

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 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>01/01/2010</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>MARQUETTE GENERAL HOSPITAL INC RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>MARQUETTE GENERAL HOSPITAL INC</u> <u>C/O BENEFITS OFFICE</u> <u>420 W MAGNETIC STREET</u> <u>MARQUETTE, MI 49855</u>		1c Effective date of plan <u>01/01/1964</u>	
2b Employer Identification Number (EIN) <u>38-1358036</u>		2c Sponsor's telephone number <u>906-225-3446</u>	
2d Business code (see instructions) <u>622000</u>		<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	

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.	<u>10/14/2011</u>	<u>JERRY L WORDEN</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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") MARQUETTE GENERAL HOSPITAL INC C/O BENEFITS OFFICE 420 W MAGNETIC STREET MARQUETTE, MI 49855	3b Administrator's EIN 38-1358036 3c Administrator's telephone number 906-225-3446
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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	
5 Total number of participants at the beginning of the plan year	5	3437
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	1745
b Retired or separated participants receiving benefits.....	6b	667
c Other retired or separated participants entitled to future benefits.....	6c	959
d Subtotal. Add lines 6a , 6b , and 6c	6d	3371
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	44
f Total. Add lines 6d and 6e	6f	3415
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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)

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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

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

A Name of plan <u>MARQUETTE GENERAL HOSPITAL INC RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MARQUETTE GENERAL HOSPITAL INC</u>	D Employer Identification Number (EIN) <u>38-1358036</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information	
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2010</u>		
2 Assets:		
a Market value	2a <u>157838450</u>	
b Actuarial value	2b <u>161677501</u>	
3 Funding target/participant count breakdown		
	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>638</u>	<u>69078334</u>
b For terminated vested participants	3b <u>883</u>	<u>23384310</u>
c For active participants:		
(1) Non-vested benefits	3c(1)	<u>6793818</u>
(2) Vested benefits	3c(2)	<u>91414799</u>
(3) Total active	3c(3) <u>1916</u>	<u>98208617</u>
d Total	3d <u>3437</u>	<u>190671261</u>
4 If the plan is at-risk, check the box and complete items (a) and (b)	☐	
a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5 <u>6.72</u> %	
6 Target normal cost	6 <u>5384271</u>	

Statement by Enrolled Actuary

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

SIGN HERE	<u>10/10/2011</u>
Signature of actuary <u>TIMOTHY HEDLUND, EA, MAAA</u>	Date <u>11-04791</u>
Type or print name of actuary <u>AON CONSULTING</u>	Most recent enrollment number <u>314-719-3803</u>
Firm name <u>8182 MARYLAND AVENUE, SUITE 1400</u> <u>ST LOUIS, MO 63105</u>	Telephone number (including area code)
Address of the firm	

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

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II	Beginning of year carryover and prefunding balances	
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)		2242294
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)		2242256
9 Amount remaining (Item 7 minus item 8).....		38
10 Interest on item 9 using prior year's actual return of <u>19.05</u> %		7
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		886
b Interest on (a) using prior year's effective rate of <u>8.06</u> %		169
c Total available at beginning of current plan year to add to prefunding balance		1055
d Portion of (c) to be added to prefunding balance.....		1055
12 Reduction in balances due to elections or deemed elections.....		
13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	1100

Part III	Funding percentages	
14 Funding target attainment percentage.....	14	84.79 %
15 Adjusted funding target attainment percentage.....	15	84.79 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	96.82 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV	Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:						
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
04/14/2010	1732933		09/14/2011	2430364		
07/14/2010	1732932					
10/14/2010	1732932					
12/06/2010		79039				
12/27/2010		22338				
01/13/2011	1732932					
Totals ►			18(b)	9362093	18(c) 101377	

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a
b Contributions made to avoid restrictions adjusted to valuation date	19b
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 8818423
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of Quarter of this plan year	
(1) 1st	(2) 2nd
(3) 3rd	(4) 4th

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

21 Discount rate:				
a Segment rates:	1st segment: 5.03 %	2nd segment: 6.73 %	3rd segment: 6.82 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 61
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	5384271
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	28994860	3432300
b Waiver amortization installment		
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	8816571
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement		Total balance
36 Additional cash requirement (item 34 minus item 35).....	36	8816571
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	8818423
38 Interest-adjusted excess contributions for current year (see instructions).....	38	1852
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	
40 Unpaid minimum required contribution for all years	40	

<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
		2010
		This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

<div>A Name of plan</div> <div>MARQUETTE GENERAL HOSPITAL INC RETIREMENT PLAN</div>	<div>B Three-digit plan number (PN)</div> <div>▶</div> <div>001</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>MARQUETTE GENERAL HOSPITAL INC</div>	<div>D Employer Identification Number (EIN)</div> <div>38-1358036</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

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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)

CAPTRUST ADVISORS LLC

45-0479693

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 17 27 34 38 49 50 70	NONE	248588	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

LAZARD ASSET MANAGEMENT

05-0530199

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	82620	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

WELLS FARGO BANK NA

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 21 50 63	NONE	74134	Yes ☒ No ☐	Yes ☐ No ☒	2735	Yes ☐ No ☒

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

NATIONAL INVESTMENT SERVICES INC

80-0169636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	60234	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

BOYD WATTERSON ASSET MANAGEMENT LLC

34-1922005

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	55497	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

RHUMLINE ADVISORS

04-3076646

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	35986	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

RYAN LABS INC

13-3451974

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	25505	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
(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: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

<div>SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>	<div>DFE/Participating Plan 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>	<div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan MARQUETTE GENERAL HOSPITAL INC RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 MARQUETTE GENERAL HOSPITAL INC	D Employer Identification Number (EIN) 38-1358036	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 1000 GROWTH POOLED INDEX FD			
b Name of sponsor of entity listed in (a): RHUMBLINE			
c EIN-PN 73-6360040-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37974908	
a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 1000 VALUE POOLED INDEX FD			
b Name of sponsor of entity listed in (a): RHUMBLINE			
c EIN-PN 04-6941665-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36851679	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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 01/01/2010 and ending 12/31/2010		
A Name of plan MARQUETTE GENERAL HOSPITAL INC RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 MARQUETTE GENERAL HOSPITAL INC	D Employer Identification Number (EIN) 38-1358036	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1211825	3285060
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	505982	730032
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	19653180	6019402
(2) U.S. Government securities.....	1c(2)	20759526	21591539
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	29747398	43873745
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	10637589	12384762
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	60813491	74826587
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	11825496	14781279
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	2612586	1044025

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	157767073	178536431

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	203925	
k Total liabilities (add all amounts in lines 1g through 1j)	1k	203925	

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	157563148	178536431
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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) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	8816566	
(B) Participants	2a(1)(B)	101378	
(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)		8917944
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	4020	
(B) U.S. Government securities	2b(1)(B)	877725	
(C) Corporate debt instruments	2b(1)(C)	1844839	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	96017	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2822601
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	309249	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	174663	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		483912
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	140375760	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	137199912	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		3175848

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	393084	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		393084
(6) Net investment gain (loss) from common/collective trusts	2b(6)		9989709
(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)		2955783
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		28738881

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6840872	
(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)		6840872
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)	585299	
(4) Other	2i(4)	339427	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		924726
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		7765598

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		20973283
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: MAKELA TOUTANT HILL & NARDI PC

(2) EIN: 38-2806590

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		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		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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.).....			
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 01/01/2010 and ending 12/31/2010

A Name of plan <u>MARQUETTE GENERAL HOSPITAL INC RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MARQUETTE GENERAL HOSPITAL INC</u>	D Employer Identification Number (EIN) <u>38-1358036</u>

Part I	Distributions
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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>41-6257133</u> Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3 <u>0</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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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.
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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: 59.0% Investment-Grade Debt: 41.0% High-Yield Debt: 0.0% Real Estate: 0.0% Other: 0.0%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☒ Other (specify): EFFECTIVE & MODIFIED

Audited Financial Statements
and Supplemental Schedule

MARQUETTE GENERAL HOSPITAL, INC.
RETIREMENT PLAN

December 31, 2010

Audited Financial Statements
and Supplemental Schedule

MARQUETTE GENERAL HOSPITAL, INC.
RETIREMENT PLAN

December 31, 2010

Audited Financial Statements

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REPORT OF INDEPENDENT AUDITORS

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

We have audited the accompanying statements of net assets available for benefits of Marquette General Hospital, Inc., Retirement Plan (Plan) as of December 31, 2010 and 2009, and the related statements of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of the Plan as of December 31, 2010 and 2009, and the changes in its financial status for the years then ended in conformity with accounting principles generally accepted in the United States of America.

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

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

October 5, 2011

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Our goal is to help you meet yours!

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

MARQUETTE GENERAL HOSPITAL, INC. RETIREMENT PLAN

	December 31	
	2010	2009
MARKETABLE SECURITIES, AT FAIR VALUE:		
Cash equivalents	\$ 6,019,402	\$ 19,653,180
United States Government and Agencies securities	21,591,539	20,759,526
Municipal bonds	1,044,025	2,612,586
Mutual funds	14,781,279	11,825,496
Corporate bonds and notes	43,873,745	29,747,398
Common stock	12,384,762	10,637,589
Common/collective funds	74,826,587	60,813,491
TOTAL ASSETS HELD FOR INVESTMENT	174,521,339	156,049,266
RECEIVABLES		
Employer's contribution receivable	3,285,060	1,211,825
Interest receivable	591,589	505,982
Due from broker for securities sold	138,443	
TOTAL RECEIVABLES	4,015,092	1,717,807
TOTAL ASSETS	178,536,431	157,767,073
LIABILITIES--due to broker for securities purchased		203,925
TOTAL LIABILITIES	0	203,925
NET ASSETS AVAILABLE FOR BENEFITS	\$ 178,536,431	\$ 157,563,148

See notes to financial statements.

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

MARQUETTE GENERAL HOSPITAL, INC.
RETIREMENT PLAN

	Year Ended December 31	
	2010	2009
ADDITIONS		
Employer contributions	\$ 8,816,566	\$ 4,508,748
Employee contributions	101,378	
Interest and dividend income	3,656,289	2,533,802
Net appreciation in fair value of investments	16,164,648	23,432,204
TOTAL ADDITIONS	28,738,881	30,474,754
DEDUCTIONS		
Benefit payments	6,840,872	6,396,649
PBGC premium	339,427	205,389
Investment management and custodial fees	585,299	541,218
TOTAL DEDUCTIONS	7,765,598	7,143,256
NET INCREASE	20,973,283	23,331,498
Net assets available for benefits at beginning of year	157,563,148	134,231,650
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	<u>\$ 178,536,431</u>	<u>\$ 157,563,148</u>

See notes to financial statements.

NOTES TO FINANCIAL STATEMENTS

MARQUETTE GENERAL HOSPITAL, INC. RETIREMENT PLAN

December 31, 2010

NOTE A--SIGNIFICANT ACCOUNTING POLICIES

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

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

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

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

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

Reclassifications: Certain amounts as of and for the year ended December 31, 2009, have been reclassified to conform to the current year's presentation.

Subsequent Events: Subsequent events were evaluated through October 5, 2011, which is the date the financial statements were available to be issued.

NOTES TO FINANCIAL STATEMENTS--Continued

MARQUETTE GENERAL HOSPITAL, INC. RETIREMENT PLAN

NOTE B--DESCRIPTION OF THE PLAN

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

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

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

There are certain administrative functions which are performed by employees of the System. No such employee receives compensation from the Plan. The System pays for various expenses incurred in administering the Plan. During the years ended December 31, 2010 and 2009, these administrative expenses approximated \$358,000 and \$269,000, respectively.

