

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2009</div> 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>MERCY MEMORIAL HOSPITAL SYSTEM RETIREMENT SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/02/1989</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>07/02/1989</u>	
1b Three-digit plan number (PN) ▶	<u>003</u>				
1c Effective date of plan <u>07/02/1989</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 SYSTEM</u> <u>718 NORTH MACOMB STREET</u> <u>MONROE, MI 48162</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>38-1984289</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>734-240-4401</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>622000</u></td> </tr> </table>	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>	
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.	01/31/2011	THOMAS W. SCHILLING
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	01/31/2011	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 SYSTEM 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 MERCY MEMORIAL HOSPITAL CORPORATION	4b EIN 38-1984289 4c PN 002	
5 Total number of participants at the beginning of the plan year	5	1089
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	1141
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	184
d Subtotal. Add lines 6a , 6b , and 6c	6d	1325
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	1325
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	1057
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	9
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2F 2G 2L 2T

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

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

a Pension Schedules

- (1) ☒ **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) ☒ 1 **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☐ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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		
A Name of plan MERCY MEMORIAL HOSPITAL SYSTEM RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500. MERCY MEMORIAL HOSPITAL SYSTEM		
D Employer Identification Number (EIN) 38-1984289		

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
ING LIFE INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	VF6072	96	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
3462	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

CARDONE TOBIAS
2760 TRADITION SQUARE
N CENTENNIAL RD
TOLEDO, OH 43617

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3201			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

TOMLIN SILBURN
3470 PASADENA DR
TROY, MI 48083

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
254			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

KIENINGER FAITH

2760 TRADITION SQUARE
N CENTENNIAL RD
TOLEDO, OH 43617

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e	Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☒ guaranteed investment (4) ☐ other ▶		
b	Balance at the end of the previous year	7b	261136
c	Additions: (1) Contributions deposited during the year	7c(1)	215827
	(2) Dividends and credits	7c(2)	0
	(3) Interest credited during the year	7c(3)	9795
	(4) Transferred from separate account	7c(4)	108001
	(5) Other (specify below)..... ▶ LOAN REPAYMENTS, POSITIVE VALUE ADJ COLLATERAL INTEREST EARNED, OTHER TRANSFERS	7c(5)	14925
	(6) Total additions	7c(6)	348548
d	Total of balance and additions (add b and c(6)).	7d	609684
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	101920
	(2) Administration charge made by carrier	7e(2)	1070
	(3) Transferred to separate account	7e(3)	202220
	(4) Other (specify below)..... ▶ LOAN DISBURSEMENTS NEGATIVE VALUE ADJ OTHER TRANSFERS	7e(4)	28762
	(5) Total deductions	7e(5)	333972
f	Balance at the end of the current year (subtract e(5) from d)	7f	275712

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	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

<div>A Name of plan</div> <div>MERCY MEMORIAL HOSPITAL SYSTEM RETIREMENT SAVINGS PLAN</div>	<div>B Three-digit plan number (PN)</div> <div>▶ 003</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>MERCY MEMORIAL HOSPITAL SYSTEM</div>	<div>D Employer Identification Number (EIN)</div> <div>38-1984289</div>

Part I

Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CHARLES SCHWAB & CO. INC. AND AFFIL
94-1737782

(b) Enter name and EIN or address of person who provided you disclosure 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)

SCHWAB RETIREMENT PLAN SERVICES INC

34-1479833

(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?
15 50 64	NONE	88025	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHESME CAPITAL MANAGEMENT

20-0061957

(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 50	NONE	84847	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

METROPOLITAN LIFE INSURANCE CO

13-5581829

(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?
50 52 62 73	NONE	60479	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

CHARLES SCHWAB TRUST COMPANY

42-1558009

(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?
49 50 52 59 62	NONE	7	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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(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 <u>01/01/2009</u> and ending <u>12/31/2009</u>		
A Name of plan <u>MERCY MEMORIAL HOSPITAL SYSTEM RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MERCY MEMORIAL HOSPITAL SYSTEM</u>	D Employer Identification Number (EIN) <u>38-1984289</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	<u>341808</u>	<u>640435</u>
(2) Participant contributions	1b(2)	<u>1342</u>	<u>49</u>
(3) Other.....	1b(3)	<u>9046</u>	<u>14085</u>
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	<u>85408</u>	<u>85494</u>
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(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)	<u>1283639</u>	<u>1273235</u>
(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)	<u>31235855</u>	<u>40797127</u>
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	<u>7176451</u>	<u>8120983</u>

