Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
MARQUETTE GENERAL HOSPITAL INC RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1964

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
MARQUETTE GENERAL HOSPITAL INC

C/O BENEFITS OFFICE
420 W MAGNETIC STREET
MARQUETTE, MI 49855

2b Employer Identification Number (EIN)
38-1358036

2c Sponsor's telephone number
906-225-3446

2d Business code (see instructions)
622000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2010	A GARY MULLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
MARQUETTE GENERAL HOSPITAL INC

C/O BENEFITS OFFICE
420 W MAGNETIC STREET
MARQUETTE, MI 49855

3b Administrator's EIN
38-1358036

3c Administrator's telephone number
906-225-3446

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:
a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	3510
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	1916
b	Retired or separated participants receiving benefits	**6b**	604
c	Other retired or separated participants entitled to future benefits	**6c**	871
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	3391
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	46
f	Total. Add lines **6d** and **6e**	**6f**	3437
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1G

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	X	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		___ **A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)	X	**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
MARQUETTE GENERAL HOSPITAL INC RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
MARQUETTE GENERAL HOSPITAL INC

D Employer Identification Number (EIN)
38-1358036

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2009

2 Assets:

a	Market value	**2a**	134635268
b	Actuarial value	**2b**	148098795

3 Funding target/participant count breakdown

			(1) Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	610	58773641
b	For terminated vested participants	**3b**	825	16226191
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		6449780
	(2) Vested benefits	**3c(2)**		69195919
	(3) Total active	**3c(3)**	2075	75645699
d	Total	**3d**	3510	150645531

4 If the plan is at-risk, check the box and complete items (a) and (b) [ ]

a	Funding target disregarding prescribed at-risk assumptions	**4a**	
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	**4b**	

5	Effective interest rate	**5**	8.06 %
6	Target normal cost	**6**	5328754

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

10/08/2010
Signature of actuary — Date

TIMOTHY HEDLUND, EA, MAAA
Type or print name of actuary

08-04791
Most recent enrollment number

AON CONSULTING
Firm name

314-719-3803
Telephone number (including area code)

8182 MARYLAND AVENUE, SUITE 1400
ST LOUIS, MO 63105
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	139	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	139	0
9	Amount remaining (Item 7 minus item 8)		
10	Interest on item 9 using prior year's actual return of 21.00 %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		2107617
b	Interest on (a) using prior year's effective rate of 6.39 %		134677
c	Total available at beginning of current plan year to add to prefunding balance		2242294
d	Portion of (c) to be added to prefunding balance		2242294
12	Reduction in balances due to elections or deemed elections		
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	0	2242294

Part III Funding percentages

14	Funding target attainment percentage	14	96.82 %
15	Adjusted funding target attainment percentage	15	96.82 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	92.69 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2009	1443309				
07/14/2009	1443309				
01/14/2010	484899				
09/14/2010	1059635				
			Totals ► 18(b)	4431152	18(c)

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contribution from prior years	19a	
b	Contributions made to avoid restrictions adjusted to valuation date	19b	
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	4173335

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

b Applicable month (enter code) — **21b**: 2

22 Weighted average retirement age — **22**: 61

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] Prescribed - separate [ ] Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. [X] Yes [ ] No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. [X] Yes [ ] No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. [X] Yes [ ] No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	**28**	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	**29**	
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	**30**	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	**31**		5328754
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		4788992	1085951
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**		
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)	**34**		6414705

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement		2242256	2242256

36 Additional cash requirement (item 34 minus item 35)	**36**	4172449
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	4173335
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	886
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**	
40 Unpaid minimum required contribution for all years	**40**	

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan	**B** Three-digit plan number (PN) ▶	
MARQUETTE GENERAL HOSPITAL INC RETIREMENT PLAN		001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
MARQUETTE GENERAL HOSPITAL INC	38-1358036

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

LAZARD ASSET MANAGEMENT

05-0530199

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	62575	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

RUSSELL INVESTMENTS

91-1116938

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	167888	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

BOYD WATTERSON ASSET MANAGEMENT LLC

34-1922005

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	53963	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

NATIONAL INVESTMENT SERVICES INC

80-0169636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	40842	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

RHUMBLINE ADVISORS

04-3076646

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 71	NONE	23855	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

WELLS FARGO BANK NA

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 19 21	NONE	69735	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

CAPTRUST ADVISORS LLC

45-0479693

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	117805	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN;
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN;
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MARQUETTE GENERAL HOSPITAL INC RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MARQUETTE GENERAL HOSPITAL INC

D Employer Identification Number (EIN)
38-1358036

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 1000 GROWTH POOLED INDEX FD

b Name of sponsor of entity listed in (a): RHUMBLINE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
73-6360040-001	C	30893462

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 1000 VALUE POOLED INDEX FD

b Name of sponsor of entity listed in (a): RHUMBLINE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-6941665-001	C	29920029

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL EQUITY I FUND

b Name of sponsor of entity listed in (a): RUSSELL TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
91-1117282-003	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL EQUITY II FUND

b Name of sponsor of entity listed in (a): RUSSELL TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
91-1117282-006	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL INTERNATIONAL FUND

b Name of sponsor of entity listed in (a): RUSSELL TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
91-1117282-005	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL LARGE CAP STRUCTURED EQUITY

b Name of sponsor of entity listed in (a): RUSSELL TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
91-1117282-032	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL MULTI-MANAGER BOND FUND

b Name of sponsor of entity listed in (a): RUSSELL TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
91-1117282-038	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MARQUETTE GENERAL HOSPITAL INC RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MARQUETTE GENERAL HOSPITAL INC

D Employer Identification Number (EIN)
38-1358036

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2407613	1211825
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	479150	505982
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	18375647	19653180
(2) U.S. Government securities	1c(2)	19331177	20759526
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	13419356	29747398
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	5020	
(B) Common	1c(4)(B)	6552504	10637589
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	73710849	60813491
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		11825496
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	67002	2612586

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	134348318	157767073
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	116668	203925
k	Total liabilities (add all amounts in lines 1g through1j)	1k	116668	203925
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	134231650	157563148

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	4508748	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		4508748
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	56653	
	(B) U.S. Government securities	2b(1)(B)	938672	
	(C) Corporate debt instruments	2b(1)(C)	1035936	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	56743	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2088004
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	306711	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	139087	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		445798
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	99991573	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	101368220	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-1376647

			(a) Amount	(b) Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	4444926	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		4444926
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		16466607
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3897318
c	Other income	2c		
d	Total income. Add all **income** amounts in column (b) and enter total	2d		30474754
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6396649	
	(2) To insurance carriers for the provision of benefits	2e(2)		
	(3) Other	2e(3)		
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		6396649
f	Corrective distributions (see instructions)	2f		
g	Certain deemed distributions of participant loans (see instructions)	2g		
h	Interest expense	2h		
i	Administrative expenses: (1) Professional fees	2i(1)		
	(2) Contract administrator fees	2i(2)		
	(3) Investment advisory and management fees	2i(3)	541218	
	(4) Other	2i(4)	205389	
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		746607
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		7143256
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		23331498
l	Transfers of assets:			
	(1) To this plan	2l(1)		
	(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [ ] Yes [X] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: MAKELA TOUTANT HILL & NARDI PC **(2)** EIN: 38-2806590

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		5000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MARQUETTE GENERAL HOSPITAL INC RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MARQUETTE GENERAL HOSPITAL INC

D Employer Identification Number (EIN)
38-1358036

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 41-6257133

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 0

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☒ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: 45.0% Investment-Grade Debt: 44.0% High-Yield Debt: 1.0% Real Estate: 0.0% Other: 10.0%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☒ Other (specify): AVERAGE

Audited Financial Statements
and Supplemental Schedule

MARQUETTE GENERAL HOSPITAL, INC.
RETIREMENT PLAN

December 31, 2009

Audited Financial Statements
and Supplemental Schedule

MARQUETTE GENERAL HOSPITAL, INC.
RETIREMENT PLAN

December 31, 2009

Audited Financial Statements

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MAKELA, TOUTANT, HILL & NARDI, P.C.
CERTIFIED PUBLIC ACCOUNTANTS

201 West Bluff Street
Marquette, Michigan 49855

Members
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Michigan Association of CPA's

REPORT OF INDEPENDENT AUDITORS

Board of Trustees
Marquette General Hospital, Inc.
Marquette, Michigan

We have audited the accompanying statements of net assets available for benefits of Marquette General Hospital, Inc., Retirement Plan (Plan) as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of the Plan as of December 31, 2009 and 2008, and the changes in its financial status for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedule of assets held at end of year is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental information is the responsibility of the Plan's management. The supplemental information has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, is fairly stated in all material aspects in relation to the basic financial statements taken as a whole.

Makela, Toutant, Hill & Nardi, P.C.

October 4, 2010

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STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

MARQUETTE GENERAL HOSPITAL, INC.
RETIREMENT PLAN

	December 31 2009	2008
Marketable securities, at fair value:		
Cash equivalents	$ 19,653,180	$ 18,375,647
United States Government and Agencies securities	20,759,526	19,331,177
Municipal bonds	2,612,586	67,002
Mutual funds	11,825,496	
Corporate bonds and notes	29,747,398	13,419,356
Preferred stock		5,020
Common stock	10,637,589	6,552,504
Common/collective funds	60,813,491	73,710,849
TOTAL ASSETS HELD FOR INVESTMENT	156,049,266	131,461,555
Employer's contribution receivable	1,211,825	2,407,613
Interest receivable	505,982	331,701
Due from broker for securities sold		147,449
TOTAL ASSETS	157,767,073	134,348,318
LIABILITIES--due to broker for securities purchased	203,925	116,668
TOTAL LIABILITIES	203,925	116,668
NET ASSETS AVAILABLE FOR BENEFITS	$ 157,563,148	$ 134,231,650

See notes to financial statements.

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

MARQUETTE GENERAL HOSPITAL, INC.
RETIREMENT PLAN

	Year Ended December 31	
	2009	2008
ADDITIONS		
Employer contributions	$ 4,508,748	$ 13,298,070
Interest and dividend income	2,533,802	2,477,691
Net appreciation (depreciation) in fair value of investments	23,432,204	(35,610,840)
TOTAL ADDITIONS	30,474,754	(19,835,079)
DEDUCTIONS		
Benefit payments	6,396,649	5,607,136
PBGC premium	205,389	177,279
Investment management and custodial fees	541,218	709,763
TOTAL DEDUCTIONS	7,143,256	6,494,178
NET INCREASE (DECREASE)	23,331,498	(26,329,257)
Net assets available for benefits at beginning of year	134,231,650	160,560,907
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	$ 157,563,148	$ 134,231,650

See notes to financial statements.

MARQUETTE GENERAL HOSPITAL, INC.
RETIREMENT PLAN

December 31, 2009

NOTE A--SIGNIFICANT ACCOUNTING POLICIES

Cash Equivalents: Money market mutual funds and investments with an original maturity of less than three months are considered cash equivalents.

Investments: Marketable securities are stated at aggregate current market value as quoted in national publications. The change in the difference between the current value and the cost of investments (unrealized gains or losses) and the realized gain or loss on investments (the difference between the proceeds received and the adjusted cost of specific investments sold or matured) is reflected in the statements of changes in net assets available for plan benefits as net appreciation or depreciation in the aggregate current value of securities.

Actuarial Present Value of Accumulated Plan Benefits: Accumulated plan benefits (see Note C) are those estimated future periodic payments that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include those expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits for retired, terminated, and active employees or their beneficiaries are based on the employees' highest consecutive sixty months of credited service compensation. Benefits payable under all circumstances--retirement, death, disability, and termination of employment--are included to the extent they are deemed attributable to employee services rendered to the valuation date.

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

Risks and Uncertainties: The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

Reclassifications: Certain amounts as of and for the year ended December 31, 2008, have been reclassified to conform to the current year's presentation.

Subsequent Events: Subsequent events were evaluated through October 4, 2010, which is the date the financial statements were available to be issued.

MARQUETTE GENERAL HOSPITAL, INC.
RETIREMENT PLAN

NOTE B--DESCRIPTION OF THE PLAN

The Marquette General Hospital, Inc., Retirement Plan (Plan) is a defined benefit plan which provides pension and disability benefits. The Plan covers substantially all employees of Marquette General Hospital, Inc., (d/b/a Marquette General Health System) (the System) hired prior to January 1, 2006. Generally, employees hired after December 31, 2005, will not be eligible to participate in the Plan, except for certain employees covered under a collective bargaining unit who will be eligible to participate if hired prior to June 1, 2007. The System has agreed to voluntarily contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to Plan members. The System has the right under the Plan to discontinue such contributions at any time and terminate the Plan. However, the Pension Benefits Guaranty Corporation (PBGC) guarantees the payment of all non-forfeitable basic benefits subject to certain limitations prescribed by the Employee Retirement Income Security Act of 1974. Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated Plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC, while other benefits may not be provided for at all. The Plan is also insured by a fidelity bond from Travelers Casualty and Surety Company of America against losses through fraud or dishonesty for a maximum recoverable loss of $5,000,000.

Contributions by the System are made in amounts sufficient to fund the Plan's current service cost, on a current basis, and to fund the initial past service costs plus interest thereon over a period of thirty years. The Plan has met the ERISA minimum funding requirements.

Generally, benefits are determined, under the terms of the Plan, in effect at the time of an employee's retirement or termination of employment. Information about the Plan agreement, the vesting and benefit provisions, and the PBGC's benefit guarantee are contained in the Plan's Summary Plan Description. Copies of the Summary Plan Description are available from the Plan administrator.

There are certain administrative functions which are performed by employees of the System. No such employee receives compensation from the Plan. The System pays for various expenses incurred in administering the Plan. During the years ended December 31, 2009 and 2008, these administrative expenses approximated $269,000 and $438,000, respectively.

MARQUETTE GENERAL HOSPITAL, INC.
RETIREMENT PLAN

NOTE C--ACCUMULATED PLAN BENEFITS

Aon Consulting, the Plan's actuary, estimates the actuarial present value of accumulated Plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits earned by the participants to reflect the time value of money (through discounts for interest), and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The accumulated Plan benefit information, as of the latest two valuation dates, is as follows:

	January 1	
	2009	2008
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	$ 59,753,427	$ 32,340,901
Other participants	82,483,454	95,553,053
	142,236,881	127,893,954
Non-vested benefits	7,441,479	4,797,464
	$ 149,678,360	$ 132,691,418

The components of the change in actuarial present value of accumulated plan benefits from the previous valuation date are as follows:

Actuarial present value of accumulated plan benefits as of January 1, 2008 and 2007	$ 132,691,418	$ 118,564,909
Increase (Decrease) during the year due to:		
Benefits paid	(5,607,136)	(3,354,085)
Interest due to decrease in discount period	10,391,028	9,351,029
(Gains) or Losses and benefits accumulated	5,692,912	8,129,565
Plan amendment	6,510,138	
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AS OF JANUARY 1, 2009 AND 2008	$ 149,678,360	$ 132,691,418

MARQUETTE GENERAL HOSPITAL, INC.
RETIREMENT PLAN

NOTE C--ACCUMULATED PLAN BENEFITS--Continued

Significant assumptions underlying the actuarial computations are:

Description	Assumption
Investment Return	Average rate of return of 8.00%. The assumed interest rate is the assumed net rate of return after payment of any expenses or fees charged to the Plan.
Retirement Age	The weighted average retirement age is 61.
Mortality Basis	In accordance with the 1983 Group Annuity Mortality Tables for males and females.

These actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

MARQUETTE GENERAL HOSPITAL, INC.
RETIREMENT PLAN

NOTE D--INVESTMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The Fair Value Measurements and Disclosures Topic of the Financial Accounting Standards Board Accounting Standards Codification establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority; Level 2 inputs consist of observable inputs other than quoted prices for identical assets; Level 3 inputs consist of unobservable inputs and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs are used only when Level 1 or Level 2 inputs were not available. As of December 31, 2009 and 2008 all of the Plan's investments were valued using either Level 1 or Level 2 inputs as noted:

		Fair Value Measurements at Reporting Date Using:	
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
December 31, 2009			
Cash and cash equivalents	$ 19,653,180	$ 19,653,180	
United States Government and Agencies securities	20,759,526	20,759,526	
Municipal bonds	2,612,586	2,612,586	
Mutual funds	11,825,496	11,825,496	
Corporate bonds and notes	29,747,398	29,747,398	
Common stock	10,637,589	10,637,589	
Common/collective funds	60,813,491		$ 60,813,491
	$ 156,049,266	$ 95,235,775	$ 60,813,491
December 31, 2008			
Cash and cash equivalents	$ 18,375,647	$ 18,375,647	
United States Government and Agencies securities	19,331,177	19,331,177	
Municipal bonds	67,002	67,002	
Corporate bonds and notes	13,419,356	13,419,356	
Preferred stock	5,020	5,020	
Common stock	6,552,504	6,552,504	
Common/collective funds	73,710,849		$ 73,710,849
	$ 131,461,555	$ 57,750,706	$ 73,710,849

MARQUETTE GENERAL HOSPITAL, INC.
RETIREMENT PLAN

NOTE D--INVESTMENTS--Continued

During 2009 and 2008, the Plan's investments, including gains and losses on investments bought and sold, as well as held during the year, appreciated and (depreciated) in fair value by $23,432,204 and $(35,610,840), respectively, are as follows:

Year Ended December 31, 2009	Net Appreciation (Depreciation) In Fair Value During Period	Fair Value At End of Period
Fair value as determined by quoted market price:		
Cash and cash equivalents		$ 19,653,180
United States Government and Agencies securities	$ (671,023)	20,759,526
Municipal bonds	41,892	2,612,586
Mutual funds	3,897,318	11,825,496
Corporate bonds and notes	1,882,795	29,747,398
Preferred stock	(580)	
Common stock	1,815,185	10,637,589
Common/collective funds	16,466,617	60,813,491
	$ 23,432,204	$ 156,049,266

Year Ended December 31, 2008	Net Appreciation (Depreciation) In Fair Value During Period	Fair Value At End of Period
Fair value as determined by quoted market price:		
Cash and cash equivalents		$ 18,375,647
United States Government and Agencies securities	$ 937,633	19,331,177
Municipal bonds	(2,998)	67,002
Corporate bonds and notes	(2,008,127)	13,419,356
Preferred stock	(540)	5,020
Common stock	(9,743,235)	6,552,504
Common/collective funds	(24,793,573)	73,710,849
	$ (35,610,840)	$ 131,461,555

MARQUETTE GENERAL HOSPITAL, INC.
RETIREMENT PLAN

NOTE D--INVESTMENTS--Continued

The following investments represent five percent or more of the Plan's net assets at December 31, 2009:

	Market Value
Russell 1000 Growth Pooled Index Fund	$ 30,893,462
Russell 1000 Value Pooled Index Fund	29,920,029

The following investments represent five percent or more of the Plan's net assets at December 31, 2008:

	Market Value
Federated Gov't Obligation Fund	$ 16,413,538
Russell 1000 Growth Pooled Index Fund	9,725,306
Russell 1000 Value Pooled Index Fund	9,251,551
Russell Equity Fund I	10,900,710
Russell Large Cap Structure Equity Fund	10,919,076
Russell Multi Manager Bond Fund	24,652,763

NOTE E--INCOME TAX STATUS

The Plan obtained its latest determination letter dated July 26, 2007, in which the Internal Revenue Service stated that the Plan is in compliance with the applicable requirements of the Internal Revenue Code; therefore, no provision for income taxes has been included in the Plan's financial statements.

MARQUETTE GENERAL HOSPITAL, INC.
RETIREMENT PLAN

NOTE F--PENSION PLAN SUBSEQUENT EVENT

Effective November 1, 2010, employees not under the collective bargaining agreement (non-bargaining employees) will no longer accrue benefits under the defined benefit pension plan. Non-bargaining employees will be eligible to participate in the 401(k) defined contribution plan where Marquette General Hospital (System) will match contributions of up to four percent of compensation.

Effective November 1, 2010, employees under the collective bargaining agreement (bargaining employees) will have the option to continue accruing benefits under the defined benefit pension plan or to stop accruing benefits. In order to continue to accrue benefits, bargaining employees will be required to annually pay a contribution equal to six percent of compensation into the plan. Those not choosing this option, will no longer accrue benefits under the pension plan, but will be eligible to participate in the 401(k) defined contribution plan where the System will match contributions of up to four percent of compensation.

SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS HELD AT END OF YEAR

MARQUETTE GENERAL HOSPITAL, INC. #38-1358036
RETIREMENT PLAN #001

December 31, 2009

(b) Identity of Issuing Party	(c) Description			(d) Cost	(e) Current Value
Cash and Equivalents:					
Cash				$ 1,896	$ 1,896
Federated Gov't Obligation Fund #5	15,276,137	shares		15,276,136	15,276,136
Wells Fargo Advantage Cash Investment Money Market Service	4,375,148	shares		4,375,148	4,375,148
	TOTAL CASH AND EQUIVALENTS			$ 19,653,180	$ 19,653,180
	Par	Rate	Maturity		
United States Government and Agencies Securities:					
Fed Home Ln Mtg Corp	$ 375,000	4.375%	due 07/17/15	$ 405,319	$ 399,491
Fed Home Ln Mtg Corp	935,000	2.500%	due 01/07/14	938,223	936,057
Fed Home Ln Mtg Corp	1,350,000	2.125%	due 03/23/12	1,374,649	1,370,665
Fed Home Ln Mtg Corp	170,438	7.000%	due 02/25/43	189,825	188,281
Fed Home Ln Mtg Corp Pool	106,219	5.500%	due 05/01/37	112,160	111,392
Fed Home Ln Mtg Corp Pool	115,457	5.000%	due 06/01/28	118,379	119,329
Fed Home Ln Mtg Corp Pool	334,325	5.000%	due 04/01/23	333,907	350,038
Fed Home Ln Mtg Corp Pool	127,285	5.000%	due 09/01/20	128,677	133,823
Fed Home Ln Mtg Corp Pool	196,391	5.000%	due 10/01/19	205,045	206,665
Fed Home Ln Mtg Corp Pool	249,685	5.000%	due 04/01/23	250,426	261,210
Fed Home Ln Mtg Corp Pool	228,427	5.000%	due 04/01/23	229,105	238,971
Fed Home Ln Mtg Corp Pool	605,893	6.000%	due 02/01/38	614,130	642,344
Fed Home Ln Mtg Corp Pool	734,178	4.500%	due 03/01/23	752,762	756,746
Fed Home Loan Bank	175,000	3.625%	due 10/18/13	174,496	183,313
Fed Home Loan Bank	505,000	4.500%	due 11/15/12	545,158	541,769
Fed Natl Mtg Assn	1,205,000	4.375%	due 09/15/12	1,297,418	1,290,483
Fed Natl Mtg Assn	225,000	4.750%	due 02/21/13	238,983	243,914
Fed Natl Mtg Assn	1,060,000	4.625%	due 10/15/13	1,149,211	1,148,775
Fed Natl Mtg Assn	315,000	4.625%	due 10/15/14	344,432	341,284
Fed Natl Mtg Assn	645,000	5.000%	due 10/15/11	691,269	689,344
Fed Natl Mtg Assn	73,855	7.500%	due 01/25/48	77,824	83,271
Fed Natl Mtg Assn	150,156	5.500%	due 10/25/31	155,693	156,917
Fed Natl Mtg Assn	35,826	5.000%	due 08/25/22	36,268	37,257
Fed Natl Mtg Assn	137,447	6.000%	due 08/25/22	146,209	147,283
Fed Natl Mtg Assn Cap Deb Zero Coup	220,000	0.000%	due 10/09/19	110,112	119,460
Gov't Natl Mtg Assn	140,000	4.947%	due 11/16/39	145,130	143,871
Gov't Natl Mtg Assn	180,000	N/A	due 12/16/30	173,953	188,091
Gov't Natl Mtg Assn	100,000	5.196%	due 10/16/37	104,109	105,540
Gov't Natl Mtg Assn	240,000	N/A	due 08/16/26	256,106	253,572
Gov't Natl Mtg Assn	255,000	4.658%	due 12/16/30	264,124	265,162
Gov't Natl Mtg Assn	200,000	4.984%	due 05/16/27	207,670	210,380

SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS HELD AT END OF YEAR--Continued

MARQUETTE GENERAL HOSPITAL, INC. #38-1358036
RETIREMENT PLAN #001

December 31, 2009

(b) Identity of Issuing Party	(c) Description			(d) Cost	(e) Current Value
	Par	Rate	Maturity		
United States Government and Agencies Securities (cont.):					
Gov't Natl Mtg Assn	$ 80,000	4.585%	due 08/16/34	$ 76,600	$ 83,386
Gov't Natl Mtg Assn	80,000	N/A	due 10/16/32	81,632	85,338
Gov't Natl Mtg Assn	30,000	N/A	due 12/16/36	31,702	31,183
Gov't Natl Mtg Assn	55,000	4.549%	due 06/16/28	57,045	57,202
Gov't Natl Mtg Assn	101,784	3.949%	due 07/16/33	102,961	104,886
Gov't Natl Mtg Assn	55,000	N/A	due 12/16/45	58,339	57,713
Gov't Natl Mtg Assn	167,219	4.206%	due 06/16/29	169,466	172,466
Gov't Natl Mtg Assn	84,265	6.500%	due 10/20/38	87,109	88,581
Gov't Natl Mtg Assn	67,102	7.000%	due 12/20/38	69,157	72,049
Gov't Natl Mtg Assn	81,877	6.000%	due 04/15/37	83,886	86,872
Gov't Natl Mtg Assn	125,297	6.000%	due 11/15/37	128,566	132,931
Small Business Admin	101,683	4.760%	due 02/01/29	104,892	105,051
Small Business Admin	113,530	4.940%	due 08/15/15	118,762	119,490
Small Business Admin	47,612	5.408%	due 02/10/16	50,156	50,499
Small Business Admin	12,514	5.136%	due 08/10/13	12,405	13,144
Small Business Admin	515,413	6.770%	due 11/01/28	555,924	583,866
Small Business Admin	47,021	6.220%	due 12/01/28	50,261	50,974
Small Business Admin	110,279	5.471%	due 03/10/18	116,896	114,035
Small Business Admin GTD Partn CTFS	168,586	5.725%	due 09/01/18	178,354	179,755
US Treasury Bonds	249,000	6.250%	due 08/15/23	308,853	297,401
US Treasury Bonds	287,000	5.375%	due 02/15/31	332,183	317,135
US Treasury Bonds	590,000	4.500%	due 08/15/39	597,613	576,631
US Treasury Bonds	63,000	4.375%	due 11/15/39	61,898	60,303
US Treasury Notes	595,000	4.250%	due 08/15/13	645,206	642,041
US Treasury Notes	840,000	4.750%	due 05/15/14	933,738	924,260
US Treasury Notes	445,000	4.250%	due 11/15/17	473,953	466,418
US Treasury Notes	360,000	2.750%	due 02/15/19	349,034	331,427
US Treasury Notes	415,000	2.625%	due 04/30/16	411,759	402,127
US Treasury Notes	391,000	2.625%	due 02/29/16	390,617	380,369
US Treasury Notes	173,000	3.625%	due 08/15/19	176,960	170,081
US Treasury Notes	233,000	3.125%	due 10/31/16	233,645	230,069
US Treasury Notes	345,000	3.375%	due 11/15/19	343,511	331,849
US Treasury Notes	1,294,000	2.125%	due 11/30/14	1,299,686	1,263,371
US Treasury Notes	324,000	2.750%	due 11/30/16	314,786	311,925
TOTAL UNITED STATES GOVERNMENT AND AGENCIES SECURITIES				$ 20,778,327	$ 20,759,526

SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS HELD AT END OF YEAR--Continued

