

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 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>07/01/2010</u> and ending <u>12/31/2010</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>MARION GENERAL HOSPITAL, INC. RETIREMENT 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>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1984</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1984</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1984</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>MARION GENERAL HOSPITAL, INC.</u> <u>MCKINLEY PARK DRIVE</u> <u>MARION, OH 43302</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>31-1070877</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>740-383-8693</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>622000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-1070877</u>	2c Sponsor's telephone number <u>740-383-8693</u>	2d Business code (see instructions) <u>622000</u>	
2b Employer Identification Number (EIN) <u>31-1070877</u>					
2c Sponsor's telephone number <u>740-383-8693</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.	10/10/2011	STEVEN R. BROWN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2011	STEVEN R. BROWN
	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 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") MARION GENERAL HOSPITAL, INC. MCKINLEY PARK DRIVE MARION, OH 43302	3b Administrator's EIN 31-1070877 3c Administrator's telephone number 740-383-8693
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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	1038
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	924
b Retired or separated participants receiving benefits.....	6b	4
c Other retired or separated participants entitled to future benefits.....	6c	85
d Subtotal. Add lines 6a , 6b , and 6c	6d	1013
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	1
f Total. Add lines 6d and 6e	6f	1014
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	968
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:
2C

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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)
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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
		2010
		This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 07/01/2010 and ending 12/31/2010		
A Name of plan MARION GENERAL HOSPITAL, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MARION GENERAL HOSPITAL, INC.	D Employer Identification Number (EIN) 31-1070877	

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)

JACOB, HAXTON & BOORD, LLC

20-0754801

(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	NONE	10560	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

PNC BANK

25-1211909

(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?
24 25	NONE	6893	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☒ No ☐

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

PLANTE & MORAN, PLLC

38-1387951

(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	NONE	4500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

STIFEL, NICOLAUS & COMPANY, INCORPO

43-0538770

(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 51	NONE	4464	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 ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 2010 This Form is Open to Public Inspection
For calendar plan year 2010 or fiscal plan year beginning 07/01/2010 and ending 12/31/2010		
A Name of plan MARION GENERAL HOSPITAL, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 MARION GENERAL HOSPITAL, INC.	D Employer Identification Number (EIN) 31-1070877	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	71334	42568
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	64209	32737
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	734910	680464
(2) U.S. Government securities.....	1c(2)	927744	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	2191464	45800
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	5526113	10508
(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)	29396	25325
(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)	7942819	18578150
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

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	17487989	19415552

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	17487989	19415552
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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)	610234	
(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)		610234

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1032	
(B) U.S. Government securities	2b(1)(B)	2727	
(C) Corporate debt instruments	2b(1)(C)	11077	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	981	
(F) Other	2b(1)(F)	131	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		15948

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	12414	
(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)		12414

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	19082742	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	18595507	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		487235

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	10346	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		10346
(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)		1520211
c Other income.....	2c		2901
d Total income. Add all income amounts in column (b) and enter total.....	2d		2659289

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	704853	
(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)		704853
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		456
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	21953	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	4464	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		26417
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		731726

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1927563
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: PLANTE & MORAN, PLLC

(2) EIN: 38-1387951

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		1500000
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.			

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 07/01/2010 and ending 12/31/2010		
A Name of plan MARION GENERAL HOSPITAL, INC. RETIREMENT PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 MARION GENERAL HOSPITAL, INC.		D Employer Identification Number (EIN) 31-1070877
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): 25-1211909		
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
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 610234
b Enter the amount contributed by the employer to the plan for this plan year		6b 610234
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 0
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule R (Form 5500) 2010 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): _____

**Marion General Hospital, Inc.
Retirement Plan and Trust**

**Financial Report
December 31, 2010**

Marion General Hospital, Inc. Retirement Plan and Trust

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Independent Auditor's Report

To the Plan Administrator and
OhioHealth Audit Committee
Marion General Hospital, Inc.
Retirement Plan and Trust

We were engaged to audit the financial statements and supplemental schedules of Marion General Hospital, Inc. Retirement Plan and Trust (the "Plan") as of December 31, 2010 and June 30, 2010 and for the period from July 1, 2010 through December 31, 2010, as listed in the accompanying 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 3, which was certified by PNC Bank, the trustee of the Plan, except for comparing such 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 participant notes receivable and executes related transactions. The plan administrator has obtained certifications from the Trustee as of December 31, 2010 and June 30, 2010 and for the period from July 1, 2010 through December 31, 2010 that the information 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, and 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.

