

EXTENSION GRANTED TO MAY 15, 2011

Form **990****Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MARQUETTE GENERAL HOSPITAL INC Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 420 W MAGNETIC STREET City or town, state or country, and ZIP + 4 MARQUETTE, MI 49855	D Employer identification number 38-1358036
	E Telephone number 906-225-3450	G Gross receipts \$ 336,037,900.
	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
	H(c) Group exemption number ▶	
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ WWW.MGH.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1897 M State of legal domicile: MI		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO BE A REGIONAL HEALTH RESOURCE, IMPROVING THE HEALTH OF THOSE WE SERVE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of employees (Part V, line 2a)	5	2851
	6 Total number of volunteers (estimate if necessary)	6	511
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	4,432,149.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,605,738.	Current Year 664,278.
	9 Program service revenue (Part VIII, line 2g)	317,694,912.	323,220,852.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-3,288,659.	752,096.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 13e)	11,678.	817.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	316,023,669.	324,638,043.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	152,059,012.	155,517,337.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	157,053,818.	161,525,504.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	309,112,830.	317,042,841.	
19 Revenue less expenses. Subtract line 18 from line 12	6,910,839.	7,595,202.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 252,619,873.	End of Year 266,525,060.
	21 Total liabilities (Part X, line 26)	173,258,140.	192,888,879.
	22 Net assets or fund balances. Subtract line 21 from line 20	79,361,733.	73,636,181.

Part II Signature Block

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

Sign Here

Signature of officer
JERRY L WORDEN, SENIOR VP/CFO
 Type or print name and title

Date

Paid Preparer's Use Only

Preparer's signature
 Date
 Check if self-employed ☐
 Preparer's identifying number (see instructions)
 Firm's name (or yours if self-employed), address, and ZIP + 4
MAKELA TOUTANT HILL & NARDI PC
201 W BLUFF STREET
MARQUETTE, MI 49855
 EIN ▶
 Phone no. ▶ **(906) 228-3600**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

TO BE THE REGIONAL MEDICAL CENTER OF CHOICE BY PROVIDING EFFICIENTLY
DELIVERED, HIGH QUALITY, COMPASSIONATE CARE.

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

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

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 217053761. including grants of \$) (Revenue \$ 235169490.)
HOSPITAL SERVICES ENCOMPASSING 10,898 INPATIENT ADMISSIONS; 55,797
INPATIENT DAYS AND 307,809 OUTPATIENT VISITS/REGISTRATIONS.

4b (Code:) (Expenses \$ 79,812,983. including grants of \$) (Revenue \$ 61,277,137.)
PHYSICIAN PRACTICES WITH 161,298 PATIENTS AND 324,747 VISITS.

4c (Code:) (Expenses \$ 4,513,570. including grants of \$) (Revenue \$ 5,484,419.)
HOME HEALTH SERVICES COVERS EIGHT COUNTIES AND SERVES 1900 PATIENTS
WITH 36,955 HOME VISITS.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 3,124,540. including grants of \$) (Revenue \$ 2,951,607.)

4e Total program service expenses \$ 304,504,854.

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		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		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		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		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and II		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	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 25	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		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		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	X	
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	X	
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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	X	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	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		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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

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

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	205	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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	2851	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
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)?		X
4b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

Form 990 (2009)

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 in Schedule O. See instructions.**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body	12	
b Enter the number of voting members that are independent	8	
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 or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	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 in Schedule O.	9	X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **MI**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **JERRY L WORDEN - 906-225-3450**
420 W MAGNETIC STREET, MARQUETTE, MI 49855

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, 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.

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TIMOTHY J LARSON CHAIRMAN	3.00	X		X				0.	0.	0.
RICHARD R SCHAEFER VICE-CHAIRMAN	3.00	X		X				0.	0.	0.
LOIS A MICHELIN SECRETARY	3.00	X		X				0.	0.	0.
MICHAEL L VONCK TREASURER	2.00	X		X				0.	0.	0.
K MICHAEL SKYTTPA TRUSTEE	2.00	X						0.	0.	0.
JOHN P BARTLETT, MD TRUSTEE	2.00	X						20,004.	0.	0.
LARRY S LEWIS, MD TRUSTEE	2.00	X						277,673.	0.	10,473.
BRADLEY CORY TRUSTEE	2.00	X						0.	0.	0.
MARRYANNE SHANNON TRUSTEE	2.00	X						0.	0.	0.
GARY LAPLANT TRUSTEE	2.00	X						0.	0.	0.
JUDITH WATSON-OLSON TRUSTEE	2.00	X						0.	0.	0.
A GARY MULLER PRESIDENT/CEO	50.00	X		X				651,605.	0.	71,952.
JERRY L WORDEN SENIOR VP/CFO	50.00			X				348,526.	0.	32,335.
DAVID S GRASER SENIOR VP/COO	50.00			X				282,287.	0.	27,937.
THOMAS F NOREN, MD SENIOR VP/CMO	50.00			X				300,276.	0.	20,172.
THOMAS A MOSER SENIOR VP/PHYS PRACTICES	50.00			X				275,247.	0.	28,992.
FREDERICK P HOENKE, MD VP/MEDICAL DIRECTOR, PHYS PRACTICES	50.00			X				346,303.	0.	32,887.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DENNIS D BOE VP/SUPPORT SERVICES	50.00				X			174,673.	0.	20,359.
DAGMAR A RAICA VP/CHIEF NURSING OFFICER	50.00				X			189,419.	0.	16,306.
RICHARD ROVIN PHYSICIAN	50.00					X		672,148.	0.	22,442.
CRAIG COCCIA PHYSICIAN	50.00					X		2,011,882.	0.	26,442.
PAUL LAHAYE PHYSICIAN	50.00					X		1,154,113.	0.	11,642.
ANDREW JAHODA PHYSICIAN	50.00					X		597,566.	0.	14,282.
MICHAEL OUWENGA PHYSICIAN	50.00					X		580,032.	0.	21,442.
MICHAEL J BECKSTROM FORMER CFO	50.00						X	153,200.	0.	20,930.
1b Total								8,034,954.	0.	378,593.