NOTES TO FINANCIAL STATEMENTS--Continued

**MARQUETTE GENERAL HOSPITAL, INC.
RETIREMENT PLAN**

NOTE C--ACCUMULATED PLAN BENEFITS

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

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

	January 1	
	2010	2009
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 61,281,071	\$ 59,753,427
Other participants	91,107,517	82,483,454
	<u>152,388,588</u>	<u>142,236,881</u>
Non-vested benefits	<u>6,624,738</u>	<u>7,441,479</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AS OF JANUARY 1, 2010 AND 2009	<u>\$ 159,013,326</u>	<u>\$ 149,678,360</u>

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

Actuarial present value of accumulated plan benefits as of January 1, 2009 and 2008	\$ 149,678,360	\$ 132,691,418
Increase (Decrease) during the year due to:		
Benefits paid	(6,396,648)	(5,607,136)
Interest due to decrease in discount period	11,723,326	10,391,028
Losses and benefits accumulated	4,008,288	5,692,912
Plan amendment		6,510,138
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AS OF JANUARY 1, 2010 AND 2009	<u>\$ 159,013,326</u>	<u>\$ 149,678,360</u>

NOTES TO FINANCIAL STATEMENTS--Continued

**MARQUETTE GENERAL HOSPITAL, INC.
RETIREMENT PLAN**

NOTE C--ACCUMULATED PLAN BENEFITS--Continued

Significant assumptions underlying the actuarial computations are:

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

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

NOTES TO FINANCIAL STATEMENTS--Continued

**MARQUETTE GENERAL HOSPITAL, INC.
RETIREMENT PLAN**

NOTE D--INVESTMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The Fair Value Measurements and Disclosures Topic of the Financial Accounting Standards Board Accounting Standards Codification establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority; Level 2 inputs consist of observable inputs other than quoted prices for identical assets; Level 3 inputs consist of unobservable inputs and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs are used only when Level 1 or Level 2 inputs were not available. As of December 31, 2010 and 2009 all of the Plan's investments were valued using either Level 1 or Level 2 inputs as noted:

	Fair Value	Fair Value Measurements at Reporting Date Using:	
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
<u>December 31, 2010</u>			
Cash and cash equivalents	\$ 6,019,402	\$ 6,019,402	
United States Government and Agencies securities	21,591,539	21,591,539	
Municipal bonds	1,044,025	1,044,025	
Mutual funds	14,781,279	14,781,279	
Corporate bonds and notes	43,873,745	43,873,745	
Common stock	12,384,762	12,384,762	
Common/collective funds	74,826,587		\$ 74,826,587
	<u>\$ 174,521,339</u>	<u>\$ 99,694,752</u>	<u>\$ 74,826,587</u>
<u>December 31, 2009</u>			
Cash and cash equivalents	\$ 19,653,180	\$ 19,653,180	
United States Government and Agencies securities	20,759,526	20,759,526	
Municipal bonds	2,612,586	2,612,586	
Corporate bonds and notes	11,825,496	11,825,496	
Preferred stock	29,747,398	29,747,398	
Common stock	10,637,589	10,637,589	
Common/collective funds	60,813,491		\$ 60,813,491
	<u>\$ 156,049,266</u>	<u>\$ 95,235,775</u>	<u>\$ 60,813,491</u>

NOTES TO FINANCIAL STATEMENTS--Continued

**MARQUETTE GENERAL HOSPITAL, INC.
RETIREMENT PLAN**

NOTE D--INVESTMENTS--Continued

During 2010 and 2009, the Plan's investments, including gains and losses on investments bought and sold, as well as held during the year, appreciated and (depreciated) in fair value by \$16,164,648 and \$23,432,204, respectively, are as follows:

Year Ended December 31, 2010	Net Appreciation (Depreciation) In Fair Value During Period	Fair Value At End of Period
Fair value as determined by quoted market price:		
Cash and cash equivalents		\$ 6,019,402
United States Government and Agencies securities	\$ 1,060,589	21,591,539
Municipal bonds	73,660	1,044,025
Mutual funds	2,955,783	14,781,279
Corporate bonds and notes	1,873,424	43,873,745
Preferred stock		
Common stock	561,261	12,384,762
Common/collective funds	9,639,931	74,826,587
	<u>\$ 16,164,648</u>	<u>\$ 174,521,339</u>
Year Ended December 31, 2009	Net Appreciation (Depreciation) In Fair Value During Period	Fair Value At End of Period
Fair value as determined by quoted market price:		
Cash and cash equivalents		\$ 19,653,180
United States Government and Agencies securities	\$ (671,023)	20,759,526
Municipal bonds	41,892	2,612,586
Mutual funds	3,897,318	11,825,496
Corporate bonds and notes	1,882,795	29,747,398
Preferred stock	(580)	
Common stock	1,815,185	10,637,589
Common/collective funds	16,466,617	60,813,491
	<u>\$ 23,432,204</u>	<u>\$ 156,049,266</u>

NOTES TO FINANCIAL STATEMENTS--Continued

**MARQUETTE GENERAL HOSPITAL, INC.
RETIREMENT PLAN**

NOTE D--INVESTMENTS--Continued

The following investments represent five percent or more of the Plan's net assets at December 31, 2010:

	<u>Market Value</u>
Russell 1000 Growth Pooled Index Fund	\$ 37,974,908
Russell 1000 Value Pooled Index Fund	\$ 36,851,679

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

	<u>Market Value</u>
Russell 1000 Growth Pooled Index Fund	\$ 30,893,462
Russell 1000 Value Pooled Index Fund	\$ 29,920,029

NOTE E--INCOME TAX STATUS

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

NOTES TO FINANCIAL STATEMENTS--Continued

**MARQUETTE GENERAL HOSPITAL, INC.
RETIREMENT PLAN**

NOTE F--PLAN AMENDMENT

Effective November 1, 2010, employees not under the collective bargaining agreement (non-bargaining employees) no longer continue to accrue benefits under Plan unless they have attained the age of 60 and have at least 25 years of service and elect to continue to accrue benefits. In order to continue to accrue benefits under the Plan, these eligible non-bargaining employees will be required to annually pay a contribution equal to four percent of their compensation into the Plan. The non-bargaining employees, who are no longer accruing benefits, will be eligible to participate in the 401(k) defined contribution plan where the System will match contributions of up to four percent of compensation.

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

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

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

December 31, 2010

(b) Identity of Issuing Party	(c) Description	(d) Cost	(e) Current Value
Cash equivalents:			
Federated Gov't Obligation Fund #5	4,601,963 shares	\$ 4,601,963	\$ 4,601,963
Wells Fargo Advantage Cash Investment			
Money Market Service	1,417,439 shares	1,417,439	1,417,439
TOTAL CASH EQUIVALENTS		\$ 6,019,402	\$ 6,019,402

	Par	Rate	Maturity		
United States Government and Agencies Securities:					
FDIC Guaranteed Notes Trust	\$ 77,371	2.570%	due 07/29/47	\$ 77,371	\$ 78,145
Fed Home Ln Mtg Corp	485,000	2.500%	due 01/07/14	486,672	504,415
Fed Home Ln Mtg Corp Pool	69,588	5.000%	due 06/01/28	71,350	73,027
Fed Home Ln Mtg Corp Pool	142,448	5.000%	due 04/01/23	142,270	150,484
Fed Home Ln Mtg Corp Pool	476,857	4.000%	due 03/01/25	488,257	490,419
Fed Home Ln Mtg Corp Pool	496,003	4.500%	due 07/01/24	524,756	520,803
Fed Home Loan Bank	415,000	4.500%	due 11/15/12	448,001	444,569
Fed Natl Mtg Assn	55,000	4.375%	due 09/15/12	59,218	58,494
Fed Natl Mtg Assn	225,000	4.750%	due 02/21/13	238,983	243,691
Fed Natl Mtg Assn	875,000	4.625%	due 10/15/13	948,641	960,444
Fed Natl Mtg Assn	675,000	2.375%	due 07/28/15	696,214	684,545
Fed Natl Mtg Assn	450,000	2.875%	due 12/11/13	463,163	473,049
Fed Natl Mtg Assn	85,022	5.500%	due 10/25/31	88,157	89,024
Fed Natl Mtg Assn	22,119	5.000%	due 08/25/22	22,393	23,077
Fed Natl Mtg Assn	106,132	6.000%	due 08/25/24	112,898	116,945
Fed Natl Mtg Assn Cap Deb Zero Coup	255,000	N/A	due 10/09/19	143,533	161,012
FICO Strip	150,000	N/A	due 03/07/19	110,231	113,024
Financing Corp Strips	505,000	N/A	due 12/27/18	402,162	385,098
Gov't Natl Mtg Assn	140,000	4.947%	due 11/16/39	145,130	150,837
Gov't Natl Mtg Assn	255,000	4.666%	due 07/16/31	271,615	274,816
Gov't Natl Mtg Assn	150,000	N/A	due 12/16/32	159,469	160,139
Gov't Natl Mtg Assn	120,000	N/A	due 03/16/34	128,906	130,172
Gov't Natl Mtg Assn	105,000	5.190%	due 05/16/39	115,992	115,709
Gov't Natl Mtg Assn	56,638	3.949%	due 07/16/33	57,293	58,848

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

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

December 31, 2010

(b) Identity of Issuing Party	(c) Description			(d) Cost	(e) Current Value
	Par	Rate	Maturity		
United States Government and Agencies Securities (cont'd):					
Gov't Natl Mtg Assn	\$ 150,000	N/A	due 03/16/35	\$ 157,793	\$ 163,746
Gov't Natl Mtg Assn	125,000	5.621%	due 08/16/30	136,113	136,153
Gov't Natl Mtg Assn	200,000	4.583%	due 06/16/45	212,375	206,646
Gov't Natl Mtg Assn	31,936	6.500%	due 10/20/38	33,014	33,541
Gov't Natl Mtg Assn	21,064	7.000%	due 12/20/38	21,709	23,166
Gov't Natl Mtg Assn	84,157	6.000%	due 11/15/37	86,353	92,709
Small Business Admin	257,230	5.680%	due 06/01/28	281,332	279,296
Small Business Admin	176,632	5.524%	due 03/10/16	191,480	187,114
Small Business Admin	151,248	5.310%	due 05/01/27	161,552	162,203
Small Business Admin	60,413	5.725%	due 09/01/18	63,914	65,297
Small Business Admin	447,388	6.770%	due 11/01/28	482,553	501,191
Small Business Admin	41,163	6.220%	due 12/01/28	43,999	45,229
Small Business Admin	260,525	5.471%	due 03/10/18	281,855	282,959
US Treasury Bonds	870,000	6.250%	due 08/15/23	1,164,948	1,093,486
US Treasury Bonds	130,000	5.375%	due 02/15/31	155,087	151,754
US Treasury Bonds	251,000	3.875%	due 08/15/40	234,554	231,194
US Treasury Notes	485,000	4.250%	due 08/15/13	526,093	528,044
US Treasury Notes	690,000	4.750%	due 05/15/14	767,379	770,696
US Treasury Notes	120,000	4.250%	due 11/15/17	130,069	132,290
US Treasury Notes	385,000	2.625%	due 04/30/16	385,103	394,113
US Treasury Notes	1,100,000	3.375%	due 11/15/19	1,056,301	1,122,946
US Treasury Notes	2,200,000	2.375%	due 02/28/15	2,175,937	2,267,380
US Treasury Notes	945,000	1.750%	due 07/31/15	956,396	941,976
US Treasury Notes	1,115,000	2.375%	due 07/31/17	1,133,467	1,100,371
US Treasury Notes	25,000	0.750%	due 09/15/13	25,057	24,920
US Treasury Notes	281,000	2.625%	due 11/15/20	261,352	265,062
US Treasury Notes	410,000	2.625%	due 11/15/20	385,746	386,745
US Treasury Notes	338,000	1.875%	due 10/31/17	337,960	321,313
US Treasury Notes	84,000	1.375%	due 11/30/15	81,421	81,631
US Treasury Notes	210,000	1.375%	due 11/30/15	204,848	204,078
US Treasury Notes	1,048,000	2.250%	due 11/30/17	1,033,133	1,019,096
US Treasury Notes	1,000	0.500%	due 11/15/13	992	987
US Treasury Sec Stripped	1,000,000	N/A	due 02/15/31	453,260	397,810
US Treasury Sec Stripped Zero Coup	1,300,000	N/A	due 08/15/20	963,248	925,821
US Treasury Sec Stripped Zero Coup	1,000,000	N/A	due 11/15/23	558,790	589,790
TOTAL UNITED STATES GOVERNMENT AND AGENCIES SECURITIES				<u>\$ 21,547,858</u>	<u>\$ 21,591,539</u>

