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Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 07-01-2007 and ending 06-30-2008

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☑ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
MARQUETTE GENERAL HOSPITAL INC

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

F Accounting method ☐ Cash ☑ Accrual ☐ Other (specify) ▶

● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) If "Yes" enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☑ No

I Group Exemption Number ▶

G Web site: ▶ WWW MGH ORG

J Organization type (check only one) ▶ ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

M Check ▶ ☑ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 304,061,318

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances *(See the instructions.)*

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b			
	c	Indirect public support (not included on line 1a)	1c			
	d	Government contributions (grants) (not included on line 1a)	1d	848,370		
	e	Total (add lines 1a through 1d) (cash $ 848,370 noncash $)			1e	848,370
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	299,891,024
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	770,029
	5	Dividends and interest from securities			5	
	6a	Gross rents	6a	88,485		
	b	Less rental expenses	6b	121,086		
	c	Net rental income or (loss) subtract line 6b from line 6a			6c	-32,601
	7	Other investment income (describe ▶)			7	2,452,802
	8a	Gross amount from sales of assets other than inventory — (A) Securities: ; (B) Other:	8a	10,608		
	b	Less cost or other basis and sales expenses	8b	644,769		
	c	Gain or (loss) (attach schedule)	8c	-634,161		
	d	Net gain or (loss) Combine line 8c, columns (A) and (B)			8d	-634,161
	9	Special events and activities (attach schedule) If any amount is from gaming, check here ▶ ☐				
	a	Gross revenue (not including $ of contributions reported on line 1b)	9a			
	b	Less direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events Subtract line 9b from line 9a			9c	
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a			10c	
	11	Other revenue (from Part VII, line 103)			11	
	12	**Total revenue** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	303,295,463
Expenses	13	Program services (from line 44, column (B))			13	295,120,512
	14	Management and general (from line 44, column (C))			14	16,799,072
	15	Fundraising (from line 44, column (D))			15	
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses** Add lines 16 and 44, column (A)			17	311,919,584
Net Assets	18	Excess or (deficit) for the year Subtract line 17 from line 12			18	-8,624,121
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	111,007,607
	20	Other changes in net assets or fund balances (attach explanation)			20	9,475,032
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20			21	111,858,518

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. *(See the instructions.)*

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach Schedule) (cash $ _____ noncash $ _____) If this amount includes foreign grants, check here ▶ ☐	22a				
22b	Other grants and allocations (attach schedule) (cash $ _____ noncash $ _____) If this amount includes foreign grants, check here ▶ ☐	22b				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	292,644	283,865	8,779	
b	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b	758,755	735,992	22,763	
c	Compensation and other distributions not icluded above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b and c	26	119,180,773	115,605,350	3,575,423	
27	Pension plan contributions not included on lines 25a, b and c	27	15,354,306	14,893,677	460,629	
28	Employee benefits not included on lines 25a - 27	28	18,890,621	18,323,902	566,719	
29	Payroll taxes	29	8,251,292	8,003,753	247,539	
30	Professional fundraising fees	30				
31	Accounting fees	31	187,500	181,875	5,625	
32	Legal fees	32	383,789	372,275	11,514	
33	Supplies	33	64,006,190	62,086,004	1,920,186	
34	Telephone	34	1,304,373	1,265,242	39,131	
35	Postage and shipping	35	164,076	159,154	4,922	
36	Occupancy	36	2,215,836	2,149,361	66,475	
37	Equipment rental and maintenance	37	5,875,888	5,699,611	176,277	
38	Printing and publications	38	265,279	257,321	7,958	
39	Travel	39	1,926,070	1,868,288	57,782	
40	Conferences, conventions, and meetings	40	494,108	479,285	14,823	
41	Interest	41	4,421,235	4,288,598	132,637	
42	Depreciation, depletion, etc (attach schedule)	42	10,848,083	10,522,641	325,442	
43	Other expenses not covered above (itemize)					
a	BAD DEBT EXPENSE	43a	11,950,543	11,950,543		
b	UTILITIES	43b	3,847,067	3,731,655	115,412	
c	PROFESSIONAL FEES	43c	10,924,684	2,796,943	8,127,741	
d	PURCHASED SERVICES	43d	21,430,854	20,787,928	642,926	
e	OTHER	43e	8,945,618	8,677,249	268,369	
f		43f				
g		43g				
44	**Total functional expenses.** Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13–15)	44	311,919,584	295,120,512	16,799,072	0

