

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
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Part I	Annual Report Identification Information		
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ 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.	☐		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan	<u>RETIREMENT PLAN FOR EMPLOYEES OF MERCY MEMORIAL HOSPITAL CORPORATION</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
		1c Effective date of plan	<u>01/01/1973</u>
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)			
<u>MERCY MEMORIAL HOSPITAL CORPORATION</u>			
 <u>718 NORTH MACOMB STREET</u> <u>MONROE, MI 48162</u>			
	2b Employer Identification Number (EIN)	<u>38-1984289</u>	
	2c Sponsor's telephone number	<u>734-240-4401</u>	
	2d Business code (see instructions)	<u>622000</u>	

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.	10/14/2010	THOMAS W. SCHILLING
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2010	THOMAS W. SCHILLING
	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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") MERCY MEMORIAL HOSPITAL CORPORATION 718 NORTH MACOMB STREET MONROE, MI 48162	3b Administrator's EIN 38-1984289 3c Administrator's telephone number 734-240-4401
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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
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5 Total number of participants at the beginning of the plan year	5	1499
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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	611
b Retired or separated participants receiving benefits.....	6b	393
c Other retired or separated participants entitled to future benefits.....	6c	461
d Subtotal. Add lines 6a , 6b , and 6c	6d	1465
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	22
f Total. Add lines 6d and 6e	6f	1487
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	15

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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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 1I

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)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(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)** ☒ **R** (Retirement Plan Information)
(2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
(2) ☐ **I** (Financial Information – Small Plan)
(3) ☐ **A** (Insurance Information)
(4) ☒ **C** (Service Provider Information)
(5) ☐ **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
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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 <u>RETIREMENT PLAN FOR EMPLOYEES OF MERCY MEMORIAL HOSPITAL CORPORATION</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MERCY MEMORIAL HOSPITAL CORPORATION</u>	D Employer Identification Number (EIN) <u>38-1984289</u>
E Type of plan: ☒ 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 <u>01</u> Day <u>01</u> Year <u>2009</u>	
2 Assets:	
a Market value	2a <u>38554486</u>
b Actuarial value	2b <u>42409935</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>383</u> <u>16542499</u>
b For terminated vested participants	3b <u>449</u> <u>7562533</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>1123989</u>
(2) Vested benefits	3c(2) <u>17326188</u>
(3) Total active	3c(3) <u>667</u> <u>18450177</u>
d Total	3d <u>1499</u> <u>42555209</u>
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 <u>8.08</u> %
6 Target normal cost	6 <u>1614780</u>

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	<u>10/14/2010</u>
Signature of actuary <u>JEFFRY P. BLASZKOWSKI FSA, EA, MAAA</u>	Date <u>08-06646</u>
Type or print name of actuary <u>MERCER</u>	Most recent enrollment number <u>313-259-5500</u>
Firm name <u>600 RENAISSANCE CENTER, SUITE 1800</u> <u>DETROIT, MI 48243</u>	Telephone number (including area code)
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 ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

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)	6803326	
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)		
9	Amount remaining (Item 7 minus item 8).....	6803326	0
10	Interest on item 9 using prior year's actual return of <u>-23.02</u> %	-1566126	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		439515
b	Interest on (a) using prior year's effective rate of <u>6.17</u> %		27118
c	Total available at beginning of current plan year to add to prefunding balance		466633
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	5237200	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	87.35 %
15	Adjusted funding target attainment percentage.....	15	99.65 %
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	97.34 %
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	600000				
07/14/2009	600000				
10/07/2009	600000				
01/15/2010	600000				
			Totals ►	18(b)	2400000
				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 2281605
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ 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: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 2
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ 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.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ 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	1614780
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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	1614780
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	1614780
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	2281605
38 Interest-adjusted excess contributions for current year (see instructions).....	38	666825
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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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 RETIREMENT PLAN FOR EMPLOYEES OF MERCY MEMORIAL HOSPITAL CORPORATION		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MERCY MEMORIAL HOSPITAL CORPORATION		D Employer Identification Number (EIN) 38-1984289

Part I	Service Provider Information (see instructions)
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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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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)

MERCER

13-2834414

(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?
11	N/A	78797	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EAGLE CAPITAL MANAGEMENT

22-3361201

(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	N/A	80720	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

WILLIAM BLAIR & CO. LLC

36-2214610

(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	N/A	38044	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MONROE BANK & TRUST

38-0847680

(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	N/A	50572	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WENTWORTH, HAUSER & VIOLICH

91-1631301

(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	N/A	14875	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DELOITTE & TOUCHE, LLP

13-3891517

(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?
10	N/A	42553	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CALAMOS ASSET MANAGEMENT

20-1647533

(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	N/A	21916	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

AILERON LTD.

38-3104483

(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	N/A	29000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JP MORGAN CHASE

13-3795042

(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?
21	N/A	12751	Yes ☒ No ☐	Yes ☒ No ☐	7086	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
JP MORGAN CHASE	21	7086
(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.	
JP MORGAN ASSET MANAGEMENT 13-3795042	REVENUE SHARING ON MUTUAL FUNDS	
(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 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 RETIREMENT PLAN FOR EMPLOYEES OF MERCY MEMORIAL HOSPITAL CORPORATION	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 MERCY MEMORIAL HOSPITAL CORPORATION	D Employer Identification Number (EIN) 38-1984289	

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	308	397
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	600000	600000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	146659	102152
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	7009523	11130850
(2) U.S. Government securities.....	1c(2)	10242509	6676252
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	3564111	4176927
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	354357	458825
(B) Common	1c(4)(B)	13228056	18329991
(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)		
(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)	1201330	1971549
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	2208813	3613402

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	38555666	47060345

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	38555666	47060345
---	----	----------	----------

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)	2400000	
(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)		2400000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	537344	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	-19648	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		517696
(2) Dividends: (A) Preferred stock	2b(2)(A)	403827	
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		403827
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	27041592	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	28469353	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-1427761

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	9053970	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		9053970
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		10947732

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1988625	
(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)		1988625
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)	121350	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	235127	
(4) Other	2i(4)	97951	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		454428
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2443053

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8504679
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) ☐ 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 ☐ No

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

(1) Name: DELOITTE & TOUCHE LLP

(2) EIN: 13-3891517

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.).....		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.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.).....	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.).....	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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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.		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)

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 <u>RETIREMENT PLAN FOR EMPLOYEES OF MERCY MEMORIAL HOSPITAL CORPORATION</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MERCY MEMORIAL HOSPITAL CORPORATION</u>	D Employer Identification Number (EIN) <u>38-1984289</u>

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	<u>0</u>
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): <u>38-0847680</u>		
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	<u>0</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 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
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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): _____

- 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: 58% Investment-Grade Debt: 42% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- 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): _____

Retirement Plan for Employees of Mercy Memorial Hospital Corporation

Financial Statements as of and for the Years Ended
December 31, 2009 and 2008, Supplemental Schedules
as of and for the Year Ended December 31, 2009, and
Independent Auditors' Report

RETIREMENT PLAN FOR EMPLOYEES OF MERCY MEMORIAL HOSPITAL CORPORATION

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NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.	

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of
Retirement Plan for Employees of
Mercy Memorial Hospital Corporation
Monroe, Michigan

We were engaged to audit the financial statements of Retirement Plan for Employees of Mercy Memorial Hospital Corporation (the "Plan") as of and for the years ended December 31, 2009 and 2008, and supplemental schedules as of and for the year ended December 31, 2009, as listed in the table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by JPMorgan Chase Bank N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the trustee that the information as of and for the years ended December 31, 2009 and 2008, provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to express, and we do not express, an opinion on the accompanying financial statements and supplemental schedules, taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Deloitte & Touche LLP

October 12, 2010

RETIREMENT PLAN FOR EMPLOYEES OF MERCY MEMORIAL HOSPITAL CORPORATION

STATEMENTS OF ASSETS AVAILABLE FOR BENEFITS AS OF DECEMBER 31, 2009 AND 2008

	2009	2008
ASSETS — Cash — noninterest bearing	\$ 397	\$ 308
INVESTMENTS:		
Investments — at fair value:		
Money market funds	11,130,850	7,009,523
U.S. government securities	6,676,252	10,242,509
Equity securities	22,402,218	15,791,226
Convertible securities fund	1,971,549	1,201,330
Corporate bonds and notes	4,176,927	3,564,111
Total investments — at fair value	46,357,796	37,808,699
Receivables:		
Contributions	600,000	600,000
Accrued interest and dividends	102,152	146,659
Total receivables	702,152	746,659
ASSETS AVAILABLE FOR BENEFITS	\$47,060,345	\$38,555,666

See notes to financial statements.

RETIREMENT PLAN FOR EMPLOYEES OF MERCY MEMORIAL HOSPITAL CORPORATION

STATEMENTS OF CHANGES IN ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

	2009	2008
ADDITIONS — Employer contributions	\$ 2,400,000	\$ 2,600,000
INVESTMENT INCOME (LOSS):		
Net appreciation (depreciation) in fair value of investments:		
U.S. government securities	(259,178)	288,819
Corporate bonds and notes	854,803	(704,260)
Equity securities	6,342,454	(10,313,550)
Convertible securities fund	688,130	(1,249,497)
Common/collective trusts		(108,135)
Net appreciation (depreciation) in fair value of investments	7,626,209	(12,086,623)
Interest and dividend income	921,523	1,136,685
Total investment income (loss)	8,547,732	(10,949,938)
DEDUCTIONS:		
Benefits paid	1,988,552	1,792,017
Administrative fees	454,501	434,733
Total deductions	2,443,053	2,226,750
NET INCREASE (DECREASE)	8,504,679	(10,576,688)
ASSETS AVAILABLE FOR BENEFITS — Beginning of year	38,555,666	49,132,354
ASSETS AVAILABLE FOR BENEFITS — End of year	\$ 47,060,345	\$ 38,555,666

See notes to financial statements.

RETIREMENT PLAN FOR EMPLOYEES OF MERCY MEMORIAL HOSPITAL CORPORATION

NOTES TO FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

1. DESCRIPTION OF THE PLAN

The following brief description of the Retirement Plan for Employees of Mercy Memorial Hospital Corporation (the "Plan") is provided for general information only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General — The Plan is a defined benefit plan which provides normal, early, late, and disability retirement benefits to eligible participants and death benefits to eligible beneficiaries of deceased participants. The Plan is funded by Mercy Memorial Hospital Corporation (the "Company"), and the contributions to the Plan are based on an actuarially determined contribution level.