MARQUETTE GENERAL HOSPITAL, INC. #38-1358036
RETIREMENT PLAN #001

December 31, 2009

(b) Identity of Issuing Party	(c) Description			(d) Cost	(e) Current Value
	Par	Rate	Maturity		
Municipal Bonds:					
Austin TX - Build America	$ 95,000	5.310%	due 09/01/29	$ 95,000	$ 90,861
Bay Area CA - Build America	170,000	6.263%	due 04/01/49	167,229	163,032
Central Puget Sound WA - Build America	110,000	5.491%	due 11/01/39	110,230	106,558
FL Hurricane Catastrophe	175,000	N/A	due 10/15/12	161,525	176,887
George Washington Univ DC	100,000	5.095%	due 09/15/32	102,183	105,397
Georgetown Univ	105,000	7.220%	due 04/01/19	112,971	118,188
Hillsborough County FL - Build America	175,000	6.350%	due 07/01/39	174,767	175,124
Illinois St Hwy - Build America	100,000	5.851%	due 12/04/34	99,309	97,199
Jea FL - Build America	140,000	6.056%	due 10/01/44	140,000	136,150
Johnson County KS - Build America	20,000	5.900%	due 09/01/28	20,650	20,835
Kansas St - Build America	130,000	6.640%	due 09/01/34	131,690	130,628
Lake County IL - Build America	50,000	5.900%	due 01/01/25	51,221	53,488
Las Vegas NV - Build America	21,000	7.013%	due 06/01/39	210,000	221,744
New Orleans LA - Build America	90,000	8.800%	due 12/01/39	91,763	92,343
New York NY - Build America	190,000	5.206%	due 10/01/31	190,000	174,815
North Texas - Build America	75,000	6.003%	due 09/01/29	75,342	72,912
Oregon Economic & Community Development	50,000	7.125%	due 01/01/16	48,375	47,294
Pasco County FL - Build America	85,000	6.160%	due 10/01/29	85,000	82,075
Pasco County FL - Build America	55,000	6.660%	due 10/01/34	55,553	55,661
Pennsylvania St - Build America	120,000	6.105%	due 12/01/39	120,590	123,088
Salt Lake County UT - Build America	90,000	5.820%	due 12/01/29	90,000	88,025
Tangipahoa Parish LA - Build Ameirca	100,000	7.200%	due 02/01/42	100,000	98,600
University of California - Build America	155,000	5.770%	due 05/15/43	154,870	151,401
University of Texas - Build America	30,000	6.276%	due 08/15/41	31,735	30,281
			TOTAL MUNICPAL BONDS	$ 2,620,003	$ 2,612,586
Mutual Funds:					
Vanguard Mid Cap VIPERs		133,266	shares	$ 5,391,178	$ 7,989,297
Vanguard Small Cap VIPERs		66,891	shares	2,537,000	3,836,199
			TOTAL MUTUAL FUNDS	$ 7,928,178	$ 11,825,496
Corporate Bonds and Notes:					
Ace Sec Corp Home Equity Ln	$ 205,000	N/A	due 04/25/35	$ 168,100	$ 153,367
Ace Sec Corp Home Equity Ln	39,051	N/A	due 08/25/45	33,291	32,542
Adjustable Rate Mtg Trust	164,714	N/A	due 08/25/35	126,006	124,216
Allied Waste North America	125,000	7.250%	due 03/15/15	130,825	130,625
Allied Waste North America	105,000	6.875%	due 06/01/17	111,300	111,431
Allied World Insurance	135,000	7.500%	due 08/01/16	101,000	144,158
American Express Credit	330,000	7.300%	due 08/20/13	333,487	370,880
American Home Prod Corp	90,000	7.250%	due 03/01/23	104,101	102,062
Ameriquest Mtg Sec	185,613	N/A	due 05/25/33	145,010	174,740
AMVESCAP PLC	90,000	5.625%	due 04/17/12	86,464	93,220
Atlantic City Electric Transition	224,223	4.460%	due 10/20/16	235,067	236,885

SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS HELD AT END OF YEAR--Continued

MARQUETTE GENERAL HOSPITAL, INC. #38-1358036
RETIREMENT PLAN #001

December 31, 2009

(b) Identity of Issuing Party	(c) Description			(d) Cost	(e) Current Value
	Par	Rate	Maturity		
Corporate Bonds and Notes (cont.):					
Axis Capital Hldgs	$ 115,000	5.750%	due 12/01/14	$ 99,044	$ 115,758
Banc of America Funding Corp	78,742	N/A	due 06/25/34	68,112	72,190
Banc of America Funding Corp	265,000	5.500%	due 08/25/35	239,163	214,343
Banc of America Mtg Sec	29,326	N/A	due 06/25/34	24,708	26,203
Banc of America Mtg Sec	64,536	N/A	due 07/25/34	52,597	57,306
Banc of America Mtg Sec	89,070	5.250%	due 08/25/34	89,014	87,565
Bank of America Corp	425,000	2.100%	due 04/30/12	427,001	428,923
Bank of America Corp	125,000	7.375%	due 05/15/14	125,567	141,839
Bank of America Corp	85,000	7.625%	due 06/01/19	98,862	98,332
Bank of America NA	135,000	5.300%	due 03/15/17	126,797	132,312
Bank of America NA	350,000	5.650%	due 05/01/18	323,011	355,464
Bank of New York Mellon	300,000	3.100%	due 01/15/15	299,496	297,192
Bear Stearns ARM Trust	140,677	4.625%	due 02/25/36	101,193	119,448
Bear Stearns Co Inc	225,000	7.250%	due 02/01/18	212,751	258,266
Bear Stearns Commercial Mtg Sec	280,000	5.661%	due 06/11/40	284,889	285,642
Bear Stearns Commercial Mtg Sec	200,000	5.713%	due 06/11/40	179,500	181,794
Bottling Group LLC	135,000	5.125%	due 01/15/19	135,197	140,287
Burlington Northern Santa Fe	64,222	4.830%	due 01/15/23	59,650	67,261
Caterpillar Financial Service Corp	305,000	6.200%	due 09/30/13	312,710	339,874
Caterpillar Inc	185,000	7.900%	due 12/15/18	195,515	225,687
Chase Mtg Finance Corp	90,608	6.000%	due 11/25/36	89,929	71,411
Chase Mtg Finance Corp	41,917	N/A	due 02/25/37	36,363	18,398
Chevron Corp	285,000	3.450%	due 03/03/12	290,703	296,206
Cisco Systems Inc	135,000	4.950%	due 02/15/19	135,116	138,376
CIT Equipment	270,000	N/A	due 12/22/14	278,480	277,109
Citigroup Inc	320,000	6.500%	due 01/18/11	318,210	334,630
Citigroup Inc	140,000	6.375%	due 08/12/14	139,052	146,567
Citigroup Inc	340,000	2.125%	due 04/30/12	341,202	343,641
Citigroup/Deutsche Bank Commercial	400,000	6.590%	due 12/11/49	401,438	408,676
Coca-Cola Co	330,000	5.350%	due 11/15/17	349,758	355,483
Coca-Cola HBS	100,000	5.125%	due 09/17/13	108,730	107,012
Comm Mtg	300,000	5.205%	due 12/10/46	273,188	256,041
ConocoPhillps	440,000	5.750%	due 02/01/19	445,463	481,602
Continental Airlines Inc	55,000	9.000%	due 07/08/16	55,275	58,300
Countrywide Asset-Backed	56,945	5.306%	due 01/25/36	41,855	34,898
Countrywide Asset-Backed	110,000	N/A	due 07/25/35	102,025	103,363
Countrywide Asset-Backed	125,000	N/A	due 08/25/35	95,000	115,089
Countrywide Home Ln	92,964	6.550%	due 10/25/34	92,208	91,151
Countrywide Home Ln	139,289	5.500%	due 12/25/34	139,725	137,837
Credit Suisse New York	150,000	6.000%	due 03/02/11	157,119	156,951
Credit Suisse USA Inc	470,000	5.250%	due 01/01/16	489,152	492,379

SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS HELD AT END OF YEAR--Continued

MARQUETTE GENERAL HOSPITAL, INC. #38-1358036
RETIREMENT PLAN #001

December 31, 2009

(b) Identity of Issuing Party	(c) Description			(d) Cost	(e) Current Value
	Par	Rate	Maturity		
Corporate Bonds and Notes (cont.):					
Credit-Based Asset Servicing	$ 116,217	N/A	due 08/25/35	$ 107,210	$ 108,515
CS First Boston Mtg Sec	105,000	5.017%	due 08/15/38	103,300	105,436
CVS	139,210	6.036%	due 12/10/28	118,546	131,740
Dean Witter Discover & Co	90,000	6.750%	due 01/01/16	96,148	96,710
Deere & Company	170,000	4.375%	due 10/16/19	169,075	169,789
Diminion Resources Inc	120,000	5.250%	due 08/01/33	126,300	125,028
E.I. Du Pont De Nemours	255,000	5.875%	due 01/15/14	264,282	281,683
Eaton Vance Corp	130,000	6.500%	due 10/02/17	115,342	134,433
Eksportfinans	275,000	3.000%	due 11/17/14	273,724	270,790
Eli Lilly & Co	240,000	3.550%	due 03/06/12	244,200	249,766
Emory University	30,000	5.625%	due 09/01/19	29,824	32,422
Enbrdige Energy Partners	60,000	9.875%	due 03/01/19	63,675	75,974
First Union Capital	135,000	7.935%	due 01/15/27	119,475	131,250
First Union Corp	85,000	7.574%	due 08/01/26	86,169	92,205
FPL Group Cap Inc	85,000	7.875%	due 12/15/15	85,000	102,298
General Electric Cap Corp	110,000	5.400%	due 02/15/17	112,288	112,265
General Electric Cap Corp	275,000	3.500%	due 08/13/12	276,997	280,673
General Electric Corp	360,000	3.000%	due 12/09/11	364,168	371,095
General Electric Corp	245,000	5.000%	due 02/01/13	254,149	259,200
General Mills Inc	130,000	5.650%	due 02/15/19	131,052	137,872
Genworth Global Funding	115,000	5.750%	due 05/15/13	114,425	114,293
George Washington University	155,000	6.000%	due 02/01/19	171,117	168,184
GMAC Mtg Corp Ln	84,098	N/A	due 06/25/34	73,270	75,505
Goldman Sachs Group Inc	455,000	6.600%	due 01/15/12	486,429	494,649
GS Mtg Sec Corp	245,000	5.993%	due 08/10/45	196,367	210,367
GS Mtg Sec Corp	85,000	N/A	due 03/25/35	59,288	60,257
GS Mtg Sec Corp	126,769	5.000%	due 12/25/34	113,142	97,582
GS Mtg Sec Corp	185,000	4.761%	due 07/10/39	171,371	167,532
GS Mtg Sec Corp	28,748	N/A	due 12/25/34	21,849	20,914
Harley-Davidson	145,000	1.870%	due 02/17/14	144,975	144,455
Hewelett-Packard Co	165,000	5.250%	due 03/01/12	175,729	177,014
Higher Education Funding	135,000	N/A	due 02/25/25	118,125	130,971
Honeywell International	125,000	3.875%	due 02/15/14	126,490	130,228
IMPAC CMB Trust	57,481	N/A	due 10/25/33	39,159	40,428
Jefferies Group	105,000	6.450%	due 06/08/27	88,706	89,485
John Deere Cap Corp	470,000	2.875%	due 06/19/12	480,586	484,326
Johnson & Johnson	165,000	5.550%	due 08/15/17	179,999	181,997
JPMorgan Chase & Co	230,000	4.650%	due 06/01/14	242,804	242,291
JPMorgan Chase Commercial Mtg Sec Corp	195,000	4.879%	due 01/12/38	171,707	195,827
JPMorgan Chase Commercial Mtg Sec Corp	160,000	4.895%	due 09/12/37	157,763	154,360
JPMorgan Chase Commercial Mtg Sec Corp	150,000	5.857%	due 10/12/35	155,156	156,174
JPMorgan Mtg Trust	61,152	N/A	due 07/25/35	53,812	50,663
JPMorgan Mtg Trust	137,834	N/A	due 04/25/35	115,629	115,418
Kellogg Co	250,000	4.450%	due 05/30/16	249,340	257,443

SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS HELD AT END OF YEAR--Continued

MARQUETTE GENERAL HOSPITAL, INC. #38-1358036
RETIREMENT PLAN #001

December 31, 2009

(b) Identity of Issuing Party	(c) Description			(d) Cost	(e) Current Value
	Par	Rate	Maturity		
Corporate Bonds and Notes (cont.):					
Korea Electric Power	$ 165,000	N/A	due 04/01/96	$ 106,425	$ 117,101
Kraft Foods Inc	250,000	6.500%	due 08/11/17	258,282	271,265
LB_UBS Commercial Mtg	12,990	3.992%	due 10/15/29	12,552	12,990
LB_UBS Commercial Mtg	130,000	4.166%	due 05/15/32	128,964	128,814
Long Beaach Mtg	50,000	N/A	due 04/25/35	34,125	35,974
Lowe's Companies Inc	350,000	5.000%	due 10/15/15	356,212	379,012
Manufacturers & Traders Trust Co	130,000	N/A	due 12/28/20	107,900	113,386
Master Alternative Lns Trust	152,985	6.000%	due 09/25/34	148,778	145,192
McDonald's Corp	115,000	5.000%	due 02/01/19	116,623	120,198
Merck & Co Inc	270,000	5.000%	due 06/30/19	269,478	280,649
Metlife Ince	80,000	10.750%	due 08/01/39	79,000	98,514
Microsoft Corp	125,000	4.200%	due 06/01/19	125,548	124,804
Morgan Stanley	430,000	5.300%	due 03/01/13	415,061	453,220
Morgan Stanley	55,000	6.000%	due 04/28/15	53,514	58,587
Morgan Stanley	103,663	6.000%	due 04/25/34	103,145	103,047
Morgan Stanley	65,000	N/A	due 07/25/35	45,338	44,441
Morgan Stanley Home Equity Ln	435,000	N/A	due 12/25/34	330,200	342,693
MortgageIT Trust	73,795	N/A	due 05/25/35	48,906	43,211
MortgageIT Trust	134,226	N/A	due 10/25/35	46,979	42,214
National City Bank	45,000	N/A	due 12/29/49	46,800	51,841
National City Bank	80,000	5.800%	due 06/07/17	80,846	79,991
National Collegiate Student Ln Trust	130,000	N/A	due 04/26/27	91,325	118,455
National Collegiate Student Ln Trust	125,000	N/A	due 10/26/26	106,328	103,734
National Collegiate Student Ln Trust	135,000	N/A	due 03/25/26	122,681	124,870
National Rural Util Corp	50,000	10.375%	due 11/01/18	56,144	66,254
Navistar Financial	70,000	N/A	due 02/25/13	69,913	68,743
Nelnet Student Ln Corp	125,000	N/A	due 02/25/39	105,938	125,000
Nelnet Student Ln Corp	135,000	N/A	due 02/25/39	114,640	117,197
Nelnet Student Ln Corp	190,000	N/A	due 02/25/39	183,856	183,113
Novartis Cap Corp	130,000	4.125%	due 02/10/14	131,607	136,653
Old Dominion Electric Coop	47,500	6.210%	due 12/01/28	48,404	48,661
Old Dominion Electric Coop	55,416	5.676%	due 12/01/28	51,191	54,573
Park Place Sec Inc	225,000	N/A	due 10/25/38	176,063	190,550
Partnerre Finance	85,000	6.875%	due 06/01/18	84,244	89,030
PepsiAmericas Inc	165,000	5.750%	due 07/31/12	179,230	179,423
Pharmacia Corp	80,000	6.600%	due 12/01/28	88,864	87,673
PNC Funding Corp	200,000	4.250%	due 09/21/15	205,858	204,020
PNC Funding Corp	475,000	2.300%	due 06/22/12	481,029	483,028
Prime Mtg Trust	131,750	6.000%	due 02/25/34	118,081	134,261
Private Export Funding	110,000	4.300%	due 12/15/21	109,251	104,809
Procter & Gamble Co	245,000	4.600%	due 01/15/14	253,612	260,871
Procter & Gamble Co	250,000	4.700%	due 02/15/19	250,780	255,920
Prologis	105,000	2.250%	due 04/01/37	96,469	97,388
Protective Life Corp	130,000	7.375%	due 10/15/19	129,916	130,281
Questar Market Resources	120,000	6.800%	due 03/01/20	123,433	125,076

SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS HELD AT END OF YEAR--Continued

MARQUETTE GENERAL HOSPITAL, INC. #38-1358036
RETIREMENT PLAN #001

December 31, 2009

(b) Identity of Issuing Party	(c) Description			(d) Cost	(e) Current Value
	Par	Rate	Maturity		
Corporate Bonds and Notes (cont.):					
Questar Pipeline Co	$ 80,000	5.830%	due 02/01/18	$ 83,834	$ 81,595
Raymond James Financial	170,000	8.600%	due 08/15/19	174,962	183,916
Reinsurance Group of America	105,000	5.625%	due 03/15/17	104,224	101,341
Residential Accredit Loans, Inc	148,488	5.000%	due 11/25/18	145,518	140,321
Residential Accredit Loans, Inc	59,920	5.000%	due 03/25/20	56,699	53,479
Residential Accredit Loans, Inc	72,187	7.125%	due 04/25/31	72,277	66,953
Residential Accredit Loans, Inc	137,265	8.000%	due 10/25/31	117,705	130,230
Residential Accredit Loans, Inc	56,900	7.500%	due 05/25/32	51,494	53,089
Residential Funding Mtg	160,000	5.640%	due 03/25/37	144,400	142,659
RPM International Inc	95,000	6.125%	due 10/15/19	96,524	95,578
Sequoia Mtg Trust	171,746	N/A	due 10/20/34	103,692	120,415
Sherwin-Williams Co	250,000	3.125%	due 12/15/14	249,888	246,910
SLM Student Ln Trust	175,000	N/A	due 03/15/22	136,500	148,230
SLM Student Ln Trust	75,000	3.788%	due 01/25/28	67,676	73,037
SLM Student Ln Trust	100,000	N/A	due 03/16/20	78,875	83,913
Specialty Underwriting	179,901	5.500%	due 10/25/34	175,122	163,708
Structured Asset Sec	90,000	N/A	due 05/25/35	73,125	79,249
Structured Asset Sec	117,431	N/A	due 06/25/33	81,027	80,610
Structured Asset Sec	44,079	5.500%	due 03/25/19	40,884	42,647
Target Corp	285,000	5.875%	due 03/01/12	305,796	308,803
TD Ameritrade Holding Co	210,000	4.150%	due 12/01/14	209,792	207,045
Time Warner Inc	320,000	5.875%	due 11/15/16	309,340	345,443
Torchmark Corp	105,000	9.250%	due 06/15/19	105,000	118,445
Triad Automobile Receivables Trust	310,000	5.310%	due 05/13/13	310,359	320,862
Trusttreet PPTYS Inc	50,000	7.500%	due 04/01/15	49,625	51,706
Tyco International Financial	265,000	4.125%	due 10/15/14	265,359	270,891
United Parcel Service	265,000	3.875%	due 04/01/14	268,849	275,327
United Technologies Corp	115,000	6.125%	due 02/01/19	118,147	127,081
Valero Energy Corp	80,000	6.700%	due 01/15/13	86,023	84,795
Verizon Pennsylvania	250,000	5.650%	due 11/15/11	260,081	264,923
Wachovia Corp	175,000	5.500%	due 05/01/13	168,206	185,908
Wachovia Corp	300,000	5.300%	due 10/15/11	293,089	318,456
Walgreen Co	125,000	5.250%	due 01/15/19	126,154	132,651
Walt Disney Co	240,000	4.500%	due 12/15/13	251,030	254,940
Wellpoint Inc	115,000	5.250%	due 01/15/16	110,875	116,083
Wells Fargo Mtg Backed Sec	205,000	N/A	due 04/25/36	189,881	184,693
Westpac Banking Corp	110,000	4.875%	due 11/19/19	109,922	108,571
WHC-IRS Trust	67,375	6.980%	due 05/15/15	69,969	73,353
Wyeth	260,000	5.500%	due 02/15/16	285,373	279,466
Zimmer Holdings Inc	120,000	4.625%	due 11/30/19	119,911	118,910
	TOTAL CORPORATE BONDS AND NOTES			$ 28,818,321	$ 29,747,398

SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS HELD AT END OF YEAR--Continued

MARQUETTE GENERAL HOSPITAL, INC. #38-1358036
RETIREMENT PLAN #001

December 31, 2009

(b) Identity of Issuing Party	(c) Description		(d) Cost	(e) Current Value
Common Stock:				
Allianz SE	13,265	shares	$ 126,264	$ 165,149
Anheuser-Busch	5,715	shares	254,775	297,351
BAE Systems PLC	8,340	shares	229,649	193,321
Banco Bilbao Vizcaya	15,165	shares	271,481	273,577
Barclays PLC	13,025	shares	176,192	229,240
Barrick Gold Corp Com	5,280	shares	187,277	207,926
BG Group PLC	1,621	shares	150,259	146,701
BHP Billiton Limited	2,455	shares	133,175	188,004
BNP Paribas	6,975	shares	204,989	280,116
BP PLC	5,850	shares	309,424	339,125
British American Tobacco PLC	5,995	shares	360,430	387,637
Canon Inc	9,505	shares	352,857	402,252
Credit Suisse Group	5,595	shares	219,476	275,050
CRH PLC	4,295	shares	111,648	117,382
ENI SPA	2,940	shares	162,773	148,793
Esprit Holdings LTD	15,975	shares	209,951	213,266
Fanuc LTD	3,620	shares	148,587	170,140
Fullow Oil PLC	5,385	shares	56,877	58,158
Glaxosmithkline PLC	8,400	shares	292,457	354,900
Heineken N.V.	4,715	shares	87,843	112,264
Hoya Corp	9,910	shares	196,753	263,606
HSBC	5,345	shares	231,224	305,146
Imperial Tobacco Group PLC	5,410	shares	329,600	342,886
Lloyds Banking Group PLC	44,925	shares	308,009	146,905
LVMH Moet Hennessy	8,585	shares	137,896	192,733
Merck KGAA	3,145	shares	85,658	96,960
Mitsubishi Estate Co	947	shares	146,249	151,567
Nestle S.A.	3,740	shares	153,151	180,829
Nokia Corp	7,125	shares	122,050	91,556
Nomura Holdings, Inc	22,520	shares	178,597	166,648
Novartis	4,495	shares	191,973	244,663
Novo Nordisk	2,665	shares	127,990	170,160
Prudential PLC	20,295	shares	306,424	413,815
Roche Holdings LTD	6,670	shares	246,832	281,474
Rogers Communications Inc	3,540	shares	108,701	109,740
Sanofi-Aventis	11,815	shares	373,175	463,975
SAP AG	2,145	shares	106,033	100,407
Singapore Telecommunications LTD	7,715	shares	159,149	169,344
Societe Generale	18,895	shares	272,239	265,475
Sumitomo Mitsui Financial Group	45,950	shares	212,428	130,958
Sun Hung Kai Properties LTD	7,750	shares	100,194	115,088
Tesco PLC	11,080	shares	199,063	227,916
Total S.A.	4,250	shares	264,709	272,170
UBS AG	11,890	shares	224,641	184,414

SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS HELD AT END OF YEAR--Continued

MARQUETTE GENERAL HOSPITAL, INC. #38-1358036
RETIREMENT PLAN #001

December 31, 2009

(b) Identity of Issuing Party	(c) Description		(d) Cost	(e) Current Value
Common Stock (cont.):				
Unilever PLC	9,200	shares	$ 240,115	$ 293,480
Vodafone Group PLC	14,085	shares	321,959	325,223
William Morrison Supermarkets PLC	4,830	shares	112,904	107,371
Zurich Financial Services	12,085	shares	239,312	262,728
	TOTAL COMMON STOCK		$ 9,743,412	$ 10,637,589
Common/Collective Funds:				
Russell 1000 Growth Pooled Index Fund	2,820,074	shares	$ 27,635,098	$ 30,893,462
Russell 1000 Value Pooled Index Fund	2,343,601	shares	28,029,550	29,920,029
	TOTAL COMMON/COLLECTIVE FUNDS		$ 55,664,648	$ 60,813,491
	TOTAL INVESTMENTS		$ 145,206,069	$ 156,049,266

Plan Sponsor: Marquette General Hospital, Inc.
Plan Name: Marquette General Hospital, Inc. Retirement Plan
EIN: 38-1358036
Plan Number: 001

Schedule SB, Part V - Summary of Plan Provisions

A. Plan Provisions

1.	Effective Date:	January 1, 1964 as amended to date; last amended effective July 1, 2008.
2.	Eligibility Requirements for Participation:	All of the employees of the Hospital are covered employees with the exception of leased employees, interns, residents, student personnel, and employees of Surgical Associates of Marquette, P.C. Employees participate on the January 1 of the Plan Year in which they complete 1,000 hours of service or, if earlier, the January 1 following their date of hire if they complete 1,000 hours of service in the first 12 months of employment. Effective January 1, 2006, Employees hired after December 31, 2005 are excluded.
3.	Years of Service:	An Employee receives one (1) Year of Service for each Plan Year in which he has 1,000 or more hours of service on or after January 1, 1976. Prior to January 1, 1976, Years of Service shall be credited at the rate of one Year of Service for each 12 consecutive month period in which the individual was credited with at least one Hour of Service.
4.	Credited Service:	An Employee receives one (1) year of Credited Service for each Plan Year in which he has 1,995 or more hours of service. Proportionate credit is given for 1,000 to 1,995 hours of service. Service with St. Mary's Hospital prior to July 1, 1973 is also included.
5.	Annual Compensation:	Base rate of pay on January 1 of the Plan Year times 2080 (capped at $205,000 on and after January 1, 2005).

Plan Sponsor: Marquette General Hospital, Inc.
Plan Name: Marquette General Hospital, Inc. Retirement Plan
EIN: 38-1358036
Plan Number: 001

Schedule SB, Part V - Summary of Plan Provisions (cont.)

Benefit Types:	Age	Service	Benefit Formula
a. Normal Retirement	65	--	Union Employees: A Participant who terminates employment with the Employer for any reason on or after January 1, 2001, shall be eligible for a monthly Normal Retirement Benefit equal to one-twelfth ($1/12^{th}$) of the greater of A., B. or C. below. A. If the Participant was born before 1938, 1.7% of his or her Final Average Compensation up to Covered Compensation for each Year of Credited Service (up to a maximum of 30 such Years) plus 2.5% of Final Average Compensation in excess of Covered Compensation for each Year of Credited Service (up to a maximum of 30 such Years). If the Participant was born on or after January 1, 1938 but before January 1, 1955, the 1.7% is replaced with 1.7736%. If the Participant was born on or after January 1, 1955, the 1.7% is replaced with 1.8333%. B. The Participant's Accrued Benefit determined as of December 31, 1999. C. For a Participant whose Final Average Compensation is in excess of Covered Compensation and whose Accrued Benefit would otherwise decrease due to a change in Covered Compensation, his or her Accrued Benefit as of the last day of any preceding Plan Year which falls on or after December 31, 1999. Nonunion Employees:

A Participant who terminates employment with the Employer for any reason on or after January 1, 2001, shall be eligible for a monthly Normal Retirement Benefit equal to one-twelfth (1/12th) of the greater of A., B. or C. below.

A. The sum of a Participant's Accrued benefit as of January 1, 2008 and any subsequent annual benefit accruals according to the following: if the Participant was born before 1938, 1.7% of his or her Compensation up to Covered Compensation plus 2.5% of Compensation in excess of Covered Compensation. If the Participant was born on or after January 1, 1938 but before January 1, 1955, the 1.7% is replaced with 1.7736%. If the Participant was born on or after January 1, 1955, the 1.7% is replaced with 1.8333%.

B. The Participant's Accrued Benefit determined as of December 31, 1999.

C. For a Participant whose Final Average Compensation is in excess of Covered Compensation and whose Accrued Benefit would otherwise decrease due to a change in Covered Compensation, his or her Accrued Benefit as of the last day of any preceding Plan Year which falls on or after December 31, 1999.

Effective January 1, 2006, a Participant may make an irrevocable election to waive future benefit accruals under the Plan in exchange for increased Company allocations under a defined contribution plan.

b.	Early Retirement	55	10	A Participant who terminates employment with the employer for any reason on or after

			January 1, 2001, and who is eligible for an early retirement benefit hereunder shall be entitled to a monthly Single Life Pension equal to the Participant's Accrued Benefit reduced by one-third of one percent for each month during which early retirement benefit payments are made before the Normal Retirement Date.
c. Disability	40	10	Age 40 with 10 Years of Service and eligible for a disability benefit under the Federal Social Security Act. Accrued Normal Retirement Benefit is payable without reduction.
d. Vesting	--	5	Normal Retirement formula in effect at date of termination deferred to age 65 or later, or reduced as for early retirement.
e. Spouse Benefit for Pre-Retirement Death	--	5	A monthly benefit payable to the spouse of a vested employee in the amount of 50% of the employee's vested accrued normal retirement benefit reduced for commencement prior to normal retirement date and the joint and survivor option. The benefit is payable on the first day of the month following the later of the employee's death or attainment of age 55 if eligible for early retirement.
f. Payment Options			(i) Automatic Joint and Survivor benefit: reduced benefit payable to retiree with 50% of such reduced benefit payable to surviving spouse (adjusted for age of spouse per item (e)). Automatic for those married at retirement unless spouse waives rights. (ii) Life only. (iii) Lifetime benefit with 120 payments certain. (iv) Lifetime benefit with 50%, 75% or 100% payable to a contingent annuitant upon the retiree's death with certain restrictions.

Plan Sponsor: Marquette General Hospital, Inc.
Plan Name: Marquette General Hospital, Inc. Retirement Plan
EIN: 38-1358036
Plan Number: 001

Schedule SB, Part V - Summary of Plan Provisions (cont.)

f. Normal Form of Payment	Monthly benefit payable for the Employee's lifetime.
g. Payment Options	Lifetime benefit with 50% or 100% payable to a contingent annuitant upon the retiree's death. The 50% Joint and Survivor option is fully subsidized.