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	40133549	50931408

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	48427	39515
k Total liabilities (add all amounts in lines 1g through 1j)	1k	48427	39515

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	40085122	50891893
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1205564	
(B) Participants	2a(1)(B)	3007428	
(C) Others (including rollovers)	2a(1)(C)	4361	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4217353

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	87	
(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)	77538	
(F) Other	2b(1)(F)	308861	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		386486

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	790502	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		790502

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	327736	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		327736
(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)		8787055
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		14509132

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4492814	
(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)		4492814
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	85712	
(4) Other	2i(4)	87314	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		173026
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4665840

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		9843292
l Transfers of assets:			
(1) To this plan.....	2l(1)		963479
(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)
MONROE COMMUNITY HEALTH SERVICES INC. RETIREMENT SAVINGS PLAN	38-2934134	001

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>MERCY MEMORIAL HOSPITAL SYSTEM RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MERCY MEMORIAL HOSPITAL SYSTEM</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
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>42-1558009</u> <u>71-0294708</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>33</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
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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

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

Schedule R (Form 5500) 2009
v.092308.1

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: _____% Investment-Grade Debt: _____% 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): _____

Mercy Memorial Hospital System Retirement Savings Plan

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

MERCY MEMORIAL HOSPITAL SYSTEM RETIREMENT SAVINGS PLAN

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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
Mercy Memorial Hospital System Retirement Savings Plan
Monroe, Michigan

We were engaged to audit the financial statements of Mercy Memorial Hospital System Retirement Savings Plan (the "Plan") as of December 31, 2009 and 2008, and for the year ended December 31, 2009, and supplemental schedule as of December 31, 2009, as listed in the Table of Contents. These financial statements and supplemental schedule 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 8, which was certified by Charles Schwab Trust Company (CSTC) and ING Life Insurance and Annuity Company (ING), the custodians of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained a certification from CSTC that the information as of December 31, 2009 and 2008, and for the year ended December 31, 2009, provided to the Plan administrator is complete and accurate. Additionally, the Plan administrator has obtained a certification from ING that the information as of and for the year ended December 31, 2009, provided to the Plan administrator is complete and accurate.

As described in Note 2, the Plan has not maintained sufficient accounting records and supporting documents relating to contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements and supplemental schedule may have been affected by these conditions.

As described in Note 2, the Plan has excluded from investments in the accompanying statement of net assets available for benefits, certain contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, Annual Reporting Requirements for 403(b) Plans. The investment income and distributions related to such accounts have also been excluded in the accompanying statement of changes in net assets available for benefits. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements. The effects of these excluded contracts and custodial accounts and the related income and distributions on the financial statements are not reasonably determinable.

Because of the significance of the information that we did not audit, the scope of our work was not sufficient to enable us to express, and we do not express, an opinion on the accompanying financial statements and supplemental schedule taken as a whole.

Deloitte & Touche LLP

January 18, 2011

MERCY MEMORIAL HOSPITAL RETIREMENT SAVINGS PLAN

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

	2009	2008
ASSETS:		
Investments — at fair value:		
Participant-directed investments	\$ 49,003,604	\$ 38,497,714
Loans to Plan participants	<u>1,273,235</u>	<u>1,283,639</u>
Total investments — at fair value	<u>50,276,839</u>	<u>39,781,353</u>
Receivables:		
Employer contribution	640,435	341,808
Participant contributions	49	1,342
Accrued investment income	<u>14,085</u>	<u>9,046</u>
Total receivables	<u>654,569</u>	<u>352,196</u>
Total assets	<u>50,931,408</u>	<u>40,133,549</u>
LIABILITIES:		
Accrued administrative expenses	<u>39,515</u>	<u>48,427</u>
Total liabilities	<u>39,515</u>	<u>48,427</u>
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	50,891,893	40,085,122
ADJUSTMENT FROM FAIR VALUE TO CONTRACT VALUE FOR FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT	<u>70,725</u>	<u>398,461</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 50,962,618</u>	<u>\$ 40,483,583</u>

See notes to financial statements.

MERCY MEMORIAL HOSPITAL SYSTEM RETIREMENT SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEAR ENDED DECEMBER 31, 2009

ADDITIONS:

Contributions:

Participant contributions	\$ 3,007,428
Rollover contributions	4,361
Employer contributions	<u>1,205,564</u>

Total contributions 4,217,353

Investment income:

Net appreciation, in fair value of investments	8,787,055
Dividends	790,502
Interest	<u>386,486</u>

Net investment income 9,964,043

DEDUCTIONS:

Benefits paid to participants	4,492,814
Administrative expenses	<u>173,026</u>

Total deductions 4,665,840

INCREASE IN NET ASSETS 9,515,556

NET ASSETS TRANSFERRED FROM OTHER PLAN 963,479

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year 40,483,583

End of year \$ 50,962,618

See notes to financial statements.