Pension Benefits — A participant with five or more years of vesting service credit (10 or more years of vesting service credit if employee was terminated prior to January 1, 1989) and who has attained the age of 65 is eligible for normal monthly retirement income.

A participant with five or more years of vesting service credit and who has attained age 55 may elect an early retirement benefit. An early retirement benefit entitles the participant to receive reduced benefits commencing immediately upon retirement.

A participant who becomes totally and permanently disabled prior to age 50 and has at least 10 years of vested service credit is eligible for disability retirement benefits.

A participant may remain in the employment of the Company beyond his or her normal retirement date, regardless of age. When a participant attains age 70 1/2 he or she will receive his or her regular monthly compensation as well as monthly retirement income. Upon retirement, the participant's monthly retirement income will be revalued based upon additional years of service incurred beyond age 70 1/2 but is reduced by the present value of benefits received, and the revised monthly benefit will be no less than the current benefit being received.

As of January 1, 2006, the Plan was amended to freeze participation for employees hired after June 30, 2005. Benefits continue to accrue for employees hired prior to June 30, 2005.

On June 23, 2009, the board of directors approved the freeze of the Plan effective September 30, 2009. As a result of the Plan freeze, participant benefit accruals ceased effective October 1, 2009, and all participant benefits were fully vested. Active participants in the Plan will now participate in the Company's 403(b) defined contribution plan.

2. SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting — The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Valuation of Investments — The Plan's investments are stated at fair value. Securities traded on national securities exchanges are valued at the last reported sales price on the last business day of the Plan year. Investments traded in the over-the-counter market and listed securities for which no sale was reported on that date are valued at the average of the last reported bid and asked prices. The convertible securities fund is valued at quoted market prices which represent the net asset values (NAV) of shares held by the Plan at year-end.

Security transactions are recorded on the settlement date. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Use of Estimates — The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the amounts reported thereon. Actual results could differ from those estimates.

Risks and Uncertainties — The Plan utilizes various investment securities, including U.S. government securities, corporate debt instruments, convertible securities fund, and corporate stocks. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with certain investment securities, it is 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 financial statements.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

Administrative Expenses — Certain administrative expenses are paid by the Plan as provided in the Plan document.

Benefit Payments — Benefit payments to participants are recorded upon distribution.

Adoption of New Accounting Standards — The accounting standards initially adopted in the 2009 financial statements described below affected certain note disclosures but did not affect the statements of net assets available for benefits or the statements of changes of net assets available for benefits.

Accounting Standards Codification — The Financial Accounting Standards Board's (FASB) Accounting Standards Codification (ASC) became effective on July 1, 2009. At that date, the ASC became FASB's official source of authoritative GAAP applicable to all public and nonpublic nongovernmental entities, superseding existing guidance issued by the FASB, the American Institute of Certified Public Accountants (AICPA), the Emerging Issues Task Force (EITF), and other related literature. The FASB also issues Accounting Standards Updates (ASU). An ASU communicates amendments to the ASC. An ASU also provides information to help a user of GAAP understand how and why GAAP is changing and when the changes will be effective.

Updates to Fair Value Measurements and Disclosures — In 2009, FASB Staff Position FAS 157-4, *Determining Fair Value When the Volume and Level of Activity for the Asset or Liability Have Significantly Decreased and Identifying Transactions That Are Not Orderly*, was issued and later codified into ASC 820, *Fair Value Measurements and Disclosures*, which expanded disclosures and required that major category for debt and equity securities in the fair value hierarchy table be determined on the basis of the nature and risks of the investments.

In September 2009, the FASB issued ASU No. 2009-12, *Fair Value Measurements and Disclosures: Investments in Certain Entities That Calculate Net Asset per Share (or Its Equivalent)*, which amended ASC Subtopic 820-10, *Fair Value Measurements and Disclosures — Overall*. ASU No. 2009-12 is effective for the first reporting period ending after December 15, 2009. ASU No. 2009-12 expands the required disclosures for certain investments with a reported NAV. ASU No. 2009-12 permits, as a practical expedient, an entity holding investments in certain entities that calculate NAV per share or its equivalent for which the fair value is not readily determinable, to measure the fair value of such investments on the basis of that NAV per share or its equivalent without adjustment. The ASU requires enhanced disclosures about the nature and risks of investments within its scope. Such disclosures include the nature of any restrictions on an investor's ability to redeem its investments at the measurement date, any unfunded commitments, and the investment strategies of the investee. The Plan has adopted ASU No. 2009-12 on a prospective basis for the year ended December 31, 2009. Adoption did not have a material effect on the fair value measurement or disclosure of the Plan's investments. The effect of the adoption of the ASU had no effect on the statements of net assets available for benefits and statements of changes in net assets available for benefits.

New Accounting Standards to Be Adopted — In January 2010, the FASB issued ASU No. 2010-06, *Fair Value Measurements and Disclosures*, which amends ASC 820 (originally issued as FASB Statement No. 157, *Fair Value Measurements*), adding new disclosure requirements for Levels 1 and 2; separate disclosures of purchases, sales, issuances, and settlements relating to Level 3 measurements; and clarification of existing fair value disclosures. ASU No. 2010-06 is effective for periods beginning after December 15, 2009, except for the requirement to provide Level 3 activity of purchases, sales, issuances, and settlements on a gross basis, which will be effective for fiscal years beginning after December 15, 2010. The Plan is currently evaluating the effect ASU No. 2010-06 will have on the financial statements.

3. ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to service rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits 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 actuarial present value of accumulated plan benefits as of January 1, 2009 and 2008, is as follows:

	2009	2008
Vested benefits:		
Participants and/or beneficiaries currently receiving benefits	\$ 16,639,555	\$ 14,249,973
Other participants	<u>23,486,995</u>	<u>22,598,038</u>
Total vested benefits	40,126,550	36,848,011
Nonvested benefits	<u>1,253,655</u>	<u>1,543,846</u>
Total actuarial present value of accumulated plan benefits	<u>\$41,380,205</u>	<u>\$38,391,857</u>

The changes in the actuarial present value of the Plan's accumulated plan benefits were as follows:

Actuarial present value of accumulated plan benefits — January 1, 2008	\$38,391,857
Increase (decrease) during the year attributable to:	
Benefits accumulated and gains and losses	1,690,709
Benefits paid	(1,795,620)
Interest due to the decrease in the discount period	<u>3,093,259</u>
Actuarial present value of accumulated plan benefits — January 1, 2009	<u>\$41,380,205</u>

Significant assumptions underlying the actuarial computations are as follows:

Actuarial cost method	Projected Unit Credit
Mortality rates	RP 2000 M/F White Collar Mortality Tables
Retirement	Retirement rates assumed to vary by age
Interest rate for discounting liabilities	8.25%

The foregoing 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.

4. SUMMARY OF INFORMATION CERTIFIED BY THE TRUSTEE (UNAUDITED)

The following is a summary of the unaudited information regarding the Plan as of December 31, 2009 and 2008, included in the Plan's financial statements and supplemental schedules, that was prepared by JPMorgan Chase Bank N.A., the trustee of the Plan, and furnished to the Plan administrator. The Plan administrator has obtained certifications from the trustee that such information is complete and accurate. Individual investments that represent 5% or more of the Plan's assets available for benefits are disclosed separately.

Statements of assets available for benefits as of December 31, 2009 and 2008, are as follows:

	2009	2008
Cash — noninterest bearing	<u>\$ 397</u>	<u>\$ 308</u>
Money market funds	\$ 11,130,850	\$ 7,009,523
U.S. government securities	6,676,252	10,242,509
Corporate bonds and notes	4,176,927	3,564,111
Equity securities	22,402,218	15,791,226
Convertible securities fund	<u>1,971,549</u>	<u>1,201,330</u>
Total investments	<u>\$ 46,357,796</u>	<u>\$ 37,808,699</u>

Statements of changes in assets available for benefits for the years ended December 31, 2009 and 2008, are as follows:

	2009	2008
Interest and dividends	<u>\$ 921,523</u>	<u>\$ 1,136,685</u>
(Depreciation) appreciation in fair value of investments:		
U.S. government securities	\$ (259,178)	\$ 288,819
Corporate bonds and notes	854,803	(704,260)
Equity securities	6,342,454	(10,313,550)
Convertible securities fund	688,130	(1,249,497)
Common/collective trusts	<u> </u>	<u>(108,135)</u>
Net appreciation (depreciation) in fair value of investments	<u>\$ 7,626,209</u>	<u>\$ (12,086,623)</u>

In addition, the information included in the supplemental schedules was provided by the trustee and is unaudited.

The Plan investments that represented 5% or more of assets available for benefits as of December 31, 2009 and 2008, are as follows:

	2009	2008
JPMorgan Prime Money Mkt Fund	\$ 11,130,850	\$ 7,009,523
Fidelity Finl	<u>1,971,549</u>	<u>1,201,330</u>
	<u>\$ 13,102,399</u>	<u>\$ 8,210,853</u>

5. FAIR VALUE OF FINANCIAL INSTRUMENTS

In accordance with ASC 820, the Plan classifies its investments into Level 1, which refers to securities valued using quoted prices from active markets for identical assets; Level 2, which refers to securities not traded on an active market, but for which observable market inputs are readily available; and

Level 3, which refers to securities valued based on significant unobservable inputs. As required by ASC 820, the Plan's portfolio investments based on fair values as of December 31, 2009, were classified as follows:

	Fair Value Measurements at Reporting Data Using			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
Cash and cash equivalents	\$ 11,131,247	\$	\$	\$ 11,131,247
U.S. equities	18,674,381	114,435		18,788,816
International equities	3,107,858	505,544		3,613,402
Convertible securities fund	1,971,549			1,971,549
U.S. governmental securities		1,387,869		1,387,869
Federal agency securities		697,467		697,467
Mortgage-backed securities		4,590,916		4,590,916
U.S. corporate obligations		3,967,715		3,967,715
Foreign corporate obligations		209,212		209,212
Total	<u>\$ 34,885,035</u>	<u>\$ 11,473,158</u>	<u>\$</u>	<u>\$ 46,358,193</u>

As required by ASC 820, the Plan's portfolio investments based on fair values as of December 31, 2008, were classified as follows:

	Fair Value Measurements at Reporting Date Using			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
Cash and cash equivalents	\$ 7,009,831	\$	\$	\$ 7,009,831
U.S. government securities		10,242,509		10,242,509
Corporate bonds and notes		3,564,111		3,564,111
Equity securities	15,791,226			15,791,226
Convertible securities fund	<u>1,201,330</u>			<u>1,201,330</u>
Total	<u>\$ 24,002,387</u>	<u>\$ 13,806,620</u>	<u>\$</u>	<u>\$ 37,809,007</u>

6. INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated July 12, 2002, that the Plan and related trust were designed in accordance with the applicable regulations of the Internal Revenue Code. The Plan has been amended since receiving the determination letter; however, the Company and Plan management believe that the Plan is currently designed and operated in compliance with the applicable requirements of the Internal Revenue Code, and the Plan and related trust continue to be tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

7. FUNDING POLICY

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan in amounts as determined by the Plan's independent actuary. Contributions are on a quarterly basis due 3 1/2 months, 6 1/2 months, and 12 1/2 months after the beginning of the plan year. Contributions made 12 1/2 months after the beginning of the plan year are reflected as contributions receivable. The Company met the minimum funding requirements of Employee Retirement Income Security Act of 1974 (ERISA) for the years ended December 31, 2009 and 2008.

8. PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of Plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, and the Plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type 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 guaranty, while other benefits may not be provided for at all.

9. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of money market funds managed by JPMorgan Chase Bank N.A. JPMorgan Chase Bank N.A. is the trustee as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions.

At December 31, 2009 and 2008, the Plan held 11,130,849 and 7,009,523 shares, respectively, of money market funds managed by JPMorgan Chase N.A., the trustee, with a cost basis of \$11,130,849 and \$7,009,523, respectively. During the year ended December 31, 2009, the Plan recorded income of \$64,987 from these investments.

10. SUBSEQUENT EVENTS

For the year ended December 31, 2009, subsequent events were evaluated through October 12, 2010, the date the financial statements were available to be published.

* * * * *

SUPPLEMENTAL SCHEDULES

**RETIREMENT PLAN FOR EMPLOYEES OF
MERCY MEMORIAL HOSPITAL CORPORATION**

EIN: #38-1984289

Plan: #001

**FORM 5500, SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2009 (UNAUDITED)**

a)	b) Identity of Issuer, Borrower, Lessor, or Similar Party	c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	d) Cost	e) Current Value
	Money market fund — JPMorgan			
*	Prime Money Mkt Fund		\$ 11,130,850	\$ 11,130,850
	U.S. government securities:			
	U.S. Treasury BDS	7.25% due 5/15/2016	423,280	445,640
	U.S. Treasury BDS	8.750% due 5/15/2017	81,729	81,098
	U.S. Treasury Note	3.625% due 5/15/2013	83,384	84,700
	U.S. Treasury Note	4.75% due 5/15/2014	148,438	154,043
	U.S. Treasury Note	4.25% due 8/15/2014	42,913	48,547
	U.S. Treasury Note	4.00% due 02/15/2015	127,708	138,165
	U.S. Treasury Note	5.125% due 6/30/2011	415,767	435,673
	Federal Home Loan MTG	4.00% due 6/12/2013	145,872	158,204
	Federal Home Loan MTG	5.00% due 4/15/2021	95,000	98,335
	Federal Home Loan MTG	5.25% due 6/10/2022	109,660	102,688
	Federal Home Loan MTG	3.50% due 4/29/2016	270,875	270,705
	Federal Home Loan MTG	STEP CPN due 8/12/2014	750,000	757,268
	Federal Home Loan MTG	STEP CPN due 11/30/2017	250,000	241,720
	Federal Home Loan MTG	4.35% due 6/17/2016	200,200	203,562
	Federal Home Loan MTG	2.75% due 6/2/2014	499,922	493,905
	Federal Home Loan BKS	6.00% due 6/29/2017	150,000	162,047
	Federal Home Loan BKS	4.75% due 2/22/2018	225,000	226,337
	Federal Home Loan MTG	6.00% due 6/15/2011	87,882	85,775
	Federal Home Loan MTG	5.00% due 7/15/2014	52,553	54,938
	Federal Natl MTG ASSN	5.00% due 7/1/2020	330,313	345,625
	Federal Natl MTG ASSN	4.375% due 3/15/2013	345,904	349,274
	Federal Natl MTG ASSN	5.00% due 2/13/2017	23,901	27,141
	Federal Natl MTG ASSN	5.75 due 4/12/2022	250,000	252,188
	Federal Natl MTG ASSN	5.00% due 4/26/2017	515,703	506,565
	Federal Natl MTG ASSN	STEP CPN due 7/22/2024	224,775	220,079
	Federal Home Loan MTG	STEP CPN due 5/28/2024	249,750	234,140
	Federal Natl MTG ASSN	STEP CPN due 11/23/2029	253,000	244,375
	Federal Natl MTG ASSN	3.27% due 6/30/2010	242,250	253,515
	Total U.S. government securities		6,595,779	6,676,252

* Denotes party-in-interest.

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**RETIREMENT PLAN FOR EMPLOYEES OF
MERCY MEMORIAL HOSPITAL CORPORATION**

EIN: #38-1984289

Plan: #001

**FORM 5500, SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2009 (UNAUDITED)**

a) b) Identity of Issue, Borrower, Lessor, or Similar Party	c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	d) Cost	e) Current Value
Corporate bonds and notes:			
AGCO Corp	1.25% due 12/15/2036	\$ 27,848	\$ 24,121
Allegheny Technologies	4.25% due 6/1/2014	27,585	34,219
Allstate Corp DEB	5.00% due 8/15/2014	15,434	15,797
American Express CO	4.875% due 7/15/2013	30,730	31,301
Amgen Inc.	0.375% due 2/1/2013	55,159	65,406
Barclays	STEP CPN due 12/23/2024	99,375	96,480
Bear Stearns Cos Inc.	4.55% due 6/23/2010	35,310	35,586
Bellsouth Corp NT	6.00% due 10/15/2011	43,265	43,253
Berkshire Hathaway	5.40% due 5/15/2018	107,500	104,479
Best Buy Inc	2.25% due 1/15/2022	40,456	44,993
BHP Billiton Fin USA	5.25% due 12/15/2015	54,126	59,546
Boeing Co.	5.125% due 02/15/2013	36,706	37,410
Branch BKG & TR CO Wilson	4.875% due 1/15/2013	81,017	84,078
Bristol Myers Squibb Co.	5.25% due 8/15/2013	5,259	5,419
Cameron INTL Corp	2.50% due 6/15/2026	36,125	45,773
Capital One Finl	6.15% due 9/1/2016	29,998	30,136
Chesapeake Energy Corp	2.50% due 5/15/2037	19,802	26,850
Chesapeake Energy Corp	2.50% due 5/15/2037	6,991	8,950
Chesapeake Energy Corp	2.75% due 11/15/2035	22,654	33,108
Citigroup	5.30% due 1/7/2016	84,716	82,709
Coca Cola Enterprise	Zero CPN due 6/20/2020	86,486	86,192
Consolidated Edison	5.375% due 12/15/2015	35,582	37,823
Cisco SYS Inc.	5.50% due 2/22/2016	29,248	32,937
Danaher Corp	Zero CPN due 1/22/2021	66,087	84,700
Deutsche Telekom Intl	5.25% due 7/22/2013	28,719	31,845
Daimler Chrysler	7.75% due 1/18/2011	32,478	31,895
Duke Energy	7.375% due 3/1/2010	22,409	20,207
EMC Corp	1.75% due 12/01/2013	107,310	145,145
ERP Oper	5.75% due 6/15/2017	9,916	10,001
Exelon	4.90% due 6/15/2015	23,449	25,790
General Elec Cap Corp.	6.00% due 6/15/2012	80,978	80,843
General MLS Inc	5.65% due 9/10/2012	25,596	27,197
Goldman Sachs Group	5.25% due 4/1/2013	51,641	52,959
GTE North Inc DEB	6.375% due 2/15/2010	42,726	40,164

(Continued)

**RETIREMENT PLAN FOR EMPLOYEES OF
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**FORM 5500, SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2009 (UNAUDITED)**

a) b) Identity of Issue, Borrower, Lessor, or Similar Party	c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	d) Cost	e) Current Value
Home Depot	5.40% due 3/1/2016	\$ 77,351	\$ 83,749
Honeywell Intl	7.50% due 3/1/2010	17,117	15,180
HRPT PPTYS	5.75% due 2/15/2014	9,658	9,778
Intel Corp	2.950% due 12/15/2035	14,601	13,510
International Lease Fin Corp	5.00% due 4/15/2010	50,905	49,250
Invitrogen Corp	3.25% due 6/15/2025	39,336	41,300
Johnson CTLS Inc	5.50% due 1/15/2016	40,311	40,683
Key BK N A Medium	7.00% due 2/1/2011	10,450	10,385
Kimberly Clark	4.875% due 8/15/2015	39,794	43,089
L-3 Communications Corp	3.00% due 8/1/2035	20,469	21,000
Lehman Brothers	6.50% due 7/19/2017	34,679	11
Leucadia Natl Corp	3.75% due 4/15/2014	24,946	30,063
Lily Eli & Co	5.50% due 3/15/2027	135,114	130,796
Masco	5.875% due 7/15/2012	24,911	25,538
Maxtor Corp	2.375% due 8/15/2012	21,938	23,600
Medtronic Inc	1.625% due 4/15/2013	28,888	29,225
Merck & Co	4.75% due 3/1/2015	45,403	48,249
Merrill Lynch & Co.	6.40% due 8/28/2017	29,956	31,571
Metlife	5.00% due 11/24/2013	45,624	47,372
Monsanto	7.375% due 8/15/2012	21,520	22,670
Morgan Stanley Dean Witter	6.75% due 4/15/2011	33,327	31,784
Mylan Labs Inc	1.25% due 3/15/2012	37,844	300,000
Nations Bank Corp	7.750% due 8/15/2015	28,517	27,428
NetApp Inc	1.75% due 6/1/2013	110,559	136,400
Newmont MNG Corp	1.25% due 7/15/2014	42,108	49,900
Newmont MNG Corp	1.625% due 7/15/2017	53,084	69,370
Norfolk Southn Corp	7.70% due 5/15/2017	11,164	11,706
Nuance Communications Inc	2.75% due 8/15/2027	44,935	40,660
Ohio PWR	4.85% due 1/15/2014	50,373	52,240
ON Semiconductor	2.625% due 12/15/2026	38,590	47,784
Potash Inc	7.75% due 5/31/2011	10,735	10,841
Prudential Finl	6.00% due 12/1/2017	25,804	25,793
Quaker Oats Co	9.34% due 12/13/2019	137,500	127,864
SBC Communications	5.875% due 8/15/2012	32,278	32,751
Seariver Maritime Finl	Zero CPN due 9/1/2012	142,739	157,816