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

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

December 31, 2010

(b) Identity of Issuing Party	(c) Description			(d) Cost	(e) Current Value
	Par	Rate	Maturity		
Municipal Bonds:					
George Washington Univ DC	\$ 100,000	5.095%	due 09/15/32	\$ 102,183	\$ 105,978
George Washington Univ DC	75,000	N/A	due 09/15/32	78,439	79,484
Georgetown Univ	115,000	7.220%	due 04/01/19	124,687	134,357
Grant County Wash Public Utilities	140,000	5.630%	due 01/01/27	139,896	135,068
Indiana BD BK	125,000	3.820%	due 08/01/17	126,050	122,864
Kentucky Asset/Liability Com	180,000	3.165%	due 04/01/18	180,000	175,586
Oregon Economic & Community Development	5,000	7.125%	due 01/01/16	4,838	4,936
Regional Transn - Build America	70,000	7.672%	due 06/01/40	70,000	72,784
Texas St - Build America	120,000	3.973%	due 04/01/24	119,925	110,958
Virginia St Public BLDG - Build America	100,000	5.500%	due 08/01/27	98,789	102,010
TOTAL MUNICIPAL BONDS				\$ 1,044,807	\$ 1,044,025
Mutual Funds:					
Vanguard Mid Cap VIPERs		133,266	shares	\$ 5,391,178	\$ 9,922,986
Vanguard Small Cap VIPERs		66,891	shares	2,537,000	4,858,293
TOTAL MUTUAL FUNDS				\$ 7,928,178	\$ 14,781,279
Corporate Bonds and Notes:					
Aames Mortgage Investments Trust	\$ 135,000	N/A	due 10/25/35	\$ 117,450	\$ 125,650
Abbott Laboratories	95,000	4.215%	due 05/27/20	94,953	96,589
Advance Auto Parts Inc	100,000	5.750%	due 05/01/20	110,865	104,464
Aegon NV	250,000	4.625%	due 12/01/15	253,915	257,670
Aflac Inc	90,000	3.450%	due 08/15/15	89,933	91,434
American Airlines	60,000	7.858%	due 10/01/11	60,630	62,400
American Express Credit	270,000	7.300%	due 08/20/13	272,853	304,252
Americredit Automobile	65,000	4.520%	due 10/08/15	64,980	67,704
Americredit Automobile	200,000	2.760%	due 05/09/16	199,942	198,528
Ameriquest Mtg Sec	93,831	N/A	due 05/25/33	80,694	90,505
Ameriquest Mtg Sec	125,000	N/A	due 09/25/35	96,250	93,447
AMVESCAP PLC	290,000	5.625%	due 04/17/12	295,994	301,281
Anglo American Capital	235,000	2.150%	due 09/27/13	234,803	237,021
Apache Corp	235,000	3.625%	due 02/01/21	232,580	226,784
AT&T Inc	270,000	5.600%	due 05/15/18	289,229	301,250
Autozone Inc	180,000	4.000%	due 11/15/20	179,208	170,005

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

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

December 31, 2010

(b) Identity of Issuing Party	(c) Description	(d) Cost	(e) Current Value
	Par Rate Maturity		
Corporate Bonds and Notes (cont'd):			
Avon Products Inc	\$ 130,000 5.625% due 03/01/14	\$ 144,933	\$ 144,049
Axis Specialty Finance	175,000 5.875% due 06/01/20	174,448	174,725
Baltimore Gas & Electric	215,000 6.125% due 07/01/13	239,129	237,285
Banc of America Commerical Mtg	180,000 N/A due 07/10/44	160,875	174,427
Banc of America Commerical Mtg	190,000 N/A due 07/10/46	192,375	191,417
Banc of America Funding Corp	59,224 N/A due 06/25/34	51,228	57,112
Banc of America Mtg Sec	48,472 N/A due 06/25/34	48,442	49,704
Bank of America Corp	170,000 4.500% due 04/01/15	176,825	172,776
Bank of America Corp	90,000 5.625% due 07/01/20	89,678	91,754
Bank of America Corp	155,000 5.875% due 01/05/21	153,859	160,365
Bank of America NA	135,000 5.300% due 03/15/17	126,797	136,813
Bank of America NA	300,000 5.650% due 05/01/18	276,867	306,531
Bank of New York Mellon	345,000 3.100% due 01/15/15	345,412	353,904
Bank of Nova Scotia	440,000 2.250% due 01/22/13	442,094	448,012
BB&T Corporation	340,000 3.375% due 09/25/13	349,880	356,065
Bear Stearns Asset-Backed	84,683 N/A due 03/25/35	69,229	71,319
Bear Stearns Asset-Backed	71,657 N/A due 10/25/33	73,538	70,534
Bear Stearns Asset-Backed	69,946 5.000% due 05/25/34	70,208	70,891
Bear Stearns Commercial Mtg Sec	280,000 5.661% due 06/11/40	284,889	295,338
Becton Dickinson	250,000 3.250% due 11/12/20	249,872	234,655
Berkley Corp	250,000 5.375% due 09/15/20	258,580	243,993
Berkshire Hathaway	215,000 2.450% due 12/15/15	214,527	213,680
Berkshire Hathaway Inc	545,000 3.200% due 02/11/15	549,679	562,375
Blackrock Inc	295,000 3.500% due 12/10/14	294,018	305,921
Boston Properties LP	240,000 5.875% due 10/15/19	252,341	260,268
Bottling Group LLC	115,000 5.125% due 01/15/19	115,168	125,454
BP Capital Markets PLC	185,000 3.125% due 10/01/15	185,183	184,872
Burlington Northern Santa Fee	140,120 4.967% due 04/01/23	153,431	144,227
Canadian Imperial Bank	165,000 1.450% due 09/13/13	164,812	164,457
Canadian Imperial Bank	120,000 2.350% due 12/11/15	119,876	117,359
Capital One Bank	300,000 5.125% due 02/15/14	323,685	318,360
Carmax Auto Owner Trust	120,000 2.590% due 08/15/16	119,961	117,431
Caterpillar Financial Service Corp	230,000 6.200% due 09/30/13	235,814	258,216
Caterpillar Financial Service	80,000 2.750% due 06/24/15	80,000	81,162
Caterpillar Inc	155,000 7.900% due 12/15/18	163,810	199,494
Celgene Corp	145,000 2.450% due 10/15/15	146,192	140,843
Celgene Corp	135,000 3.950% due 10/15/20	134,633	128,350

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

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

December 31, 2010

(b) Identity of Issuing Party	(c) Description			(d) Cost	(e) Current Value
	Par	Rate	Maturity		
Corporate Bonds and Notes (cont'd):					
Chrysler Financial Auto	\$ 200,000	2.000%	due 01/08/14	\$ 199,984	\$ 199,572
Cigna Corp	190,000	4.375%	due 12/15/20	189,343	185,470
Cisco Systems Inc	70,000	5.500%	due 02/22/16	79,853	79,878
Cisco Systems Inc	110,000	4.950%	due 02/15/19	110,095	119,874
Citi Corp Residential Mortgage	75,000	N/A	due 07/25/36	73,875	73,148
Citigroup Inc	375,000	6.375%	due 08/12/14	399,464	414,454
Citigroup/Deutsche Bank Commercial	400,000	5.205%	due 12/11/49	401,437	411,276
City National Corp	250,000	5.250%	due 09/15/20	249,345	244,475
CME Group Inc	135,000	5.750%	due 02/15/14	150,081	149,479
Coca-Cola Co	210,000	1.500%	due 11/15/15	209,517	201,566
Comcast Corp	225,000	4.950%	due 06/15/16	234,155	242,417
Comcast Corp	200,000	5.850%	due 11/15/15	222,626	224,816
Comerica Bank Detroit	110,000	7.875%	due 09/15/26	124,101	115,555
Comm Mtg	300,000	5.306%	due 12/10/46	273,188	312,897
ConocoPhillips	360,000	5.750%	due 02/01/19	364,470	410,260
Cooper US Inc	170,000	2.375%	due 01/15/16	170,469	167,685
Countrywide Alternative Loan	124,127	6.000%	due 09/25/34	120,714	125,835
Countrywide Asset-Backed	110,000	N/A	due 06/25/35	76,450	78,105
Countrywide Asset-Backed	190,000	N/A	due 12/25/35	158,044	164,922
Countrywide Asset-Backed	95,000	N/A	due 06/25/35	78,850	88,501
Countrywide Home Ln	76,217	6.000%	due 10/25/34	75,598	76,589
Countrywide Home Ln	70,072	5.500%	due 12/25/34	70,291	70,241
CR Bard Inc	125,000	2.875%	due 01/15/16	124,969	125,915
CR Bard Inc	155,000	4.400%	due 01/15/21	153,887	157,491
Credit Suisse New York	300,000	6.000%	due 02/15/18	316,599	321,687
Credit Suisse Mortgage Capital	120,000	N/A	due 09/15/39	122,737	123,467
Credit Suisse Mortgage Capital	240,000	N/A	due 06/15/38	245,587	244,404
Credit Suisse USA Inc	380,000	5.250%	due 03/02/11	395,494	382,861
Credit-Based Asset Servicing	195,000	N/A	due 08/25/35	131,625	144,953
CVS Caremark Corp	210,000	5.750%	due 06/01/17	238,113	233,657
Dean Witter Discover & Co	90,000	6.750%	due 01/01/16	96,148	98,107
Deere & Company	145,000	4.375%	due 10/16/19	144,211	151,277
Diminon Resources Inc	110,000	6.000%	due 11/30/17	122,203	124,546
Dow Chemical Co	140,000	5.900%	due 02/15/15	152,802	155,007
Dow Chemical Co	290,000	2.500%	due 02/15/16	289,565	278,530
Dun & Bradstreet Corp	150,000	2.875%	due 11/15/15	150,471	146,630
El Du Pont De Nemours	35,000	5.875%	due 01/15/14	36,274	39,014
Eksportfinans	225,000	3.000%	due 11/17/14	223,956	232,184