Joint Costs. Check ▶ ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ▶ ☐ Yes ☐ No

If "Yes," enter **(i)** the aggregate amount of these joint costs $ _____, **(ii)** the amount allocated to Program services $ _____, **(iii)** the amount allocated to Management and general $ _____, and **(iv)** the amount allocated to Fundraising $ _____

Part III **Statement of Program Service Accomplishments** ***(See the instructions.)***

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization How the public perceives an organization in such cases may be determined by the information presented on its return Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

What is the organization's primary exempt purpose? ▶ HEALTHCARE SERVICES All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	**Program Service Expenses** (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
a HEALTHCARE SERVICES ENCOMPASSING 12,060 INPATIENT ADMISSIONS, 56,602 INPATIENT PATIENT DAYS AND 476,489 OUTPATIENT VISITS/ REGISTRATIONS (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	295,120,512
b (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
c (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
d (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) . . . . ▶	295,120,512

Part IV Balance Sheets *(See the instructions.)*

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*			(A) Beginning of year		(B) End of year
Assets					
45 Cash—non-interest-bearing				45	
46 Savings and temporary cash investments			14,088,083	46	11,922,751
47a Accounts receivable	47a	50,283,326			
b Less allowance for doubtful accounts	47b	9,525,000	40,530,056	47c	40,758,326
48a Pledges receivable	48a				
b Less allowance for doubtful accounts	48b			48c	
49 Grants receivable				49	
50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)				50b	
51a Other notes and loans receivable (attach schedule)	51a				
b Less allowance for doubtful accounts	51b			51c	
52 Inventories for sale or use			7,924,963	52	7,673,266
53 Prepaid expenses and deferred charges			2,227,093	53	2,482,687
54a Investments—publicly-traded securities ▶ ☐ Cost ☑ FMV			81,428,824	54a	51,920,240
b Investments—other securities (attach schedule) ▶ ☐ Cost ☐ FMV				54b	
55a Investments—land, buildings, and equipment basis	55a				
b Less accumulated depreciation (attach schedule)	55b			55c	
56 Investments—other (attach schedule)				56	
57a Land, buildings, and equipment basis	57a	300,576,361			
b Less accumulated depreciation (attach schedule)	57b	190,333,794	121,844,876	57c	110,242,567
58 Other assets, including program-related investments (describe ▶)			14,372,516	58	23,740,321
59 **Total assets** (must equal line 74) Add lines 45 through 58			282,416,411	59	248,740,158
Liabilities					
60 Accounts payable and accrued expenses			30,257,731	60	26,480,611
61 Grants payable				61	
62 Deferred revenue				62	
63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
64a Tax-exempt bond liabilities (attach schedule)			74,000,692	64a	71,283,100
b Mortgages and other notes payable (attach schedule)			7,384,615	64b	6,584,615
65 Other liabilities (describe ▶)			59,765,766	65	32,533,314
66 **Total liabilities** Add lines 60 through 65			171,408,804	66	136,881,640
Net Assets or Fund Balances					
Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 67 through 69 and lines 73 and 74					
67 Unrestricted			110,361,928	67	110,750,790
68 Temporarily restricted			645,679	68	1,107,728
69 Permanently restricted				69	
Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74					
70 Capital stock, trust principal, or current funds				70	
71 Paid-in or capital surplus, or land, building, and equipment fund				71	
72 Retained earnings, endowment, accumulated income, or other funds				72	
73 **Total net assets or fund balances** Add lines 67 through 69 or lines 70 through 72 (Column (A) **must** equal line 19 and column (B) **must** equal line 21)			111,007,607	73	111,858,518
74 **Total liabilities and net assets / fund balances** Add lines 66 and 73			282,416,411	74	248,740,158

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			a	322,690,964
b	Amounts included on line **a** but not on Part I, line 12				
1	Net unrealized gains on investments	b1			
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify)	b4	19,274,415		
	Add lines **b1** through **b4**			b	19,274,415
c	Subtract line **b** from line **a**			c	303,416,549
d	Amounts included on Part I, line 12, but not on line **a**				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify)	d2	-121,086		
	Add lines **d1** and **d2**			d	19,274,415
e	**Total revenue** (Part I, line 12) Add lines **c** and **d** ▶			e	303,295,463