(Continued)

**RETIREMENT PLAN FOR EMPLOYEES OF
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**FORM 5500, SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2009 (UNAUDITED)**

a) b) Identity of Issue, Borrower, Lessor, or Similar Party	c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	d) Cost	e) Current Value
SESI LLC	Var RT due 12/15/2026	\$ 40,457	\$ 33,901
Simon Ppty Group	5.25% due 12/1/2016	14,165	14,588
Starbucks Corp	6.25% due 8/15/2017	57,779	58,171
Sterlite Inds India	4.00\$ due 10/30/2014	10,280	10,500
Suntech Pwr Hldgs	3.00% due 3/15/2013	35,976	22,983
Suntrust Bks Inc	6.00% due 9/11/2017	9,999	9,912
Symantec	1.00% due 6/15/2013	120,280	119,974
Target Corp.	6.35% due 1/15/2011	5,493	5,275
Teva Pharmaceutical Fin	.025% due 2/1/2026	33,048	38,840
Teva Pharmaceutical Fin	1.75% due 2/1/2026	95,132	110,925
Transocean Inc	1.50% due 12/15/2037	39,750	43,313
United Technologies	4.375% due 5/1/2010	15,156	15,218
Versign Inc	3.25% due 8/15/2037	75,092	93,319
Virginia Electric & Power Co	5.10% due 11/30/2012	19,993	21,600
Washington Mutual	5.00% due 3/22/2012	29,825	28,800
Wellpoint Health Networks	6.375% due 1/15/2012	10,255	10,771
Wells Fargo	5.00% due 11/15/2014	76,483	82,169
Total corporate bonds and notes		<u>3,724,372</u>	<u>4,176,927</u>
Equity securities:			
Common stock:			
Activision	9,210 shares	68,441	102,323
Affiliated Managers Group	2860 shares	205,232	192,621
Allegiant Travel Co	1,500 shares	57,320	70,755
Allergan Inc	3740 shares	203,821	235,657
Altera	16,600 shares	338,291	375,658
Amazon.com Inc.	1053 shares	77,683	141,650
American Express Co.	5,000 shares	211,707	202,600
Apache	6,235 shares	436,665	643,265
Apollo Group	700 shares	38,711	42,406
Apple	1,320 shares	139,127	278,166
Baxter Int'l	3,620 shares	203,626	212,422
Bed Bath & Beyond	3,540 shares	85,600	136,679

(Continued)

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**FORM 5500, SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2009 (UNAUDITED)**

a) b) Identity of Issue, Borrower, Lessor, or Similar Party	c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	d) Cost	e) Current Value
Berkley	3,200 shares	\$ 71,882	\$ 78,848
Blackrock Inc.	260 shares	51,815	60,372
Capella Educations Co.	1,310 shares	53,293	98,643
CVS Caremark	6,810 shares	215,697	219,350
Celgene Corp	3120 shares	208,508	173,722
Cisco Sts	2,740 shares	71,933	65,596
Cameron Int'l	3,033 shares	107,924	126,779
Coca-Cola	10,000 shares	421,800	570,000
Cognizant Tech.	2,450 shares	75,973	111,059
Comcast	33,400 shares	564,129	534,734
Cavium Networks	3,850 shares	55,777	91,746
Devon Energy Corp	1,335 shares	88,556	98,123
Danaher	2,255 shares	107,737	169,576
Devry Inc	5,305 shares	246,546	300,953
DirecTV	12,322 shares	156,297	410,939
Discovery Comm Ser C	12,450 shares	239,766	330,174
Dresser-Rand	2,600 shares	63,700	82,186
Eaton Corp	900 shares	55,809	57,258
Ebay Inc	3,005 shares	76,804	70,708
Ecolab Inc	9,680 shares	333,195	431,534
FTI Consulting Inc	2,750 shares	119,576	129,690
Fidelity Nat'l Inf Svcs	3,600 shares	71,966	84,384
Fastenal Co.	5,790 shares	219,057	241,096
Franklin Res Inc.	450 shares	42,054	47,408
Freeport-Mcmoran Copper & Gold	1,300 shares	92,035	104,377
Goldman Sachs Group	450 shares	74,608	75,978
Gilead Sciences	5,545 shares	216,078	239,932
Goodrich Corp	1,950 shares	112,952	125,288
Google Inc	629 shares	315,316	389,967
Halliburton Co	1,910 shares	50,210	57,472
Honeywell Intl	1,115 shares	63,601	43,708
Idexx Labs Inc	2,170 shares	107,252	115,987
Hewlett Packard Co	8,250 shares	230,998	424,958
IHS Inc	2,320 shares	109,336	127,159
Intuit	730 shares	21,671	22,433

(Continued)

**RETIREMENT PLAN FOR EMPLOYEES OF
MERCY MEMORIAL HOSPITAL CORPORATION**

EIN: #38-1984289

Plan: #001

**FORM 5500, SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2009 (UNAUDITED)**

a)	b) Identity of Issue, Borrower, Lessor, or Similar Party	c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	d) Cost	e) Current Value
	Johnson Ctls Inc	5,130 shares	\$ 66,537	\$ 139,741
	Johnson & Johnson	600 shares	42,097	38,646
	K-12 Inc	4,731 shares	96,978	95,897
	Knight Transn	6,740 shares	119,348	130,015
	L-3 Communications	3,680 shares	307,150	319,976
	Liberty Global	16,488 shares	335,008	360,428
	Liberty Media Corp New	1,232 shares	24,452	56,857
	Liberty Media Interactive	17,700 shares	336,454	191,868
	Liberty Media Hldg	3,080 shares	32,179	73,550
	Manpower	2,840 shares	147,204	155,007
	McAfee Inc	3,390 shares	132,164	137,532
	McDonalds Corp	5,450 shares	315,119	340,298
	Medtronic	440 shares	18,934	19,351
	Merck & Co Inc	1,513 shares	43,197	55,285
	Microsoft	33,700 shares	847,197	1,027,176
	Millipore	3,300 shares	204,622	238,755
	Monsanto Co	1,090 shares	113,470	89,108
	Newfield	7,940 shares	335,978	382,946
	News Corp	13,400 shares	85,149	183,446
	Nike	675 shares	31,489	44,597
	Noble Energy Inc	1,240 shares	71,596	88,313
	Nuvasive Inc	3,010 shares	101,245	96,260
	Occidental Pete Corp	1,730 shares	142,608	140,736
	Oracle	3,950 shares	76,344	96,894
	Praxair	7,165 shares	372,653	575,421
	Pepsico Inc	6,090 shares	328,257	370,272
	Price T Rowe	1,545 shares	90,353	82,271
	Pride Intl Inc	2,343 shares	53,518	74,765
	Progressive Corp.	11,200 shares	294,121	201,488
	Qualcomm Inc.	9,025 shares	368,309	417,497
	Roper Inds Inc	3,370 shares	139,626	133,544
	Schwab Charles	7980 shares	150,793	150,184

(Continued)

**RETIREMENT PLAN FOR EMPLOYEES OF
MERCY MEMORIAL HOSPITAL CORPORATION**

EIN: #38-1984289

Plan: #001

**FORM 5500, SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2009 (UNAUDITED)**

a)	b) Identity of Issue, Borrower, Lessor, or Similar Party	c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	d) Cost	e) Current Value
	Silicon Laboratories Inc	3,570 shares	\$ 135,168	\$ 172,717
	Smart Balance Inc	14,340 shares	91,831	86,040
	Solera Hldgs	2,590 shares	91,598	93,266
	3M Co	4,400 shares	329,281	363,748
	Thermo Fisher Scientific	3,500 shares	117,232	166,915
	Transdigm Group Inc	3,280 shares	124,889	155,767
	Trimble Nav Ltd	3,820 shares	88,687	96,264
	Ultimate Software Group Inc	3,740 shares	127,579	109,844
	United Health	11,000 shares	604,210	335,280
	United Technologies Corp	1,070 shares	68,505	74,263
	Walgreen Co	1,800 shares	71,078	66,096
	Wal Mart	10,700 shares	513,629	571,915
	Waste MGMT	11,300 shares	409,341	382,053
	Yahoo, Inc	12,000 shares	177,253	201,360
	Total common stock		<u>15,954,505</u>	<u>18,329,991</u>
	Preferred convertible stock:			
	AMG Cap	800 shares	20,024	25,600
	Archer Daniels Midland Co	2,580 shares	78,468	112,514
	Bank Amer Corp	84 shares	80,102	73,920
	Freeport McMoran Copper & Gold	995 shares	100,658	114,435
	Mylan Inc	75 shares	53,522	86,456
	Wells Fargo & Co	50 shares	44,812	45,900
	Total preferred convertible stock		<u>377,586</u>	<u>458,825</u>

(Continued)

**RETIREMENT PLAN FOR EMPLOYEES OF
MERCY MEMORIAL HOSPITAL CORPORATION**

EIN: #38-1984289

Plan: #001

**FORM 5500, SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2009 (UNAUDITED)**

a)	b) Identity of Issue, Borrower, Lessor, or Similar Party	c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	d) Cost	e) Current Value
	Foreign equities:			
	Accenture LTD Bermuda	1,275 shares	\$ 50,260	\$ 52,913
	Alcon Inc	350 shares	46,377	57,523
	ABB Ltd	8,540 shares	170,568	163,114
	America Movil	455 shares	27,539	21,376
	AXA SA	430 shares	18,671	10,182
	BAE Sas	560 shares	19,936	12,981
	BASF	950 shares	62,017	58,995
	BHP Billiton	1,850 shares	93,784	141,673
	Barrick Gold Corp	600 shares	22,359	23,617
	British Amern TOB	645 shares	43,260	41,706
	Brookfield Asset MGMT	450 shares	19,418	9,981
	Bunge LTD	85 shares	34,287	55,250
	Bunge LTD	290 shares	20,943	26,463
	Cadbury PLC	469 shares	28,371	24,102
	Canadian Natl	1,230 shares	63,725	66,863
	Canadian Natl	600 shares	40,391	43,170
	Canadian Pac	795 shares	53,999	42,864
	Cooper Industries LTD	905 shares	47,564	38,589
	Core Laboratories NV	45 shares	4,254	5,315
	Diageo PLC	1,330 shares	98,232	92,315
	Ensign Energy	430 shares	8,859	6,124
	Ensco Int'l Ltd	1,915 shares	86,938	76,485
	Fibria Celulose	228 shares	3,455	5,208
	Genpact Ltd	7,360 shares	92,823	109,664
	Infosys Tech	975 shares	38,152	53,888
	Ingersoll Rand Co	990 shares	48,522	35,383
	Manulife Finl	515 shares	18,748	9,445
	Nabors Inds LTD	2535 shares	90,698	55,491
	Nestle S A	4,400 shares	158,106	212,740
	Noble Corp	4,420 shares	188,559	179,894
	Novartis	645 shares	36,982	35,107
	Partnerre Hldgs LTD	840 shares	65,530	62,714
	Potash Corp Sask	700 shares	55,490	75,950
	RWE AG	260 shares	31,533	25,194