B. Changes in Plan Provisions None.

SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS HELD AT END OF YEAR

MARQUETTE GENERAL HOSPITAL, INC. #38-1358036
RETIREMENT PLAN #001

December 31, 2009

(b) Identity of Issuing Party	(c) Description			(d) Cost	(e) Current Value
Cash and Equivalents:					
Cash				$ 1,896	$ 1,896
Federated Gov't Obligation Fund #5	15,276,137	shares		15,276,136	15,276,136
Wells Fargo Advantage Cash Investment Money Market Service	4,375,148	shares		4,375,148	4,375,148
	TOTAL CASH AND EQUIVALENTS			$ 19,653,180	$ 19,653,180
	Par	Rate	Maturity		
United States Government and Agencies Securities:					
Fed Home Ln Mtg Corp	$ 375,000	4.375%	due 07/17/15	$ 405,319	$ 399,491
Fed Home Ln Mtg Corp	935,000	2.500%	due 01/07/14	938,223	936,057
Fed Home Ln Mtg Corp	1,350,000	2.125%	due 03/23/12	1,374,649	1,370,665
Fed Home Ln Mtg Corp	170,438	7.000%	due 02/25/43	189,825	188,281
Fed Home Ln Mtg Corp Pool	106,219	5.500%	due 05/01/37	112,160	111,392
Fed Home Ln Mtg Corp Pool	115,457	5.000%	due 06/01/28	118,379	119,329
Fed Home Ln Mtg Corp Pool	334,325	5.000%	due 04/01/23	333,907	350,038
Fed Home Ln Mtg Corp Pool	127,285	5.000%	due 09/01/20	128,677	133,823
Fed Home Ln Mtg Corp Pool	196,391	5.000%	due 10/01/19	205,045	206,665
Fed Home Ln Mtg Corp Pool	249,685	5.000%	due 04/01/23	250,426	261,210
Fed Home Ln Mtg Corp Pool	228,427	5.000%	due 04/01/23	229,105	238,971
Fed Home Ln Mtg Corp Pool	605,893	6.000%	due 02/01/38	614,130	642,344
Fed Home Ln Mtg Corp Pool	734,178	4.500%	due 03/01/23	752,762	756,746
Fed Home Loan Bank	175,000	3.625%	due 10/18/13	174,496	183,313
Fed Home Loan Bank	505,000	4.500%	due 11/15/12	545,158	541,769
Fed Natl Mtg Assn	1,205,000	4.375%	due 09/15/12	1,297,418	1,290,483
Fed Natl Mtg Assn	225,000	4.750%	due 02/21/13	238,983	243,914
Fed Natl Mtg Assn	1,060,000	4.625%	due 10/15/13	1,149,211	1,148,775
Fed Natl Mtg Assn	315,000	4.625%	due 10/15/14	344,432	341,284
Fed Natl Mtg Assn	645,000	5.000%	due 10/15/11	691,269	689,344
Fed Natl Mtg Assn	73,855	7.500%	due 01/25/48	77,824	83,271
Fed Natl Mtg Assn	150,156	5.500%	due 10/25/31	155,693	156,917
Fed Natl Mtg Assn	35,826	5.000%	due 08/25/22	36,268	37,257
Fed Natl Mtg Assn	137,447	6.000%	due 08/25/22	146,209	147,283
Fed Natl Mtg Assn Cap Deb Zero Coup	220,000	0.000%	due 10/09/19	110,112	119,460
Gov't Natl Mtg Assn	140,000	4.947%	due 11/16/39	145,130	143,871
Gov't Natl Mtg Assn	180,000	N/A	due 12/16/30	173,953	188,091
Gov't Natl Mtg Assn	100,000	5.196%	due 10/16/37	104,109	105,540
Gov't Natl Mtg Assn	240,000	N/A	due 08/16/26	256,106	253,572
Gov't Natl Mtg Assn	255,000	4.658%	due 12/16/30	264,124	265,162
Gov't Natl Mtg Assn	200,000	4.984%	due 05/16/27	207,670	210,380

SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS HELD AT END OF YEAR--Continued

MARQUETTE GENERAL HOSPITAL, INC. #38-1358036
RETIREMENT PLAN #001

December 31, 2009

(b) Identity of Issuing Party	(c) Description			(d) Cost	(e) Current Value
	Par	Rate	Maturity		
United States Government and Agencies Securities (cont.):					
Gov't Natl Mtg Assn	$ 80,000	4.585%	due 08/16/34	$ 76,600	$ 83,386
Gov't Natl Mtg Assn	80,000	N/A	due 10/16/32	81,632	85,338
Gov't Natl Mtg Assn	30,000	N/A	due 12/16/36	31,702	31,183
Gov't Natl Mtg Assn	55,000	4.549%	due 06/16/28	57,045	57,202
Gov't Natl Mtg Assn	101,784	3.949%	due 07/16/33	102,961	104,886
Gov't Natl Mtg Assn	55,000	N/A	due 12/16/45	58,339	57,713
Gov't Natl Mtg Assn	167,219	4.206%	due 06/16/29	169,466	172,466
Gov't Natl Mtg Assn	84,265	6.500%	due 10/20/38	87,109	88,581
Gov't Natl Mtg Assn	67,102	7.000%	due 12/20/38	69,157	72,049
Gov't Natl Mtg Assn	81,877	6.000%	due 04/15/37	83,886	86,872
Gov't Natl Mtg Assn	125,297	6.000%	due 11/15/37	128,566	132,931
Small Business Admin	101,683	4.760%	due 02/01/29	104,892	105,051
Small Business Admin	113,530	4.940%	due 08/15/15	118,762	119,490
Small Business Admin	47,612	5.408%	due 02/10/16	50,156	50,499
Small Business Admin	12,514	5.136%	due 08/10/13	12,405	13,144
Small Business Admin	515,413	6.770%	due 11/01/28	555,924	583,866
Small Business Admin	47,021	6.220%	due 12/01/28	50,261	50,974
Small Business Admin	110,279	5.471%	due 03/10/18	116,896	114,035
Small Business Admin GTD Partn CTFS	168,586	5.725%	due 09/01/18	178,354	179,755
US Treasury Bonds	249,000	6.250%	due 08/15/23	308,853	297,401
US Treasury Bonds	287,000	5.375%	due 02/15/31	332,183	317,135
US Treasury Bonds	590,000	4.500%	due 08/15/39	597,613	576,631
US Treasury Bonds	63,000	4.375%	due 11/15/39	61,898	60,303
US Treasury Notes	595,000	4.250%	due 08/15/13	645,206	642,041
US Treasury Notes	840,000	4.750%	due 05/15/14	933,738	924,260
US Treasury Notes	445,000	4.250%	due 11/15/17	473,953	466,418
US Treasury Notes	360,000	2.750%	due 02/15/19	349,034	331,427
US Treasury Notes	415,000	2.625%	due 04/30/16	411,759	402,127
US Treasury Notes	391,000	2.625%	due 02/29/16	390,617	380,369
US Treasury Notes	173,000	3.625%	due 08/15/19	176,960	170,081
US Treasury Notes	233,000	3.125%	due 10/31/16	233,645	230,069
US Treasury Notes	345,000	3.375%	due 11/15/19	343,511	331,849
US Treasury Notes	1,294,000	2.125%	due 11/30/14	1,299,686	1,263,371
US Treasury Notes	324,000	2.750%	due 11/30/16	314,786	311,925
TOTAL UNITED STATES GOVERNMENT AND AGENCIES SECURITIES				$ 20,778,327	$ 20,759,526

SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS HELD AT END OF YEAR--Continued

MARQUETTE GENERAL HOSPITAL, INC. #38-1358036
RETIREMENT PLAN #001

December 31, 2009

(b) Identity of Issuing Party	(c) Description			(d) Cost	(e) Current Value
	Par	Rate	Maturity		
Municipal Bonds:					
Austin TX - Build America	$ 95,000	5.310%	due 09/01/29	$ 95,000	$ 90,861
Bay Area CA - Build America	170,000	6.263%	due 04/01/49	167,229	163,032
Central Puget Sound WA - Build America	110,000	5.491%	due 11/01/39	110,230	106,558
FL Hurricane Catastrophe	175,000	N/A	due 10/15/12	161,525	176,887
George Washington Univ DC	100,000	5.095%	due 09/15/32	102,183	105,397
Georgetown Univ	105,000	7.220%	due 04/01/19	112,971	118,188
Hillsborough County FL - Build America	175,000	6.350%	due 07/01/39	174,767	175,124
Illinois St Hwy - Build America	100,000	5.851%	due 12/04/34	99,309	97,199
Jea FL - Build America	140,000	6.056%	due 10/01/44	140,000	136,150
Johnson County KS - Build America	20,000	5.900%	due 09/01/28	20,650	20,835
Kansas St - Build America	130,000	6.640%	due 09/01/34	131,690	130,628
Lake County IL - Build America	50,000	5.900%	due 01/01/25	51,221	53,488
Las Vegas NV - Build America	21,000	7.013%	due 06/01/39	210,000	221,744
New Orleans LA - Build America	90,000	8.800%	due 12/01/39	91,763	92,343
New York NY - Build America	190,000	5.206%	due 10/01/31	190,000	174,815
North Texas - Build America	75,000	6.003%	due 09/01/29	75,342	72,912
Oregon Economic & Community Development	50,000	7.125%	due 01/01/16	48,375	47,294
Pasco County FL - Build America	85,000	6.160%	due 10/01/29	85,000	82,075
Pasco County FL - Build America	55,000	6.660%	due 10/01/34	55,553	55,661
Pennsylvania St - Build America	120,000	6.105%	due 12/01/39	120,590	123,088
Salt Lake County UT - Build America	90,000	5.820%	due 12/01/29	90,000	88,025
Tangipahoa Parish LA - Build Ameirca	100,000	7.200%	due 02/01/42	100,000	98,600
University of California - Build America	155,000	5.770%	due 05/15/43	154,870	151,401
University of Texas - Build America	30,000	6.276%	due 08/15/41	31,735	30,281
			TOTAL MUNICPAL BONDS	$ 2,620,003	$ 2,612,586
Mutual Funds:					
Vanguard Mid Cap VIPERs		133,266	shares	$ 5,391,178	$ 7,989,297
Vanguard Small Cap VIPERs		66,891	shares	2,537,000	3,836,199
			TOTAL MUTUAL FUNDS	$ 7,928,178	$ 11,825,496
Corporate Bonds and Notes:					
Ace Sec Corp Home Equity Ln	$ 205,000	N/A	due 04/25/35	$ 168,100	$ 153,367
Ace Sec Corp Home Equity Ln	39,051	N/A	due 08/25/45	33,291	32,542
Adjustable Rate Mtg Trust	164,714	N/A	due 08/25/35	126,006	124,216
Allied Waste North America	125,000	7.250%	due 03/15/15	130,825	130,625
Allied Waste North America	105,000	6.875%	due 06/01/17	111,300	111,431
Allied World Insurance	135,000	7.500%	due 08/01/16	101,000	144,158
American Express Credit	330,000	7.300%	due 08/20/13	333,487	370,880
American Home Prod Corp	90,000	7.250%	due 03/01/23	104,101	102,062
Ameriquest Mtg Sec	185,613	N/A	due 05/25/33	145,010	174,740
AMVESCAP PLC	90,000	5.625%	due 04/17/12	86,464	93,220
Atlantic City Electric Transition	224,223	4.460%	due 10/20/16	235,067	236,885

SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS HELD AT END OF YEAR--Continued

MARQUETTE GENERAL HOSPITAL, INC. #38-1358036
RETIREMENT PLAN #001

December 31, 2009

(b) Identity of Issuing Party	(c) Description			(d) Cost	(e) Current Value
	Par	Rate	Maturity		
Corporate Bonds and Notes (cont.):					
Axis Capital Hldgs	$ 115,000	5.750%	due 12/01/14	$ 99,044	$ 115,758
Banc of America Funding Corp	78,742	N/A	due 06/25/34	68,112	72,190
Banc of America Funding Corp	265,000	5.500%	due 08/25/35	239,163	214,343
Banc of America Mtg Sec	29,326	N/A	due 06/25/34	24,708	26,203
Banc of America Mtg Sec	64,536	N/A	due 07/25/34	52,597	57,306
Banc of America Mtg Sec	89,070	5.250%	due 08/25/34	89,014	87,565
Bank of America Corp	425,000	2.100%	due 04/30/12	427,001	428,923
Bank of America Corp	125,000	7.375%	due 05/15/14	125,567	141,839
Bank of America Corp	85,000	7.625%	due 06/01/19	98,862	98,332
Bank of America NA	135,000	5.300%	due 03/15/17	126,797	132,312
Bank of America NA	350,000	5.650%	due 05/01/18	323,011	355,464
Bank of New York Mellon	300,000	3.100%	due 01/15/15	299,496	297,192
Bear Stearns ARM Trust	140,677	4.625%	due 02/25/36	101,193	119,448
Bear Stearns Co Inc	225,000	7.250%	due 02/01/18	212,751	258,266
Bear Stearns Commercial Mtg Sec	280,000	5.661%	due 06/11/40	284,889	285,642
Bear Stearns Commercial Mtg Sec	200,000	5.713%	due 06/11/40	179,500	181,794
Bottling Group LLC	135,000	5.125%	due 01/15/19	135,197	140,287
Burlington Northern Santa Fe	64,222	4.830%	due 01/15/23	59,650	67,261
Caterpillar Financial Service Corp	305,000	6.200%	due 09/30/13	312,710	339,874
Caterpillar Inc	185,000	7.900%	due 12/15/18	195,515	225,687
Chase Mtg Finance Corp	90,608	6.000%	due 11/25/36	89,929	71,411
Chase Mtg Finance Corp	41,917	N/A	due 02/25/37	36,363	18,398
Chevron Corp	285,000	3.450%	due 03/03/12	290,703	296,206
Cisco Systems Inc	135,000	4.950%	due 02/15/19	135,116	138,376
CIT Equipment	270,000	N/A	due 12/22/14	278,480	277,109
Citigroup Inc	320,000	6.500%	due 01/18/11	318,210	334,630
Citigroup Inc	140,000	6.375%	due 08/12/14	139,052	146,567
Citigroup Inc	340,000	2.125%	due 04/30/12	341,202	343,641
Citigroup/Deutsche Bank Commercial	400,000	6.590%	due 12/11/49	401,438	408,676
Coca-Cola Co	330,000	5.350%	due 11/15/17	349,758	355,483
Coca-Cola HBS	100,000	5.125%	due 09/17/13	108,730	107,012
Comm Mtg	300,000	5.205%	due 12/10/46	273,188	256,041
ConocoPhillps	440,000	5.750%	due 02/01/19	445,463	481,602
Continental Airlines Inc	55,000	9.000%	due 07/08/16	55,275	58,300
Countrywide Asset-Backed	56,945	5.306%	due 01/25/36	41,855	34,898
Countrywide Asset-Backed	110,000	N/A	due 07/25/35	102,025	103,363
Countrywide Asset-Backed	125,000	N/A	due 08/25/35	95,000	115,089
Countrywide Home Ln	92,964	6.550%	due 10/25/34	92,208	91,151
Countrywide Home Ln	139,289	5.500%	due 12/25/34	139,725	137,837
Credit Suisse New York	150,000	6.000%	due 03/02/11	157,119	156,951
Credit Suisse USA Inc	470,000	5.250%	due 01/01/16	489,152	492,379

SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS HELD AT END OF YEAR--Continued

MARQUETTE GENERAL HOSPITAL, INC. #38-1358036
RETIREMENT PLAN #001

December 31, 2009

(b) Identity of Issuing Party	(c) Description			(d) Cost	(e) Current Value
	Par	Rate	Maturity		
Corporate Bonds and Notes (cont.):					
Credit-Based Asset Servicing	$ 116,217	N/A	due 08/25/35	$ 107,210	$ 108,515
CS First Boston Mtg Sec	105,000	5.017%	due 08/15/38	103,300	105,436
CVS	139,210	6.036%	due 12/10/28	118,546	131,740
Dean Witter Discover & Co	90,000	6.750%	due 01/01/16	96,148	96,710
Deere & Company	170,000	4.375%	due 10/16/19	169,075	169,789
Diminion Resources Inc	120,000	5.250%	due 08/01/33	126,300	125,028
E.I. Du Pont De Nemours	255,000	5.875%	due 01/15/14	264,282	281,683
Eaton Vance Corp	130,000	6.500%	due 10/02/17	115,342	134,433
Eksportfinans	275,000	3.000%	due 11/17/14	273,724	270,790
Eli Lilly & Co	240,000	3.550%	due 03/06/12	244,200	249,766
Emory University	30,000	5.625%	due 09/01/19	29,824	32,422
Enbrdige Energy Partners	60,000	9.875%	due 03/01/19	63,675	75,974
First Union Capital	135,000	7.935%	due 01/15/27	119,475	131,250
First Union Corp	85,000	7.574%	due 08/01/26	86,169	92,205
FPL Group Cap Inc	85,000	7.875%	due 12/15/15	85,000	102,298
General Electric Cap Corp	110,000	5.400%	due 02/15/17	112,288	112,265
General Electric Cap Corp	275,000	3.500%	due 08/13/12	276,997	280,673
General Electric Corp	360,000	3.000%	due 12/09/11	364,168	371,095
General Electric Corp	245,000	5.000%	due 02/01/13	254,149	259,200
General Mills Inc	130,000	5.650%	due 02/15/19	131,052	137,872
Genworth Global Funding	115,000	5.750%	due 05/15/13	114,425	114,293
George Washington University	155,000	6.000%	due 02/01/19	171,117	168,184
GMAC Mtg Corp Ln	84,098	N/A	due 06/25/34	73,270	75,505
Goldman Sachs Group Inc	455,000	6.600%	due 01/15/12	486,429	494,649
GS Mtg Sec Corp	245,000	5.993%	due 08/10/45	196,367	210,367
GS Mtg Sec Corp	85,000	N/A	due 03/25/35	59,288	60,257
GS Mtg Sec Corp	126,769	5.000%	due 12/25/34	113,142	97,582
GS Mtg Sec Corp	185,000	4.761%	due 07/10/39	171,371	167,532
GS Mtg Sec Corp	28,748	N/A	due 12/25/34	21,849	20,914
Harley-Davidson	145,000	1.870%	due 02/17/14	144,975	144,455
Hewelett-Packard Co	165,000	5.250%	due 03/01/12	175,729	177,014
Higher Education Funding	135,000	N/A	due 02/25/25	118,125	130,971
Honeywell International	125,000	3.875%	due 02/15/14	126,490	130,228
IMPAC CMB Trust	57,481	N/A	due 10/25/33	39,159	40,428
Jefferies Group	105,000	6.450%	due 06/08/27	88,706	89,485
John Deere Cap Corp	470,000	2.875%	due 06/19/12	480,586	484,326
Johnson & Johnson	165,000	5.550%	due 08/15/17	179,999	181,997
JPMorgan Chase & Co	230,000	4.650%	due 06/01/14	242,804	242,291
JPMorgan Chase Commercial Mtg Sec Corp	195,000	4.879%	due 01/12/38	171,707	195,827
JPMorgan Chase Commercial Mtg Sec Corp	160,000	4.895%	due 09/12/37	157,763	154,360
JPMorgan Chase Commercial Mtg Sec Corp	150,000	5.857%	due 10/12/35	155,156	156,174
JPMorgan Mtg Trust	61,152	N/A	due 07/25/35	53,812	50,663
JPMorgan Mtg Trust	137,834	N/A	due 04/25/35	115,629	115,418
Kellogg Co	250,000	4.450%	due 05/30/16	249,340	257,443

SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS HELD AT END OF YEAR--Continued

MARQUETTE GENERAL HOSPITAL, INC. #38-1358036
RETIREMENT PLAN #001

December 31, 2009

(b) Identity of Issuing Party	(c) Description			(d) Cost	(e) Current Value
	Par	Rate	Maturity		
Corporate Bonds and Notes (cont.):					
Korea Electric Power	$ 165,000	N/A	due 04/01/96	$ 106,425	$ 117,101
Kraft Foods Inc	250,000	6.500%	due 08/11/17	258,282	271,265
LB_UBS Commercial Mtg	12,990	3.992%	due 10/15/29	12,552	12,990
LB_UBS Commercial Mtg	130,000	4.166%	due 05/15/32	128,964	128,814
Long Beaach Mtg	50,000	N/A	due 04/25/35	34,125	35,974
Lowe's Companies Inc	350,000	5.000%	due 10/15/15	356,212	379,012
Manufacturers & Traders Trust Co	130,000	N/A	due 12/28/20	107,900	113,386
Master Alternative Lns Trust	152,985	6.000%	due 09/25/34	148,778	145,192
McDonald's Corp	115,000	5.000%	due 02/01/19	116,623	120,198
Merck & Co Inc	270,000	5.000%	due 06/30/19	269,478	280,649
Metlife Ince	80,000	10.750%	due 08/01/39	79,000	98,514
Microsoft Corp	125,000	4.200%	due 06/01/19	125,548	124,804
Morgan Stanley	430,000	5.300%	due 03/01/13	415,061	453,220
Morgan Stanley	55,000	6.000%	due 04/28/15	53,514	58,587
Morgan Stanley	103,663	6.000%	due 04/25/34	103,145	103,047
Morgan Stanley	65,000	N/A	due 07/25/35	45,338	44,441
Morgan Stanley Home Equity Ln	435,000	N/A	due 12/25/34	330,200	342,693
MortgageIT Trust	73,795	N/A	due 05/25/35	48,906	43,211
MortgageIT Trust	134,226	N/A	due 10/25/35	46,979	42,214
National City Bank	45,000	N/A	due 12/29/49	46,800	51,841
National City Bank	80,000	5.800%	due 06/07/17	80,846	79,991
National Collegiate Student Ln Trust	130,000	N/A	due 04/26/27	91,325	118,455
National Collegiate Student Ln Trust	125,000	N/A	due 10/26/26	106,328	103,734
National Collegiate Student Ln Trust	135,000	N/A	due 03/25/26	122,681	124,870
National Rural Util Corp	50,000	10.375%	due 11/01/18	56,144	66,254
Navistar Financial	70,000	N/A	due 02/25/13	69,913	68,743
Nelnet Student Ln Corp	125,000	N/A	due 02/25/39	105,938	125,000
Nelnet Student Ln Corp	135,000	N/A	due 02/25/39	114,640	117,197
Nelnet Student Ln Corp	190,000	N/A	due 02/25/39	183,856	183,113
Novartis Cap Corp	130,000	4.125%	due 02/10/14	131,607	136,653
Old Dominion Electric Coop	47,500	6.210%	due 12/01/28	48,404	48,661
Old Dominion Electric Coop	55,416	5.676%	due 12/01/28	51,191	54,573
Park Place Sec Inc	225,000	N/A	due 10/25/38	176,063	190,550
Partnerre Finance	85,000	6.875%	due 06/01/18	84,244	89,030
PepsiAmericas Inc	165,000	5.750%	due 07/31/12	179,230	179,423
Pharmacia Corp	80,000	6.600%	due 12/01/28	88,864	87,673
PNC Funding Corp	200,000	4.250%	due 09/21/15	205,858	204,020
PNC Funding Corp	475,000	2.300%	due 06/22/12	481,029	483,028
Prime Mtg Trust	131,750	6.000%	due 02/25/34	118,081	134,261
Private Export Funding	110,000	4.300%	due 12/15/21	109,251	104,809
Procter & Gamble Co	245,000	4.600%	due 01/15/14	253,612	260,871
Procter & Gamble Co	250,000	4.700%	due 02/15/19	250,780	255,920
Prologis	105,000	2.250%	due 04/01/37	96,469	97,388
Protective Life Corp	130,000	7.375%	due 10/15/19	129,916	130,281
Questar Market Resources	120,000	6.800%	due 03/01/20	123,433	125,076

SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS HELD AT END OF YEAR--Continued

MARQUETTE GENERAL HOSPITAL, INC. #38-1358036
RETIREMENT PLAN #001

December 31, 2009

(b) Identity of Issuing Party	(c) Description			(d) Cost	(e) Current Value
	Par	Rate	Maturity		
Corporate Bonds and Notes (cont.):					
Questar Pipeline Co	$ 80,000	5.830%	due 02/01/18	$ 83,834	$ 81,595
Raymond James Financial	170,000	8.600%	due 08/15/19	174,962	183,916
Reinsurance Group of America	105,000	5.625%	due 03/15/17	104,224	101,341
Residential Accredit Loans, Inc	148,488	5.000%	due 11/25/18	145,518	140,321
Residential Accredit Loans, Inc	59,920	5.000%	due 03/25/20	56,699	53,479
Residential Accredit Loans, Inc	72,187	7.125%	due 04/25/31	72,277	66,953
Residential Accredit Loans, Inc	137,265	8.000%	due 10/25/31	117,705	130,230
Residential Accredit Loans, Inc	56,900	7.500%	due 05/25/32	51,494	53,089
Residential Funding Mtg	160,000	5.640%	due 03/25/37	144,400	142,659
RPM International Inc	95,000	6.125%	due 10/15/19	96,524	95,578
Sequoia Mtg Trust	171,746	N/A	due 10/20/34	103,692	120,415
Sherwin-Williams Co	250,000	3.125%	due 12/15/14	249,888	246,910
SLM Student Ln Trust	175,000	N/A	due 03/15/22	136,500	148,230
SLM Student Ln Trust	75,000	3.788%	due 01/25/28	67,676	73,037
SLM Student Ln Trust	100,000	N/A	due 03/16/20	78,875	83,913
Specialty Underwriting	179,901	5.500%	due 10/25/34	175,122	163,708
Structured Asset Sec	90,000	N/A	due 05/25/35	73,125	79,249
Structured Asset Sec	117,431	N/A	due 06/25/33	81,027	80,610
Structured Asset Sec	44,079	5.500%	due 03/25/19	40,884	42,647
Target Corp	285,000	5.875%	due 03/01/12	305,796	308,803
TD Ameritrade Holding Co	210,000	4.150%	due 12/01/14	209,792	207,045
Time Warner Inc	320,000	5.875%	due 11/15/16	309,340	345,443
Torchmark Corp	105,000	9.250%	due 06/15/19	105,000	118,445
Triad Automobile Receivables Trust	310,000	5.310%	due 05/13/13	310,359	320,862
Trusttreet PPTYS Inc	50,000	7.500%	due 04/01/15	49,625	51,706
Tyco International Financial	265,000	4.125%	due 10/15/14	265,359	270,891
United Parcel Service	265,000	3.875%	due 04/01/14	268,849	275,327
United Technologies Corp	115,000	6.125%	due 02/01/19	118,147	127,081
Valero Energy Corp	80,000	6.700%	due 01/15/13	86,023	84,795
Verizon Pennsylvania	250,000	5.650%	due 11/15/11	260,081	264,923
Wachovia Corp	175,000	5.500%	due 05/01/13	168,206	185,908
Wachovia Corp	300,000	5.300%	due 10/15/11	293,089	318,456
Walgreen Co	125,000	5.250%	due 01/15/19	126,154	132,651
Walt Disney Co	240,000	4.500%	due 12/15/13	251,030	254,940
Wellpoint Inc	115,000	5.250%	due 01/15/16	110,875	116,083
Wells Fargo Mtg Backed Sec	205,000	N/A	due 04/25/36	189,881	184,693
Westpac Banking Corp	110,000	4.875%	due 11/19/19	109,922	108,571
WHC-IRS Trust	67,375	6.980%	due 05/15/15	69,969	73,353
Wyeth	260,000	5.500%	due 02/15/16	285,373	279,466
Zimmer Holdings Inc	120,000	4.625%	due 11/30/19	119,911	118,910
	TOTAL CORPORATE BONDS AND NOTES			$ 28,818,321	$ 29,747,398

SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS HELD AT END OF YEAR--Continued

MARQUETTE GENERAL HOSPITAL, INC. #38-1358036
RETIREMENT PLAN #001

December 31, 2009

(b) Identity of Issuing Party	(c) Description		(d) Cost	(e) Current Value
Common Stock:				
Allianz SE	13,265	shares	$ 126,264	$ 165,149
Anheuser-Busch	5,715	shares	254,775	297,351
BAE Systems PLC	8,340	shares	229,649	193,321
Banco Bilbao Vizcaya	15,165	shares	271,481	273,577
Barclays PLC	13,025	shares	176,192	229,240
Barrick Gold Corp Com	5,280	shares	187,277	207,926
BG Group PLC	1,621	shares	150,259	146,701
BHP Billiton Limited	2,455	shares	133,175	188,004
BNP Paribas	6,975	shares	204,989	280,116
BP PLC	5,850	shares	309,424	339,125
British American Tobacco PLC	5,995	shares	360,430	387,637
Canon Inc	9,505	shares	352,857	402,252
Credit Suisse Group	5,595	shares	219,476	275,050
CRH PLC	4,295	shares	111,648	117,382
ENI SPA	2,940	shares	162,773	148,793
Esprit Holdings LTD	15,975	shares	209,951	213,266
Fanuc LTD	3,620	shares	148,587	170,140
Fullow Oil PLC	5,385	shares	56,877	58,158
Glaxosmithkline PLC	8,400	shares	292,457	354,900
Heineken N.V.	4,715	shares	87,843	112,264
Hoya Corp	9,910	shares	196,753	263,606
HSBC	5,345	shares	231,224	305,146
Imperial Tobacco Group PLC	5,410	shares	329,600	342,886
Lloyds Banking Group PLC	44,925	shares	308,009	146,905
LVMH Moet Hennessy	8,585	shares	137,896	192,733
Merck KGAA	3,145	shares	85,658	96,960
Mitsubishi Estate Co	947	shares	146,249	151,567
Nestle S.A.	3,740	shares	153,151	180,829
Nokia Corp	7,125	shares	122,050	91,556
Nomura Holdings, Inc	22,520	shares	178,597	166,648
Novartis	4,495	shares	191,973	244,663
Novo Nordisk	2,665	shares	127,990	170,160
Prudential PLC	20,295	shares	306,424	413,815
Roche Holdings LTD	6,670	shares	246,832	281,474
Rogers Communications Inc	3,540	shares	108,701	109,740
Sanofi-Aventis	11,815	shares	373,175	463,975
SAP AG	2,145	shares	106,033	100,407
Singapore Telecommunications LTD	7,715	shares	159,149	169,344
Societe Generale	18,895	shares	272,239	265,475
Sumitomo Mitsui Financial Group	45,950	shares	212,428	130,958
Sun Hung Kai Properties LTD	7,750	shares	100,194	115,088
Tesco PLC	11,080	shares	199,063	227,916
Total S.A.	4,250	shares	264,709	272,170
UBS AG	11,890	shares	224,641	184,414

