOSPITALIST VISITS
- 6,244 CARES CLINIC VISITS
- 1,593 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:

COMMUNITY BENEFITS

- BLOOD PRESSURE CLINICS;
- FLU CLINICS;
- VOLUNTEER PROGRAM;
- FOR YOUR HEALTH COMMUNITY MAGAZINE;
- CANCER RESOURCE CENTER;
- PALLIATIVE CARE PROGRAM;
- HOLIDAY FOOD DRIVE FOR VARIOUS FOOD BANKS;
- SEXUAL ASSAULT RESPONSE TEAM (SART) 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 HEALTH CARE PROFESSIONALS;
- SMOKING CESSATION PROGRAM;
- VOLUNTEER SERVICE TO COMMUNITY ORGANIZATIONS, INCLUDING CHAMBERS OF COMMERCE;
- LOW-COST MAMMOGRAPHY PROGRAM;
- NUMEROUS COMMUNITY HEALTH EDUCATION CLASSES;
- MARSHALL MEDICAL CENTER'S CHAPLAIN PROVIDED 1,167 PATIENT VISITS, 114 PATIENT COUNSELING VISITS, AND CONDUCTED THREE MEMORIAL SERVICES;
- ACCEL PROGRAM (LOCAL PROJECT COORDINATING THE SAFETY NETWORK FOR EL DORADO COUNTY);
- ELECTRONIC HEALTH INFORMATION EXCHANGE;
- FREE TRANSPORTATION FOR PATIENTS UNABLE TO AFFORD TRANSPORTATION;
- MEETING SPACE PROVIDED AT NO CHARGE FOR NUMEROUS SUPPORT GROUPS, INCLUDING MENTAL HEALTH FIRST AID, STROKE EDUCATION AND SUPPORT, AND OTHERS;

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

- COMMUNITY SPONSORSHIPS, INCLUDING BUT NOT LIMITED TO THE CENTER FOR VIOLENCE-FREE RELATIONSHIPS, SOROPTIMIST INTERNATIONAL, HANDS4HOPE, AND THE ROTARY CLUB OF EL DORADO HILLS; AND
- ENCOURAGEMENT OF EMPLOYEE PARTICIPATION IN COMMUNITY-BUILDING ORGANIZATIONS, INCLUDING BUT NOT LIMITED TO THE EL DORADO COUNTY ECONOMIC DEVELOPMENT CORPORATION, LEADERSHIP EL DORADO, THE 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 PRIOR RESOLUTIONS OF THE BOARD.

FORM 990, PART VI, SECTION A, LINE 2:
SIRI NELSON, JONATHAN RUSSELL, AND MARTIN ENTWISTLE WERE BOARD MEMBERS OF EL DORADO SURGERY CENTER DURING THE FISCAL YEAR ENDED OCTOBER 31, 2025.

FORM 990, PART VI, SECTION B, LINE 11B:
PRIOR TO FILING THE FORM 990, MANAGEMENT (CFO AND EXECUTIVE DIRECTOR OF FINANCE) REVIEWED THE FORM 990 IN DETAIL. ANY APPROPRIATE CHANGES WERE MADE. THE FULL GOVERNING BOARD OF DIRECTORS (BOD) HAS DELEGATED THE RESPONSIBILITY OF REVIEWING THE FORM 990 PRIOR TO FILING WITH THE IRS TO THE BOD AUDIT COMMITTEE, A SUBCOMMITTEE OF THE FULL GOVERNING BOD, SO THE FORM 990 WAS THEN SUBMITTED TO THE GOVERNING BOD AUDIT COMMITTEE. THE AUDIT COMMITTEE PERFORMED A HIGH-LEVEL REVIEW OF THE FORM 990 AND REQUESTED MANAGEMENT TO MAKE ANY CHANGES THE COMMITTEE DEEMED NECESSARY. PRIOR TO FILING THE FORM 990 WITH THE IRS, THE AUDIT COMMITTEE PROVIDED A SUMMARY TO THE FULL GOVERNING BOD OF THE BOD AUDIT COMMITTEE'S REVIEW OF THE FORM 990. AT ANY TIME, BOTH BEFORE OR AFTER FILING, THE COMPLETE FORM 990 WAS AVAILABLE UPON REQUEST TO ANY MEMBER OF THE GOVERNING BOD.

FORM 990, PART VI, SECTION B, LINE 12C:
CHIEF ADMINISTRATIVE OFFICERS, VICE PRESIDENTS, DIRECTORS, ASSISTANT DIRECTORS, PURCHASING STAFF, LEGAL STAFF, COMPLIANCE STAFF, AND MEMBERS OF THE GOVERNING BOARD ARE REQUIRED TO ANNUALLY PROVIDE A DISCLOSURE STATEMENT IDENTIFYING ANY ORGANIZATIONS IN WHICH THE INDIVIDUAL OR AN IMMEDIATE FAMILY MEMBER HAS AN INTEREST. THERE IS NO MINIMUM AMOUNT OF VALUE OF AN ITEM, SERVICE, OR ARRANGEMENT THAT WILL TRIGGER A CONFLICT OF INTEREST. DISCLOSURE STATEMENTS ARE REVIEWED BY THE CEO FOR ANY ACTUAL OR POTENTIAL CONFLICTS. THE CEO'S DISCLOSURE STATEMENT IS REVIEWED BY THE AUDIT AND COMPLIANCE COMMITTEES OF THE GOVERNING BOARD. THE GOVERNING BOARD'S DISCLOSURE STATEMENTS ARE REVIEWED BY THE ADMINISTRATIVE OFFICE PERSONNEL. SHOULD ANY TRANSACTION INVOLVING POTENTIAL OR ACTUAL CONFLICTS OF INTEREST ARISE, THE CEO APPOINTS A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE ARRANGEMENT IN QUESTION, CONCLUDE THAT THE TRANSACTION IS FAIR AND REASONABLE TO THE HOSPITAL, BE APPROVED IN GOOD FAITH BY A VOTE OF THE DIRECTORS THAT DO NOT HAVE A CONFLICT, AND THAT THE HOSPITAL COULD NOT OBTAIN A MORE ADVANTAGEOUS ARRANGEMENT UNDER THE CIRCUMSTANCES.