Plante & Moran, PLLC

Columbus, Ohio
September 21, 2011

Marion General Hospital, Inc. **Retirement Plan and Trust**

Statement of Net Assets Available for Benefits

	December 31, 2010	June 30, 2010
Assets		
Investments:		
Money market funds	\$ 680,464	\$ 734,910
Mutual funds	18,578,150	7,942,819
U.S. government securities	-	927,744
Corporate stock	10,508	5,526,113
Corporate bond obligations	45,800	2,191,464
Total investments	19,314,922	17,323,050
Employer contributions receivable	40,168	69,905
Accrued interest and dividends	24,794	48,904
Participant notes receivable	25,155	28,320
Net Assets Available for Benefits	\$ 19,405,039	\$ 17,470,179

Marion General Hospital, Inc. **Retirement Plan and Trust**

Statement of Changes in Net Assets Available for Benefits **Period from July 1, 2010 through December 31, 2010**

Additions to Net Assets

Employer contributions	\$ 609,262
Investment income (loss):	
Interest and dividends	375,256
Net realized and unrealized gains (losses) on investments:	
Mutual funds	1,196,917
U.S. government securities	(430)
Corporate bond obligations	1,726
Corporate stock	486,192
Net appreciation	1,684,405
Net investment income	2,059,661
Interest from participant notes receivable	865
Total additions - Net	2,669,788

Deductions from Net Assets

Benefits paid directly to participants or beneficiaries	692,922
Administrative expenses	42,006
Total deductions	734,928

Net Increase 1,934,860

Net Assets Available for Benefits

Beginning of period	17,470,179
End of period	<u><u>\$ 19,405,039</u></u>

Marion General Hospital, Inc. Retirement Plan and Trust

Notes to Financial Statements December 31, 2010 and June 30, 2010

Note 1 - Plan Description

The following description of Marion General Hospital, Inc. Retirement Plan and Trust (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a noncontributory defined contribution plan which covers Marion General Hospital, Inc.'s (the "Hospital") employees who meet certain requirements as to length of service and number of hours of service and provides for retirement, death, and disability benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective December 19, 2010, the Plan was amended to provide eligibility to certain employees of Smith Clinic.

Year End - As of July 1, 2010, the Hospital changed the Plan's year end from June 30 to December 31.

Contributions - The Plan provides for employer contributions based on a percentage of each participant's annual compensation subject to limitations established by the Internal Revenue Code. Non-union employees are eligible to participate in the Plan upon the completion of one year of service and attainment of age 21, and union employees are eligible for participation upon completion of one year of service. Entry dates into the Plan are January 1 and July 1 of each year. The Hospital makes contributions to the Plan on behalf of each person who is a participant on the last day of the plan year and has completed the required number of hours of service. The required number of hours of service to be completed is 1,000 for non-union employees and 832 for union employees. If the requirement for service hours is met, the employer contribution is 3 percent of a participant's annual compensation for non-union employees and 5 percent of a participant's annual compensation for union employees.

Participant Accounts - Each participant's account is credited with allocations of the Hospital's contributions and plan earnings and charged with an allocation of administrative expenses. Allocations are based on a participant's compensation 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.

Vesting - Vesting in the Hospital's contribution portion of its accounts, plus actual earnings thereon, is based on years of service. Upon completion of five years of service, a participant is 100 percent vested in his or her account balance, otherwise participants are 0 percent vested.

Marion General Hospital, Inc.

Retirement Plan and Trust

Notes to Financial Statements

December 31, 2010 and June 30, 2010

Note 1 - Plan Description (Continued)

Benefit Payments - Distributions are payable upon the retirement, death, disability, or termination of employment. Distributions are available in the form of a lump-sum amount equal to the vested balance of a participant's account or various annuities over a 10-year period. Distributions in the form of a life annuity are also available. If the value of a participant's account is less than \$5,000 at the time of distribution, the amount will be paid in a single lump sum.

Forfeitures - If a participant is not fully vested on his or her termination date, the non-vested amount of the account is forfeited. Forfeitures are used to reduce Hospital contributions. For the six-month period ended December 31, 2010 and the year ended June 30, 2010, forfeited account balances approximated \$11,980 and \$3,700, respectively.

Party-in-interest Transactions - Certain plan assets are in investment funds managed by PNC Bank or its affiliates. PNC Bank is the trustee of the Plan and, therefore, these transactions qualify as party-in-interest transactions as defined under ERISA guidelines.

Participant Notes Receivable - Effective July 1, 2007, no new loans were allowed under the plan document. Prior to July 1, 2007, under certain conditions, participants could borrow funds from the Plan at market rates of interest. The maximum loan balance was a formula based upon the participant's nonforfeitable account balance. No plan loan may exceed the lesser of \$50,000 or 50 percent of a participant's nonforfeitable account balance.