SCHEDULE H, LINE 4i--SCHEDULE OF ASSETS HELD AT END OF YEAR--Continued

MARQUETTE GENERAL HOSPITAL, INC. #38-1358036
RETIREMENT PLAN #001

December 31, 2009

(b) Identity of Issuing Party	(c) Description		(d) Cost	(e) Current Value
Common Stock (cont.):				
Unilever PLC	9,200	shares	$ 240,115	$ 293,480
Vodafone Group PLC	14,085	shares	321,959	325,223
William Morrison Supermarkets PLC	4,830	shares	112,904	107,371
Zurich Financial Services	12,085	shares	239,312	262,728
	TOTAL COMMON STOCK		$ 9,743,412	$ 10,637,589
Common/Collective Funds:				
Russell 1000 Growth Pooled Index Fund	2,820,074	shares	$ 27,635,098	$ 30,893,462
Russell 1000 Value Pooled Index Fund	2,343,601	shares	28,029,550	29,920,029
	TOTAL COMMON/COLLECTIVE FUNDS		$ 55,664,648	$ 60,813,491
	TOTAL INVESTMENTS		$ 145,206,069	$ 156,049,266

Plan Sponsor: Marquette General Hospital, Inc.
Plan Name: Marquette General Hospital, Inc. Retirement Plan
EIN: 38-1358036
Plan Number: 001

Schedule SB, line 26 - Schedule of Active Participant Data

Age Group	0 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	Total
0-19	0	0	0	0	0	0	0	0	0	0
20-24	19	1	0	0	0	0	0	0	0	20
25-29	121	57	0	0	0	0	0	0	0	178
30-34	81	109	12	0	0	0	0	0	0	202
35-39	72	98	58	15	0	0	0	0	0	243
40-44	58	75	60	66	19	0	0	0	0	278
45-49	53	110	89	113	54	12	2	0	0	433
50-54	39	70	69	93	75	37	17	0	0	400
55-59	26	48	50	46	27	21	18	1	0	237
60-64	15	14	14	11	4	4	3	2	0	67
65-69	4	5	2	2	0	1	0	1	0	15
70 +	0	0	2	0	0	0	0	0	0	2
Total	488	587	356	346	179	75	40	4	0	2,075

Plan Sponsor: Marquette General Hospital, Inc.
Plan Name: Marquette General Hospital, Inc. Retirement Plan
EIN: 38-1358036
Plan Number: 001

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

A. Actuarial Assumptions

1. Mortality:

(a) IRS Minimum and Maximum Funding:	The sex-distinct RP-2000 Mortality Table using factors from Mortality Projection Scale AA for 2009, with separate mortality rates for annuitants and non-annuitants.
(b) FAS 35:	The 1983 Group Annuity Mortality Tables for males and females.

2. Interest:

(a) IRS Minimum and Maximum Funding:	Full Yield Curve as of 10/31/2008, The resulting effective interest rate is 8.06%.
(b) FAS 35:	8.00% compounded annually

3. Withdrawal Rates (For Causes Other Than Death, Disability, or Retirement):

Annual Rates of Withdrawal for Males and Females

Age	Males	Females
20	.15	.38
25	.10	.225
30	.07	.15
35	.05	.11
40	.03	.075
45	.02	.05
50	.01	.03
55	0	.01
60	0	0

Plan Sponsor: Marquette General Hospital, Inc.
Plan Name: Marquette General Hospital, Inc. Retirement Plan
EIN: 38-1358036
Plan Number: 001

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Cont.)

4. Retirement Age:

(a) Active Participants: The following rates were assumed for employees with 5 years of service:

Age	Rate (%)	Age	Rate (%)
55	10.0	63	25.0
56	3.0	64	25.0
57	3.0	65	50.0
58	5.0	66	50.0
59	5.0	67	100.0
60	10.0		
61	15.0		
62	35.0		

(Schedule SB, – Description of Weighted Average Retirement Age)

The weighted average retirement age is 61, determined by weighting each potential retirement age by the number of current active employees expected to retire at such age, as determined by the above retirement rates.

(b) Deferred Vested: Age 65.

5. Disability:

(a) Disability Incidence: 30% of disability incidence under OASDI 1972-1976 study.

(b) Disabled Life Mortality:

IRS Minimum and Maximum Funding: Disabled mortality per IRS regulations.

Plan Sponsor: Marquette General Hospital, Inc.
Plan Name: Marquette General Hospital, Inc. Retirement Plan
EIN: 38-1358036
Plan Number: 001

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Cont.)

	FAS 35	Disability mortality under OASDI 1972-1976 study for males and females.
6.	Salary Scale:	4% compounded annually.
7.	Covered Compensation:	3.0% annual increase in the CPI and a 3.5% annual increase in the Social Security Wage Base.
8.	Marital Status:	80% of the male participants and 70% of the female participants are assumed to be married. The male spouse is assumed to be three years older than the female spouse.
9.	Future Service:	Each active employee included in the valuation was assumed to accrue benefit service in each future year based on their scheduled hours worked in the prior year.
10.	Rehires:	No rehires assumed.
11.	Employee Data:	The actuarial valuation has been prepared using employee data compiled by the employer as of the valuation date.
12.	Expenses	Prior year's actual non-investment expenses increased by assumed inflation.

Plan Sponsor: Marquette General Hospital, Inc.
Plan Name: Marquette General Hospital, Inc. Retirement Plan
EIN: 38-1358036
Plan Number: 001

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Cont.)

B. Actuarial Methods

1. Actuarial Cost Method:	Unit Credit The Actuarial Accrued Liability is the actuarial present value of benefits accrued prior to the valuation date. Normal Cost is the actuarial present value of benefits expected to accrue during the current year.
2. Asset Valuation Method:	Market value gains or losses are smoothed over a three-year period. A gain or loss for a year is determined by calculating the difference between the expected value of assets and the market value. The expected value of assets is the market value of assets at the prior valuation date brought forward with interest at the assumed rate of asset return but not greater than the third segment rate as determined by the IRS in effect for the first month of the Plan Year. The actuarial value of assets includes contributions receivable for the prior plan year, discounted to the valuation date using the prior plan year's effective interest rate. The asset value determined under this method will be no greater than 110% and no less than 90% of the market value. Effective January 1, 2008, valuation assets were reinitialized at market value including accrued contributions as allowed under Section 430(g)(3)(B) as amended by WRERA.

Plan Sponsor: Marquette General Hospital, Inc.
Plan Name: Marquette General Hospital, Inc. Retirement Plan
EIN: 38-1358036
Plan Number: 001

Schedule SB, line 32 - Schedule of Amortization Bases

Date Established	Period Remaining	Current Year Present Value Factor[1]	Balance		Annual Payment
			Original	Remaining	
Prior Years' Subtotal					
01/01/2008	6	4.99889	$12,825,294	$10,618,570	$2,124,186
01/01/2009	7	5.61489	($5,829,578)	($5,829,578)	($1,038,235)
Total				$4,788,992	$1,085,951

[1] Calculated using the segment interest rates for the current Plan Year.

Plan Sponsor: Marquette General Hospital, Inc.
Plan Name: Marquette General Hospital, Inc. Retirement Plan
EIN: 38-1358036
Plan Number: 001

Schedule SB, line 19 - Discounted Employer Contributions

Valuation Date	1/1/2009		EIR	8.06%
Date of Contribution	Quarterly Contribution Amount	Days	Discounting factor	Discounted Contribution Amount
4/14/2009	$1,443,309	103	0.978363	$1,412,080
7/14/2009	$1,443,309	194	0.959637	$1,385,052
1/14/2010	$484,899	378	0.922860	$447,494
9/14/2010	$1,059,635	621	0.876443	$928,709
			Total	**$4,173,335**

Plan Sponsor: Marquette General Hospital, Inc.
Plan Name: Marquette General Hospital, Inc. Retirement Plan
EIN: 38-1358036
Plan Number: 001

Schedule SB, line 11a – Excess Contributions

Line 38, Interest-adjusted excess contributions for current year, on the 2008 Schedule SB, was zero but it should have been $2,107,617 based on the difference between line 37 of $10,998,188 less line 36 of $8,890,571.

$10,998,188 – 8,890,571 = 2,107,617

Plan Sponsor: Marquette General Hospital, Inc.
Plan Name: Marquette General Hospital, Inc. Retirement Plan
EIN: 38-1358036
Plan Number: 001

Schedule SB, line 25 - Change in Method

2. The asset method has been changed from Market Value to 24 month average of the market value of assets using 12 month intervals, and further adjusted to remain within a 10% corridor of the market value as of January 1, 2009.

3. Effective with the Janurary 1, 2009 valuation for the Marquette General Hospital, Inc. Retirement Plan, Aon Consulting changed actuarial software from an internal software program to the externally based ProVal system. In accordance with Announcement 2010-3, this change qualifies for automatic approval since (1) the changes in funding target and target normal cost were each within 2%, (2) the underlying methods were unchanged from those used on the prior year's Schedule SB without regard to methods already receiving automatic approval, (3) the calculations determined with this software are no less accurate than those produced under the prior valuation system, and (4) the change was not made in conjunction with a change in enrolled actuary and actuarial firm.

4. The interest rate used to determine funding liabilities was changed from the three-tiered segment rates to the November 2008 full yield curve.

Plan Sponsor: Marquette General Hospital, Inc.
Plan Name: Marquette General Hospital, Inc. Retirement Plan
EIN: 38-1358036
Plan Number: 001

Schedule SB, line 24 - Change in Actuarial Assumptions

1. An expense load equal to the prior year's expenses paid out of plan assets increased by 3% has been added to the Target Normal Cost. This assumption was $0 for the 2008 Plan Year.

Plan Sponsor: Marquette General Hospital, Inc.
Plan Name: Marquette General Hospital, Inc. Retirement Plan
EIN: 38-1358036
Plan Number: 001

Schedule SB, line 22 – Description of Weighted Average Retirement Age

	(1)	(2)	(3)	(4)	(5)	(6)
	Retirement		Cumulative		Retirement	
Age	qx	px	px	= (1) * (3)	Age	= (4) * (5)
55	0.1	0.900000	1.000000	0.100000	55.0	5.500
56	0.03	0.970000	0.900000	0.027000	56.0	1.512
57	0.03	0.970000	0.873000	0.026190	57.0	1.493
58	0.05	0.950000	0.846810	0.042341	58.0	2.456
59	0.05	0.950000	0.804470	0.040223	59.0	2.373
60	0.1	0.900000	0.764246	0.076425	60.0	4.585
61	0.15	0.850000	0.687821	0.103173	61.0	6.294
62	0.35	0.650000	0.584648	0.204627	62.0	12.687
63	0.25	0.750000	0.380021	0.095005	63.0	5.985
64	0.25	0.750000	0.285016	0.071254	64.0	4.560
65	0.5	0.500000	0.213762	0.106881	65.0	6.947
66	0.5	0.500000	0.106881	0.053441	66.0	3.527
67	1	0.000000	0.053441	0.053441	67.0	3.581
Totals:				1.00000		61.500
Total of Column (6) / Total of Column (4), Rounded to nearest age:						61.000

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan: Marquette Gen Hosp Inc Ret Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF: Marquette General Hospital, Inc

D Employer Identification Number (EIN): 38-1358036

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2009

2	Assets:			
	a Market value		**2a**	134,635,268
	b Actuarial value		**2b**	148,098,795
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	610	58,773,641
	b For terminated vested participants	**3b**	825	16,226,191
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		6,449,780
	(2) Vested benefits	**3c(2)**		69,195,919
	(3) Total active	**3c(3)**	2,075	75,645,699
	d Total	**3d**	3,510	150,645,531
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
	a Funding target disregarding prescribed at-risk assumptions		**4a**	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor		**4b**	
5	Effective interest rate		**5**	8.06 %
6	Target normal cost		**6**	5,328,754

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary — Date: 10-08-2010

Timothy Hedlund, E.A., M.A.A.A.
Type or print name of actuary

08-04791
Most recent enrollment number

Aon Consulting
Firm name

(314)719-3803
Telephone number (including area code)

8182 Maryland Ave, Suite 1400

St. Louis MO 63105
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	139	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	139	0
9	Amount remaining (Item 7 minus item 8)	0	0
10	Interest on item 9 using prior year's actual return of (21.00)%		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		2,107,617
b	Interest on (a) using prior year's effective rate of 6.39 %		134,677
c	Total available at beginning of current plan year to add to prefunding balance		2,242,294
d	Portion of (c) to be added to prefunding balance		2,242,294
12	Reduction in balances due to elections or deemed elections		
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	2,242,294

Part III Funding percentages

14	Funding target attainment percentage	14	96.82 %
15	Adjusted funding target attainment percentage	15	96.82 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	92.69 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2009	1,443,309				
07/14/2009	1,443,309				
01/14/2010	484,899				
09/14/2010	1,059,635				
			Totals ▶ 18(b)	4,431,152	18(c) 0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

a	Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	4,173,335

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

b Applicable month (enter code) — **21b**: 2

22 Weighted average retirement age — **22**: 61

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] Prescribed - separate [ ] Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. [X] Yes [ ] No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. [X] Yes [ ] No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. [X] Yes [ ] No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment — **27**:

Part VII Reconciliation of unpaid minimum required contributions for prior years

28	Unpaid minimum required contribution for all prior years	**28**	0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	**29**	0
30	Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	**30**	0

Part VIII Minimum required contribution for current year

31	Target normal cost, adjusted, if applicable (see instructions)		**31**	5,328,754
32	Amortization installments:	Outstanding Balance		Installment
	a Net shortfall amortization installment	4,788,992		1,085,951
	b Waiver amortization installment	0		0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		**33**	
34	Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)		**34**	6,414,705

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	2,242,256	2,242,256

36	Additional cash requirement (item 34 minus item 35)	**36**	4,172,449
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	4,173,335
38	Interest-adjusted excess contributions for current year (see instructions)	**38**	886
39	Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**	0
40	Unpaid minimum required contribution for all years	**40**	0

Plan Sponsor: Marquette General Hospital, Inc.
Plan Name: Marquette General Hospital, Inc. Retirement Plan
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Plan Number: 001

Schedule SB, line 11a – Excess Contributions

Line 38, Interest-adjusted excess contributions for current year, on the 2008 Schedule SB, was zero but it should have been $2,107,617 based on the difference between line 37 of $10,998,188 less line 36 of $8,890,571.