FORM 990, PART VI, SECTION B, LINE 15:
THE GOVERNING BOARD DETERMINES THE CEO'S COMPENSATION WITH INPUT FROM THE

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

AUDIT AND COMPLIANCE COMMITTEES, USING DATA COMPILED FROM THE CALIFORNIA HEALTHCARE ASSOCIATION'S ALLIED FOR HEALTH EXECUTIVE COMPENSATION SURVEY, WILLIS TOWERS WATSON EXECUTIVE COMPENSATION SURVEY, AND OTHER SOURCES SUCH AS AN INDEPENDENT COMPENSATION CONSULTANT, ALL IN ACCORDANCE WITH THE HOSPITAL'S EXECUTIVE COMPENSATION PHILOSOPHY STATEMENT.

THE PROCESS FOR DETERMINING THE CEO'S COMPENSATION INVOLVES THE EXECUTIVE TEAM MEETING WITH THE BOARD TO DISCUSS COMPENSATION MATTERS. KASSY PAUL, EXECUTIVE ASSISTANT TO THE BOARD, RECORDS THESE DISCUSSIONS IN THE BOARD MINUTES, WHICH ARE THEN APPROVED AT THE FOLLOWING BOARD MEETING. THE CEO'S TOTAL REWARDS PACKAGE IS REVIEWED EVERY THREE YEARS BY OUTSIDE CONSULTANTS. IN 2024, THIS REVIEW WAS CONDUCTED BY WILLIS TOWERS WATSON. ADDITIONALLY, THE CEO IS ELIGIBLE FOR THE ANNUAL INCENTIVE PROGRAM (AIP) AND MERIT INCREASES, CONSISTENT WITH OTHER ASSOCIATES.

THE CEO DETERMINES COMPENSATION FOR OFFICERS AND KEY EMPLOYEES. EXECUTIVE COMPENSATION SURVEYS, AN INDEPENDENT COMPENSATION CONSULTANT, AND COMPARABILITY DATA WERE USED TO DETERMINE COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

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

PROFESSIONAL FEES - PHYSICIANS:	
PROGRAM SERVICE EXPENSES	62,359,986.
MANAGEMENT AND GENERAL EXPENSES	1,612,183.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	63,972,169.

OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	4,368,265.
MANAGEMENT AND GENERAL EXPENSES	3,637,596.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	8,005,861.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	71,978,030.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST	-233,650.

SCHEDULE R (Form 990)
(Rev. January 2025)
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

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	(g) No
MARSHALL FOUNDATION FOR COMMUNITY HEALTH - 23-7419011, 3581 PALMER DRIVE, SUITE 101, CAMERON PARK, CA 95682	SUPPORT MARSHALL MEDICAL CENTER & COMMUNITY HEALTH	CALIFORNIA	501(C)(3)	LINE 7	MARSHALL MEDICAL CENTER	X	

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
EL DORADO SURGERY CENTER, LLC - 45-0586784, 4300 GOLDEN CENTER DRIVE, SUITE E, PLACERVILLE, CA 95667	SURGICAL SERVICES	CA	MARSHALL MEDICAL CENTER	RELATED	208,580.	791,109.		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	(i) No

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

		Yes	No
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?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c	X	
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o Sharing of paid employees with related organization(s)	1o	X	
p Reimbursement paid to related organization(s) for expenses	1p	X	
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s	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)	MARSHALL FOUNDATION FOR COMMUNITY HEALTH	L	91,350.	COST
(2)	EL DORADO SURGERY CENTER, LLC	S	348,000.	CASH
(3)	MARSHALL FOUNDATION FOR COMMUNITY HEALTH	C	493,400.	COST
(4)	MARSHALL FOUNDATION FOR COMMUNITY HEALTH	O	694,240.	COST
(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) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) NO	(k) Percentage ownership

Part VII Supplemental Information

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

Form **8868**
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.
MARSHALL MEDICAL CENTER

Taxpayer identification number (TIN)
94-1450151

Number, street, and room or suite no. If a P.O. box, see instructions.
1100 MARSHALL WAY

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
PLACERVILLE, CA 95667

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY)

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of JOEL ENGELMANN
1100 MARSHALL WAY - PLACERVILLE, CA 95667

Telephone No. 530-626-2606 Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ..... ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ..... ☐. If it is for part of the group, check this box ... ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until SEPTEMBER 15, 20 26, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

☐ calendar year 20 _____ or
☒ tax year beginning NOV 1, 20 24, and ending OCT 31, 20 25

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$	0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8868** (Rev. 1-2025)

LHA 423841 01-02-25