MERCY MEMORIAL HOSPITAL SYSTEM RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2009 AND 2008, AND FOR THE YEAR ENDED DECEMBER 31, 2009

1. DESCRIPTION OF THE PLAN

The following description of the Mercy Memorial Hospital Retirement Savings Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General — The Plan is a defined contribution plan covering substantially all eligible employees of Mercy Memorial Hospital System (the "Company"). The Retirement Committee of the Board of Trustees (Board) of the Company controls and manages the operation and administration of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan was previously named Mercy Memorial Hospital Employees' Tax Deferred Retirement Savings Plan and began in 1989 with Fidelity as custodian serving until the change to the Charles Schwab Trust Company (CSTC) in 2008. The Plan document, which was restated in 1991, provided employer matching contributions to employee elective contributions. On January 1, 2006, the Retirement Plan for Employees of Mercy Memorial Hospital Corporation was amended to freeze participation for employees hired after June 30, 2005. Eligible employees hired after June 30, 2005, received nonelective contributions in the Mercy Memorial Hospital Employees' Tax Deferred Retirement Savings Plan.

Prior to 2009, the Company also sponsored a defined contribution plan for the Monroe Community Health Services (MCHS) eligible employees. MCHS is a wholly owned subsidiary of the Company. In 2009, the Plan was restated and renamed to Mercy Memorial Hospital System Retirement Savings Plan. With this restatement, the Company merged its two plans, Monroe Community Health Services Inc. Retirement Savings Plan for eligible MCHS employees with Mercy Memorial Hospital Employees' Tax Deferred Retirement Savings Plan for eligible Mercy Memorial Hospital (Hospital) employees. ING Life Insurance and Annuity Company (ING), previously Aetna, has served as custodian for Monroe Community Health Services Inc., Retirement Savings Plan since inception, and continues to serve as the custodian for the Plan assets of eligible MCHS employees. CSTC remains the custodian for the assets of the eligible Hospital employees.

Contributions — Each year, participants may contribute up to \$16,500 (for 2009 Plan year) of their pretax annual compensation, as defined in the Plan, subject to certain Internal Revenue Code (IRC) limitations. Prior to August 1, 2009, the Company contributed an employer matching contribution of 50% of the first 6% of base compensation (7% for participants with 15 years of service) that a participant contributed to the Plan. Effective August 1, 2009, the Company modified the Plan making the Company's contribution a discretionary contribution based on a percentage of each participant's elective contribution as determined by the Company's Board. No such additional discretionary matching contributions were made for the year ended December 31, 2009.

Until September 30, 2009, the Company also would make an employer nonelective contribution equal to 3% of compensation of the eligible Hospital Plan participants. Effective on and after October 1, 2009, the employer nonelective contribution will be a uniform percentage of compensation (as defined in the Plan) as determined on or before the last day of the Plan year at the discretion of the Mercy Memorial Hospital System Board of Trustees. The Board approved a 3% (3 1/2% for employees with 15 years or greater) nonelective contribution for the three-month period beginning October 1, 2009 and ending December 31, 2009. MCHS employees are not eligible for nonelective contributions under the Plan.

The Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

Participant Accounts — Individual accounts are maintained for each Plan participant. Each participant's account is credited with the participant's contribution, the Company's matching contribution, and allocations of the Company's discretionary nonelective contributions, and Plan earnings, and charged with withdrawals and an allocation of Plan losses and administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investments — Participants direct the investment of their contributions into various investment options offered by the Plan. At December 31, 2009, the Plan for Hospital employees offered a selection of 32 mutual funds and a guaranteed investment contract (GIC), while the Plan for MCHS employees offered 65 mutual funds and four funds which invest fully in GICs. Company contributions are also invested according to the participant's direction.

Vesting — Participants are vested immediately in their contributions, plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service.

Participants hired before October 1, 2009, who are eligible for employer nonelective contributions are 100% vested after three years.

Participants hired after September 30, 2009, who are eligible for employer nonelective contributions and employer matching contributions are vested according to the following schedule:

Years of Vesting Service	Vested Percentage
Less than one year	- %
One year	20
Two years	40
Three years	60
Four years	80
Five years	100

Participant Loans — Participants may borrow from their fund accounts up to a maximum of \$50,000 or 50% of the present value of the nonforfeitable accrued benefit, whichever is less. The loans are secured by the balance in the participant's account and bear interest at rates commensurate with local prevailing rates at the time funds are borrowed, as determined quarterly by the Plan custodian. Principal and interest are paid either ratably through payroll deductions or by direct payments from participants to the custodian.