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

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- 3** Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	X	
4	X	
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.

(A) Name and business address	(B) Description of services	(C) Compensation
REHAB CARE 7733 FORSYTH BLVD, ST LOUIS, MO 66105	THERAPY SERVICES	4,689,437.
UPHEC 420 W MAGNETIC, MARQUETTE, MI 49855	EDUCATION MANAGEMENT	1,453,989.
DMS IMAGING PO BOX 86, MINNEAPOLIS, MN 55486	PET SCANNING	1,223,437.
COMPHEALTH PO BOX 75397, DALLAS, TX 75397	PHYSICIAN SERVICES	1,032,893.
MAYO MEDICAL LABS PO BOX 9146, MINNEAPOLIS, MN 55486	LAB SERVICES	996,386.

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

53

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	664,278.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		664,278.			
Program Service Revenue	2 a	HEALTHCARE SERVICES	Business Code 621500	319917849.	315485700.	4432149.	
	b	BLOOD PRODUCTS	621990	1,475,276.	1,475,276.		
	c	EMPLOYEE & GUEST MEALS	722210	1,184,221.			1184221.
	d	EMPLOYEE PHARMACY	446110	643,506.			643,506.
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		323220852.			
	3	Investment income (including dividends, interest, and other similar amounts)		866,731.			866,731.
4	Income from investment of tax-exempt bond proceeds		288,516.			288,516.	
5	Royalties						
Other Revenue	6 a	Gross Rents	(i) Real 113,455.				
	b	Less: rental expenses	112,638.				
	c	Rental income or (loss)	817.				
	d	Net rental income or (loss)		817.			817.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities 10868541	(ii) Other 15,527.			
	b	Less: cost or other basis and sales expenses	11209121	78,098.			
	c	Gain or (loss)	340580	62,571.			
	d	Net gain or (loss)		-403,151.			-403,151.
	8 a	Gross income from fundraising events (not including \$ or contributions reported on line 1c). See Part IV, line 18	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances	a				
	b	Less: cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
	Miscellaneous Revenue			Business Code			
	11 a						
	b						
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions.		324638043.	316960976.	4432149.	2580640.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	8,324,334.	6,063,273.	2,261,061.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	473,997.	387,148.	86,849.	
7 Other salaries and wages	115,615,425.	112,146,962.	3,468,463.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,843,074.	5,667,782.	175,292.	
9 Other employee benefits	17,210,835.	16,694,510.	516,325.	
10 Payroll taxes	8,049,672.	7,808,182.	241,490.	
11 Fees for services (non-employees):				
a Management	1,249,890.	374,967.	874,923.	
b Legal	672,401.	336,200.	336,201.	
c Accounting	122,137.		122,137.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	56,886.	55,179.	1,707.	
g Other	30,775,029.	29,851,178.	923,851.	
12 Advertising and promotion	858,636.	832,877.	25,759.	
13 Office expenses	72,768,295.	70,585,246.	2,183,049.	
14 Information technology	3,214,327.	3,117,897.	96,430.	
15 Royalties				
16 Occupancy	6,373,992.	6,182,772.	191,220.	
17 Travel	2,031,483.	1,970,539.	60,944.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	710,551.	689,234.	21,317.	
20 Interest	3,647,149.	3,537,735.	109,414.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,080,861.	10,748,435.	332,426.	
23 Insurance	2,014,928.	1,954,480.	60,448.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a UNCOMPENSATED CARE	10,992,918.	10,992,918.		
b QUALITY ASSURANCE ASSES	5,460,559.	5,296,742.	163,817.	
c MAINTENANCE CONTRACTS	3,030,864.	2,939,938.	90,926.	
d				
e				
f All other expenses	6,464,598.	6,270,660.	193,938.	
25 Total functional expenses. Add lines 1 through 24f	317,042,841.	304,504,854.	12,537,987.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	28,081,601.	2	36,710,985.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	45,482,008.	4	49,943,474.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	307,283.	5	143,572.
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	8,599,310.	8	8,490,577.
	9 Prepaid expenses and deferred charges	2,117,770.	9	2,447,369.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 310,347,616.		
	b Less: accumulated depreciation	10b 209,433,811.	10c	100,913,805.
	11 Investments - publicly traded securities	38,509,588.	11	39,372,126.
	12 Investments - other securities. See Part IV, line 11	15,656,432.	12	19,066,010.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	8,463,322.	15	9,437,142.
16 Total assets. Add lines 1 through 15 (must equal line 34)	252,619,873.	16	266,525,060.	
Liabilities	17 Accounts payable and accrued expenses	36,132,581.	17	44,238,277.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	68,485,508.	20	63,426,933.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	5,684,615.	23	4,457,289.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	62,955,436.	25	80,766,380.
	26 Total liabilities. Add lines 17 through 25	173,258,140.	26	192,888,879.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34			
	27 Unrestricted net assets	77,499,381.	27	70,934,334.
	28 Temporarily restricted net assets	1,862,352.	28	2,701,847.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	79,361,733.	33	73,636,181.	
34 Total liabilities and net assets/fund balances	252,619,873.	34	266,525,060.	

Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____

b Were the organization's financial statements audited by an independent accountant? _____

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. _____

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

Form 990 (2009)

REVIEW COPY

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2009

Open to Public Inspection

MARQUETTE GENERAL HOSPITAL INC

Employer identification number

38-1358036

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____

(ii) A family member of a person described in (i) above? _____

(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

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

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here: <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

Employer identification number

MARQUETTE GENERAL HOSPITAL INC

38-1358036

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- ☐ For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

MARQUETTE GENERAL HOSPITAL INC

38-1358036

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	US DEPT OF HEALTH & HUMAN SERVICES 200 INDEPENDENCE AVE SW WASHINGTON, DC 20201	\$ 387,980.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	MICHIGAN DEPT OF COMMUNITY HEALTH 320 S WALNUT, 6TH FLOOR LANSING, MI 48909	\$ 115,064.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	PATHWAYS/NORTHCARE NETWORK 200 W SPRING STREET MARQUETTE, MI 49855	\$ 9,526.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	US DEPARTMENT OF AGRICULTURE 3001 COOLIDGE RD, SUITE 200 EAST LANSING, MI 48823	\$ 151,708.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

MARQUETTE GENERAL HOSPITAL INC

38-1358036

Part II Noncash Property (see instructions)

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

Name of organization

Employer identification number

MARQUETTE GENERAL HOSPITAL INC

38-1358036

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

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

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

MARQUETTE GENERAL HOSPITAL INC

Employer identification number

38-1358036

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply):

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

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

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

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

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

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

▶ \$

(ii) Assets included in Form 990, Part X

▶ \$

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

a Revenues included in Form 990, Part VIII, line 1

▶ \$

b Assets included in Form 990, Part X

▶ \$

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? _____

☐ Yes

☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? _____

☐ Yes

☐ No

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

c Beginning balance _____

d Additions during the year _____

e Distributions during the year _____

f Ending balance _____

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? _____

☐ Yes

☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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 year end balance held as:

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ _____ %

c Term endowment ▶ _____ %

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,570,000.		7,570,000.
b Buildings		147,919,304.	90,318,469.	57,600,835.
c Leasehold improvements				
d Equipment		148,527,511.	117,027,782.	31,499,729.
e Other		6,330,801.	2,087,560.	4,243,241.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				100,913,805.

Schedule D (Form 990) 2009

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	324,638,043.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	317,042,841.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	7,595,202.
4	Net unrealized gains (losses) on investments	4	11,264.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-13,332,018.
9	Total adjustments (net). Add lines 4 through 8	9	-13,320,754.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-5,725,552.

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

1	Total revenue, gains, and other support per audited financial statements	1	310,939,941.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	11,264.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	-13,709,366.
e	Add lines 2a through 2d	2e	-13,698,102.
3	Subtract line 2e from line 1	3	324,638,043.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	324,638,043.

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

1	Total expenses and losses per audited financial statements	1	317,042,841.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	317,042,841.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	317,042,841.

Part XIV Supplemental Information

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

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CONTRIBUTION RECEIVED - RESTRICTED PROPERTY: 769000.

PENSION LIABILITY ADJUSTMENT: -14478366.

INCREASE IN TEMPORARILY RESTRICTED NET ASSETS: 839495.

LOSS ON DISCONTINUED OPERATION: -462147.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Part XIV Supplemental Information (continued)

PENSION LIABILITY ADJUSTMENT: -14478366.

CONTRIBUTION RECEIVED - RESTRICTED: 769000.