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

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

December 31, 2010

(b) Identity of Issuing Party	(c) Description			(d) Cost	(e) Current Value
	Par	Rate	Maturity		
Corporate Bonds and Notes (cont'd):					
Emerson Electric Co	\$ 80,000	5.125%	due 12/01/16	\$ 89,662	\$ 89,598
Energy Transfer Partners	90,000	8.500%	due 04/15/14	106,060	104,496
Export-Import Korea	250,000	4.000%	due 01/29/21	248,450	233,548
Extended Stay America Trust	230,000	4.221%	due 11/05/27	229,999	226,129
Fidelity Natl Financial	120,000	6.600%	due 05/15/17	119,876	119,730
First Union Corp	85,000	7.574%	due 08/01/26	86,169	97,095
General Electric Cap Corp	130,000	4.375%	due 09/16/20	129,539	127,941
General Electric Cap Corp	280,000	2.250%	due 11/09/15	279,790	269,178
General Electric Cap Corp	130,000	5.625%	due 05/01/18	134,450	141,766
General Electric Corp	205,000	5.000%	due 02/01/13	212,655	219,139
General Mills Inc	110,000	5.650%	due 02/15/19	110,890	122,459
Genworth Global Funding	250,000	5.750%	due 05/15/13	255,162	261,528
Genzyme Corp	180,000	3.625%	due 06/15/15	182,205	184,793
Goldman Sachs Group Inc	165,000	7.500%	due 02/15/19	192,788	192,388
Goldman Sachs Group Inc	170,000	6.000%	due 06/15/20	182,303	183,712
Goldman Sachs Group Inc	205,000	3.700%	due 08/01/15	206,563	208,877
Goldman Sachs Group Inc	325,000	6.600%	due 01/15/12	348,304	343,674
Goldman Sachs Group Inc	90,000	6.150%	due 04/01/18	97,748	99,107
GS Mtg Sec Corp	140,000	5.993%	due 08/10/45	127,499	146,357
GS Mtg Sec Corp	150,000	N/A	due 03/25/35	112,547	137,418
GS Mtg Sec Corp	110,000	5.635%	due 08/10/43	111,098	109,699
GSR Mortgage Loan Trust	110,092	5.500%	due 03/25/35	107,340	113,695
Hartford Financial	220,000	5.500%	due 10/15/16	236,676	228,294
Harris Corporation	185,000	4.400%	due 12/15/20	183,944	184,991
Health Care Reit Inc	145,000	4.700%	due 09/15/17	144,579	144,465
Health Care Reit Inc	240,000	4.950%	due 01/15/21	238,438	231,252
Hewlett-Packard Co	390,000	2.125%	due 09/13/15	389,559	385,098
Hewlett-Packard Co	115,000	2.200%	due 12/01/15	114,898	113,259
Higher Education Funding	135,000	N/A	due 02/25/25	118,125	131,012
Home Depot Inc	270,000	5.400%	due 03/01/16	290,625	302,565
Honeywell International	100,000	3.875%	due 02/15/14	101,192	106,195
HSBC Bank	245,000	6.000%	due 08/09/17	276,073	264,331
HRPT Properties	330,000	6.250%	due 02/15/14	342,302	337,590
IBM Corp	160,000	2.000%	due 01/05/16	159,485	156,445
Jefferies Group	165,000	8.500%	due 07/15/19	183,767	188,658
Jefferies Group	110,000	6.875%	due 04/15/21	110,384	114,320
Jefferies Group	135,000	3.875%	due 11/09/15	134,781	132,692
John Deere Cap Corp	70,000	1.875%	due 06/17/13	71,245	70,822
John Deere Cap Corp	165,000	2.800%	due 09/18/17	164,698	160,218
Johnson Controls Inc	125,000	5.500%	due 01/15/16	141,721	136,694

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

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

December 31, 2010

(b) Identity of Issuing Party	(c) Description			(d) Cost	(e) Current Value
	Par	Rate	Maturity		
Corporate Bonds and Notes (cont'd):					
JPMorgan Chase & Co	\$ 420,000	4.650%	due 06/01/14	\$ 448,296	\$ 448,304
JPMorgan Chase & Co	80,000	3.400%	due 06/24/15	79,836	81,580
JPMorgan Chase & Co	170,000	4.400%	due 07/22/20	169,551	167,322
JPMorgan Chase & Co	60,000	2.600%	due 01/15/16	59,943	58,216
JPMorgan Chase Commercial Mtg Sec Corp	195,000	4.879%	due 01/12/38	171,707	206,595
JPMorgan Chase Commercial Mtg Sec Corp	160,000	4.895%	due 09/12/37	157,763	169,459
JPMorgan Chase Commercial Mtg Sec Corp	79,238	3.853%	due 06/15/43	80,030	81,165
JPMorgan Chase Bank New York	305,000	5.875%	due 06/13/16	339,866	333,582
Kellogg Co	200,000	4.450%	due 05/30/16	199,472	215,274
Kentucky Utilities	115,000	1.625%	due 11/01/15	114,598	110,347
Key Bank	155,000	5.901%	due 03/26/15	163,694	161,674
Key Corp	260,000	3.750%	due 08/13/15	259,683	260,858
Korea Electric Power	430,000	N/A	due 04/01/96	288,613	292,920
Kraft Foods Inc	200,000	6.500%	due 08/11/17	206,626	232,814
LB-UBS Commercial Mtg	872	6.510%	due 12/15/26	896	873
Lincoln National Corp	180,000	4.300%	due 06/15/15	179,761	185,425
Long Beach Mtg	50,000	N/A	due 04/25/35	34,125	46,097
Lowe's Companies Inc	290,000	5.000%	due 10/15/15	295,147	321,822
Manufacturers & Traders Trust Co	320,000	N/A	due 12/28/20	284,875	303,114
Master Alternative Lns Trust	82,085	5.500%	due 02/25/34	81,982	82,128
Master Alternative Lns Trust	133,884	6.000%	due 09/25/34	130,202	136,841
MBNA Corp	90,000	6.125%	due 03/01/13	96,940	96,630
McDonald's Corp	90,000	5.000%	due 02/01/19	91,270	98,424
Merck & Co Inc	185,000	3.875%	due 01/15/21	182,893	183,847
Merck & Co Inc	120,000	2.250%	due 01/15/16	119,711	118,492
Merrill Lynch & Co	25,000	5.000%	due 02/03/14	26,098	25,873
Morgan Stanley	125,000	5.450%	due 01/09/17	126,081	129,627
Morgan Stanley	415,000	5.300%	due 03/01/13	417,178	442,232
Morgan Stanley	40,000	5.500%	due 01/26/20	40,173	40,321
Morgan Stanley	91,678	6.000%	due 04/25/34	91,220	94,236
Mosaic Co	80,000	7.625%	due 12/01/16	88,100	86,082
NASDAQ OMX Group	110,000	2.500%	due 08/15/13	103,125	108,900
National City Bank	150,000	N/A	due 12/29/49	163,875	168,697
National City Bank	200,000	5.800%	due 06/07/17	211,880	215,740
National Collegiate Student Ln Trust	110,000	N/A	due 02/25/28	97,212	97,332
NBC Universal	220,000	4.375%	due 04/01/21	222,732	213,534
NBC Universal	95,000	2.875%	due 04/01/16	94,948	92,811
NBC Universal	310,000	2.100%	due 04/01/14	309,960	309,082
Northern Trust Co	247,000	6.500%	due 08/15/18	279,030	288,797
Northwest Airlines Inc	83,392	6.264%	due 11/20/21	86,180	85,060
Novartis Cap Corp	105,000	4.125%	due 02/10/14	106,298	112,055

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

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

December 31, 2010

December 31, 2015

(b)	(c)			(d)	(e)
Identity of Issuing Party	Description			Cost	Current Value
	Par	Rate	Maturity		
Corporate Bonds and Notes (cont'd):					
Occidental Petroleum Corp	\$ 180,000	2.500%	due 02/01/16	\$ 179,892	\$ 179,491
Pacific Gas & Electric	65,000	5.800%	due 03/01/37	63,996	68,888
Pacific Gas & Electric	135,000	5.625%	due 11/30/17	149,772	151,984
Partnerre Finance	250,000	6.875%	due 06/01/18	264,822	273,795
Pepsico Inc	75,000	4.650%	due 02/15/13	81,669	80,761
Pepsico Inc	180,000	3.100%	due 01/15/15	184,756	187,762
Pepsico Inc	220,000	3.125%	due 11/01/20	218,167	206,763
PNC Funding Corp	335,000	4.250%	due 09/21/15	345,804	351,636
Potash Corp - Saskatchewan	330,000	3.250%	due 12/01/17	329,722	319,780
PPG Industries Inc	375,000	1.900%	due 01/15/16	371,715	355,988
Principal Life Inc	155,000	5.100%	due 04/15/14	165,087	167,167
Prudential Financial Inc	110,000	2.750%	due 01/14/13	109,849	112,008
Prudential Financial Inc	155,000	5.375%	due 06/21/20	154,055	161,967
Public Service CO	185,000	3.200%	due 11/15/20	184,247	174,433
Questar Pipeline Co	200,000	5.830%	due 02/01/18	213,709	221,000
Raymond James Financial	205,000	8.600%	due 08/15/19	215,783	242,952
RBSSP Resecuritization	60,000	6.000%	due 03/26/37	54,300	50,908
Renre North America HLDG	150,000	5.750%	due 03/15/20	148,111	150,591
Reinsurance Group of America	230,000	5.625%	due 03/15/17	231,893	238,970
Residential Asset Mtg	68,600	8.500%	due 10/25/31	69,201	69,206
Residential Asset Mtg	61,441	7.125%	due 04/25/31	61,519	61,460
Residential Asset Mtg	182,000	N/A	due 01/25/36	125,921	137,379
Residential Asset Mtg	105,000	N/A	due 07/25/35	85,050	86,516
Residential Funding Mtg	120,000	N/A	due 02/25/36	109,800	113,396
Residential Funding Mtg	130,000	5.640%	due 03/25/37	117,325	125,689
RIO Tinto Finanical USA LTD	255,000	3.500%	due 11/02/20	245,035	242,064
RLI Corp	90,000	5.950%	due 01/15/14	92,089	94,011
Royal Bank of Scotland PLC	220,000	3.400%	due 08/23/13	219,881	222,235
Rowan Companies Inc	55,000	7.875%	due 08/01/19	60,414	63,828
Rowan Companies Inc	200,000	5.000%	due 09/01/17	202,411	201,742
Sara Lee Corp	80,000	4.100%	due 09/15/20	79,941	76,594
Shurgard Storage Centers	230,000	5.875%	due 03/15/13	246,429	247,420
Siemens Financial	175,000	6.125%	due 08/17/26	188,268	197,559
Southern Cal Edison	85,000	5.000%	due 01/15/16	94,147	94,213
Southtrust Corp	125,000	5.800%	due 06/15/17	133,570	135,300
Sovereign Bank	80,000	5.125%	due 03/15/13	81,900	80,970
St. Jude Medical Inc	150,000	2.500%	due 01/15/16	149,996	148,068
Statoil ASA	200,000	3.125%	due 08/17/17	203,420	198,048