Payment of Benefits — Distributions from a participant's account may be made on the earliest date on which the participant has a termination of employment, dies, becomes disabled, or attains age 59 1/2. A participant may generally elect to receive either a single, lump-sum amount equal to the value of the participant's vested interest in his or her account, equal or substantially equal installments over a specified period that may not exceed the participant's life expectancy, or equal payments over the life of the participant and/or the lives of the participant and his designated beneficiary.

Hardship withdrawals are permitted under the Plan for participant's employee elective contributions to the extent permitted by terms in the Plan document.

Forfeited Accounts — At December 31, 2009 and 2008, forfeited nonvested accounts totaled \$23,660 and \$7,971, respectively. These accounts will be used to restore forfeitures, reduce future employer contributions, or pay Plan expenses. During the year ended December 31, 2009, employer contributions were not reduced from forfeited nonvested accounts.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

The Plan has not maintained sufficient accounting records and supporting documents relating to contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Plan management is in the process of gathering sufficient accounting records to support such documents relating to contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, our auditors were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements and supplemental schedule may have been affected by these conditions.

The Plan excluded from investments in the accompanying statement of net assets available for benefits, certain contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, Annual Reporting Requirements for 403(b) Plans. The investment income and distributions related to such accounts have also been excluded in the accompanying statement of changes in net assets available for benefits. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements. The effects of these excluded contracts and custodial accounts and the related income and distributions on the financial statements are not reasonably determinable. Plan management is in the process of gathering accounting records to determine if any contracts and custodial accounts have been excluded from the Plan assets, and the impact on the financial statements. The Plan net assets available for benefits include all contracts and custodial accounts, and the statement of changes in net assets available includes all related income and distributions that Plan management had knowledge of as January 18, 2011, the date the financial statements were available to be issued.

Use of Estimates — The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Risks and Uncertainties — The Plan utilizes various investment instruments, including mutual funds and investment contracts. Investment securities, in general, are exposed to various risks, such as interest rate, credit, 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.

Investment Valuation and Income Recognition — The Plan's investments are stated at fair value. Fair value of a financial instrument is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Money market funds are stated at amortized cost, which approximates fair value. Shares of mutual funds are valued at quoted market prices, which represent the net asset value (NAV) of shares held by the Plan at year-end. Certain funds are divided into units of participation, which are calculated daily by the custodian. The daily value of each unit in a fund, or NAV, is determined by dividing the total fair market value of all

the assets in the fund by the total number of fund units. Under provisions of the Plan, interest and dividend income and net appreciation or depreciation of the fair value of each investment option are allocated to each Participant's account based on the change in unit value.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

In addition, participant loans are valued at the outstanding loan balances, which approximate fair value. Purchases and sales of securities are recorded on a settlement-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Management fees and operating expenses charged to the Plan for investments are deducted from income earned and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return.

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

Payment of Benefits — Benefit payments to participants are recorded upon distribution. There were no amounts allocated to the accounts of persons who elected to withdraw from the Plan, but have not yet been paid at December 31, 2009 and 2008.

Excess Contributions Payable — The Plan is required to return contributions received during the Plan year in excess of the IRC limits.

Accounting Standards Adopted — The accounting standards initially adopted in the 2009 financial statements described below affected certain note disclosures but did not impact the statements of net assets available for benefits or the statement 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. On 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, the Emerging Issues Task Force, 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.

Subsequent Events — In May 2009, the FASB issued ASC 855, *Subsequent Events* (originally issued as FASB Statement No. 165, *Subsequent Events*), to establish general standards of accounting for and disclosing events that occur after the balance sheet date, but prior to the issuance of financial statements. ASC 855 provides guidance on when financial statements should be adjusted for subsequent events and requires companies to disclose subsequent events and the date through which subsequent events have been evaluated. ASC 855 is effective for periods ending after June 15, 2009.

Updates to Fair Value Measurements and Disclosures — In 2009, FASB Staff Position (FSP) FAS 157-4, *Disclosures 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*, which expanded disclosures and required that major categories for debt and equity securities in the fair value hierarchy table be determined on the basis of the nature and risks of the investments.

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 impact ASU No. 2010-06 will have on the financial statements.