REVIEW COPY

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

MARQUETTE GENERAL HOSPITAL INC

Employer identification number

38-1358036

Part I Charity Care and Certain Other Community Benefits at Cost

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

	Yes	No
1a	X	
1b	X	
2		
3a	X	
3b	X	
4	X	
5a	X	
5b	X	
5c		X
6a	X	
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 Charity Care and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Charity Care and Means-Tested Government Programs						
a Charity care at cost (from Worksheets 1 and 2)			1019203.	0.	1019203.	.33%
b Unreimbursed Medicaid (from Worksheet 3, column a)			39764695.	26410695.	13354000.	4.36%
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)			1357676.	685,138.	672,538.	.22%
d Total Charity Care and Means-Tested Government Programs			42141574.	27095833.	15045741.	4.91%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			888,788.	160,081.	728,707.	.24%
f Health professions education (from Worksheet 5)			8513895.	4504589.	4009306.	1.31%
g Subsidized health services (from Worksheet 6)			27305621.	21039556.	6266065.	2.05%
h Research (from Worksheet 7)			425,301.	46,653.	378,648.	.12%
i Cash and in-kind contributions to community groups (from Worksheet 8)			80,764.		80,764.	.03%
j Total, Other Benefits			37214369.	25750879.	11463490.	3.75%
k Total. Add lines 7d and 7j			79355943.	52846712.	26509231.	8.66%

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			191.		191.	.00%
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			370.		370.	.00%
7 Community health improvement advocacy						
8 Workforce development			65,446.		65,446.	.02%
9 Other						
10 Total			66,007.		66,007.	.02%

Part III Bad Debt, Medicare, & Collection Practices**Section A. Bad Debt Expense**

1 Does 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 (at cost) **2** **4,797,518.**

3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy **3** **1,409,873.**

4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME) **5** **73,259,382.**

6 Enter Medicare allowable costs of care relating to payments on line 5 **6** **57,148,007.**

7 Subtract line 6 from line 5. This is the surplus or (shortfall) **7** **16,111,375.**

8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit.

Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6.

Check the box that describes the method used:

☐ Cost accounting system ☐ Cost-to-charge ratio ☒ Other

Section C. Collection Practices

9a Does the organization have a written debt collection policy? **9a** **X**

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

Part IV Management Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 UP IMAGING	OUTPATIENT NON-INVASIVE			
2 MANAGEMENT SERVICES	DIAGNOSTIC			
3 LLC	CARDIOVASCULAR IMAGING			
4	SERVICES	60.00%		40.00%
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER/24 hours	ER-other	Other (Describe)
MARQUETTE GENERAL HOSPITAL INC 420 W MAGNETIC ST MARQUETTE, MI 49855	X	X		X		X	X		OUTPATIENT CLINIC
MARQUETTE MEDICAL CLINIC 2500 7TH AVENUE SOUTH, SUITE 100 ESCANABA, MI 49829									OUTPATIENT CLINIC
MARQUETTE MEDICAL CLINIC 2002 MINNEAPOLIS AVENUE GLADSTONE, MI 49837									OUTPATIENT CLINIC
MARQUETTE MEDICAL CLINIC BURT TOWNSHIP HALL GRAND MARAIS, MI 49839									OUTPATIENT CLINIC
MARQUETTE SPECIALITY CLINIC 500 CAMPUS DRIVE HANCOCK, MI 49930									OUTPATIENT CLINIC
LAKEWOOD MEDICAL ASSOCIATES 5087 US 41 SOUTH MARQUETTE, MI 49855									OUTPATIENT CLINIC
NORTH COUNTRY MEDICAL SPECIALISTS 1711 S STEPHENSON, SUITE 35 IRON MOUNTAIN, MI 49801									OUTPATIENT CLINIC
MARQUETTE MEDICAL CLINIC 1500 W ICE LAKE ROAD IRON RIVER, MI 49935									OUTPATIENT CLINIC
GRAND VIEW CLINIC GOGEBIC RANGE N 10565 IRONWOOD, MI 49938									OUTPATIENT CLINIC
MARQUETTE MEDICAL CLINIC 800 E BOULEVARD KINGSFORD, MI 49802									OUTPATIENT CLINIC
MARQUETTE SPECIALITY CLINIC 205 OSCEOLA STREET LAURIUM, MI 49913									OUTPATIENT CLINIC
MARQUETTE MEDICAL CLINICS 1414 W FAIR AVENUE MARQUETTE, MI 49855									OUTPATIENT CLINIC
NEGAUNEE MEDICAL ASSOCIATES 405 US 41 EAST NEGAUNEE, MI 49866									OUTPATIENT CLINIC
MARQUETTE MEDICAL CLINIC COMMUNITY BUILDING TRENARY, MI 49891									OUTPATIENT CLINIC

Part VI Supplemental Information

Complete this part to provide the following information.

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

PART I, LINE 7: ROW A - CHARITY CARE: COST TO CHARGE RATIO.

ROW B - MEDICAID: COST TO CHARGE RATIO USING MEDICARE COST REPORT RULES.

ROW C - UNREIMBURSED COSTS: COST TO CHARGE RATIO USING MEDICARE COST
REPORT RULES.

ROW E TO J - OTHER BENEFITS: DIRECT CHARGE OF TIME AND COSTS.