Termination - While it has not expressed any intent to do so, the Hospital 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 the plan document and ERISA. Upon termination of the Plan, participants become 100 percent vested in their account balances.

Note 2 - Summary of Significant Accounting Policies

Investment Valuation - The Plan's investments are stated at fair value. U.S. government securities and corporate obligations are valued using market data for the same or comparable instruments and transactions establishing the prices. All other investments are valued based on quoted market prices.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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. See Note 4 for additional information.

Marion General Hospital, Inc.

Retirement Plan and Trust

Notes to Financial Statements

December 31, 2010 and June 30, 2010

Note 2 - Summary of Significant Accounting Policies (Continued)

Participant Notes Receivable - Participant notes receivable are recorded at their unpaid principal balances plus any accrued interest. Participant notes receivable are written off when deemed uncollectible.

Benefit Payments - Benefits are recorded when paid.

Administrative Expenses - Various administrative costs are paid out of the Plan and include audit fees, investment fees, trustee fees, and recordkeeping fees.

New Accounting Pronouncement - During 2010, the Plan adopted the provisions of a new accounting standard which requires that defined contribution plans classify participant loans as participant notes receivable rather than as investments as was previously required. This standard was adopted retroactively and, as a result, the June 30, 2010 participant loans have been reclassified from investments to participant notes receivable. The adoption of this standard had no impact on the Plan's net assets or changes in net assets.

Use of Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

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

Subsequent Events - The financial statements and related disclosures include evaluation of events up through and including September 21, 2011, which is the date the financial statements were available to be issued.

Note 3 - Unaudited Information

PNC Bank (the "Trustee") holds the Plan's investments and participant notes receivable and executes all related transactions. The investment and participant notes receivable balances and related income and losses included in the accompanying financial statements and supplemental schedules of assets held at end of year and reportable transactions are based solely on information provided by the Trustee.

Marion General Hospital, Inc.

Retirement Plan and Trust

Notes to Financial Statements December 31, 2010 and June 30, 2010

Note 3 - Unaudited Information (Continued)

Significant investments are as follows:

	December 31, 2010	June 30, 2010
Mutual funds:		
PNC Large Cap Core Equity Fund	\$ 2,774,502	\$ 1,403,066
PNC Intermediate Bond Fund	8,885,378	3,738,212
PNC Small Cap Core Fund	1,833,085	705,485
PNC Mid Cap Value Fund	1,827,990	714,059
PNC Large Cap Value Fund	2,302,446	825,477

Note 4 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the inputs and valuation techniques used to measure fair value.

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2010 and June 30, 2010 and the valuation techniques used by the Plan to determine those fair values.

Level 1 - In general, fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plan has the ability to access.

Level 2 - Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, and other inputs such as interest rates and yield curves that are observable at commonly quoted intervals.

Level 3 - Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management's own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset.

In instances where inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

Marion General Hospital, Inc.

Retirement Plan and Trust

Notes to Financial Statements December 31, 2010 and June 30, 2010

Note 4 - Fair Value Measurements (Continued)

Assets Measured at Fair Value on a Recurring Basis at December 31, 2010

	Level 1	Level 2	Level 3	Balance at December 31, 2010
Investments:				
Money market funds	\$ 680,464	\$ -	\$ -	\$ 680,464
Mutual funds - Equity investments	9,692,772	-	-	9,692,772
Mutual funds - Fixed-income investments	8,885,378	-	-	8,885,378
Corporate stock - Domestic	10,508	-	-	10,508
Corporate bond obligation	-	45,800	-	45,800
Total	<u>\$ 19,269,122</u>	<u>\$ 45,800</u>	<u>\$ -</u>	<u>\$ 19,314,922</u>

Assets Measured at Fair Value on a Recurring Basis at June 30, 2010

	Level 1	Level 2	Level 3	Balance at June 30, 2010
Investments:				
Money market funds	\$ 734,910	\$ -	\$ -	\$ 734,910
Mutual funds - Equity Investments	4,204,607	-	-	4,204,607
Mutual Funds - Fixed-income Investments	3,738,212	-	-	3,738,212
U.S. government securities	-	927,744	-	927,744
Corporate stocks - Domestic	5,526,113	-	-	5,526,113
Corporate bond obligations	-	2,191,464	-	2,191,464
Total	<u>\$ 14,203,842</u>	<u>\$ 3,119,208</u>	<u>\$ -</u>	<u>\$ 17,323,050</u>

The Plan's policy is to recognize transfers in and transfers out of the Level 1, 2, and 3 fair value classifications as of the actual date of the event of change in circumstances that caused the transfer. There were no significant transfers between levels of the fair value hierarchy during 2010.