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

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

December 31, 2010

(b) Identity of Issuing Party	(c) Description			(d) Cost	(e) Current Value
	Par	Rate	Maturity		
Corporate Bonds and Notes (cont'd):					
TD Ameritrade Holding Co	\$ 170,000	4.150%	due 12/01/14	\$ 169,832	\$ 175,795
Teva Pharma	200,000	3.000%	due 06/15/15	205,552	203,496
Time Warner Cable Inc	150,000	5.400%	due 07/02/12	159,958	159,244
Time Warner Cable Inc	155,000	5.850%	due 05/01/17	177,774	172,949
Time Warner Cable Inc	210,000	8.250%	due 02/14/14	247,761	243,760
Time Warner Cable Inc	290,000	4.125%	due 02/15/21	288,170	275,950
Time Warner Inc	260,000	5.875%	due 11/15/16	251,339	293,467
Total Capital	40,000	3.000%	due 06/24/15	39,844	40,839
Total Capital	250,000	2.300%	due 03/15/16	249,820	244,218
Travelers Cos Inc	160,000	3.900%	due 11/01/20	160,283	155,430
Tyco International Financial	220,000	4.125%	due 10/15/14	220,298	233,286
UBS	105,000	3.875%	due 01/15/15	104,735	108,215
United Parcel Service	215,000	3.875%	due 04/01/14	218,123	229,065
United Parcel Service	250,000	3.125%	due 01/15/21	248,325	232,250
US Airways Group Inc	100,000	6.250%	due 04/22/23	100,000	99,500
US Bank	41,599	5.920%	due 05/25/12	43,185	43,278
US Bank	250,000	3.778%	due 04/29/20	250,000	253,645
Verizon Communications	100,000	5.500%	due 02/15/16	110,837	112,092
Verizon Communications	85,000	6.350%	due 04/01/19	102,485	98,103
Verizon Pennsylvania	210,000	5.650%	due 11/15/11	218,468	218,501
Vornado Realty Trust	95,000	4.250%	due 04/01/15	94,842	95,903
Wachovia Corp	210,000	5.500%	due 05/01/13	206,052	228,522
Wachovia Corp	220,000	5.300%	due 10/15/11	214,932	228,028
Wal-mart Stores Inc	105,000	5.625%	due 04/01/40	104,113	111,824
Walgreen Co	100,000	5.250%	due 01/15/19	100,923	111,190
Weatherford International LTD	120,000	5.125%	due 09/15/20	119,834	119,404
Wells Fargo Mtg Backed Sec	97,704	N/A	due 04/25/36	90,267	96,464
Western Union Co	430,000	5.930%	due 10/01/16	479,934	481,403
Western Union Co	165,000	6.500%	due 02/26/14	186,732	184,239
Westpac Banking Corp	190,000	3.000%	due 12/09/15	189,799	189,643
WHC-IRS Trust	56,937	6.980%	due 05/15/15	59,129	59,965
Wyeth	215,000	5.500%	due 02/15/16	235,982	243,223
Xerox Corporation	135,000	4.250%	due 02/15/15	139,514	141,259
Xerox Corporation	335,000	5.625%	due 12/15/19	372,225	359,100
Zimmer Holdings Inc	100,000	4.625%	due 11/30/19	99,926	102,676
TOTAL CORPORATE BONDS AND NOTES				\$ 43,152,976	\$ 43,873,745

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

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

December 31, 2010

(b) Identity of Issuing Party	(c) Description	(d) Cost	(e) Current Value
Common Stock:			
Anheuser-Busch	7,155 shares	\$ 339,231	\$ 408,479
ASSA Aboly	24,630 shares	234,257	349,746
BAE Systems PLC	9,125 shares	244,839	190,256
BG Group PLC	2,446 shares	218,332	249,492
BHP Billiton Limited	3,990 shares	250,074	370,751
BNP Paribas	7,815 shares	250,050	249,689
British American Tobacco PLC	4,675 shares	285,386	363,248
Canon Inc	8,890 shares	333,596	456,413
Daito Trust Constuction LTD	2,470 shares	144,859	169,195
Danone	22,620 shares	269,516	286,143
ENI SPA	3,215 shares	174,150	140,624
Fanuc LTD	15,120 shares	254,382	387,677
Glaxosmithkline PLC	10,370 shares	369,187	406,711
Honda Motor Co	9,065 shares	295,954	358,068
Hoya Corp	10,840 shares	218,134	263,520
HSBC	7,795 shares	357,822	397,857
Imperial Tobacco Group PLC	3,080 shares	186,490	190,190
ING Grorp NV	23,625 shares	267,699	231,289
Lloyds Banking Group PLC	60,520 shares	378,314	248,737
LVMH Moet Hennessy	5,895 shares	99,080	195,419
Mitsubishi Estate Co	1,037 shares	160,239	190,310
Nestle SA	4,090 shares	171,711	240,574
Nidec	5,970 shares	138,874	150,384
Novartis	7,095 shares	331,361	418,250
Novo Nordisk	1,970 shares	101,392	221,763
Potash Corp	1,455 shares	163,497	225,278
Prudential PLC	15,910 shares	263,801	331,883
Rogers Communications Inc	3,400 shares	111,258	117,742
Royal Dutch Shell PLC	5,970 shares	364,460	398,677
Sampo	16,695 shares	203,190	222,878
Sanofi-Aventis	13,420 shares	423,925	432,525
SAP AG	6,320 shares	300,687	319,855
Singapore Telecommunications LTD	8,440 shares	175,759	200,450
Sumitomo Mitsui Financial Group	46,302 shares	364,294	329,207
Sun Hung Kai Properties LTD	10,255 shares	140,004	169,105
Technip	3,000 shares	237,735	279,000
Telstra Corp LTD	11,110 shares	155,147	159,429

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

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

December 31, 2010

(b) Identity of Issuing Party	(c) Description	(d) Cost	(e) Current Value
Common Stock (cont'd):			
Total SA	4,650 shares	\$ 284,308	\$ 248,682
Tullow Oil PLC	19,710 shares	189,975	194,144
UBS AG	17,140 shares	316,847	282,296
Unilever PLC	10,065 shares	263,498	310,807
Vodafone Group PLC	5,515 shares	126,092	145,817
William Morrison Supermarkets PLC	13,285 shares	301,486	275,797
Xstrata PLC	74,255 shares	249,867	344,543
Yahoo Japan Corp	2,045 shares	247,551	261,862
	TOTAL COMMON STOCK	\$ 10,958,310	\$ 12,384,762
Common/Collective Funds:			
Russell 1000 Growth Pooled Index Fund	2,971,691 shares	\$ 30,014,492	\$ 37,974,908
Russell 1000 Value Pooled Index Fund	2,499,780 shares	30,465,012	36,851,679
	TOTAL COMMON/COLLECTIVE FUNDS	\$ 60,479,504	\$ 74,826,587
	TOTAL INVESTMENTS	\$ 151,131,035	\$ 174,521,339

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

Schedule SB, Part V - Summary of Plan Provisions

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. To the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB, the values on the signed Schedule SB will govern.

A. Plan Provisions

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

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

5. Annual Compensation:

Base rate of pay on January 1 of the Plan Year times 2080 (capped at \$205,000 on and after January 1, 2005).

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

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

Nonunion Employees:

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

- A. The sum of a Participant's Accrued benefit as of January 1, 2008 and any subsequent annual benefit accruals according to the following: if the Participant was born before 1938, 1.7% of his or her Compensation up to Covered Compensation plus 2.5% of Compensation in excess of Covered Compensation. If the Participant was born on or after January 1, 1938 but before January 1, 1955, the 1.7% is replaced with 1.7736%. If the Participant was born on or after January 1, 1955, the 1.7% is replaced with 1.8333%.
- B. The Participant's Accrued Benefit determined as of December 31, 1999.
- C. For a Participant whose Final Average Compensation is in excess of Covered Compensation and whose Accrued Benefit would otherwise decrease due to a change in Covered Compensation, his or her Accrued Benefit as of the last day of any preceding Plan Year which falls on or after December 31, 1999.

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

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

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

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

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

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

B. Changes in Plan Provisions

None.

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

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

December 31, 2010

(b) Identity of Issuing Party	(c) Description	(d) Cost	(e) Current Value
Cash equivalents:			
Federated Gov't Obligation Fund #5	4,601,963 shares	\$ 4,601,963	\$ 4,601,963
Wells Fargo Advantage Cash Investment Money Market Service	1,417,439 shares	1,417,439	1,417,439
TOTAL CASH EQUIVALENTS		\$ 6,019,402	\$ 6,019,402

	Par	Rate	Maturity		
United States Government and Agencies Securities:					
FDIC Guaranteed Notes Trust	\$ 77,371	2.570%	due 07/29/47	\$ 77,371	\$ 78,145
Fed Home Ln Mtg Corp	485,000	2.500%	due 01/07/14	486,672	504,415
Fed Home Ln Mtg Corp Pool	69,588	5.000%	due 06/01/28	71,350	73,027
Fed Home Ln Mtg Corp Pool	142,448	5.000%	due 04/01/23	142,270	150,484
Fed Home Ln Mtg Corp Pool	476,857	4.000%	due 03/01/25	488,257	490,419
Fed Home Ln Mtg Corp Pool	496,003	4.500%	due 07/01/24	524,756	520,803
Fed Home Loan Bank	415,000	4.500%	due 11/15/12	448,001	444,569
Fed Natl Mtg Assn	55,000	4.375%	due 09/15/12	59,218	58,494
Fed Natl Mtg Assn	225,000	4.750%	due 02/21/13	238,983	243,691
Fed Natl Mtg Assn	875,000	4.625%	due 10/15/13	948,641	960,444
Fed Natl Mtg Assn	675,000	2.375%	due 07/28/15	696,214	684,545
Fed Natl Mtg Assn	450,000	2.875%	due 12/11/13	463,163	473,049
Fed Natl Mtg Assn	85,022	5.500%	due 10/25/31	88,157	89,024
Fed Natl Mtg Assn	22,119	5.000%	due 08/25/22	22,393	23,077
Fed Natl Mtg Assn	106,132	6.000%	due 08/25/24	112,898	116,945
Fed Natl Mtg Assn Cap Deb Zero Coup	255,000	N/A	due 10/09/19	143,533	161,012
FICO Strip	150,000	N/A	due 03/07/19	110,231	113,024
Financing Corp Strips	505,000	N/A	due 12/27/18	402,162	385,098
Gov't Natl Mtg Assn	140,000	4.947%	due 11/16/39	145,130	150,837
Gov't Natl Mtg Assn	255,000	4.666%	due 07/16/31	271,615	274,816
Gov't Natl Mtg Assn	150,000	N/A	due 12/16/32	159,469	160,139
Gov't Natl Mtg Assn	120,000	N/A	due 03/16/34	128,906	130,172
Gov't Natl Mtg Assn	105,000	5.190%	due 05/16/39	115,992	115,709
Gov't Natl Mtg Assn	56,638	3.949%	due 07/16/33	57,293	58,848