(Continued)

**RETIREMENT PLAN FOR EMPLOYEES OF
MERCY MEMORIAL HOSPITAL CORPORATION**

EIN: #38-1984289

Plan: #001

**FORM 5500, SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2009 (UNAUDITED)**

a)	b) Identity of Issue, Borrower, Lessor, or Similar Party	c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	d) Cost	e) Current Value
	Rio Tinto	395 shares	\$ 101,538	\$ 85,079
	Schlumberger LTD	2,725 shares	181,788	177,370
	Suncor Energy	2,885 shares	115,899	101,869
	Talisman Energy	945 shares	18,843	17,615
	Teck Cominco LTD	945 shares	38,153	33,047
	Tenaris	1,460 shares	67,032	62,269
	Teva Pharmaceutical	2,000 shares	92,599	112,360
	Transocean LTD ZUG	2,109 shares	197,393	174,625
	Trican Well SVC	170 shares	4,134	2,269
	UBS AG	635 shares	36,065	9,849
	Unilever N V	1,805 shares	57,639	58,356
	Vale S A	2,925 shares	66,207	84,913
	Vale Cap LTD	1,500 shares	116,519	124,125
	VistaPrint	3,300 shares	88,285	186,978
	Weatherford Bermuda	4,015 shares	106,822	71,909
	Willis Group	12,300 shares	424,964	324,474
	WNS Hldgs	3,200 shares	49,896	48,096
	Yara	130 shares	3,747	5,920
	Total foreign equity securities		<u>3,657,873</u>	<u>3,613,402</u>
	Convertible securities fund —			
	Fidelity Finl	90,438.0410 shares	<u>2,532,917</u>	<u>1,971,549</u>
	Total equity securities		<u>22,522,881</u>	<u>24,373,767</u>
	Cash		<u>397</u>	<u>397</u>
	TOTAL INVESTMENTS		<u>\$ 43,974,279</u>	<u>\$ 46,358,193</u>

(Concluded)

**RETIREMENT PLAN FOR EMPLOYEES OF
MERCY MEMORIAL HOSPITAL CORPORATION**

EIN #38-1984289

Plan #001

**FORM 5500, SCHEDULE H, LINE 4j — SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2009 (UNAUDITED)**

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	# of Transactions	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain
Single transactions									
		\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	\$ -
Series of transactions:									
JP Morgan Chase Bank N.A.	JP Morgan Prime Money Market Fund	15,226,770		502			15,226,770	15,226,770	-
JP Morgan Chase Bank N.A.	JP Morgan Prime Money Market Fund		11,105,443	267			11,105,443	11,105,443	-

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
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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 Retirement Plan for Employees of Mercy Memorial Hospital Corporation	B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Mercy Memorial Hospital Corporation	D Employer Identification Number (EIN) 38-1984289
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other	
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2009</u>			
2 Assets:			
a Market value.....	2a	38,554,486	
b Actuarial value.....	2b	42,409,935	
3 Funding target/participant count breakdown			
	(1) Number of participants	(2) Funding Target	
a For retired participants and beneficiaries receiving payment.....	3a	383	16,542,499
b For terminated vested participants.....	3b	449	7,562,533
c For active participants:			
(1) Non-vested benefits.....	3c(1)		1,123,989
(2) Vested benefits.....	3c(2)		17,326,188
(3) Total active.....	3c(3)	667	18,450,177
d Total.....	3d	1,499	42,555,209
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	8.08 %	
6 Target normal cost.....	6	1,614,780	

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 Jeffery P. Blaszkowski FSA, EA, MAAA Type or print name of actuary Mercer Firm name 600 Renaissance Center, Suite 1800 Detroit MI 48243 Address of the firm	10/14/2010 Date 08-06646 Most recent enrollment number (313) 259-5500 Telephone number (including area code)
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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 ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

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)	6,803,326	
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)		
9 Amount remaining (Item 7 minus item 8).....	6,803,326	0
10 Interest on item 9 using prior year's actual return of <u>(23.02)%</u>	(1,566,126)	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		439,515
b Interest on (a) using prior year's effective rate of <u>6.17 %</u>		27,118
c Total available at beginning of current plan year to add to prefunding balance		466,633
d Portion of (c) to be added to prefunding balance.....		0
12 Reduction in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	5,237,200	0

Part III Funding percentages

14 Funding target attainment percentage.....	14	87.35 %
15 Adjusted funding target attainment percentage.....	15	99.65 %
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	97.34 %
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	600,000				
07/14/2009	600,000				
10/07/2009	600,000				
01/15/2010	600,000				
Totals ▶			18(b)	2,400,000	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 2,281,605

20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ 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: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 2
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ 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	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ 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	1,614,780
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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	1,614,780
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35)	36	1,614,780
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	2,281,605
38 Interest-adjusted excess contributions for current year (see instructions)	38	666,825
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

Attachments to Schedule SB (Retirement Plan for Employees of Mercy Memorial Hospital)

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

Retirement rates were used in this valuation. The weighted average retirement age is calculated as the sum of probability of retirement at each age multiplied by the age, as follows:

Age	Retirement rate	Probability of survival	Probability of retiring	Weighted Average
55	3.70%	96.30%	3.70%	2.04
56	3.20%	93.22%	3.08%	1.72
57	2.90%	90.52%	2.70%	1.54
58	2.50%	88.26%	2.26%	1.31
59	2.30%	86.23%	2.03%	1.20
60	5.20%	81.75%	4.48%	2.69
61	5.10%	77.58%	4.17%	2.54
62	40.00%	46.55%	31.03%	19.24
63	20.00%	37.24%	9.31%	5.87
64	20.00%	29.79%	7.45%	4.77
65	100.00%	0.00%	29.79%	19.36
Total			100%	62.28

The total weighted age of 62.28 is rounded to 62.0 for line 22 of the Schedule SB.

Attachments to Schedule SB (Retirement Plan for Employees of Mercy Memorial Hospital)

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

Actuarial Assumptions

The following economic assumptions were used in valuing the liabilities and benefits under the plan.

Discount rate elections	Full yield curve with 2-month look-back	
Mortality elections		
▪ Healthy participants	PPA sex-distinct generational annuitant and non-annuitant mortality tables as described in Proposed Regulation 1.430(h)(3)-1	
▪ Disabled participants	Disabled mortality as defined in Revenue Ruling 96-7 for participants who became disabled after 1994	
Other economic assumptions		
▪ Salary increases	See rates set forth in Exhibit A.	
▪ Flat-dollar benefit increases	N/A	
▪ Social Security wage base	4.00%	
▪ Expected return on assets	8.25%	
▪ Inflation	3.00%	
▪ Expenses	\$200,000 added to current year normal cost	
Demographic assumptions		
Withdrawal	See rates set forth in Exhibit B.	
Retirement rates	See rates set forth in Exhibit C.	
Disability incidence	See rates set forth in Exhibit D.	
Benefit commencement age for		
▪ Future vested deferred	65	
▪ Current vested deferred	65	
Spouse assumptions	<u>Male participants</u>	<u>Female participants</u>
▪ Percentage married	80%	70%
▪ Spouse age difference	3 years younger	3 years older
Form of payment	Life Annuity	

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

Future service accrual	Each active participant is assumed to accrue service at the same rate as in the prior year. If the prior year's service accrual is zero, the year prior to that is used.
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Table of Sample Rates

Exhibit A: Salary increases

Age	Salary Scale
21-29	6.5%
30-39	5.0%
40-49	4.5%
50-59	4.0%
60+	3.5%

Exhibit B: Withdrawal (Sample ages)

Age	Withdrawal Rate
25	.116242
40	.093957
55	.017264

Exhibit C: Retirement rates

Attained age	Percentage	
	Male	Female
Under 55	0%	0%
55	3.7%	3.7%
56	3.2%	3.2%
57	2.9%	2.9%
58	2.5%	2.5%
59	2.3%	2.3%
60	5.2%	5.2%
61	5.1%	5.1%
62	40%	40%
63	20%	20%
64	20%	20%
65 and above	100%	100%

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

Exhibit D: Disability (Sample ages)

<u>Age</u>	<u>Male</u>	<u>Female</u>
25	.00038	.00047
40	.00117	.00211
55	.00722	.00952

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

Asset methods – effective January 1, 2009

We used financial data submitted by the trustee as of January 1, 2009 without further audit. Customarily, this information would not be verified by a plan's actuary. We have reviewed the information for internal consistency and we have no reason to doubt its substantial accuracy.

The asset valuation method is an annual average of the adjusted market value over the last 12 months preceding the valuation date with two determination dates. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110 percent and no less than 90 percent of the fair market value, as defined in IRC Section 430.

Participant methods

We used the participant data supplied by the plan sponsor. We have reviewed the data and have no reason to doubt its substantial accuracy. Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on only those employees who have completed the plan's eligibility requirements.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.
- **Disabled participants:** The liabilities for participants on long-term disability have been included with the liabilities for terminated vested participants.
- **Compensation history:** We used compensation history as provided to us. We did not estimate any historical compensation.
- **Estimated benefits:** We used benefit amounts as provided to us. We did not estimate any benefit amounts.

Plan sponsor elections

Funding interest rate:

- Full yield curve with 2-month look-back.

Mortality assumption for funding target:

- Generational table.

Valuation of lump sums based on Section 417(e) assumptions:

- Rate used for funding target, without adjustment.
- 417(e) mortality applicable to current year.