Note 5 - Tax Status

The Plan has received a determination letter from the Internal Revenue Service indicating that the Plan, as designed, is qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Marion General Hospital, Inc. **Retirement Plan and Trust**

Notes to Financial Statements **December 31, 2010 and June 30, 2010**

Note 6 - Reconciliation to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2010 and June 30, 2010 to Form 5500:

	December 31, 2010	June 30, 2010
Net assets available for benefits per the financial statements	\$ 19,405,039	\$ 17,470,179
Other receivables - Distribution overpayments	7,943	15,305
Difference in loan balances between custodian and recordkeeper	170	1,076
Other income	2,400	1,429
Net assets available for benefits per Form 5500	<u>\$ 19,415,552</u>	<u>\$ 17,487,989</u>

The following is a reconciliation of net increase in assets available for benefits per the financial statements for the period from July 1, 2010 through December 31, 2010 to Form 5500:

	December 31, 2010
Net increase in assets available for benefits per the financial statements	\$ 1,934,860
Change in other receivables - Distribution overpayments	(7,362)
Change in difference in loan balances between custodian and recordkeeper	(906)
Other income	971
Net increase in assets available for benefits per Form 5500	<u>\$ 1,927,563</u>

Marion General Hospital, Inc. **Retirement Plan and Trust**

Schedule of Assets Held at End of Year **Form 5500, Schedule H, Line 4i** **EIN 31-1070877, Plan No. 001** **December 31, 2010**

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
PNC	Money market fund:		
	PNC Prime Money Market 672	\$ 96,623	\$ 96,623
	PNC Prime Money Market 656	577,215	577,215
	PNC Prime Money Market 417	6,626	6,626
PNC	Mutual funds:		
	PNC Large Cap Value Fund	2,160,708	2,302,446
	PNC Mid Cap Value Fund	1,560,336	1,827,990
	PNC Intermediate Bond Fund	8,947,585	8,885,378
	PNC Large Cap Core Equity Fund	2,765,602	2,774,502
	PNC Small Cap Core Fund	1,527,000	1,833,085
	PNC International Equity Fund	849,649	954,749
	Corporate stock:		
	Frontier Communications Co	10,131	10,508
Ensco Offshore Co.	Corporate bond obligation:		
	Ensco Offshore Co. 6.36% due December 1, 2015	41,803	45,800
Participants	Participant notes receivable with interest rates ranging from 5.75% to 9.25%	25,155	25,155
	Total	<u>\$ 18,568,433</u>	<u>\$ 19,340,077</u>

Marion General Hospital, Inc. Retirement Plan and Trust

Schedule of Reportable Transactions Form 5500, Schedule H, Line 4j EIN 31-1070877, Plan No. 001 Period from July 1, 2010 through December 31, 2010

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - A single transaction that amounts to more than 5 percent of the beginning value of total plan assets:						
PNC	PNC Prime Money Market Fund #417	\$ 9,228,448	\$ -	\$ 9,228,448	\$ 9,228,448	\$ -
PNC	PNC Prime Money Market Fund #417	-	9,254,760	9,254,760	9,254,760	-
PNC	PNC Small Cap Core Fund	968,472	-	968,472	968,472	-
PNC	PNC Large Cap Core Equity Fund	1,282,818	-	1,282,818	1,282,818	-
PNC	PNC Intermediate Bond Fund	4,835,749	-	4,835,749	4,835,749	-
PNC	PNC Mid Cap Value Fund	963,992	-	963,992	963,992	-
PNC	PNC Large Cap Value Fund	1,288,930	-	1,288,930	1,288,930	-
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets:						
PNC	PNC Mid Cap Value Fund:					
	Purchases - 7	989,190	-	989,190	989,190	-
	Sales - 1	-	112,984	96,711	112,984	16,273
PNC	PNC Large Cap Value Fund:					
	Purchases - 9	1,307,483	-	1,307,483	1,307,483	-
	Sales - 1	-	97,084	92,069	97,084	5,015
PNC	PNC Prime Money Market Fund #417:					
	Purchases - 15	9,941,664	-	9,941,664	9,941,664	-
	Sales - 3	-	9,996,110	9,996,110	9,996,110	-
PNC	PNC Small Cap Core Fund:					
	Purchases - 6	973,197	-	973,197	973,197	-
	Sales - 1	-	188,317	160,212	188,317	28,105