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements			a	317,399,440
b	Amounts included on line **a** but not on Part I, line 17				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3	5,358,770		
4	Other (specify)	b4			
	Add lines **b1** through **b4**			b	5,358,770
c	Subtract line **b** from line **a**			c	312,040,670
d	Amounts included on Part I, line 17, but not on line **a**:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify)	d2	-121,086		
	Add lines **d1** and **d2**			d	-121,086
e	**Total expenses** (Part I, line 17) Add lines **c** and **d** ▶			e	311,919,584

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Additional Data Table				

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 13			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		No
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" ▶	75c		No
	If "Yes," attach a statement that includes the information described in the instructions			
d	Does the organization have a written conflict of interest policy?	75d	Yes	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
WILLIAM R NEMACHECK 2827 WESTVIEW DRIVE MARQUETTE, MI 49855	0	563,754	34,877	0
MICHAEL J BECKSTROM 1940 WOODLAND MARQUETTE, MI 49855	0	134,144	25,980	0

Part VI Other Information *(See the instructions.)*

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		No
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		No
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a	Yes	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b	Yes	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		No
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		No
b	If "Yes," enter the name of the organization ▶ _____ and check whether it is ☐ exempt or ☐ nonexempt			
81a	Enter direct or indirect political expenditures (See line 81 instructions) 81a			
b	Did the organization file **Form 1120-POL** for this year?	81b		No

Part VI Other Information *(continued)*

			Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	Yes	
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	*501(c)(4), (5), or (6) organizations.* a Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b		
	If "Yes," was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year			
c	Dues assessments, and similar amounts from members 85c			
d	Section 162(e) lobbying and political expenditures 85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	*501(c)(7) orgs.* Enter a Initiation fees and capital contributions included on line 12 86a			
b	Gross receipts, included on line 12, for public use of club facilities 86b			
87	*501(c)(12) orgs.* Enter a Gross income from members or shareholders 87a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88a	Yes	
b	At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI	88b	Yes	
89a	*501(c)(3) organizations* Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0, section 4912 ▶ 0, section 4955 ▶ 0			
b	*501(c)(3) and 501(c)(4) orgs.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		No
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶			
e	*All organizations.* At any time during the tax year was the organization a party to a prohibited tax shelter transaction?	89e		No
f	*All organizations.* Did the organization acquire direct or indirect interest in any applicable insurance contract?	89f		No
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		No

90a List the states with which a copy of this return is filed ▶

b Number of employees employed in the pay period that includes March 12, 2007 (See instructions) 90b 2,627

91a The books are in care of ▶ JERRY L WORDEN Telephone no ▶ (906) 225-3450

Located at ▶ 420 W MAGNETIC STREET MARQUETTE, MI ZIP + 4 ▶ 49855

		Yes	No
b	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)?		
	If "Yes," enter the name of the foreign country ▶	91b	No
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**, Report of Foreign Bank and Financial Accounts		

Part VI Other Information *(continued)*

		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		No

If "Yes," enter the name of the foreign country ▶

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* ***Form 1041***—Check here ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ | 92 |

Part VII Analysis of Income-Producing Activities ***(See the instructions.)***

Note: *Enter gross amounts unless otherwise indicated.*

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a HEALTHCARE SERVICES	621500	8,122,564			288,888,015
b EMPLOYEE & GUEST MEALS			03	1,077,975	
c EMPLOYEE PHARMACY			03	699,286	
d BLOOD PRODUCTS					1,103,184
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	770,029	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non debt-financed property			16	-32,601	
98 Net rental income or (loss) from personal property					
99 Other investment income			14	2,452,802	
100 Gain or (loss) from sales of assets other than inventory			18	-634,161	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		8,122,564		4,333,330	289,991,199
105 **Total** (add line 104, columns (B), (D), and (E)) ▶					302,447,093

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes ***(See the instructions.)***

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	THE INCOME PRODUCING ACTIVITES SHOWN ON THESE LINES FURTHERS THE
&93D	TAX-EXEMPT PURPOSE OF THE ORGANIZATION BY PROVIDING HEALTHCARE RELATED SERVICES

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities ***(See the instructions.)***