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

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

December 31, 2010

(b) Identity of Issuing Party	(c) Description	(d) Cost	(e) Current Value
	Par Rate Maturity		
United States Government and Agencies Securities (cont'd):			
Gov't Natl Mtg Assn	\$ 150,000 N/A due 03/16/35	\$ 157,793	\$ 163,746
Gov't Natl Mtg Assn	125,000 5.621% due 08/16/30	136,113	136,153
Gov't Natl Mtg Assn	200,000 4.583% due 06/16/45	212,375	206,646
Gov't Natl Mtg Assn	31,936 6.500% due 10/20/38	33,014	33,541
Gov't Natl Mtg Assn	21,064 7.000% due 12/20/38	21,709	23,166
Gov't Natl Mtg Assn	84,157 6.000% due 11/15/37	86,353	92,709
Small Business Admin	257,230 5.680% due 06/01/28	281,332	279,296
Small Business Admin	176,632 5.524% due 03/10/16	191,480	187,114
Small Business Admin	151,248 5.310% due 05/01/27	161,552	162,203
Small Business Admin	60,413 5.725% due 09/01/18	63,914	65,297
Small Business Admin	447,388 6.770% due 11/01/28	482,553	501,191
Small Business Admin	41,163 6.220% due 12/01/28	43,999	45,229
Small Business Admin	260,525 5.471% due 03/10/18	281,855	282,959
US Treasury Bonds	870,000 6.250% due 08/15/23	1,164,948	1,093,486
US Treasury Bonds	130,000 5.375% due 02/15/31	155,087	151,754
US Treasury Bonds	251,000 3.875% due 08/15/40	234,554	231,194
US Treasury Notes	485,000 4.250% due 08/15/13	526,093	528,044
US Treasury Notes	690,000 4.750% due 05/15/14	767,379	770,696
US Treasury Notes	120,000 4.250% due 11/15/17	130,069	132,290
US Treasury Notes	385,000 2.625% due 04/30/16	385,103	394,113
US Treasury Notes	1,100,000 3.375% due 11/15/19	1,056,301	1,122,946
US Treasury Notes	2,200,000 2.375% due 02/28/15	2,175,937	2,267,380
US Treasury Notes	945,000 1.750% due 07/31/15	956,396	941,976
US Treasury Notes	1,115,000 2.375% due 07/31/17	1,133,467	1,100,371
US Treasury Notes	25,000 0.750% due 09/15/13	25,057	24,920
US Treasury Notes	281,000 2.625% due 11/15/20	261,352	265,062
US Treasury Notes	410,000 2.625% due 11/15/20	385,746	386,745
US Treasury Notes	338,000 1.875% due 10/31/17	337,960	321,313
US Treasury Notes	84,000 1.375% due 11/30/15	81,421	81,631
US Treasury Notes	210,000 1.375% due 11/30/15	204,848	204,078
US Treasury Notes	1,048,000 2.250% due 11/30/17	1,033,133	1,019,096
US Treasury Notes	1,000 0.500% due 11/15/13	992	987
US Treasury Sec Stripped	1,000,000 N/A due 02/15/31	453,260	397,810
US Treasury Sec Stripped Zero Coup	1,300,000 N/A due 08/15/20	963,248	925,821
US Treasury Sec Stripped Zero Coup	1,000,000 N/A due 11/15/23	558,790	589,790
TOTAL UNITED STATES GOVERNMENT AND AGENCIES SECURITIES		\$ 21,547,858	\$ 21,591,539

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

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

December 31, 2010

(b) Identity of Issuing Party	(c) Description			(d) Cost	(e) Current Value
	Par	Rate	Maturity		
Municipal Bonds:					
George Washington Univ DC	\$ 100,000	5.095%	due 09/15/32	\$ 102,183	\$ 105,978
George Washington Univ DC	75,000	N/A	due 09/15/32	78,439	79,484
Georgetown Univ	115,000	7.220%	due 04/01/19	124,687	134,357
Grant County Wash Public Utilities	140,000	5.630%	due 01/01/27	139,896	135,068
Indiana BD BK	125,000	3.820%	due 08/01/17	126,050	122,864
Kentucky Asset/Liability Com	180,000	3.165%	due 04/01/18	180,000	175,586
Oregon Economic & Community Development	5,000	7.125%	due 01/01/16	4,838	4,936
Regional Transn - Build America	70,000	7.672%	due 06/01/40	70,000	72,784
Texas St - Build America	120,000	3.973%	due 04/01/24	119,925	110,958
Virginia St Pubic BLDG - Build America	100,000	5.500%	due 08/01/27	98,789	102,010
			TOTAL MUNICIPAL BONDS	\$ 1,044,807	\$ 1,044,025
Mutual Funds:					
Vanguard Mid Cap VIPERs		133,266 shares		\$ 5,391,178	\$ 9,922,986
Vanguard Small Cap VIPERs		66,891 shares		2,537,000	4,858,293
			TOTAL MUTUAL FUNDS	\$ 7,928,178	\$ 14,781,279
Corporate Bonds and Notes:					
Aames Mortgage Investments Trust	\$ 135,000	N/A	due 10/25/35	\$ 117,450	\$ 125,650
Abbott Laboratories	95,000	4.215%	due 05/27/20	94,953	96,589
Advance Auto Parts Inc	100,000	5.750%	due 05/01/20	110,865	104,464
Aegon NV	250,000	4.625%	due 12/01/15	253,915	257,670
Aflac Inc	90,000	3.450%	due 08/15/15	89,933	91,434
American Airlines	60,000	7.858%	due 10/01/11	60,630	62,400
American Express Credit	270,000	7.300%	due 08/20/13	272,853	304,252
Americredit Automobile	65,000	4.520%	due 10/08/15	64,980	67,704
Americredit Automobile	200,000	2.760%	due 05/09/16	199,942	198,528
Ameritrust Mtg Sec	93,831	N/A	due 05/25/33	80,694	90,505
Ameritrust Mtg Sec	125,000	N/A	due 09/25/35	96,250	93,447
AMVESCO PLC	290,000	5.625%	due 04/17/12	295,994	301,281
Anglo American Capital	235,000	2.150%	due 09/27/13	234,803	237,021
Apache Corp	235,000	3.625%	due 02/01/21	232,580	226,784
AT&T Inc	270,000	5.600%	due 05/15/18	289,229	301,250
Autozone Inc	180,000	4.000%	due 11/15/20	179,208	170,005

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

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

December 31, 2010

(b) Identity of Issuing Party	(c) Description			(d) Cost	(e) Current Value
	Par	Rate	Maturity		
Corporate Bonds and Notes (cont'd):					
Avon Products Inc	\$ 130,000	5.625%	due 03/01/14	\$ 144,933	\$ 144,049
Axis Specialty Finance	175,000	5.875%	due 06/01/20	174,448	174,725
Baltimore Gas & Electric	215,000	6.125%	due 07/01/13	239,129	237,285
Banc of America Commerical Mtg	180,000	N/A	due 07/10/44	160,875	174,427
Banc of America Commerical Mtg	190,000	N/A	due 07/10/46	192,375	191,417
Banc of America Funding Corp	59,224	N/A	due 06/25/34	51,228	57,112
Banc of America Mtg Sec	48,472	N/A	due 06/25/34	48,442	49,704
Bank of America Corp	170,000	4.500%	due 04/01/15	176,825	172,776
Bank of America Corp	90,000	5.625%	due 07/01/20	89,678	91,754
Bank of America Corp	155,000	5.875%	due 01/05/21	153,859	160,365
Bank of America NA	135,000	5.300%	due 03/15/17	126,797	136,813
Bank of America NA	300,000	5.650%	due 05/01/18	276,867	306,531
Bank of New York Mellon	345,000	3.100%	due 01/15/15	345,412	353,904
Bank of Nova Scotia	440,000	2.250%	due 01/22/13	442,094	448,012
BB&T Corporation	340,000	3.375%	due 09/25/13	349,880	356,065
Bear Stearns Asset-Backed	84,683	N/A	due 03/25/35	69,229	71,319
Bear Stearns Asset-Backed	71,657	N/A	due 10/25/33	73,538	70,534
Bear Stearns Asset-Backed	69,946	5.000%	due 05/25/34	70,208	70,891
Bear Stearns Commercial Mtg Sec	280,000	5.661%	due 06/11/40	284,889	295,338
Becton Dickinson	250,000	3.250%	due 11/12/20	249,872	234,655
Berkley Corp	250,000	5.375%	due 09/15/20	258,580	243,993
Berkshire Hathaway	215,000	2.450%	due 12/15/15	214,527	213,680
Berkshire Hathaway Inc	545,000	3.200%	due 02/11/15	549,679	562,375
Blackrock Inc	295,000	3.500%	due 12/10/14	294,018	305,921
Boston Properties LP	240,000	5.875%	due 10/15/19	252,341	260,268
Bottling Group LLC	115,000	5.125%	due 01/15/19	115,168	125,454
BP Capital Markets PLC	185,000	3.125%	due 10/01/15	185,183	184,872
Burlington Northern Santa Fee	140,120	4.967%	due 04/01/23	153,431	144,227
Canadian Imperial Bank	165,000	1.450%	due 09/13/13	164,812	164,457
Canadian Imperial Bank	120,000	2.350%	due 12/11/15	119,876	117,359
Capital One Bank	300,000	5.125%	due 02/15/14	323,685	318,360
Carmax Auto Owner Trust	120,000	2.590%	due 08/15/16	119,961	117,431
Caterpillar Financial Service Corp	230,000	6.200%	due 09/30/13	235,814	258,216
Caterpillar Financial Service	80,000	2.750%	due 06/24/15	80,000	81,162
Caterpillar Inc	155,000	7.900%	due 12/15/18	163,810	199,494
Celgene Corp	145,000	2.450%	due 10/15/15	146,192	140,843
Celgene Corp	135,000	3.950%	due 10/15/20	134,633	128,350

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

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

December 31, 2010

(b) Identity of Issuing Party	(c) Description			(d) Cost	(e) Current Value
	Par	Rate	Maturity		
Corporate Bonds and Notes (cont'd):					
Chrysler Financial Auto	\$ 200,000	2.000%	due 01/08/14	\$ 199,984	\$ 199,572
Cigna Corp	190,000	4.375%	due 12/15/20	189,343	185,470
Cisco Systems Inc	70,000	5.500%	due 02/22/16	79,853	79,878
Cisco Systems Inc	110,000	4.950%	due 02/15/19	110,095	119,874
Citi Corp Residential Mortgage	75,000	N/A	due 07/25/36	73,875	73,148
Citigroup Inc	375,000	6.375%	due 08/12/14	399,464	414,454
Citigroup/Deutsche Bank Commercial	400,000	5.205%	due 12/11/49	401,437	411,276
City National Corp	250,000	5.250%	due 09/15/20	249,345	244,475
CME Group Inc	135,000	5.750%	due 02/15/14	150,081	149,479
Coca-Cola Co	210,000	1.500%	due 11/15/15	209,517	201,566
Comcast Corp	225,000	4.950%	due 06/15/16	234,155	242,417
Comcast Corp	200,000	5.850%	due 11/15/15	222,626	224,816
Comerica Bank Detroit	110,000	7.875%	due 09/15/26	124,101	115,555
Comm Mtg	300,000	5.306%	due 12/10/46	273,188	312,897
ConocoPhillips	360,000	5.750%	due 02/01/19	364,470	410,260
Cooper US Inc	170,000	2.375%	due 01/15/16	170,469	167,685
Countrywide Alternative Loan	124,127	6.000%	due 09/25/34	120,714	125,835
Countrywide Asset-Backed	110,000	N/A	due 06/25/35	76,450	78,105
Countrywide Asset-Backed	190,000	N/A	due 12/25/35	158,044	164,922
Countrywide Asset-Backed	95,000	N/A	due 06/25/35	78,850	88,501
Countrywide Home Ln	76,217	6.000%	due 10/25/34	75,598	76,589
Countrywide Home Ln	70,072	5.500%	due 12/25/34	70,291	70,241
CR Bard Inc	125,000	2.875%	due 01/15/16	124,969	125,915
CR Bard Inc	155,000	4.400%	due 01/15/21	153,887	157,491
Credit Suisse New York	300,000	6.000%	due 02/15/18	316,599	321,687
Credit Suisse Mortgage Capital	120,000	N/A	due 09/15/39	122,737	123,467
Credit Suisse Mortgage Capital	240,000	N/A	due 06/15/38	245,587	244,404
Credit Suisse USA Inc	380,000	5.250%	due 03/02/11	395,494	382,861
Credit-Based Asset Servicing	195,000	N/A	due 08/25/35	131,625	144,953
CVS Caremark Corp	210,000	5.750%	due 06/01/17	238,113	233,657
Dean Witter Discover & Co	90,000	6.750%	due 01/01/16	96,148	98,107
Deere & Company	145,000	4.375%	due 10/16/19	144,211	151,277
Diminion Resources Inc	110,000	6.000%	due 11/30/17	122,203	124,546
Dow Chemical Co	140,000	5.900%	due 02/15/15	152,802	155,007
Dow Chemical Co	290,000	2.500%	due 02/15/16	289,565	278,530
Dun & Bradstreet Corp	150,000	2.875%	due 11/15/15	150,471	146,630
El Du Pont De Nemours	35,000	5.875%	due 01/15/14	36,274	39,014
Eksportfinans	225,000	3.000%	due 11/17/14	223,956	232,184