**Marion General Hospital, Inc.
Retirement Plan and Trust**

**Schedule of Reportable Transactions (Continued)
Form 5500, Schedule H, Line 4j
EIN 31-1070877, Plan No. 001
Period from July 1, 2010 through December 31, 2010**

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
PNC	PNC Large Cap Core Equity Fund:					
	Purchases - 9	\$ 1,305,982	\$ -	\$ 1,305,982	\$ 1,305,982	\$ -
	Sales - 1	-	384,084	385,528	384,084	(1,444)
PNC	PNC Intermediate Bond Fund:					
	Purchases - 15	5,406,293	-	5,406,293	5,406,293	-
	Sales - 0	-	-	-	-	-

There were no Category (ii) or (iv) reportable transactions during the year.

Marion General Hospital, Inc. **Retirement Plan and Trust**

Schedule of Assets Held at End of Year **Form 5500, Schedule H, Line 4i** **EIN 31-1070877, Plan No. 001** **December 31, 2010**

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
PNC	Money market fund:		
	PNC Prime Money Market 672	\$ 96,623	\$ 96,623
	PNC Prime Money Market 656	577,215	577,215
	PNC Prime Money Market 417	6,626	6,626
PNC	Mutual funds:		
	PNC Large Cap Value Fund	2,160,708	2,302,446
	PNC Mid Cap Value Fund	1,560,336	1,827,990
	PNC Intermediate Bond Fund	8,947,585	8,885,378
	PNC Large Cap Core Equity Fund	2,765,602	2,774,502
	PNC Small Cap Core Fund	1,527,000	1,833,085
	PNC International Equity Fund	849,649	954,749
	Corporate stock:		
	Frontier Communications Co	10,131	10,508
Ensco Offshore Co.	Corporate bond obligation:		
	Ensco Offshore Co. 6.36% due December 1, 2015	41,803	45,800
Participants	Participant notes receivable with interest rates ranging from 5.75% to 9.25%	25,155	25,155
	Total	<u>\$ 18,568,433</u>	<u>\$ 19,340,077</u>

Marion General Hospital, Inc. Retirement Plan and Trust

Schedule of Reportable Transactions Form 5500, Schedule H, Line 4j EIN 31-1070877, Plan No. 001 Period from July 1, 2010 through December 31, 2010

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - A single transaction that amounts to more than 5 percent of the beginning value of total plan assets:						
PNC	PNC Prime Money Market Fund #417	\$ 9,228,448	\$ -	\$ 9,228,448	\$ 9,228,448	\$ -
PNC	PNC Prime Money Market Fund #417	-	9,254,760	9,254,760	9,254,760	-
PNC	PNC Small Cap Core Fund	968,472	-	968,472	968,472	-
PNC	PNC Large Cap Core Equity Fund	1,282,818	-	1,282,818	1,282,818	-
PNC	PNC Intermediate Bond Fund	4,835,749	-	4,835,749	4,835,749	-
PNC	PNC Mid Cap Value Fund	963,992	-	963,992	963,992	-
PNC	PNC Large Cap Value Fund	1,288,930	-	1,288,930	1,288,930	-
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets:						
PNC	PNC Mid Cap Value Fund:					
	Purchases - 7	989,190	-	989,190	989,190	-
	Sales - 1	-	112,984	96,711	112,984	16,273
PNC	PNC Large Cap Value Fund:					
	Purchases - 9	1,307,483	-	1,307,483	1,307,483	-
	Sales - 1	-	97,084	92,069	97,084	5,015
PNC	PNC Prime Money Market Fund #417:					
	Purchases - 15	9,941,664	-	9,941,664	9,941,664	-
	Sales - 3	-	9,996,110	9,996,110	9,996,110	-
PNC	PNC Small Cap Core Fund:					
	Purchases - 6	973,197	-	973,197	973,197	-
	Sales - 1	-	188,317	160,212	188,317	28,105

**Marion General Hospital, Inc.
Retirement Plan and Trust**

**Schedule of Reportable Transactions (Continued)
Form 5500, Schedule H, Line 4j
EIN 31-1070877, Plan No. 001
Period from July 1, 2010 through December 31, 2010**

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
PNC	PNC Large Cap Core Equity Fund:					
	Purchases - 9	\$ 1,305,982	\$ -	\$ 1,305,982	\$ 1,305,982	\$ -
	Sales - 1	-	384,084	385,528	384,084	(1,444)
PNC	PNC Intermediate Bond Fund:					
	Purchases - 15	5,406,293	-	5,406,293	5,406,293	-
	Sales - 0	-	-	-	-	-

There were no Category (ii) or (iv) reportable transactions during the year.