PART I, LINE 7G: THE SYSTEM PROVIDES SUBSIDIZED HEALTH SERVICES FOR
BEHAVIORAL HEALTH, FAMILY PRACTICE CLINICS IN MEDICALLY UNDERSERVED AREAS,
NICU, AND WOMEN'S SERVICES.PART I, LINE 7F: TOTAL EXPENSES WERE REDUCED BY \$10,992,918 FOR BAD
DEBT EXPENSE.PART III, LINE 4: FOOTNOTE TEXT: AN ALLOWANCE FOR UNCOLLECTIBLE
ACCOUNTS IS ESTABLISHED ON AN AGGREGATE BASIS BY USING HISTORICAL
WRITE-OFF RATE FACTORS APPLIED TO UNPAID ACCOUNTS BASED ON AGING. LOSS
RATE FACTORS ARE BASED ON HISTORICAL LOSS EXPERIENCE AND ADJUSTED FOR
ECONOMIC CONDITIONS AND OTHER TRENDS AFFECTING THE SYSTEM'S ABILITY TO
COLLECT OUTSTANDING AMOUNTS. UNCOLLECTIBLE AMOUNTS ARE WRITTEN OFF
AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS IN THE PERIOD THEY ARE
DETERMINED TO BE UNCOLLECTIBLE. AN ALLOWANCE FOR CONTRACTUAL ADJUSTMENTS

Part VI Supplemental Information

AND INTERIM PAYMENT ADVANCES IS BASED ON EXPECTED PAYMENT RATES FROM PAYORS BASED ON CURRENT REIMBURSEMENT METHODOLOGIES. THIS AMOUNT ALSO INCLUDES AMOUNTS RECEIVED AS INTERIM PAYMENTS AGAINST UNPAID CLAIMS BY CERTAIN PAYORS.

GROSS BAD DEBT EXPENSE WAS \$10,992,918 WITH A COST OF \$4,797,518. AN ATTORNEY REVIEWED THE ACCOUNTS TO DETERMINE PERCENTAGE THAT WOULD HAVE QUALIFIED FOR CHARITY CARE.

PART III, LINE 8: MEDICARE COSTS ARE FROM THE MEDICARE COST REPORT, WHICH UTILIZES MEDICARE ALLOWABLE COST AND THEN RATIO OF COST TO CHARGES BY HCFA LINE NUMBER. MEDICARE ALLOWABLE COST IS DETERMINED BY INCLUDING ALL DIRECT AND INDIRECT EXPENSES IN WORKSHEET A AND THEN OFFSETTING ANY NON-ALLOWABLE COSTS AND MISCELLANEOUS REVENUES. NON-ALLOWABLE COSTS INCLUDE ANY EXPENSE NOT NECESSARY FOR PATIENT CARE OR THOSE DEEMED A LUXURY OR EXCESSIVE. TYPICAL OFFSETS INCLUDE PATIENT TELEVISIONS AND TELEPHONES, PAYMENTS TO PROVIDER BASED PHYSICIANS IN EXCESS OF REASONABLE LIMITS, AND NON-PATIENT REVENUE, TO NAME A FEW. OVERHEAD IS STEPPED-DOWN TO THE REIMBURSABLE AND NON-REIMBURSABLE HCFA LINES. TOTAL COST IS THEN DETERMINED USING RATIO OF COST TO CHARGES.

PART VI, LINE 2: THE ORGANIZATION ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES BY UTILIZING NEEDS ASSESSMENTS CONDUCTED BY MULTIPLE AGENCIES PROVIDING HEALTH CARE TO THE SERVICE AREA POPULATION, AS WELL AS CONDUCTING AND DIRECTING QUALITATIVE (FOCUS GROUPS AND INDIVIDUAL, IN PERSON INTERVIEWS) AND QUANTITATIVE (PHONE SURVEYS) MARKET RESEARCH OF THE SERVICE AREA POPULATION. RESEARCH IS ALSO CONDUCTED VIA INTERVIEWS AND FOCUS GROUPS WITH PHYSICIANS AND MID-LEVELS TO DETERMINE HEALTH CARE

Part VI Supplemental Information

NEEDS.

PART VI, LINE 3: IN-HOUSE MEDICAL ASSISTANCE EXPERTS EXPLAIN PROGRAMS TO PATIENTS AND ASSIST WITH THE APPLICATION PROCESS. PATIENT ACCESS IDENTIFIES SELF-PAY AND UNDERINSURED PATIENTS AND REFERS THEM TO IN-HOUSE FINANCIAL COUNSELORS. FINANCIAL ASSISTANCE INFORMATION AND APPLICATIONS ARE AVAILABLE ON-LINE.

PART VI, LINE 4: THE SYSTEM SERVES THE RESIDENTS OF THE UPPER PENINSULA OF MICHIGAN.