3. FAIR VALUE MEASUREMENTS

ASC 820 established a single authoritative definition of fair value, set a framework for measuring fair value, and required additional disclosures about fair value measurements. 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. Assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The following tables set forth by level within the fair value hierarchy a summary of the Plan's investments measured at fair value on a recurring basis at December 31, 2009 and 2008.

In accordance with the update to ASC 820 (originally issued as FSP FAS 157-4), the major categorization for debt and equity securities on the basis of the nature and risk of the investments as of December 31, 2009, is as follows.

	Active Markets for Identical Assets (Level 1)	Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Mutual funds:				
Cash and cash equivalents	\$ 85,494	\$ -	\$ -	\$ 85,494
Domestic equity fund	23,408,764			23,408,764
Balanced fund	738,966			738,966
International equity fund	5,552,422			5,552,422
Fixed-income fund	10,018,321			10,018,321
Specialty/other funds	<u>1,078,654</u>			<u>1,078,654</u>
Total mutual funds	40,882,621	-	-	40,882,621
ILIAC investment contract		1,230,396		1,230,396
Guaranteed investment contract		6,890,587		6,890,587
Participant loans		<u>1,273,235</u>		<u>1,273,235</u>
Total	<u>\$ 40,882,621</u>	<u>\$ 9,394,218</u>	<u>\$ -</u>	<u>\$ 50,276,839</u>

In accordance with the update to ASC 820 (originally issued as FSP FAS 157-4), the major categorization for debt and equity securities on the basis of the nature and risk of the investments as of December 31, 2008, is as follows.

	Active Markets for Identical Assets (Level 1)	Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Mutual funds:				
Cash and cash equivalents	\$ 85,408	\$ -	\$ -	\$ 85,408
Domestic equity	17,583,394			17,583,394
Balanced	559,050			559,050
International equity	4,497,837			4,497,837
Fixed income	7,735,029			7,735,029
Specialty/other	<u>860,545</u>			<u>860,545</u>
Total mutual funds	31,321,263	-	-	31,321,263
Guaranteed investment contract		7,176,451		7,176,451
Participant loans		<u>1,283,639</u>		<u>1,283,639</u>
Total	<u>\$ 31,321,263</u>	<u>\$ 8,460,090</u>	<u>\$ -</u>	<u>\$ 39,781,353</u>

The valuation methods as described in Note 2 may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of

different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

4. GUARANTEED INVESTMENT CONTRACT

The Plan holds a fully benefit responsive separate account, GIC with MetLife Insurance Company (MetLife). This group annuity contract provides a guarantee of both principal and interest for participant-initiated withdrawals. The guaranteed rate at December 31, 2009 was 1.5%, while the year to date annualized credited rate was 2.23%. Every year on May 1, MetLife will declare a new interest rate to be credited to the guaranteed value. The interest rate will be based upon the current market value, approximate market yield-to-maturity of the fund's benchmark index, expected payments into and out of the fund, amortization of the difference between the market value and the guaranteed value, and the anticipated charges and fees paid under the contract. This GIC is included in the financial statements at fair value and then adjusted to contract value. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Each month a contract charge will be deducted from the fund to cover the investment management fees, custodial fees, risk charges, and contract administrative expenses. Transfers and withdrawals from the account are subject to the limitations provided under Section 403(b) (11) of the IRS Code.

5. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by CSTC and ING. CSTC and ING are the custodians as defined by the Plan and these transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund. Assets available for benefits with parties-in-interest were \$5,881,865 and \$3,501,194 as of December 31, 2009 and 2008, respectively.

6. PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan 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 account balance of each affected participant will be nonforfeitable to the extent required by applicable law.

7. FEDERAL INCOME TAX STATUS

The Plan has been designed to qualify under Section 403(b) of the IRC. The terms of the Plan have been prepared to conform to the sample language provided by the Internal Revenue Service (IRS) in Revenue Procedure 2007-71. The Plan is required to operate in conformity with the Code to maintain the tax-exempt status for Plan participants under Section 403(b). The Plan administrator believes that the Plan is currently designed and operating in accordance with the applicable requirements of Section 403(b) of the Code and, therefore, believes the Plan is qualified and the related custodial accounts are tax exempt.