Asset valuation method:

- Asset averaging over 12 months with two determination dates.

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

Minimum funding method

Target liability for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- An individual's **accrued liability** is the present value of benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **normal cost** is the present value of the benefit deemed to accrue in the plan year. If multiple decrements are used, the accrued liability and the normal cost for an individual are the sum of the component accrued liabilities and normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual normal costs, and the plan's **funding target liability** is the sum of the accrued liabilities for all participants under the plan.

Attachments to Schedule SB (Retirement Plan for Employees of Mercy Memorial Hospital)

Schedule SB, Part V — Summary of Plan Provisions

Following is a brief summary of the major plan provisions used to determine the plan's financial position.

<i>Effective date and plan year</i>	Original plan: January 1, 1973 Restated plan: January 1, 1999 Plan year: Calendar year
<i>Most recent amendment</i>	June 23, 2009
<i>Sponsoring employer</i>	Mercy Memorial Hospital Corporation
<i>Participating employees</i>	All Employees of Mercy Memorial Hospital Corporation except for Pool, Standby, Temporary or Contract Employees.
<i>Eligibility</i>	An Employee becomes a Member of the plan on the anniversary of the date of employment provided that he or she has attained age 21 and has completed 1,000 hours of service during the first 12 months of employment. Otherwise, the employee becomes a Member upon completion of 1,000 hours of service in a plan year. Employees hired on or after July 1, 2005 are not eligible to participate in the plan.
<i>Eligibility service</i>	A Member receives one year for each Plan Year in which he or she is credited with at least 1,000 hours.
<i>Credited service</i>	Credited Service is determined as follows: ▪ <i>Prior to January 1, 1976</i> — Credited Service before January 1, 1976 is determined on the basis of full-time service with the Hospital (at least 60 hours in any 2-week pay period) and is computed monthly (to the nearest 1/12 year). It does not include service earned before reaching age 21 and completing one year of full-time service. ▪ <i>After January 1, 1976</i> — Credited Service after January 1, 1976 (and after becoming a Member of the Plan) is earned on the basis of hours of service during each Plan Year in accordance with the following schedule.

Schedule SB, Part V – Summary of Plan Provisions *(continued)*

<u>Hours of Service</u>	<u>Credited Service</u>
At least 1,000 but less than 1,050	6/12
At least 1,050 but less than 1,200	7/12
At least 1,200 but less than 1,350	8/12
At least 1,350 but less than 1,500	9/12
At least 1,500 but less than 1,650	10/12
At least 1,650 but less than 1,800	11/12
1,800 or more	1 year

If a Member has less than 1,000 Hours of Service in the Plan Year of his retirement, termination or death, the Member will receive Credited Service in accordance with the following schedule:

<u>Hours of Service</u>	<u>Credited Service</u>
Less than 150	0/12
At least 150 but less than 300	1/12
At least 300 but less than 450	2/12
At least 450 but less than 600	3/12
At least 600 but less than 750	4/12
At least 750 but less than 900	5/12
At least 900 but less than 1,000	6/12

<i>Monthly earnings</i>	The January 1 hourly rate of pay multiplied by 173, exclusive of overtime, call time, differential time, incentive compensation and bonuses.
<i>Final average monthly earnings</i>	The sum of the Member's Monthly Earnings for the five consecutive January 1 dates preceding retirement or termination, during which the Member received the greatest amount of compensation, divided by five.
<i>Covered compensation</i>	Covered Compensation is an average of the Social Security wage bases for the 35 years through the year in which an individual attains Social Security retirement age. If a Member terminates, retires or dies prior to Social Security Retirement Age, the wage base is assumed to remain level for all future years.

Schedule SB, Part V – Summary of Plan Provisions *(continued)*

<i>Accrued benefit</i>	1.05% of Final Average Monthly Earnings times years of Credited Service plus 0.65% of Final Average Monthly Earnings in excess of Covered Compensation times years of Credited Service up to 35. Accrued benefits are frozen at December 31, 2005 for any Members electing future accruals in the 403(b) plan. Accrued benefits are frozen at September 30, 2009 for all members who did not elect future accruals in the 403(b) plan.
<i>Normal retirement eligibility</i>	Age 65.
<i>Normal retirement benefit</i>	The accrued benefit, based on service and compensation to date.
<i>Early retirement eligibility</i>	Age 55 and five years of Eligibility Service.
<i>Early retirement benefit</i>	Accrued retirement benefit as of early retirement date reduced for commencement prior to age 65 to reflect the increased payout period. Benefit is reduced according to the factors provided in the Plan.
<i>Disability eligibility</i>	A Member age 50 determined to be permanently and totally disabled who has 10 or more years of Eligibility Service.
<i>Disability benefit</i>	Benefit is the accrued benefit at time of disability.
<i>Death benefit eligibility</i>	All Members eligible for a Vested Retirement Benefit (whether or not actively employed) who are married at date of death automatically receive coverage under this option, unless rejected by the Member and the Member's spouse.
<i>Death benefit</i>	In the event of a vested Member's death prior to benefit commencement, a 50% survivor annuity will be paid to the participant's spouse. Benefits to the spouse are payable on the first day of the month following the Member's death, or if later, the first day of the month following the Member's 55th birthday. The benefit payable is the Member's accrued benefit at date of death, reduced actuarially for survivor annuity and reduced for early commencement (if applicable) by the early retirement factors provided in the plan. Cost of this protection is fully subsidized by the plan sponsor.
<i>Vested termination eligibility</i>	Completion of five years of Eligibility Service.

Schedule SB, Part V – Summary of Plan Provisions *(continued)*

<i>Vested termination benefit</i>	Normal Retirement Benefit based on service and compensation at termination. Benefit is payable at age 65. A reduced benefit may begin as early as age 55.
<i>Forms of payment</i>	Normal Forms: Single life annuity, if unmarried. If married, the normal form is a 50% joint and survivor annuity, actuarially equivalent to the single life annuity amount. Optional Forms: Single life annuity, life annuity with 120-month certain period, 50% joint and survivor annuity, 75% joint and survivor annuity, 100% joint and survive annuity (all actuarially equivalent to the single life annuity).
<i>Maximums</i>	
<i>Compensation</i>	\$245,000
<i>Benefits</i>	\$195,000 payable at Social Security Normal Retirement Age. Benefits payable prior to the age at which Social Security benefits are available are actuarially reduced.

Changes since prior valuation

The plan was amended to freeze benefit accruals and provide full vesting for all participants effective September 30, 2009.

Also, legislated maximums were increased, as required by law.

Benefits included or excluded

Unless noted below, all benefits provided by the plan are included in this valuation.

- **Plan amendments:** Amendments adopted after the valuation date or effective after the current plan year are excluded from the valuation.
- **Late retirement increases:**
 - *Active participants:* Current active participants over normal age are valued using their accrued benefit. Late retirement actuarial increases are deemed to be immaterial for the purposes of this valuation.
 - *Deferred vested participants:* Current deferred vested participants over normal age are valued using their accrued benefit. Late retirement actuarial increases are deemed to be immaterial for the purposes of this valuation.
- **IRC Section 415(b):** The limitations of Internal Revenue Code Section 415(b) have been incorporated into our calculations.
- **Benefit restrictions:** Benefit restrictions (if applicable) are ignored in this valuation.

Attachments to Schedule SB (Retirement Plan for Employees of Mercy Memorial Hospital)

Schedule SB, Line 24 – Change in Actuarial Assumptions

Discount rates and mortality tables were updated from 2008 to 2009 in accordance with PPA and sponsor elections.

The expense assumption has changed from \$0 to \$200,000 to reflect current provisions of PPA.

Attachments to Schedule SB (Retirement Plan for Employees of Mercy Memorial Hospital)

Schedule SB, Line 25 – Change in Method

Beginning with the 2009 valuation, expected expenses are added to the normal cost.

The plan sponsor changed its interest rate election from January segmented interest rates to the full yield curve with a 2-month look-back.

The asset method used was changed from fair market value to the averaging method described previously, as allowed by the Worker, Retiree, and Employer Recovery Act of 2008.

Attachments to Schedule SB (Retirement Plan for Employees of Mercy Memorial Hospital)

Schedule SB, Line 26 – Schedule of Active Participant Data

Age	Years of service										Total
	< 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	
Under 25	2	4									6
25-29	3	27	4								34
30-34	2	26	25	6							59
35-39	2	20	24	25	5						76
40-44	3	16	19	18	19	4					79
45-49	7	15	19	18	24	19	9				111
50-54	3	16	29	23	22	15	24	8			140
55-59	1	8	15	18	23	9	10	16	8		108
60-64		5	3	3	10	5	7	5	5	1	44
65-69		3	2	1			1		1		8
70+		2									2
Total	23	142	140	112	103	52	51	29	14	1	667

In each cell, the number is the count of active participants for each age/service combination.

**RETIREMENT PLAN FOR EMPLOYEES OF
MERCY MEMORIAL HOSPITAL CORPORATION**

EIN: #38-1984289

Plan: #001

**FORM 5500, SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2009 (UNAUDITED)**

a)	b) Identity of Issuer, Borrower, Lessor, or Similar Party	c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	d) Cost	e) Current Value
	Money market fund — JPMorgan			
*	Prime Money Mkt Fund		\$ 11,130,850	\$ 11,130,850
	U.S. government securities:			
	U.S. Treasury BDS	7.25% due 5/15/2016	423,280	445,640
	U.S. Treasury BDS	8.750% due 5/15/2017	81,729	81,098
	U.S. Treasury Note	3.625% due 5/15/2013	83,384	84,700
	U.S. Treasury Note	4.75% due 5/15/2014	148,438	154,043
	U.S. Treasury Note	4.25% due 8/15/2014	42,913	48,547
	U.S. Treasury Note	4.00% due 02/15/2015	127,708	138,165
	U.S. Treasury Note	5.125% due 6/30/2011	415,767	435,673
	Federal Home Loan MTG	4.00% due 6/12/2013	145,872	158,204
	Federal Home Loan MTG	5.00% due 4/15/2021	95,000	98,335
	Federal Home Loan MTG	5.25% due 6/10/2022	109,660	102,688
	Federal Home Loan MTG	3.50% due 4/29/2016	270,875	270,705
	Federal Home Loan MTG	STEP CPN due 8/12/2014	750,000	757,268
	Federal Home Loan MTG	STEP CPN due 11/30/2017	250,000	241,720
	Federal Home Loan MTG	4.35% due 6/17/2016	200,200	203,562
	Federal Home Loan MTG	2.75% due 6/2/2014	499,922	493,905
	Federal Home Loan BKS	6.00% due 6/29/2017	150,000	162,047
	Federal Home Loan BKS	4.75% due 2/22/2018	225,000	226,337
	Federal Home Loan MTG	6.00% due 6/15/2011	87,882	85,775
	Federal Home Loan MTG	5.00% due 7/15/2014	52,553	54,938
	Federal Natl MTG ASSN	5.00% due 7/1/2020	330,313	345,625
	Federal Natl MTG ASSN	4.375% due 3/15/2013	345,904	349,274
	Federal Natl MTG ASSN	5.00% due 2/13/2017	23,901	27,141
	Federal Natl MTG ASSN	5.75 due 4/12/2022	250,000	252,188
	Federal Natl MTG ASSN	5.00% due 4/26/2017	515,703	506,565
	Federal Natl MTG ASSN	STEP CPN due 7/22/2024	224,775	220,079
	Federal Home Loan MTG	STEP CPN due 5/28/2024	249,750	234,140
	Federal Natl MTG ASSN	STEP CPN due 11/23/2029	253,000	244,375
	Federal Natl MTG ASSN	3.27% due 6/30/2010	242,250	253,515
	Total U.S. government securities		6,595,779	6,676,252

* Denotes party-in-interest.