PART VI, LINE 5: COMMUNITY BUILDING ACTIVITIES INCLUDE PARTICIPATION IN COLLABORATIVE PARTNERSHIPS WITH COMMUNITY GROUPS, RECRUITMENT OF PROFESSIONALS FOR AREAS IDENTIFIED AS MEDICALLY UNDERSERVED, REGIONAL ECONOMIC DEVELOPMENT GROUPS AND PROGRAMS.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

MARQUETTE GENERAL HOSPITAL INC

Employer identification number

38-1358036

Part I Questions Regarding Compensation

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

- ☐ First-class or charter travel
☐ Travel for companions
☐ Tax indemnification and gross-up payments
☐ Discretionary spending account

- ☐ Housing allowance or residence for personal use
☐ Payments for business use of personal residence
☐ Health or social club dues or initiation fees
☐ Personal services (e.g., maid, chauffeur, chef)

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

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- ☒ Compensation committee
☒ Independent compensation consultant
☒ Form 990 of other organizations

- ☒ Written employment contract
☒ Compensation survey or study
☒ Approval by the board or compensation committee

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

- a** Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization?
b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) 2009

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
LARRY S LEWIS, MD	(i)	277,673.	0.	0.	10,734.	288,407.	0.
	(ii)	0.	0.	0.	0.	0.	0.
A GARY MULLER	(i)	509,668.	121,970.	19,967.	59,800.	728,794.	0.
	(ii)	0.	0.	0.	0.	0.	0.
JERRY L WORDEN	(i)	280,833.	48,258.	19,435.	18,883.	383,867.	0.
	(ii)	0.	0.	0.	0.	0.	0.
DAVID S GRASER	(i)	239,699.	39,602.	2,986.	15,785.	314,159.	0.
	(ii)	0.	0.	0.	0.	0.	0.
THOMAS F NOREN, MD	(i)	273,322.	24,471.	2,483.	8,020.	324,691.	0.
	(ii)	0.	0.	0.	0.	0.	0.
THOMAS A MOSER	(i)	199,068.	33,636.	42,543.	10,000.	307,385.	0.
	(ii)	0.	0.	0.	0.	0.	0.
FREDERICK P HOENKE, MD	(i)	245,338.	400,000.	965.	16,588.	382,262.	0.
	(ii)	0.	0.	0.	0.	0.	0.
DENNIS D BOE	(i)	149,849.	23,182.	1,642.	8,367.	198,741.	0.
	(ii)	0.	0.	0.	0.	0.	0.
DAGMAR A RAICA	(i)	163,627.	24,727.	1,065.	9,073.	207,961.	0.
	(ii)	0.	0.	0.	0.	0.	0.
RICHARD ROVIN	(i)	626,574.	45,574.	0.	9,800.	697,419.	0.
	(ii)	0.	0.	0.	0.	0.	0.
CRAIG COCCIA	(i)	1,963,708.	48,174.	0.	9,800.	2,041,153.	0.
	(ii)	0.	0.	0.	0.	0.	0.
PAUL LAHAYE	(i)	1,130,323.	23,790.	0.	0.	1,168,584.	0.
	(ii)	0.	0.	0.	0.	0.	0.
ANDREW JAHODA	(i)	558,912.	38,654.	0.	9,800.	616,699.	0.
	(ii)	0.	0.	0.	0.	0.	0.
MICHAEL Ouwenga	(i)	541,390.	38,642.	0.	9,800.	606,325.	0.
	(ii)	0.	0.	0.	0.	0.	0.
MICHAEL J BECKSTROM	(i)	153,000.	0.	200.	7,338.	175,934.	0.
	(ii)	0.	0.	0.	0.	0.	0.
	(i)						
	(ii)						

Part III Supplemental Information

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

PART I, LINE 4B: SUPPLEMENTAL RETIREMENT PAYMENTS MADE FOR THE FOLLOWING:

A GARY MULLER 50,000

JERRY L WORDEN 14,000

DAVID S GRASER 11,500

THOMAS F NOREN 8,020

THOMAS A MOSER 10,000

SCHEDULE K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

MARQUETTE GENERAL HOSPITAL INC

Employer identification number
38-1358036

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
MI STATE HOSPITAL A FINANCE AUTHORITY	38-2889417	59465HBA3	05/04/05	29102140	FACILITY IMPROV & EQUIP		X		X
MI STATE HOSPITAL B FINANCE AUTHORITY	38-2889417	59465HDX1	08/23/06	37000000	FACILITY IMPROV & EQUIP		X		X
C									
D									
E									

Part II Proceeds

	A		B		C		D		E
	Yes	No	Yes	No	Yes	No	Yes	No	
1 Total proceeds of issue									
2 Gross proceeds in reserve funds									
3 Proceeds in refunding or defeasance escrows									
4 Other unspent proceeds									
5 Issuance costs from proceeds									
6 Working capital expenditures from proceeds									
7 Capital expenditures from proceeds									
8 Year of substantial completion									
9 Were the bonds issued as part of a current refunding issue?									
10 Were the bonds issued as part of an advance refunding issue?									
11 Has the final allocation of proceeds been made?									
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?									