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
ICE LAKE MEDICAL ARTS BUILDING 420 W MAGNETIC STREET MARQUETTE, MI49855 38-2206384	6667.00 %	LEASING OF BUILDING SPACE	63,000	89,397
KLINITEK INCORPORATED 310 W WASHINGTON STREET SUITE 300 MARQUETTE, MI49855 20-1482857	10000.00 %	COMPUTER SOFTWARE DEVLOPMENT FOR HEALTHCARE APPL (ELECTRONIC HEALTH RECORD)	544,601	171,328
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts ***(See the instructions.)***

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☑ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☑ No

NOTE: *If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).*

Part XI **Information Regarding Transfers To and From Controlled Entities** *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	See Additional Data			
b				
c				

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	RAMPART EMERGENCY MEDICAL SERVICES INC 828 SHERIDAN ROAD ESCANABA, MI 49829	382413139	REIMBURSEMENT FOR INSURANCE COVERAGE	307,906
b	UPCARE TECHNOLOGY INC (FKA KLINITEK INC) 310 W WASHINGTON ST SUITE 300 MARQUETTE, MI 49855	201482857	PAYMENT FOR SERVICES	212,415
c	UPPER PENINSULA MANAGED CARE LLC 228 W WASHINGTON ST MARQUETTE, MI 49855	383323620	RECEIPT OF DIVIDEND	404,244
d	MARQUETTE GENERAL FOUNDATION 420 W MAGNETIC STREET MARQUETTE, MI 49855	203615349	DISTRIBUTION OF CONTRIBUTIONS RECEIVED	310,858
	Totals			1,235,423

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?		No

Please Sign Here

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

****** — Signature of officer — Date: 2009-06-04

JERRY L WORDEN SENIOR VP/CFO — Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ☐	Preparer's SSN or PTIN (See Gen. Inst. W)
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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93490156001009

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2007

Name of the organization
MARQUETTE GENERAL HOSPITAL INC

Employer identification number
38-1358036

Part I **Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
CRAIG COCCIA MD 1046 ALLOUEZ RD MARQUETTE,MI 49855	PHYSICIAN 50 00	2,222,885	9,252	0
RICHARD ROVIN MD 1805 HARBOUR VIEW DR MARQUETTE,MI 49855	PHYSICIAN 50 00	809,599	9,252	0
CLAYTON PEIMER MD 29 LAKEVIEW DR MARQUETTE,MI 49855	PHYSICIAN 50 00	507,700	9,252	0
ROBERT LORINSER MD 1406 WEST AVE MARQUETTE,MI 49855	PHYSICIAN 50 00	484,943	34,877	0
JOSEPH JAMESON MD 518 E OHIO ST MARQUETTE,MI 49855	PHYSICIAN 50 00	461,750	9,252	0
Total number of other employees paid over $50,000 ▶	599			

Part II-A **Compensation of the Five Highest Paid Independent Contractors for Professional Services**
(See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
WELLSPRING PARTNERS 123 NORTH WACKER SUITE 900 CHICAGO,IL 60606	CONSULTING SERVICES	7,485,000
DMS IMAGING PO BOX 86 MINNEAPOLIS,MN 55486	PET SCANNING	1,578,250
UPHEC 420 W MAGNETIC MARQUETTE,MI 49855	EDUCATION MANAGEMENT	1,289,467
WEATHERBY LOCUMS PO BOX 972633 DALLAS,TX 75397	LOCUM TENENS	1,272,896
MAYO MEDICAL LABS PO BOX 9146 MINNEAPOLIS,MN 55480	LABORATORY	1,132,595
Total number of others receiving over $50,000 for professional services ▶	32	

Part II-B **Compensation of the Five Highest Paid Independent Contractors for Other Services**
(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
CLOSNER CONSTRUCTION 2050 ENTERPRISE STREET MARQUETTE,MI 49855	CONSTRUCTION	546,018
PENINSULA INFOMED 1414 W FAIR AVENUE MARQUETTE,MI 49855	PATIENT BILLING	529,100
SUPERIOR TRANSCRIPTION 245 STONEVILLE RD ISHPEMING,MI 49849	TRANSCRIPTION	323,196
GUNDLACH CHAMPION 800 EAST LAKESHORE DRIVE HOUGHTON,MI 49931	CONSTRUCTION	207,536
PENINSULA JANITORIAL 104 AIRPORT DRIVE MARQUETTE,MI 49855	JANITORIAL SERVICE	204,820
Total number of other contractors receiving over $50,000 for other services ▶	21	