8. INFORMATION CERTIFIED BY THE CUSTODIAN

The following is a summary of the unaudited information regarding the Plan as of December 31, 2009 and 2008, and for the year ended December 31, 2009, included in the Plan's financial statements and supplemental schedule that was prepared by or derived from the information prepared by CSTC, custodian of the Plan for eligible Hospital employees, and furnished to the Plan administrator. Additionally, included in the summary is the unaudited information regarding the Plan as of and for the year ended December 31, 2009, included in the Plan's financial statements and supplemental schedule

that was prepared by ING, custodian of the Plan for eligible MCHS employees, and furnished to the Plan administrator. The Plan administrator has obtained certifications from the custodians that such information (with the exception of the Schwab Money Market Fund for \$85,494 and \$85,408 as of December 31, 2009 and 2008, respectively) is complete and accurate.

	2009	2008
Statements of net assets:		
Investments at fair value:		
American Funds AMCAP R5	\$ 372,008	\$ 266,158
American Funds Capital World G/I R5	502,557	580,261
American Funds EuroPacific Gr R5	1,565,798	1,227,184
American Funds Growth Fund of America	4,957,931	3,795,718
Bridgeway Ultra-Small Company Market	1,872,667	1,369,869
Columbia Acorn Z	94,723	68,770
DFA Emerging Markets I	1,821,459	1,324,179
DFA Intermediate Govt Fixed-Income	5,154,186	4,452,924
DFA Intl Small Cap Value I	1,552,565	1,254,221
DFA US Small Cap Value I	1,842,621	1,397,960
Dodge & Cox Balanced	506,663	386,070
Dodge & Cox Income	397,983	311,880
Dodge & Cox Stock	4,773,613	3,729,105
Fidelity Low-Priced Stock	609,950	313,477
Fidelity Real Estate Investment	245,235	171,859
Fidelity Select Medical Equip & Systems	313,248	322,723
Fidelity Spartan International Index	110,043	111,992

(Continued)

	2009	2008
Statements of net assets:		
Investments at fair value:		
Loomis Sayles Global Bond Instl Class	\$ 1,113,270	\$ 929,299
Morgan Stanley Inst Mid Cap Growth	1,752,792	1,312,250
Oppenheimer Gold & Special Minerals	190,544	82,021
Participant Loan Fund	1,273,235	1,283,639
PIMCO High Yield Instl Class	1,097,670	810,932
PIMCO Real Return Instl Class	1,137,736	842,032
Schwab Instl Select S&P 500 Index		3,415,786
Schwab S&P 500 Index	4,565,974	
T. Rowe Price Mid-Cap Value	1,963,161	1,470,947
Vanguard Energy Adm	144,292	125,993
Vanguard Health Care Adm	185,336	157,949
Vanguard Interm-Term Bond Index Signal	362,519	159,948
Vanguard Interm-Term Treasury	754,958	228,013
Vanguard Mid Capitalization Index Signal	194,776	158,885
Vanguard Small Cap Index Signal	197,986	126,760
Vanguard Strategic Equity	210,560	157,709
Vanguard Wellington Adm	232,303	172,980
ILIAC Investment Contract	<u>1,230,396</u>	<u></u>
Total investments at fair value	<u>\$43,300,758</u>	<u>\$32,519,493</u>
Investments at contract value:		
MetLife Managed GIC	<u>\$ 6,961,312</u>	<u>\$ 7,574,913</u>

(Concluded)

Supplemental schedule: All investment balances and information included in the supplemental schedule of assets (held at end of year).

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

	2009	2008
MetLife Managed GIC (at contract value)	\$ 6,961,312	\$ 7,574,913
DFA Intermediate Govt Fixed-Income Fund	5,154,186	4,452,924
American Funds Growth Fund	4,957,931	3,795,718
Dodge & Cox Stock Fund	4,773,613	3,729,105
Schwab S&P 500 Index Fund (1)	4,565,974	
Schwab Instl Select S&P 500 Fund (1)		3,415,786

(1) Represents a party-in-interest to the Plan.

During the year ended December 31, 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

American Funds Growth Fund of America R5	\$ 1,266,177
Dodge & Cox Stock	1,153,635
DFA Emerging Markets I	811,876
Morgan Stanley Inst Mid Cap Growth	730,507
T. Rowe Price Mid-Cap Value	660,918
Schwab Instl Select S&P 500	552,807
DFA US Small Cap Value I	492,764
DFA Intl Small Cap Value I	460,903
Europacific Growth R5	444,546
Bridgeway Ultra-Small Company Market	355,553
Schwab S&P 500 Index	301,759
PIMCO High Yield Instl Class	262,811
ILIAC Investment Contract	205,874
Loomis Sayles Global Bond Instl Class	173,618
Fidelity Low-Priced Stock	169,108
American Funds Capital World G/I R5	144,104
PIMCO Real Return Instl Class	124,648
Dodge & Cox Balanced	107,504
American Funds AMCAP R5	102,510
Fidelity Select Medical Equip & Systems	73,347
Oppenheimer Gold & Special Minerals	68,463
Vanguard Mid Capitalization Index Signal	65,758
Fidelity Real Estate Investment	64,471
Vanguard Strategic Equity	54,711
Vanguard Small Cap Index Signal	47,610
Vanguard Energy Adm	38,149
Vanguard Wellington Adm	35,798
Dodge & Cox Income	33,735
Vanguard Health Care Adm	28,267
Columbia Acorn Z	25,491
Fidelity Spartan International Index	18,513
Vanguard Interm-Term Bond Index Signal	11,216
Vanguard Interm-Term Treasury	(53,717)
DFA Intermediate Govt Fixed-Income	<u>(246,379)</u>
Net appreciation in fair value of investments	<u>\$ 8,787,055</u>