(Continued)

**RETIREMENT PLAN FOR EMPLOYEES OF
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EIN: #38-1984289

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**FORM 5500, SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2009 (UNAUDITED)**

a) b) Identity of Issue, Borrower, Lessor, or Similar Party	c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	d) Cost	e) Current Value
Corporate bonds and notes:			
AGCO Corp	1.25% due 12/15/2036	\$ 27,848	\$ 24,121
Allegheny Technologies	4.25% due 6/1/2014	27,585	34,219
Allstate Corp DEB	5.00% due 8/15/2014	15,434	15,797
American Express CO	4.875% due 7/15/2013	30,730	31,301
Amgen Inc.	0.375% due 2/1/2013	55,159	65,406
Barclays	STEP CPN due 12/23/2024	99,375	96,480
Bear Stearns Cos Inc.	4.55% due 6/23/2010	35,310	35,586
Bellsouth Corp NT	6.00% due 10/15/2011	43,265	43,253
Berkshire Hathaway	5.40% due 5/15/2018	107,500	104,479
Best Buy Inc	2.25% due 1/15/2022	40,456	44,993
BHP Billiton Fin USA	5.25% due 12/15/2015	54,126	59,546
Boeing Co.	5.125% due 02/15/2013	36,706	37,410
Branch BKG & TR CO Wilson	4.875% due 1/15/2013	81,017	84,078
Bristol Myers Squibb Co.	5.25% due 8/15/2013	5,259	5,419
Cameron INTL Corp	2.50% due 6/15/2026	36,125	45,773
Capital One Finl	6.15% due 9/1/2016	29,998	30,136
Chesapeake Energy Corp	2.50% due 5/15/2037	19,802	26,850
Chesapeake Energy Corp	2.50% due 5/15/2037	6,991	8,950
Chesapeake Energy Corp	2.75% due 11/15/2035	22,654	33,108
Citigroup	5.30% due 1/7/2016	84,716	82,709
Coca Cola Enterprise	Zero CPN due 6/20/2020	86,486	86,192
Consolidated Edison	5.375% due 12/15/2015	35,582	37,823
Cisco SYS Inc.	5.50% due 2/22/2016	29,248	32,937
Danaher Corp	Zero CPN due 1/22/2021	66,087	84,700
Deutsche Telekom Intl	5.25% due 7/22/2013	28,719	31,845
Daimler Chrysler	7.75% due 1/18/2011	32,478	31,895
Duke Energy	7.375% due 3/1/2010	22,409	20,207
EMC Corp	1.75% due 12/01/2013	107,310	145,145
ERP Oper	5.75% due 6/15/2017	9,916	10,001
Exelon	4.90% due 6/15/2015	23,449	25,790
General Elec Cap Corp.	6.00% due 6/15/2012	80,978	80,843
General MLS Inc	5.65% due 9/10/2012	25,596	27,197
Goldman Sachs Group	5.25% due 4/1/2013	51,641	52,959
GTE North Inc DEB	6.375% due 2/15/2010	42,726	40,164

(Continued)

**RETIREMENT PLAN FOR EMPLOYEES OF
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**FORM 5500, SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2009 (UNAUDITED)**

a) b) Identity of Issue, Borrower, Lessor, or Similar Party	c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	d) Cost	e) Current Value
Home Depot	5.40% due 3/1/2016	\$ 77,351	\$ 83,749
Honeywell Intl	7.50% due 3/1/2010	17,117	15,180
HRPT PPTYS	5.75% due 2/15/2014	9,658	9,778
Intel Corp	2.950% due 12/15/2035	14,601	13,510
International Lease Fin Corp	5.00% due 4/15/2010	50,905	49,250
Invitrogen Corp	3.25% due 6/15/2025	39,336	41,300
Johnson CTLS Inc	5.50% due 1/15/2016	40,311	40,683
Key BK N A Medium	7.00% due 2/1/2011	10,450	10,385
Kimberly Clark	4.875% due 8/15/2015	39,794	43,089
L-3 Communications Corp	3.00% due 8/1/2035	20,469	21,000
Lehman Brothers	6.50% due 7/19/2017	34,679	11
Leucadia Natl Corp	3.75% due 4/15/2014	24,946	30,063
Lily Eli & Co	5.50% due 3/15/2027	135,114	130,796
Masco	5.875% due 7/15/2012	24,911	25,538
Maxtor Corp	2.375% due 8/15/2012	21,938	23,600
Medtronic Inc	1.625% due 4/15/2013	28,888	29,225
Merck & Co	4.75% due 3/1/2015	45,403	48,249
Merrill Lynch & Co.	6.40% due 8/28/2017	29,956	31,571
Metlife	5.00% due 11/24/2013	45,624	47,372
Monsanto	7.375% due 8/15/2012	21,520	22,670
Morgan Stanley Dean Witter	6.75% due 4/15/2011	33,327	31,784
Mylan Labs Inc	1.25% due 3/15/2012	37,844	300,000
Nations Bank Corp	7.750% due 8/15/2015	28,517	27,428
NetApp Inc	1.75% due 6/1/2013	110,559	136,400
Newmont MNG Corp	1.25% due 7/15/2014	42,108	49,900
Newmont MNG Corp	1.625% due 7/15/2017	53,084	69,370
Norfolk Southn Corp	7.70% due 5/15/2017	11,164	11,706
Nuance Communications Inc	2.75% due 8/15/2027	44,935	40,660
Ohio PWR	4.85% due 1/15/2014	50,373	52,240
ON Semiconductor	2.625% due 12/15/2026	38,590	47,784
Potash Inc	7.75% due 5/31/2011	10,735	10,841
Prudential Finl	6.00% due 12/1/2017	25,804	25,793
Quaker Oats Co	9.34% due 12/13/2019	137,500	127,864
SBC Communications	5.875% due 8/15/2012	32,278	32,751
Seariver Maritime Finl	Zero CPN due 9/1/2012	142,739	157,816

(Continued)

**RETIREMENT PLAN FOR EMPLOYEES OF
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EIN: #38-1984289

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**FORM 5500, SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2009 (UNAUDITED)**

a) b) Identity of Issue, Borrower, Lessor, or Similar Party	c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	d) Cost	e) Current Value
SESI LLC	Var RT due 12/15/2026	\$ 40,457	\$ 33,901
Simon Ppty Group	5.25% due 12/1/2016	14,165	14,588
Starbucks Corp	6.25% due 8/15/2017	57,779	58,171
Sterlite Inds India	4.00\$ due 10/30/2014	10,280	10,500
Suntech Pwr Hldgs	3.00% due 3/15/2013	35,976	22,983
Suntrust Bks Inc	6.00% due 9/11/2017	9,999	9,912
Symantec	1.00% due 6/15/2013	120,280	119,974
Target Corp.	6.35% due 1/15/2011	5,493	5,275
Teva Pharmaceutical Fin	.025% due 2/1/2026	33,048	38,840
Teva Pharmaceutical Fin	1.75% due 2/1/2026	95,132	110,925
Transocean Inc	1.50% due 12/15/2037	39,750	43,313
United Technologies	4.375% due 5/1/2010	15,156	15,218
Versign Inc	3.25% due 8/15/2037	75,092	93,319
Virginia Electric & Power Co	5.10% due 11/30/2012	19,993	21,600
Washington Mutual	5.00% due 3/22/2012	29,825	28,800
Wellpoint Health Networks	6.375% due 1/15/2012	10,255	10,771
Wells Fargo	5.00% due 11/15/2014	76,483	82,169
Total corporate bonds and notes		<u>3,724,372</u>	<u>4,176,927</u>
Equity securities:			
Common stock:			
Activision	9,210 shares	68,441	102,323
Affiliated Managers Group	2860 shares	205,232	192,621
Allegiant Travel Co	1,500 shares	57,320	70,755
Allergan Inc	3740 shares	203,821	235,657
Altera	16,600 shares	338,291	375,658
Amazon.com Inc.	1053 shares	77,683	141,650
American Express Co.	5,000 shares	211,707	202,600
Apache	6,235 shares	436,665	643,265
Apollo Group	700 shares	38,711	42,406
Apple	1,320 shares	139,127	278,166
Baxter Int'l	3,620 shares	203,626	212,422
Bed Bath & Beyond	3,540 shares	85,600	136,679

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**RETIREMENT PLAN FOR EMPLOYEES OF
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AS OF DECEMBER 31, 2009 (UNAUDITED)**