Part III Private Business Use

	A		B		C		D		E
	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?									
2 Are there any lease arrangements with respect to the financed property which may result in private business use?									

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X						
b Are there any research agreements with respect to the financed property which may result in private business use?		X		X						
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X							
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		.25 %		.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		.25 %		.00 %		%		%		%
6 Total of lines 4 and 5	X		X			%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X		X							
2 Is the bond issue a variable rate issue?		X		X						
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X						
b Name of provider	SEE SCHEDULE O									
c Term of hedge										
4a Were gross proceeds invested in a GIC?	X		X							
b Name of provider	SOCIETE GENERALE									
c Term of GIC	28.000000		15.700000		SOCIETE GENERALE					
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X		X							
5 Were any gross proceeds invested beyond an available temporary period?		X		X						
6 Did the bond issue qualify for an exception to rebate?	X		X							

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open To Public
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Name of the organization

MARQUETTE GENERAL HOSPITAL INC

Employer identification number
38-1358036

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

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

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

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

\$

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

\$

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
CRAIG COCCIA - SI		X	240,000.	72,000.		X	X		X	
PAUL LAHAYE - SIG		X	50,000.	2,083.		X	X		X	
RICHARD ROVIN - S		X	227,000.	68,100.		X	X		X	
ANDREW JAHODA - S		X	50,000.	1,389.		X	X		X	
Total				\$ 143,572.						

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
CINDY MASSIE	FAMILY MEMBER OF CU	49,084.	EMPLOYMENT		X
MICHAEL WORDEN	FAMILY MEMBER OF CU	149,276.	EMPLOYMENT		X
LIZABETH BOE	FAMILY MEMBER OF KE	46,529.	EMPLOYMENT		X
DRESSLER MECHANICAL INC	OWNED BY CURRENT BO	55,409.	MECHANICAL		X

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

Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

MARQUETTE GENERAL HOSPITAL INC

Employer identification number
38-1358036

FORM 990, PART VI, SECTION B, LINE 11: ONCE FORM 990 HAS BEEN PREPARED, IT IS REVIEWED BY THE VP OF FINANCE, THE CFO, AND THE CEO. IT IS THEN PRESENTED TO THE FINANCE COMMITTEE. A COPY OF THE COMPLETED TAX RETURN IS PRESENTED TO THE BOARD OF DIRECTORS BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C: EACH MEMBER OF THE BOARD OF TRUSTEES SIGNS A CONFLICT OF INTEREST STATEMENT ANNUALLY. COLLEAGUES ARE REMINDED AT THEIR ANNUAL EVALUATIONS TO ABIDE BY THE CODE OF CONDUCT. THEY ALSO COMPLETE AN ANNUAL CONFLICT OF INTEREST STATEMENT.

FORM 990, PART VI, SECTION B, LINE 15: TO DETERMINE EXECUTIVE COMPENSATION FOR THE CEO, VICE PRESIDENTS, AND OFFICERS OF THE CORPORATION, THE ORGANIZATION USES AN INDEPENDENT CONSULTANT TO CONDUCT SALARY SURVEYS OF THE HEALTH CARE MARKET. THE INDEPENDENT CONSULTANT REVIEWS FINDINGS AND MAKES RECOMMENDATIONS TO THE COMPENSATION COMMITTEE OF THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19: NO DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC.

SCHEDULE K, PART II, LINE 5, COLUMN B, ISSUANCE COSTS:

ISSUANCE COSTS: \$484,965, CREDIT ENHANCEMENT FEE: \$995,420

SCHEDULE K, PART IV, LINE 3B, COLUMN B, NAME OF HEDGE PROVIDER:

DEUTSCH BANK (SWAP), JP MORGAN (RATE LOCK AGREEMENT TERMINATED ON 8/23/06 ISSUE DATE)

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

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Inspection

Name of the organization

MARQUETTE GENERAL HOSPITAL INC

Employer identification number
38-1358036

SCHEDULE K, PART IV, LINE 3C, COLUMN B, TERM OF HEDGE:

15.8 YEARS (SWAP), 13.1 YEARS (RATE LOCK AGREEMENT TERMINATED ON 8/23/06
ISSUE DATE)

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: CRAIG COCCIA

(A) PURPOSE OF LOAN: SIGNING BONUS

(A) NAME OF PERSON: PAUL LAHAYE

(A) PURPOSE OF LOAN: SIGNING BONUS

(A) NAME OF PERSON: RICHARD ROVIN

(A) PURPOSE OF LOAN: SIGNING BONUS

(A) NAME OF PERSON: ANDREW JAHODA

(A) PURPOSE OF LOAN: SIGNING BONUS

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: CINDY MASSIE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF CURRENT BOARD CHAIRMAN, TIMOTHY J LARSON

(A) NAME OF PERSON: MICHAEL WORDEN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF CURRENT OFFICER, JERRY L WORDEN

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

MARQUETTE GENERAL HOSPITAL INC

Employer identification number

38-1358036

(A) NAME OF PERSON: LIZABETH BOE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF KEY EMPLOYEE, DENNIS D BOE

(A) NAME OF PERSON: DRESSLER MECHANICAL INC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