Other transactions regarding the Plan's investments included the following:

Dividend income	<u>\$ 790,502</u>
Interest income	<u>\$ 386,486</u>

9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

A reconciliation of net assets available for benefits per the financial statements to the total net assets per the Form 5500 as of December 31, 2009 and 2008, and the increase in net assets per the financial statements to the net income per the Form 5500 for the year ended December 31, 2009, is as follows:

	2009	2008
Net assets available for benefits per the financial statements	\$ 50,962,618	\$ 40,483,583
Adjustment from contract value to fair value for fully benefit-responsive investment contract	<u>(70,725)</u>	<u>(398,461)</u>
Total net assets per the Form 5500	<u>\$ 50,891,893</u>	<u>\$ 40,085,122</u>
Increase in net assets per the financial statements:	\$ 9,515,556	
Adjustment from contract value to fair value for fully benefit-responsive investment contract — December 31, 2009	(70,725)	
Adjustment from contract value to fair value for fully benefit-responsive investment contract — December 31, 2008	<u>398,461</u>	
Net income per Form 5500	<u>\$ 9,843,292</u>	

10. PLAN TRANSFERS AND MERGERS

Effective with the restated Plan document on January 1, 2009, the Monroe Community Health Services Inc., Retirement Savings Plan was merged into the Plan. Net assets of \$963,479 were transferred into the Plan, and remain with ING for those MCHS 90 participants whose assets became part of the Plan as of January 1, 2009.

11. SUBSEQUENT EVENTS

For the year ended December 31, 2009, subsequent events were evaluated through January 18, 2011, the date the financial statements were available to be issued.

Effective September 15, 2010, the Plan changed its custodian and recordkeeper from CSTC to Reliance Trust Company (custodian) and MetLife Retirement Services (recordkeeper).

* * * * *

SUPPLEMENTAL SCHEDULE

MERCY MEMORIAL HOSPITAL SYSTEM RETIREMENT SAVINGS PLAN

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

(a) (b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost **	(e) Current Value
Mutual Funds:			
American Funds AMCAP R5	Mutual Fund		\$ 372,008
American Funds Capital World G/I R5	Mutual Fund		502,557
American Funds EuroPacific Gr R5	Mutual Fund		1,565,798
American Funds Growth Fund of Amer	Mutual Fund		4,957,931
Bridgeway Ultra-Small Company Market	Mutual Fund		1,872,667
Columbia Acorn Z	Mutual Fund		94,723
DFA Emerging Markets I	Mutual Fund		1,821,459
DFA Intermediate Govt Fixed-Income	Mutual Fund		5,154,186
DFA Intl Small Cap Value I	Mutual Fund		1,552,565
DFA US Small Cap Value I	Mutual Fund		1,842,621
Dodge & Cox Balanced	Mutual Fund		506,663
Dodge & Cox Income	Mutual Fund		397,983
Dodge & Cox Stock	Mutual Fund		4,773,613
Fidelity Low-Priced Stock	Mutual Fund		609,950
Fidelity Real Estate Investment	Mutual Fund		245,235
Fidelity Select Medical Equip & Systems	Mutual Fund		313,248
Fidelity Spartan International Index	Mutual Fund		110,043
Loomis Sayles Global Bond Instl Class	Mutual Fund		1,113,270
Morgan Stanley Inst Mid Cap Growth	Mutual Fund		1,752,792
Oppenheimer Gold & Special Minerals	Mutual Fund		190,544
PIMCO High Yield Instl Class	Mutual Fund		1,097,670
PIMCO Real Return Instl Class	Mutual Fund		1,137,736
* Schwab S&P 500 Index	Mutual Fund		4,565,974
T. Rowe Price Mid-Cap Value	Mutual Fund		1,963,161
Vanguard Energy Adm	Mutual Fund		144,292
Vanguard Health Care Adm	Mutual Fund		185,336