Part III **Statements About Activities** (See page 2 of the instructions.)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)	1		No
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)*			
a	Sale, exchange, or leasing property?	2a		No
b	Lending of money or other extension of credit?	2b		No
c	Furnishing of goods, services, or facilities?	2c	Yes	
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d	Yes	
e	Transfer of any part of its income or assets?	2e		No
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a	Yes	
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	Yes	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3c		No
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		No
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a	Yes	
b	Did the organization make any taxable distributions under section 4966?	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
d	Enter the total number of donor advised funds owned at the end of the tax year ▶ _____			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶0			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶0			

Part IV **Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 ☑ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 ☐ A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶ _____

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)

11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

12 ☐ An organization that normally receives **(1) more than 331/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions—subject to certain exceptions, and **(2) no more than 331/3%** 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) (Also complete the **Support Schedule** in Part IV-A)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

☐ Type I ☐ Type II ☐ Type III - Functionally Integrated ☐ Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents? Yes	No	(e) Amount of support?
Total				▶	

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) ***Use cash method of accounting.***

Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶ **26a**

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a **Do not file this list with your return.** Enter the total of all these excess amounts ▶ **26b** 0

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ **26c**

d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____ ▶ **26d**

e Public support (line 26c minus line 26d total) ▶ **26e**

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ **26f**

27 **Organizations described on line 12:** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " **Do not file this list with your return.** Enter the sum of such amounts for each year

(2006) _____ (2005) _____ (2004) _____ (2003) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of (1) the amount on line 25 for the year or (2) $5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year

(2006) _____ (2005) _____ (2004) _____ (2003) _____

c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶ **27c**

d Add Line 27a total _____ and line 27b total _____ ▶ **27d**

e Public support (line 27c total minus line 27d total) ▶ **27e**

f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ▶ **27f**

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ **27g**

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ **27h**

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant **Do not file this list with your return.** Do not include these grants in line 15

Part V **Private School Questionnaire** (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check ▶ a ☐ if the organization belongs to an affiliated group Check ▶ b ☐ if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table—	41		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

If the amount on line 40 is—	**The lobbying nontaxable amount is—**
Not over $500,000	20% of the amount on line 40
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50 on page 11 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B **Lobbying Activity by Nonelecting Public Charities**
(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	51a(i)		No
(ii) Other assets	a(ii)		No
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		No
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		No
(iii) Rental of facilities, equipment, or other assets	b(iii)		No
(iv) Reimbursement arrangements	b(iv)		No
(v) Loans or loan guarantees	b(v)		No
(vi) Performance of services or membership or fundraising solicitations	b(vi)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		No

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☑ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Additional Data

Software ID:
Software Version:
EIN: 38-1358036
Name: MARQUETTE GENERAL HOSPITAL INC

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
A GARY MULLER 1245 LAKESHORE PARK PLACE MARQUETTE,MI 49855	PRESIDENTCEO 55 00	247,242	6,168	0
JERRY L WORDEN 904 GARFIELD AVENUE 18 MARQUETTE,MI 49855	SENIOR VICE-PRESIDENTCFO 55 00	37,692	1,542	0
TIMOTHY J LARSON 2215 W GROVE STREET MARQUETTE,MI 49855	CHAIR 3 00	0	0	0
MARK A AHO 750 BISHOP WOODS ROAD MARQUETTE,MI 49855	VICE CHAIR 3 00	0	0	0
LOIS A MICHELIN 216 W TRUMAN STREET NEWBERRY,MI 49868	SECRETARY 2 00	0	0	0
RICHARD R SCHAEFER 311 RIVERSIDE ROAD MARQUETTE,MI 49855	TREASURER 3 00	0	0	0
BRADLEY CORY 110 LAKEWOOD LANE MARQUETTE,MI 49855	TRUSTEE 2 00	0	0	0
GARY LAPLANT 2600 S HILL ROAD GLADSTONE,MI 49837	TRUSTEE 2 00	0	0	0
DEBRA MORLEY MD PHD 1055 VISTANNA DRIVE MARQUETTE,MI 49855	TRUSTEE 2 00	0	0	0
LARRY S LEWIS MD 501 E RIDGE MARQUETTE,MI 49855	TRUSTEE 2 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
MARRYANNE SHANNON 3701 SHALLOWS BEACH RD SAULT STE MARIE, MI 49783	TRUSTEE 2 00	0	0	0
K MICHAEL SKYTTA 1715 HARBOUR VIEW DRIVE MARQUETTE, MI 49855	TRUSTEE 2 00	0	0	0
MICHAEL L VONCK 397 BISHOP WOODS MARQUETTE, MI 49855	TRUSTEE 2 00	0	0	0
JUDITH WATSON-OLSON PO BOX 1045 GWINN, MI 49841	TRUSTEE 2 00	0	0	0