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

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

December 31, 2010

(b) Identity of Issuing Party	(c) Description			(d) Cost	(e) Current Value
	Par	Rate	Maturity		
Corporate Bonds and Notes (cont'd):					
Emerson Electric Co	\$ 80,000	5.125%	due 12/01/16	\$ 89,662	\$ 89,598
Energy Transfer Partners	90,000	8.500%	due 04/15/14	106,060	104,496
Export-Import Korea	250,000	4.000%	due 01/29/21	248,450	233,548
Extended Stay America Trust	230,000	4.221%	due 11/05/27	229,999	226,129
Fidelity Natl Financial	120,000	6.600%	due 05/15/17	119,876	119,730
First Union Corp	85,000	7.574%	due 08/01/26	86,169	97,095
General Electric Cap Corp	130,000	4.375%	due 09/16/20	129,539	127,941
General Electric Cap Corp	280,000	2.250%	due 11/09/15	279,790	269,178
General Electric Cap Corp	130,000	5.625%	due 05/01/18	134,450	141,766
General Electric Corp	205,000	5.000%	due 02/01/13	212,655	219,139
General Mills Inc	110,000	5.650%	due 02/15/19	110,890	122,459
Genworth Global Funding	250,000	5.750%	due 05/15/13	255,162	261,528
Genzyme Corp	180,000	3.625%	due 06/15/15	182,205	184,793
Goldman Sachs Group Inc	165,000	7.500%	due 02/15/19	192,788	192,388
Goldman Sachs Group Inc	170,000	6.000%	due 06/15/20	182,303	183,712
Goldman Sachs Group Inc	205,000	3.700%	due 08/01/15	206,563	208,877
Goldman Sachs Group Inc	325,000	6.600%	due 01/15/12	348,304	343,674
Goldman Sachs Group Inc	90,000	6.150%	due 04/01/18	97,748	99,107
GS Mtg Sec Corp	140,000	5.993%	due 08/10/45	127,499	146,357
GS Mtg Sec Corp	150,000	N/A	due 03/25/35	112,547	137,418
GS Mtg Sec Corp	110,000	5.635%	due 08/10/43	111,098	109,699
GSR Mortgage Loan Trust	110,092	5.500%	due 03/25/35	107,340	113,695
Hartford Financial	220,000	5.500%	due 10/15/16	236,676	228,294
Harris Corporation	185,000	4.400%	due 12/15/20	183,944	184,991
Health Care Reit Inc	145,000	4.700%	due 09/15/17	144,579	144,465
Health Care Reit Inc	240,000	4.950%	due 01/15/21	238,438	231,252
Hewlett-Packard Co	390,000	2.125%	due 09/13/15	389,559	385,098
Hewlett-Packard Co	115,000	2.200%	due 12/01/15	114,898	113,259
Higher Education Funding	135,000	N/A	due 02/25/25	118,125	131,012
Home Depot Inc	270,000	5.400%	due 03/01/16	290,625	302,565
Honeywell International	100,000	3.875%	due 02/15/14	101,192	106,195
HSBC Bank	245,000	6.000%	due 08/09/17	276,073	264,331
HRPT Properties	330,000	6.250%	due 02/15/14	342,302	337,590
IBM Corp	160,000	2.000%	due 01/05/16	159,485	156,445
Jefferies Group	165,000	8.500%	due 07/15/19	183,767	188,658
Jefferies Group	110,000	6.875%	due 04/15/21	110,384	114,320
Jefferies Group	135,000	3.875%	due 11/09/15	134,781	132,692
John Deere Cap Corp	70,000	1.875%	due 06/17/13	71,245	70,822
John Deere Cap Corp	165,000	2.800%	due 09/18/17	164,698	160,218
Johnson Controls Inc	125,000	5.500%	due 01/15/16	141,721	136,694

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

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

December 31, 2010

(b) Identity of Issuing Party	(c) Description			(d) Cost	(e) Current Value
	Par	Rate	Maturity		
Corporate Bonds and Notes (cont'd):					
JPMorgan Chase & Co	\$ 420,000	4.650%	due 06/01/14	\$ 448,296	\$ 448,304
JPMorgan Chase & Co	80,000	3.400%	due 06/24/15	79,836	81,580
JPMorgan Chase & Co	170,000	4.400%	due 07/22/20	169,551	167,322
JPMorgan Chase & Co	60,000	2.600%	due 01/15/16	59,943	58,216
JPMorgan Chase Commercial Mtg Sec Corp	195,000	4.879%	due 01/12/38	171,707	206,595
JPMorgan Chase Commercial Mtg Sec Corp	160,000	4.895%	due 09/12/37	157,763	169,459
JPMorgan Chase Commercial Mtg Sec Corp	79,238	3.853%	due 06/15/43	80,030	81,165
JPMorgan Chase Bank New York	305,000	5.875%	due 06/13/16	339,866	333,582
Kellogg Co	200,000	4.450%	due 05/30/16	199,472	215,274
Kentucky Utilities	115,000	1.625%	due 11/01/15	114,598	110,347
Key Bank	155,000	5.901%	due 03/26/15	163,694	161,674
Key Corp	260,000	3.750%	due 08/13/15	259,683	260,858
Korea Electric Power	430,000	N/A	due 04/01/96	288,613	292,920
Kraft Foods Inc	200,000	6.500%	due 08/11/17	206,626	232,814
LB-UBS Commercial Mtg	872	6.510%	due 12/15/26	896	873
Lincoln National Corp	180,000	4.300%	due 06/15/15	179,761	185,425
Long Beach Mtg	50,000	N/A	due 04/25/35	34,125	46,097
Lowe's Companies Inc	290,000	5.000%	due 10/15/15	295,147	321,822
Manufacturers & Traders Trust Co	320,000	N/A	due 12/28/20	284,875	303,114
Master Alternative Lns Trust	82,085	5.500%	due 02/25/34	81,982	82,128
Master Alternative Lns Trust	133,884	6.000%	due 09/25/34	130,202	136,841
MBNA Corp	90,000	6.125%	due 03/01/13	96,940	96,630
McDonald's Corp	90,000	5.000%	due 02/01/19	91,270	98,424
Merck & Co Inc	185,000	3.875%	due 01/15/21	182,893	183,847
Merck & Co Inc	120,000	2.250%	due 01/15/16	119,711	118,492
Merrill Lynch & Co	25,000	5.000%	due 02/03/14	26,098	25,873
Morgan Stanley	125,000	5.450%	due 01/09/17	126,081	129,627
Morgan Stanley	415,000	5.300%	due 03/01/13	417,178	442,232
Morgan Stanley	40,000	5.500%	due 01/26/20	40,173	40,321
Morgan Stanley	91,678	6.000%	due 04/25/34	91,220	94,236
Mosaic Co	80,000	7.625%	due 12/01/16	88,100	86,082
NASDAQ OMX Group	110,000	2.500%	due 08/15/13	103,125	108,900
National City Bank	150,000	N/A	due 12/29/49	163,875	168,697
National City Bank	200,000	5.800%	due 06/07/17	211,880	215,740
National Collegiate Student Ln Trust	110,000	N/A	due 02/25/28	97,212	97,332
NBC Universal	220,000	4.375%	due 04/01/21	222,732	213,534
NBC Universal	95,000	2.875%	due 04/01/16	94,948	92,811
NBC Universal	310,000	2.100%	due 04/01/14	309,960	309,082
Northern Trust Co	247,000	6.500%	due 08/15/18	279,030	288,797
Norhtwest Airlines Inc	83,392	6.264%	due 11/20/21	86,180	85,060
Novartis Cap Corp	105,000	4.125%	due 02/10/14	106,298	112,055

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

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

December 31, 2010

(b) Identity of Issuing Party	(c) Description			(d) Cost	(e) Current Value
	Par	Rate	Maturity		
Corporate Bonds and Notes (cont'd):					
Occidental Petroleum Corp	\$ 180,000	2.500%	due 02/01/16	\$ 179,892	\$ 179,491
Pacific Gas & Electric	65,000	5.800%	due 03/01/37	63,996	68,888
Pacific Gas & Electric	135,000	5.625%	due 11/30/17	149,772	151,984
Partnerre Finance	250,000	6.875%	due 06/01/18	264,822	273,795
Pepsico Inc	75,000	4.650%	due 02/15/13	81,669	80,761
Pepsico Inc	180,000	3.100%	due 01/15/15	184,756	187,762
Pepsico Inc	220,000	3.125%	due 11/01/20	218,167	206,763
PNC Funding Corp	335,000	4.250%	due 09/21/15	345,804	351,636
Potash Corp - Saskatchewan	330,000	3.250%	due 12/01/17	329,722	319,780
PPG Industries Inc	375,000	1.900%	due 01/15/16	371,715	355,988
Principal Life Inc	155,000	5.100%	due 04/15/14	165,087	167,167
Prudential Financial Inc	110,000	2.750%	due 01/14/13	109,849	112,008
Prudential Financial Inc	155,000	5.375%	due 06/21/20	154,055	161,967
Public Service CO	185,000	3.200%	due 11/15/20	184,247	174,433
Questar Pipeline Co	200,000	5.830%	due 02/01/18	213,709	221,000
Raymond James Financial	205,000	8.600%	due 08/15/19	215,783	242,952
RBSSP Resecuritization	60,000	6.000%	due 03/26/37	54,300	50,908
Renre North America HLDG	150,000	5.750%	due 03/15/20	148,111	150,591
Reinsurance Group of America	230,000	5.625%	due 03/15/17	231,893	238,970
Residential Asset Mtg	68,600	8.500%	due 10/25/31	69,201	69,206
Residential Asset Mtg	61,441	7.125%	due 04/25/31	61,519	61,460
Residential Asset Mtg	182,000	N/A	due 01/25/36	125,921	137,379
Residential Asset Mtg	105,000	N/A	due 07/25/35	85,050	86,516
Residential Funding Mtg	120,000	N/A	due 02/25/36	109,800	113,396
Residential Funding Mtg	130,000	5.640%	due 03/25/37	117,325	125,689
RIO Tinto Financial USA LTD	255,000	3.500%	due 11/02/20	245,035	242,064
RLI Corp	90,000	5.950%	due 01/15/14	92,089	94,011
Royal Bank of Scotland PLC	220,000	3.400%	due 08/23/13	219,881	222,235
Rowan Companies Inc	55,000	7.875%	due 08/01/19	60,414	63,828
Rowan Companies Inc	200,000	5.000%	due 09/01/17	202,411	201,742
Sara Lee Corp	80,000	4.100%	due 09/15/20	79,941	76,594
Shurgard Storage Centers	230,000	5.875%	due 03/15/13	246,429	247,420
Siemens Financial	175,000	6.125%	due 08/17/26	188,268	197,559
Southern Cal Edison	85,000	5.000%	due 01/15/16	94,147	94,213
Southtrust Corp	125,000	5.800%	due 06/15/17	133,570	135,300
Sovereign Bank	80,000	5.125%	due 03/15/13	81,900	80,970
St. Jude Medical Inc	150,000	2.500%	due 01/15/16	149,996	148,068
Statoil ASA	200,000	3.125%	due 08/17/17	203,420	198,048