(Continued)

MERCY MEMORIAL HOSPITAL SYSTEM RETIREMENT SAVINGS PLAN

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

(b) Identity of Issuer, Borrower, (a) Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost **	(e) Current Value
Mutual Funds:			
Vanguard Inter-Term Bond Index Sig	Mutual Fund		\$ 362,519
Vanguard Inter-Term Treasury	Mutual Fund		754,958
Vanguard Mid Capitalization Index S	Mutual Fund		194,776
Vanguard Small Cap Index Signal	Mutual Fund		197,986
Vanguard Strategic Equity	Mutual Fund		210,560
Vanguard Wellington Adm	Mutual Fund		<u>232,303</u>
Total mutual funds			<u>40,797,127</u>
* ILIAC investment contract	Group annuity contract		1,230,396
MetLife managed GIC	Guaranteed investment contract — group annuity contract #28948		6,890,587
Various participants	Participant loans (maturing through 2014 at interest rates 1.00%–9.25%)		1,273,235
* Schwab Money Market Account			<u>85,494</u>
			<u>\$ 50,276,839</u>

* Party-in-interest.

** Cost information is not required for participant-directed investments and, therefore, is not included.

(Concluded)

MERCY MEMORIAL HOSPITAL SYSTEM RETIREMENT SAVINGS PLAN

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

(a) (b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost **	(e) Current Value
Mutual Funds:			
American Funds AMCAP R5	Mutual Fund		\$ 372,008
American Funds Capital World G/I R5	Mutual Fund		502,557
American Funds EuroPacific Gr R5	Mutual Fund		1,565,798
American Funds Growth Fund of Amer	Mutual Fund		4,957,931
Bridgeway Ultra-Small Company Market	Mutual Fund		1,872,667
Columbia Acorn Z	Mutual Fund		94,723
DFA Emerging Markets I	Mutual Fund		1,821,459
DFA Intermediate Govt Fixed-Income	Mutual Fund		5,154,186
DFA Intl Small Cap Value I	Mutual Fund		1,552,565
DFA US Small Cap Value I	Mutual Fund		1,842,621
Dodge & Cox Balanced	Mutual Fund		506,663
Dodge & Cox Income	Mutual Fund		397,983
Dodge & Cox Stock	Mutual Fund		4,773,613
Fidelity Low-Priced Stock	Mutual Fund		609,950
Fidelity Real Estate Investment	Mutual Fund		245,235
Fidelity Select Medical Equip & Systems	Mutual Fund		313,248
Fidelity Spartan International Index	Mutual Fund		110,043
Loomis Sayles Global Bond Instl Class	Mutual Fund		1,113,270
Morgan Stanley Inst Mid Cap Growth	Mutual Fund		1,752,792
Oppenheimer Gold & Special Minerals	Mutual Fund		190,544
PIMCO High Yield Instl Class	Mutual Fund		1,097,670
PIMCO Real Return Instl Class	Mutual Fund		1,137,736
* Schwab S&P 500 Index	Mutual Fund		4,565,974
T. Rowe Price Mid-Cap Value	Mutual Fund		1,963,161
Vanguard Energy Adm	Mutual Fund		144,292
Vanguard Health Care Adm	Mutual Fund		185,336

(Continued)

MERCY MEMORIAL HOSPITAL SYSTEM RETIREMENT SAVINGS PLAN

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

(a) (b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost **	(e) Current Value
Mutual Funds:			
Vanguard Interm-Term Bond Index Sig	Mutual Fund		\$ 362,519
Vanguard Interm-Term Treasury	Mutual Fund		754,958
Vanguard Mid Capitalization Index S	Mutual Fund		194,776
Vanguard Small Cap Index Signal	Mutual Fund		197,986
Vanguard Strategic Equity	Mutual Fund		210,560
Vanguard Wellington Adm	Mutual Fund		<u>232,303</u>
Total mutual funds			<u>40,797,127</u>
* ILIAC investment contract	Group annuity contract		1,230,396
MetLife managed GIC	Guaranteed investment contract — group annuity contract #28948		6,890,587
Various participants	Participant loans (maturing through 2014 at interest rates 1.00%–9.25%)		1,273,235
* Schwab Money Market Account			<u>85,494</u>
			<u>\$ 50,276,839</u>

* Party-in-interest.

** Cost information is not required for participant-directed investments and, therefore, is not included.

(Concluded)