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Berkley	3,200 shares	\$ 71,882	\$ 78,848
Blackrock Inc.	260 shares	51,815	60,372
Capella Educations Co.	1,310 shares	53,293	98,643
CVS Caremark	6,810 shares	215,697	219,350
Celgene Corp	3120 shares	208,508	173,722
Cisco Sts	2,740 shares	71,933	65,596
Cameron Int'l	3,033 shares	107,924	126,779
Coca-Cola	10,000 shares	421,800	570,000
Cognizant Tech.	2,450 shares	75,973	111,059
Comcast	33,400 shares	564,129	534,734
Cavium Networks	3,850 shares	55,777	91,746
Devon Energy Corp	1,335 shares	88,556	98,123
Danaher	2,255 shares	107,737	169,576
Devry Inc	5,305 shares	246,546	300,953
DirecTV	12,322 shares	156,297	410,939
Discovery Comm Ser C	12,450 shares	239,766	330,174
Dresser-Rand	2,600 shares	63,700	82,186
Eaton Corp	900 shares	55,809	57,258
Ebay Inc	3,005 shares	76,804	70,708
Ecolab Inc	9,680 shares	333,195	431,534
FTI Consulting Inc	2,750 shares	119,576	129,690
Fidelity Nat'l Inf Svcs	3,600 shares	71,966	84,384
Fastenal Co.	5,790 shares	219,057	241,096
Franklin Res Inc.	450 shares	42,054	47,408
Freeport-Mcmoran Copper & Gold	1,300 shares	92,035	104,377
Goldman Sachs Group	450 shares	74,608	75,978
Gilead Sciences	5,545 shares	216,078	239,932
Goodrich Corp	1,950 shares	112,952	125,288
Google Inc	629 shares	315,316	389,967
Halliburton Co	1,910 shares	50,210	57,472
Honeywell Intl	1,115 shares	63,601	43,708
Idexx Labs Inc	2,170 shares	107,252	115,987
Hewlett Packard Co	8,250 shares	230,998	424,958
IHS Inc	2,320 shares	109,336	127,159
Intuit	730 shares	21,671	22,433

(Continued)

**RETIREMENT PLAN FOR EMPLOYEES OF
MERCY MEMORIAL HOSPITAL CORPORATION**

**EIN: #38-1984289
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**FORM 5500, SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2009 (UNAUDITED)**

a)	b) Identity of Issue, Borrower, Lessor, or Similar Party	c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	d) Cost	e) Current Value
	Johnson Ctls Inc	5,130 shares	\$ 66,537	\$ 139,741
	Johnson & Johnson	600 shares	42,097	38,646
	K-12 Inc	4,731 shares	96,978	95,897
	Knight Transn	6,740 shares	119,348	130,015
	L-3 Communications	3,680 shares	307,150	319,976
	Liberty Global	16,488 shares	335,008	360,428
	Liberty Media Corp New	1,232 shares	24,452	56,857
	Liberty Media Interactive	17,700 shares	336,454	191,868
	Liberty Media Hldg	3,080 shares	32,179	73,550
	Manpower	2,840 shares	147,204	155,007
	McAfee Inc	3,390 shares	132,164	137,532
	McDonalds Corp	5,450 shares	315,119	340,298
	Medtronic	440 shares	18,934	19,351
	Merck & Co Inc	1,513 shares	43,197	55,285
	Microsoft	33,700 shares	847,197	1,027,176
	Millipore	3,300 shares	204,622	238,755
	Monsanto Co	1,090 shares	113,470	89,108
	Newfield	7,940 shares	335,978	382,946
	News Corp	13,400 shares	85,149	183,446
	Nike	675 shares	31,489	44,597
	Noble Energy Inc	1,240 shares	71,596	88,313
	Nuvasive Inc	3,010 shares	101,245	96,260
	Occidental Pete Corp	1,730 shares	142,608	140,736
	Oracle	3,950 shares	76,344	96,894
	Praxair	7,165 shares	372,653	575,421
	Pepsico Inc	6,090 shares	328,257	370,272
	Price T Rowe	1,545 shares	90,353	82,271
	Pride Intl Inc	2,343 shares	53,518	74,765
	Progressive Corp.	11,200 shares	294,121	201,488
	Qualcomm Inc.	9,025 shares	368,309	417,497
	Roper Inds Inc	3,370 shares	139,626	133,544
	Schwab Charles	7980 shares	150,793	150,184

(Continued)

**RETIREMENT PLAN FOR EMPLOYEES OF
MERCY MEMORIAL HOSPITAL CORPORATION**

EIN: #38-1984289

Plan: #001

**FORM 5500, SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2009 (UNAUDITED)**

a)	b) Identity of Issue, Borrower, Lessor, or Similar Party	c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	d) Cost	e) Current Value
	Silicon Laboratories Inc	3,570 shares	\$ 135,168	\$ 172,717
	Smart Balance Inc	14,340 shares	91,831	86,040
	Solera Hldgs	2,590 shares	91,598	93,266
	3M Co	4,400 shares	329,281	363,748
	Thermo Fisher Scientific	3,500 shares	117,232	166,915
	Transdigm Group Inc	3,280 shares	124,889	155,767
	Trimble Nav Ltd	3,820 shares	88,687	96,264
	Ultimate Software Group Inc	3,740 shares	127,579	109,844
	United Health	11,000 shares	604,210	335,280
	United Technologies Corp	1,070 shares	68,505	74,263
	Walgreen Co	1,800 shares	71,078	66,096
	Wal Mart	10,700 shares	513,629	571,915
	Waste MGMT	11,300 shares	409,341	382,053
	Yahoo, Inc	12,000 shares	177,253	201,360
	Total common stock		<u>15,954,505</u>	<u>18,329,991</u>
	Preferred convertible stock:			
	AMG Cap	800 shares	20,024	25,600
	Archer Daniels Midland Co	2,580 shares	78,468	112,514
	Bank Amer Corp	84 shares	80,102	73,920
	Freeport McMoran Copper & Gold	995 shares	100,658	114,435
	Mylan Inc	75 shares	53,522	86,456
	Wells Fargo & Co	50 shares	44,812	45,900
	Total preferred convertible stock		<u>377,586</u>	<u>458,825</u>

(Continued)

**RETIREMENT PLAN FOR EMPLOYEES OF
MERCY MEMORIAL HOSPITAL CORPORATION**

EIN: #38-1984289

Plan: #001

**FORM 5500, SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2009 (UNAUDITED)**

a)	b) Identity of Issue, Borrower, Lessor, or Similar Party	c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	d) Cost	e) Current Value
	Foreign equities:			
	Accenture LTD Bermuda	1,275 shares	\$ 50,260	\$ 52,913
	Alcon Inc	350 shares	46,377	57,523
	ABB Ltd	8,540 shares	170,568	163,114
	America Movil	455 shares	27,539	21,376
	AXA SA	430 shares	18,671	10,182
	BAE Sas	560 shares	19,936	12,981
	BASF	950 shares	62,017	58,995
	BHP Billiton	1,850 shares	93,784	141,673
	Barrick Gold Corp	600 shares	22,359	23,617
	British Amern TOB	645 shares	43,260	41,706
	Brookfield Asset MGMT	450 shares	19,418	9,981
	Bunge LTD	85 shares	34,287	55,250
	Bunge LTD	290 shares	20,943	26,463
	Cadbury PLC	469 shares	28,371	24,102
	Canadian Natl	1,230 shares	63,725	66,863
	Canadian Natl	600 shares	40,391	43,170
	Canadian Pac	795 shares	53,999	42,864
	Cooper Industries LTD	905 shares	47,564	38,589
	Core Laboratories NV	45 shares	4,254	5,315
	Diageo PLC	1,330 shares	98,232	92,315
	Ensign Energy	430 shares	8,859	6,124
	Ensco Int'l Ltd	1,915 shares	86,938	76,485
	Fibria Celulose	228 shares	3,455	5,208
	Genpact Ltd	7,360 shares	92,823	109,664
	Infosys Tech	975 shares	38,152	53,888
	Ingersoll Rand Co	990 shares	48,522	35,383
	Manulife Finl	515 shares	18,748	9,445
	Nabors Inds LTD	2535 shares	90,698	55,491
	Nestle S A	4,400 shares	158,106	212,740
	Noble Corp	4,420 shares	188,559	179,894
	Novartis	645 shares	36,982	35,107
	Partnerre Hldgs LTD	840 shares	65,530	62,714
	Potash Corp Sask	700 shares	55,490	75,950
	RWE AG	260 shares	31,533	25,194

(Continued)

**RETIREMENT PLAN FOR EMPLOYEES OF
MERCY MEMORIAL HOSPITAL CORPORATION**

EIN: #38-1984289

Plan: #001

**FORM 5500, SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2009 (UNAUDITED)**

a)	b) Identity of Issue, Borrower, Lessor, or Similar Party	c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	d) Cost	e) Current Value
	Rio Tinto	395 shares	\$ 101,538	\$ 85,079
	Schlumberger LTD	2,725 shares	181,788	177,370
	Suncor Energy	2,885 shares	115,899	101,869
	Talisman Energy	945 shares	18,843	17,615
	Teck Cominco LTD	945 shares	38,153	33,047
	Tenaris	1,460 shares	67,032	62,269
	Teva Pharmaceutical	2,000 shares	92,599	112,360
	Transocean LTD ZUG	2,109 shares	197,393	174,625
	Trican Well SVC	170 shares	4,134	2,269
	UBS AG	635 shares	36,065	9,849
	Unilever N V	1,805 shares	57,639	58,356
	Vale S A	2,925 shares	66,207	84,913
	Vale Cap LTD	1,500 shares	116,519	124,125
	VistaPrint	3,300 shares	88,285	186,978
	Weatherford Bermuda	4,015 shares	106,822	71,909
	Willis Group	12,300 shares	424,964	324,474
	WNS Hldgs	3,200 shares	49,896	48,096
	Yara	130 shares	3,747	5,920
	Total foreign equity securities		<u>3,657,873</u>	<u>3,613,402</u>
	Convertible securities fund —			
	Fidelity Finl	90,438.0410 shares	<u>2,532,917</u>	<u>1,971,549</u>
	Total equity securities		<u>22,522,881</u>	<u>24,373,767</u>
	Cash		<u>397</u>	<u>397</u>
	TOTAL INVESTMENTS		<u>\$ 43,974,279</u>	<u>\$ 46,358,193</u>

(Concluded)

**RETIREMENT PLAN FOR EMPLOYEES OF
MERCY MEMORIAL HOSPITAL CORPORATION**

EIN #38-1984289

Plan #001

**FORM 5500, SCHEDULE H, LINE 4j — SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2009 (UNAUDITED)**

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	# of Transactions	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain
Single transactions		\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	\$ -
Series of transactions:									
JP Morgan Chase Bank N.A. JP Morgan Prime Money Market Fund		15,226,770		502			15,226,770	15,226,770	-
JP Morgan Chase Bank N.A. JP Morgan Prime Money Market Fund			11,105,443	267			11,105,443	11,105,443	-