OWNED BY CURRENT BOARD MEMBER, MICHAEL L VONCK

(D) DESCRIPTION OF TRANSACTION: MECHANICAL SERVICES

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2009
Open to Public
Inspection

Name of the organization

MARQUETTE GENERAL HOSPITAL INC

Employer identification number
38-1358036

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
MATTSON MANAGEMENT GROUP LLC - 30-0136373 420 W MAGNETIC ST MARQUETTE, MI 49855	LANDHOLDING	MICHIGAN	0.	127,023.	N/A

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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
RAMPART EMERGENCY MEDICAL SERVICES, INC - 38-2413139, 828 SHERIDAN ROAD, ESCANABA, MI 49829	EMERGENCY MEDICAL SERVICES	MICHIGAN	501(C)(3)	9	N/A
MARQUETTE GENERAL FOUNDATION - 20-3615349 420 W MAGNETIC ST	FUNDRAISING FOR MARQUETTE GENERAL HOSPITAL	MICHIGAN	501(C)(3)	LIA TYPE I	N/A
MARQUETTE, MI 49855 UPPER PENINSULA HEALTH PLAN INC - 38-3379956 228 W WASHINGTON ST					
MARQUETTE, MI 49855	MEDICAID HMO	MICHIGAN	501(C)(4)	N/A	N/A

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

Schedule R (Form 990) 2009

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

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

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

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

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

(a) Name of other organization(s)	(b) Transaction type (a-f)	(c) Amount involved
(1) MARQUETTE GENERAL FOUNDATION	C	532,901.
(2) MARQUETTE GENERAL FOUNDATION	K	551,400.
(3) MARQUETTE GENERAL FOUNDATION	M	148,272.
(4) RAMPART EMERGENCY MEDICAL SERVICES INC	P	578,995.
(5) UPPER PENINSULA MANAGED CARE LLC	R	3,447,275.
(6) UPPER PENINSULA HEALTH PLAN INC		0.

Asset Acquisition Statement Under Section 1060

▶ Attach to your income tax return.

OMB No. 1545-1021

Attachment
Sequence No. **61**

Name as shown on return

Identifying number as shown on return

MARQUETTE GENERAL HOSPITAL INC

38-1358036

Check the box that identifies you:

☒ Purchaser ☐ Seller

Part I General Information

1 Name of other party to the transaction

Other party's identifying number

UPPER PENINSULA SPORTS MEDICINE & THERAPY CENTER INC

38-2676346

Address (number, street, and room or suite no.)

1414 W FAIR AVENUE

City or town, state, and ZIP code

MARQUETTE, MI 49855

2 Date of sale

09/01/09

3 Total sales price (consideration)

622,000.

Part II Original Statement of Assets Transferred

4 Assets	Aggregate fair market value (actual amount for Class I)	Allocation of sales price
Class I	\$	\$
Class II	\$	\$
Class III	\$	\$
Class IV	\$ 18,500.	\$ 18,500.
Class V	\$ 17,500.	\$ 17,500.
Class VI and VII	\$ 586,000.	\$ 586,000.
Total	\$ 622,000.	\$ 622,000.

5 Did the purchaser and seller provide for an allocation of the sales price in the sales contract or in another written document signed by both parties? ☒ Yes ☐ No

If "Yes," are the aggregate fair market values (FMV) listed for each of asset Classes I, II, III, IV, V, VI, and VII the amounts agreed upon in your sales contract or in a separate written document? ☒ Yes ☐ No

6 In the purchase of the group of assets (or stock), did the purchaser also purchase a license or a covenant not to compete, or enter into a lease agreement, employment contract, management contract, or similar arrangement with the seller (or managers, directors, owners, or employees of the seller)? ☒ Yes ☐ No

If "Yes," attach a schedule that specifies (a) the type of agreement and (b) the maximum amount of consideration (not including interest) paid or to be paid under the agreement. See instructions.

(A) TYPE OF AGREEMENT: COVENANT NOT TO COMPETE ENTERED INTO WITH EACH OF THE TWO STOCKHOLDERS RUNNING THE BUSINESS. (B) IMMEDIATE PAYMENT MADE IN THE AMOUNT OF \$25,000 TO EACH OF THE INDIVIDUALS ENTERING INTO THE COVENANT.

Part III **Supplemental Statement** - Complete only if amending an original statement or previously filed supplemental statement because of an increase or decrease in consideration.

7 Tax year and tax return form number with which the original Form 8594 and any supplemental statements were filed.

8 Assets	Allocation of sales price as previously reported	Increase or (decrease)	Redetermined allocation of sales price
Class I	\$	\$	\$
Class II	\$	\$	\$
Class III	\$	\$	\$
Class IV	\$	\$	\$
Class V	\$	\$	\$
Class VI and VII	\$	\$	\$
Total	\$	\$	\$

9 Reason(s) for increase or decrease. Attach additional sheets if more space is needed.