Form 990, Part XI, line 106:

(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
RAMPART EMERGENCY MEDICAL SERVICES INC 828 SHERIDAN ROAD ESCANABA, MI 49829	382413139	PAYMENT FOR SERVICES	72,394
UPCARE TECHNOLOGY INC (FKA KLINITEK INC) 310 W WASHINGTON ST SUITE 300 MARQUETTE, MI 49855	201482857	PURCHASE OF STOCK	1,300,000
UPCARE TECHNOLOGY INC (FKA KLINITEK INC) 310 W WASHINGTON ST SUITE 300 MARQUETTE, MI 49855	201482857	PURCHASE OF TECHNICAL SUPPORT AND SOFTWARE MAINTENANCE	206,030
ICE LAKE MEDICAL ARTS BUILDING 420 W MAGNETIC STREET MARQUETTE, MI 49855	382206384	ADVANCE	45,208
ICE LAKE MEDICAL ARTS BUILDING 420 W MAGNETIC STREET MARQUETTE, MI 49855	382206384	RENT	48,600
MARQUETTE GENERAL FOUNDATION 420 W MAGNETIC STREET MARQUETTE, MI 49855	203615349	PAYMENT OF FOUNDATION'S OPERATING EXPENSES	630,162
Totals			2,302,394

TY 2007 Depreciation and Depletion Schedule

Name: MARQUETTE GENERAL HOSPITAL INC

EIN: 38-1358036

Asset	Amount
LAND IMPROVEMENTS	104,945
BUILDINGS AND FIXTURES	3,153,370
EQUIPMENT	7,589,768

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2007 Gain/Loss from Sale of Other Assets Schedule

Name: MARQUETTE GENERAL HOSPITAL INC

EIN: 38-1358036

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
BUILDING RENOVATIONS	2007-12	PURCHASED	2007-12			321,626		0	-321,626	
MISCELLANEOUS COMPUTER EQUIPMENT	2007-12	PURCHASED	2007-12		1,591	48,185		0	-46,594	
PATIENT EQUIPMENT	2007-12	PURCHASED	2007-12		9,017	274,958		0	-265,941	

TY 2007 General Explanation Attachment

Name: MARQUETTE GENERAL HOSPITAL INC

EIN: 38-1358036

Identifier	Return Reference	Explanation
		REASON FOR AMENDED RETURN THIS RETURN IS BEING AMENDED TO CORRECT THE OFFICER'S COMPENSATI ON REPORTED IN PART V-A AND TO PROPERLY ALLOCATE THE COMPENSATION AND BENEFITS ON LINES 25 THROUGH 28 OF PART II IN ADDITION, SCHEDULE A, PARTS II-A AND II-B HAVE ALSO BEEN AMENDED TO REPORT INDEPENDENT CONTRACTOR COMPENSATION ON THE FISCAL YEAR BASIS TO BE CONSISTENT W ITH REPORTING IN PRIOR YEARS

TY 2007 Land etc. Schedule

Name: MARQUETTE GENERAL HOSPITAL INC

EIN: 38-1358036

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
LAND IMPROVEMENTS	3,243,886	1,921,077	1,322,809
BUILDINGS AND FIXTURES	147,372,916	84,585,087	62,787,829
EQUIPMENT	137,417,139	103,827,630	33,589,509
LAND	7,570,300		7,570,300
CONSTRUCTION IN PROGRESS	4,972,120		4,972,120

TY 2007 Mortgages and Notes Payable Schedule

Name: MARQUETTE GENERAL HOSPITAL INC

EIN: 38-1358036

Total Mortgage Amount: 0

Item No.	1
Lender's Name	TERM LOAN
Lender's Title	
Relationship to Insider	
Original Amount of Loan	
Balance Due	6584615
Date of Note	
Maturity Date	
Repayment Terms	ANNUAL INSTALLMENTS
Interest Rate	
Security Provided by Borrower	
Purpose of Loan	
Description of Lender Consideration	
Consideration FMV	