$10,998,188 – 8,890,571 = 2,107,617

Plan Sponsor: Marquette General Hospital, Inc.
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Schedule SB, line 19 - Discounted Employer Contributions

Valuation Date	1/1/2009		EIR	8.06%
Date of Contribution	Quarterly Contribution Amount	Days	Discounting factor	Discounted Contribution Amount
4/14/2009	$1,443,309	103	0.978363	$1,412,080
7/14/2009	$1,443,309	194	0.959637	$1,385,052
1/14/2010	$484,899	378	0.922860	$447,494
9/14/2010	$1,059,635	621	0.876443	$928,709
			Total	**$4,173,335**

Plan Sponsor: Marquette General Hospital, Inc.
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Schedule SB, line 22 – Description of Weighted Average Retirement Age

	(1)	(2)	(3)	(4)	(5)	(6)
	Retirement		Cumulative		Retirement	
Age	qx	px	px	= (1) * (3)	Age	= (4) * (5)
55	0.1	0.900000	1.000000	0.100000	55.0	5.500
56	0.03	0.970000	0.900000	0.027000	56.0	1.512
57	0.03	0.970000	0.873000	0.026190	57.0	1.493
58	0.05	0.950000	0.846810	0.042341	58.0	2.456
59	0.05	0.950000	0.804470	0.040223	59.0	2.373
60	0.1	0.900000	0.764246	0.076425	60.0	4.585
61	0.15	0.850000	0.687821	0.103173	61.0	6.294
62	0.35	0.650000	0.584648	0.204627	62.0	12.687
63	0.25	0.750000	0.380021	0.095005	63.0	5.985
64	0.25	0.750000	0.285016	0.071254	64.0	4.560
65	0.5	0.500000	0.213762	0.106881	65.0	6.947
66	0.5	0.500000	0.106881	0.053441	66.0	3.527
67	1	0.000000	0.053441	0.053441	67.0	3.581
Totals:				1.00000		61.500
Total of Column (6) / Total of Column (4), Rounded to nearest age:						61.000

Plan Sponsor: Marquette General Hospital, Inc.
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Schedule SB, Part V - Summary of Plan Provisions

A. Plan Provisions

1.	Effective Date:	January 1, 1964 as amended to date; last amended effective July 1, 2008.
2.	Eligibility Requirements for Participation:	All of the employees of the Hospital are covered employees with the exception of leased employees, interns, residents, student personnel, and employees of Surgical Associates of Marquette, P.C. Employees participate on the January 1 of the Plan Year in which they complete 1,000 hours of service or, if earlier, the January 1 following their date of hire if they complete 1,000 hours of service in the first 12 months of employment. Effective January 1, 2006, Employees hired after December 31, 2005 are excluded.
3.	Years of Service:	An Employee receives one (1) Year of Service for each Plan Year in which he has 1,000 or more hours of service on or after January 1, 1976. Prior to January 1, 1976, Years of Service shall be credited at the rate of one Year of Service for each 12 consecutive month period in which the individual was credited with at least one Hour of Service.
4.	Credited Service:	An Employee receives one (1) year of Credited Service for each Plan Year in which he has 1,995 or more hours of service. Proportionate credit is given for 1,000 to 1,995 hours of service. Service with St. Mary's Hospital prior to July 1, 1973 is also included.
5.	Annual Compensation:	Base rate of pay on January 1 of the Plan Year times 2080 (capped at $205,000 on and after January 1, 2005).

Plan Sponsor: Marquette General Hospital, Inc.
Plan Name: Marquette General Hospital, Inc. Retirement Plan
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Schedule SB, Part V - Summary of Plan Provisions (cont.)

Benefit Types:	Age	Service	Benefit Formula
a. Normal Retirement	65	--	Union Employees: A Participant who terminates employment with the Employer for any reason on or after January 1, 2001, shall be eligible for a monthly Normal Retirement Benefit equal to one-twelfth ($1/12^{th}$) of the greater of A., B. or C. below. A. If the Participant was born before 1938, 1.7% of his or her Final Average Compensation up to Covered Compensation for each Year of Credited Service (up to a maximum of 30 such Years) plus 2.5% of Final Average Compensation in excess of Covered Compensation for each Year of Credited Service (up to a maximum of 30 such Years). If the Participant was born on or after January 1, 1938 but before January 1, 1955, the 1.7% is replaced with 1.7736%. If the Participant was born on or after January 1, 1955, the 1.7% is replaced with 1.8333%. B. The Participant's Accrued Benefit determined as of December 31, 1999. C. For a Participant whose Final Average Compensation is in excess of Covered Compensation and whose Accrued Benefit would otherwise decrease due to a change in Covered Compensation, his or her Accrued Benefit as of the last day of any preceding Plan Year which falls on or after December 31, 1999. Nonunion Employees:

A Participant who terminates employment with the Employer for any reason on or after January 1, 2001, shall be eligible for a monthly Normal Retirement Benefit equal to one-twelfth (1/12th) of the greater of A., B. or C. below.

A. The sum of a Participant's Accrued benefit as of January 1, 2008 and any subsequent annual benefit accruals according to the following: if the Participant was born before 1938, 1.7% of his or her Compensation up to Covered Compensation plus 2.5% of Compensation in excess of Covered Compensation. If the Participant was born on or after January 1, 1938 but before January 1, 1955, the 1.7% is replaced with 1.7736%. If the Participant was born on or after January 1, 1955, the 1.7% is replaced with 1.8333%.

B. The Participant's Accrued Benefit determined as of December 31, 1999.

C. For a Participant whose Final Average Compensation is in excess of Covered Compensation and whose Accrued Benefit would otherwise decrease due to a change in Covered Compensation, his or her Accrued Benefit as of the last day of any preceding Plan Year which falls on or after December 31, 1999.

Effective January 1, 2006, a Participant may make an irrevocable election to waive future benefit accruals under the Plan in exchange for increased Company allocations under a defined contribution plan.

b.	Early Retirement	55	10	A Participant who terminates employment with the employer for any reason on or after

				January 1, 2001, and who is eligible for an early retirement benefit hereunder shall be entitled to a monthly Single Life Pension equal to the Participant's Accrued Benefit reduced by one-third of one percent for each month during which early retirement benefit payments are made before the Normal Retirement Date.
c.	Disability	40	10	Age 40 with 10 Years of Service and eligible for a disability benefit under the Federal Social Security Act. Accrued Normal Retirement Benefit is payable without reduction.
d.	Vesting	--	5	Normal Retirement formula in effect at date of termination deferred to age 65 or later, or reduced as for early retirement.
e.	Spouse Benefit for Pre-Retirement Death	--	5	A monthly benefit payable to the spouse of a vested employee in the amount of 50% of the employee's vested accrued normal retirement benefit reduced for commencement prior to normal retirement date and the joint and survivor option. The benefit is payable on the first day of the month following the later of the employee's death or attainment of age 55 if eligible for early retirement.
f.	Payment Options			(i) Automatic Joint and Survivor benefit: reduced benefit payable to retiree with 50% of such reduced benefit payable to surviving spouse (adjusted for age of spouse per item (e)). Automatic for those married at retirement unless spouse waives rights. (ii) Life only. (iii) Lifetime benefit with 120 payments certain. (iv) Lifetime benefit with 50%, 75% or 100% payable to a contingent annuitant upon the retiree's death with certain restrictions.

Plan Sponsor: Marquette General Hospital, Inc.
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Schedule SB, Part V - Summary of Plan Provisions (cont.)

	f. Normal Form of Payment	Monthly benefit payable for the Employee's lifetime.
	g. Payment Options	Lifetime benefit with 50% or 100% payable to a contingent annuitant upon the retiree's death. The 50% Joint and Survivor option is fully subsidized.
B.	**Changes in Plan Provisions**	None.

Plan Sponsor: Marquette General Hospital, Inc.
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Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

A. Actuarial Assumptions

1. Mortality:

(a) IRS Minimum and Maximum Funding:	The sex-distinct RP-2000 Mortality Table using factors from Mortality Projection Scale AA for 2009, with separate mortality rates for annuitants and non-annuitants.
(b) FAS 35:	The 1983 Group Annuity Mortality Tables for males and females.

2. Interest:

(a) IRS Minimum and Maximum Funding:	Full Yield Curve as of 10/31/2008, The resulting effective interest rate is 8.06%.
(b) FAS 35:	8.00% compounded annually

3. Withdrawal Rates (For Causes Other Than Death, Disability, or Retirement):

Annual Rates of Withdrawal for Males and Females

Age	Males	Females
20	.15	.38
25	.10	.225
30	.07	.15
35	.05	.11
40	.03	.075
45	.02	.05
50	.01	.03
55	0	.01
60	0	0

Plan Sponsor: Marquette General Hospital, Inc.
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Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Cont.)

4. Retirement Age:

(a) Active Participants: The following rates were assumed for employees with 5 years of service:

Age	Rate (%)	Age	Rate (%)
55	10.0	63	25.0
56	3.0	64	25.0
57	3.0	65	50.0
58	5.0	66	50.0
59	5.0	67	100.0
60	10.0		
61	15.0		
62	35.0		

(Schedule SB, – Description of Weighted Average Retirement Age)

The weighted average retirement age is 61, determined by weighting each potential retirement age by the number of current active employees expected to retire at such age, as determined by the above retirement rates.

(b) Deferred Vested: Age 65.

5. Disability:

(a) Disability Incidence: 30% of disability incidence under OASDI 1972-1976 study.

(b) Disabled Life Mortality:

IRS Minimum and Maximum Funding: Disabled mortality per IRS regulations.

Plan Sponsor: Marquette General Hospital, Inc.
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Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Cont.)

	FAS 35	Disability mortality under OASDI 1972-1976 study for males and females.
6.	Salary Scale:	4% compounded annually.
7.	Covered Compensation:	3.0% annual increase in the CPI and a 3.5% annual increase in the Social Security Wage Base.
8.	Marital Status:	80% of the male participants and 70% of the female participants are assumed to be married. The male spouse is assumed to be three years older than the female spouse.
9.	Future Service:	Each active employee included in the valuation was assumed to accrue benefit service in each future year based on their scheduled hours worked in the prior year.
10.	Rehires:	No rehires assumed.
11.	Employee Data:	The actuarial valuation has been prepared using employee data compiled by the employer as of the valuation date.
12.	Expenses	Prior year's actual non-investment expenses increased by assumed inflation.

Plan Sponsor: Marquette General Hospital, Inc.
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Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Cont.)

B. Actuarial Methods

1. Actuarial Cost Method:	Unit Credit The Actuarial Accrued Liability is the actuarial present value of benefits accrued prior to the valuation date. Normal Cost is the actuarial present value of benefits expected to accrue during the current year.
2. Asset Valuation Method:	Market value gains or losses are smoothed over a three-year period. A gain or loss for a year is determined by calculating the difference between the expected value of assets and the market value. The expected value of assets is the market value of assets at the prior valuation date brought forward with interest at the assumed rate of asset return but not greater than the third segment rate as determined by the IRS in effect for the first month of the Plan Year. The actuarial value of assets includes contributions receivable for the prior plan year, discounted to the valuation date using the prior plan year's effective interest rate. The asset value determined under this method will be no greater than 110% and no less than 90% of the market value. Effective January 1, 2008, valuation assets were reinitialized at market value including accrued contributions as allowed under Section 430(g)(3)(B) as amended by WRERA.

Plan Sponsor: Marquette General Hospital, Inc.
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Schedule SB, line 24 - Change in Actuarial Assumptions

1. An expense load equal to the prior year's expenses paid out of plan assets increased by 3% has been added to the Target Normal Cost. This assumption was $0 for the 2008 Plan Year.

Plan Sponsor: Marquette General Hospital, Inc.
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Schedule SB, line 25 - Change in Method

2. The asset method has been changed from Market Value to 24 month average of the market value of assets using 12 month intervals, and further adjusted to remain within a 10% corridor of the market value as of January 1, 2009.

3. Effective with the Janurary 1, 2009 valuation for the Marquette General Hospital, Inc. Retirement Plan, Aon Consulting changed actuarial software from an internal software program to the externally based ProVal system. In accordance with Announcement 2010-3, this change qualifies for automatic approval since (1) the changes in funding target and target normal cost were each within 2%, (2) the underlying methods were unchanged from those used on the prior year's Schedule SB without regard to methods already receiving automatic approval, (3) the calculations determined with this software are no less accurate than those produced under the prior valuation system, and (4) the change was not made in conjunction with a change in enrolled actuary and actuarial firm.

4. The interest rate used to determine funding liabilities was changed from the three-tiered segment rates to the November 2008 full yield curve.

Plan Sponsor: Marquette General Hospital, Inc.
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Schedule SB, line 26 - Schedule of Active Participant Data

Age Group	0 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	Total
0-19	0	0	0	0	0	0	0	0	0	0
20-24	19	1	0	0	0	0	0	0	0	20
25-29	121	57	0	0	0	0	0	0	0	178
30-34	81	109	12	0	0	0	0	0	0	202
35-39	72	98	58	15	0	0	0	0	0	243
40-44	58	75	60	66	19	0	0	0	0	278
45-49	53	110	89	113	54	12	2	0	0	433
50-54	39	70	69	93	75	37	17	0	0	400
55-59	26	48	50	46	27	21	18	1	0	237
60-64	15	14	14	11	4	4	3	2	0	67
65-69	4	5	2	2	0	1	0	1	0	15
70 +	0	0	2	0	0	0	0	0	0	2
Total	488	587	356	346	179	75	40	4	0	2,075

Plan Sponsor: Marquette General Hospital, Inc.
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Schedule SB, line 32 - Schedule of Amortization Bases

Date Established	Period Remaining	Current Year Present Value Factor[1]	Balance		Annual Payment
			Original	Remaining	
Prior Years' Subtotal					
01/01/2008	6	4.99889	$12,825,294	$10,618,570	$2,124,186
01/01/2009	7	5.61489	($5,829,578)	($5,829,578)	($1,038,235)
Total				$4,788,992	$1,085,951

[1] Calculated using the segment interest rates for the current Plan Year.