TY 2007 Other Assets Schedule

Name: MARQUETTE GENERAL HOSPITAL INC

EIN: 38-1358036

Description	Beginning of Year Amount	End of Year Amount
DEFERRED FINANCING COSTS NET OF AMORTIZATION	2,460,309	1,398,667
INTEREST RATE SWAP AGREEMENT	336,694	0
OTHER	11,575,513	19,490,622
ASSETS HELD FOR SALE	0	2,851,032

TY 2007 Other Changes in Net Assets Schedule

Name: MARQUETTE GENERAL HOSPITAL INC

EIN: 38-1358036

Description	Amount
NET UNREALIZED LOSS ON INVESTMENTS	-3,140,194
CONTRIBUTION RECEIVED - RESTRICTED PROPERTY	232,296
LOSS ON INTEREST RATE LOCK AGREEMENT	-2,218,576
PENSION LIABILITY ADJUSTMENT	19,042,119
INCREASE IN TEMPORARILY RESTRICTED NET ASSETS	462,049
LOSS ON DISCONTINUED OPERATION	-4,902,662

TY 2007 Other Expenses Not Included Schedule

Name: MARQUETTE GENERAL HOSPITAL INC

EIN: 38-1358036

Description	Amount
RENT EXPENSE	-121,086

TY 2007 Other Investment Income Schedule

Name: MARQUETTE GENERAL HOSPITAL INC

EIN: 38-1358036

Description	Amount
REALIZED GAINS ON INVESTMENTS	2,452,802

TY 2007 Other Liabilities Schedule

Name: MARQUETTE GENERAL HOSPITAL INC

EIN: 38-1358036

Description	Beginning of Year Amount	End of Year Amount
PROFESSIONAL LIAB AND WORKERS COMP RESERVES	3,808,432	3,965,883
ACCRUED EMPLOYEE COMP AND BENIFITS - LT	2,876,474	3,832,044
ACCRUED PENSION LIABILITY - LT PORTION	53,080,860	22,853,505
INTEREST RATE SWAP AGREEMENT	0	1,881,882

TY 2007 Other Revenues Included Schedule

Name: MARQUETTE GENERAL HOSPITAL INC

EIN: 38-1358036

Description	Amount
PENSION LIABILITY ADJUSTMENT	19,042,119
CONTRIBUTION RECEIVED - RESTRICTED	232,296

TY 2007 Other Revenues Not Included Schedule

Name: MARQUETTE GENERAL HOSPITAL INC

EIN: 38-1358036

Description	Amount
RENT EXPENSE	-121,086

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TY 2007 Tax-Exempt Bond Liabilities Schedule

Name: MARQUETTE GENERAL HOSPITAL INC
EIN: 38-1358036

Item No.	1
Name of Issue	
Purpose	MICH STATE HOSP FINANCE AUTH HOSP REV BONDS SERIES 2006
Amount Outstanding	37000000
Unexpeded Bond Proceeds	
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

Item No.	2
Name of Issue	
Purpose	CTY OF MARQUETTE HOSP FINANCE AUTH VAR RATE DEMAND HOSP REV BONDS SERS 2004A
Amount Outstanding	5490000
Unexpeded Bond Proceeds	
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

Item No.	3
Name of Issue	
Purpose	MICH STATE HOSP FINANCE AUTH HOSP REV BONDS SERIES 2005A
Amount Outstanding	28793100
Unexpeded Bond Proceeds	
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

TY 2007 Scholarship Award Statement

Name: MARQUETTE GENERAL HOSPITAL INC

EIN: 38-1358036

Statement: THESE TYPES OF TRANSACTIONS ARE INFREQUENT. THE ORGANIZATION REVIEWS EACH TRANSACTION TO ENSURE THAT THE RECIPIENTS ARE QUALIFIED AND THAT THE TRANSACTION FURTHERS THE TAX-EXEMPT PURPOSE OF THE ORGANIZATION.

TY 2007 Self Dealing Statement

Name: MARQUETTE GENERAL HOSPITAL INC

EIN: 38-1358036

Line Number	Explanation
2c	MARQUETTE GENERAL HOSPITAL FURNISHED INFORMATION TECHNOLOGY SERVICES TO UPCARE TECHNOLOGY INC (F/K/A KLINITEK INC), A WHOLLY OWNED TAXABLE SUBSIDIARY. SEE ATTACHED SCHEDULE FOR PART IX OF FORM 990.