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

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

December 31, 2010

(b) Identity of Issuing Party	(c) Description			(d) Cost	(e) Current Value
	Par	Rate	Maturity		
Corporate Bonds and Notes (cont'd):					
TD Ameritrade Holding Co	\$ 170,000	4.150%	due 12/01/14	\$ 169,832	\$ 175,795
Teva Pharma	200,000	3.000%	due 06/15/15	205,552	203,496
Time Warner Cable Inc	150,000	5.400%	due 07/02/12	159,958	159,244
Time Warner Cable Inc	155,000	5.850%	due 05/01/17	177,774	172,949
Time Warner Cable Inc	210,000	8.250%	due 02/14/14	247,761	243,760
Time Warner Cable Inc	290,000	4.125%	due 02/15/21	288,170	275,950
Time Warner Inc	260,000	5.875%	due 11/15/16	251,339	293,467
Total Capital	40,000	3.000%	due 06/24/15	39,844	40,839
Total Capital	250,000	2.300%	due 03/15/16	249,820	244,218
Travelers Cos Inc	160,000	3.900%	due 11/01/20	160,283	155,430
Tyco International Financial	220,000	4.125%	due 10/15/14	220,298	233,286
UBS	105,000	3.875%	due 01/15/15	104,735	108,215
United Parcel Service	215,000	3.875%	due 04/01/14	218,123	229,065
United Parcel Service	250,000	3.125%	due 01/15/21	248,325	232,250
US Airways Group Inc	100,000	6.250%	due 04/22/23	100,000	99,500
US Bank	41,599	5.920%	due 05/25/12	43,185	43,278
US Bank	250,000	3.778%	due 04/29/20	250,000	253,645
Verizon Communications	100,000	5.500%	due 02/15/16	110,837	112,092
Verizon Communications	85,000	6.350%	due 04/01/19	102,485	98,103
Verizon Pennsylvania	210,000	5.650%	due 11/15/11	218,468	218,501
Vornado Realty Trust	95,000	4.250%	due 04/01/15	94,842	95,903
Wachovia Corp	210,000	5.500%	due 05/01/13	206,052	228,522
Wachovia Corp	220,000	5.300%	due 10/15/11	214,932	228,028
Wal-mart Stores Inc	105,000	5.625%	due 04/01/40	104,113	111,824
Walgreen Co	100,000	5.250%	due 01/15/19	100,923	111,190
Weatherford International LTD	120,000	5.125%	due 09/15/20	119,834	119,404
Wells Fargo Mtg Backed Sec	97,704	N/A	due 04/25/36	90,267	96,464
Western Union Co	430,000	5.930%	due 10/01/16	479,934	481,403
Western Union Co	165,000	6.500%	due 02/26/14	186,732	184,239
Westpac Banking Corp	190,000	3.000%	due 12/09/15	189,799	189,643
WHC-IRS Trust	56,937	6.980%	due 05/15/15	59,129	59,965
Wyeth	215,000	5.500%	due 02/15/16	235,982	243,223
Xerox Corporation	135,000	4.250%	due 02/15/15	139,514	141,259
Xerox Corporation	335,000	5.625%	due 12/15/19	372,225	359,100
Zimmer Holdings Inc	100,000	4.625%	due 11/30/19	99,926	102,676
TOTAL CORPORATE BONDS AND NOTES				\$ 43,152,976	\$ 43,873,745

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

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

December 31, 2010

(b) Identity of Issuing Party	(c) Description	(d) Cost	(e) Current Value
Common Stock:			
Anheuser-Busch	7,155 shares	\$ 339,231	\$ 408,479
ASSA Aboly	24,630 shares	234,257	349,746
BAE Systems PLC	9,125 shares	244,839	190,256
BG Group PLC	2,446 shares	218,332	249,492
BHP Billiton Limited	3,990 shares	250,074	370,751
BNP Paribas	7,815 shares	250,050	249,689
British American Tobacco PLC	4,675 shares	285,386	363,248
Canon Inc	8,890 shares	333,596	456,413
Daito Trust Constuction LTD	2,470 shares	144,859	169,195
Danone	22,620 shares	269,516	286,143
ENI SPA	3,215 shares	174,150	140,624
Fanuc LTD	15,120 shares	254,382	387,677
Glaxosmithkline PLC	10,370 shares	369,187	406,711
Honda Motor Co	9,065 shares	295,954	358,068
Hoya Corp	10,840 shares	218,134	263,520
HSBC	7,795 shares	357,822	397,857
Imperial Tobacco Group PLC	3,080 shares	186,490	190,190
ING Grorp NV	23,625 shares	267,699	231,289
Lloyds Banking Group PLC	60,520 shares	378,314	248,737
LVMH Moet Hennessy	5,895 shares	99,080	195,419
Mitsubishi Estate Co	1,037 shares	160,239	190,310
Nestle SA	4,090 shares	171,711	240,574
Nidec	5,970 shares	138,874	150,384
Novartis	7,095 shares	331,361	418,250
Novo Nordisk	1,970 shares	101,392	221,763
Potash Corp	1,455 shares	163,497	225,278
Prudential PLC	15,910 shares	263,801	331,883
Rogers Communications Inc	3,400 shares	111,258	117,742
Royal Dutch Shell PLC	5,970 shares	364,460	398,677
Sampo	16,695 shares	203,190	222,878
Sanofi-Aventis	13,420 shares	423,925	432,525
SAP AG	6,320 shares	300,687	319,855
Singapore Telecommunications LTD	8,440 shares	175,759	200,450
Sumitomo Mitsui Financial Group	46,302 shares	364,294	329,207
Sun Hung Kai Properties LTD	10,255 shares	140,004	169,105
Technip	3,000 shares	237,735	279,000
Telstra Corp LTD	11,110 shares	155,147	159,429

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

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

December 31, 2010

(b) Identity of Issuing Party	(c) Description	(d) Cost	(e) Current Value
Common Stock (cont'd):			
Total SA	4,650 shares	\$ 284,308	\$ 248,682
Tullow Oil PLC	19,710 shares	189,975	194,144
UBS AG	17,140 shares	316,847	282,296
Unilever PLC	10,065 shares	263,498	310,807
Vodafone Group PLC	5,515 shares	126,092	145,817
William Morrison Supermarkets PLC	13,285 shares	301,486	275,797
Xstrata PLC	74,255 shares	249,867	344,543
Yahoo Japan Corp	2,045 shares	247,551	261,862
	TOTAL COMMON STOCK	\$ 10,958,310	\$ 12,384,762
Common/Collective Funds:			
Russell 1000 Growth Pooled Index Fund	2,971,691 shares	\$ 30,014,492	\$ 37,974,908
Russell 1000 Value Pooled Index Fund	2,499,780 shares	30,465,012	36,851,679
	TOTAL COMMON/COLLECTIVE FUNDS	\$ 60,479,504	\$ 74,826,587
	TOTAL INVESTMENTS	\$ 151,131,035	\$ 174,521,339

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

Schedule SB, line 26 - Schedule of Active Participant Data

Age Group	<u>0 - 4</u>	<u>5 - 9</u>	<u>10 - 14</u>	<u>15 - 19</u>	<u>20 - 24</u>	<u>25 - 29</u>	<u>30 - 34</u>	<u>35 - 39</u>	<u>40 +</u>	<u>Total</u>
0-19	0	0	0	0	0	0	0	0	0	0
20-24	10	0	0	0	0	0	0	0	0	10
25-29	74	53	0	0	0	0	0	0	0	127
30-34	60	123	15	0	0	0	0	0	0	198
35-39	43	79	62	15	0	0	0	0	0	199
40-44	37	67	58	50	15	0	0	0	0	227
45-49	37	92	91	106	63	9	2	0	0	400
50-54	27	77	60	96	76	32	20	0	0	388
55-59	23	44	52	58	33	28	27	2	0	267
60-64	9	20	15	17	10	8	4	1	1	85
65-69	2	5	4	1	0	0	0	1	0	13
70 +	0	0	1	1	0	0	0	0	0	2
Total	322	560	358	344	197	77	53	4	1	1,916

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

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

A. Actuarial Assumptions

1. Mortality:

(a) IRS Minimum and
Maximum Funding:

The IRS Mandated Mortality Table for
annuitants and non-annuitants

2. Interest:

(a) IRS Minimum and
Maximum Funding:

Segment Rates (5.03%,6.73%,6.82%)
The resulting effective interest rate is 6.72%

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

Annual Rates of Withdrawal for Males and Females

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

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

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

4. Retirement Age:

(a) Active Participants:

The following rates were assumed for employees with 5 years of service:

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

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

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

(b) Deferred Vested:

Age 65.

5. Disability:

(a) Disability Incidence:

30% of disability incidence under OASDI 1972-1976 study.

(b) Disabled Life Mortality:

IRS Minimum and
Maximum Funding

Disabled mortality per IRS regulations.

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

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

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

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

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

B. Actuarial Methods

1. Actuarial Cost Method:

Unit Credit

The Actuarial Accrued Liability is the actuarial present value of benefits accrued prior to the valuation date. Normal Cost is the actuarial present value of benefits expected to accrue during the current year.

2. Asset Valuation Method:

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

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

Schedule SB, line 32 - Schedule of Amortization Bases

Date	Period	Current Year Present Value Factor ¹	Balance		Annual Payment
			Original	Remaining	
Established	Remaining				
Prior Years' Subtotal					
01/01/2008	5	4.543481	\$12,825,294	\$9,651,303	\$2,124,209
01/01/2009	6	5.265531	(\$5,829,693)	(\$5,466,964)	(\$1,038,255)
01/01/2010	9 ²		\$24,810,521	\$24,810,521	\$2,346,346 ³
Total				\$28,994,860	\$3,432,300

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

² Marquette General Health System's election under the PRA provides that the Shortfall Amortization Installments for the 2010 Shortfall Amortization Base are based on a nine year amortization, with interest only for the first two years.

³ The Annual Payment for the 2010 Shortfall Amortization Base includes interest on the Outstanding Balance plus the installment acceleration amount for 2010.

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

Schedule SB, line 19 - Discounted Employer Contributions

Valuation Date	01/01/2010	EIR	6.72%
----------------	------------	-----	-------

Date of Contribution	Quarterly Contribution Amount	Days	Discounting factor	Discounted Contribution Amount
04/14/2010	\$1,732,933	103	0.98181	\$1,701,418
07/14/2010	\$1,732,932	194	0.96602	\$1,674,051
10/14/2010	\$1,732,932	286	0.95032	\$1,646,832
01/13/2011	\$1,732,932	377	0.93503	\$1,620,343
09/14/2011	\$2,430,364	621	0.89525	\$2,175,779
			Total	\$8,818,423

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

Schedule SB, line 25 - Change in Method

1. The interest rate used to determine funding liabilities was changed from the November 2008 full yield curve to the three-tiered September 2009 segment rates.

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

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

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

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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****Part I Annual Report Identification Information**For calendar plan year 2010 or fiscal plan year beginning **01/01/2010** and ending **12/31/2010**

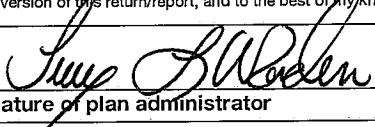
- A** This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan; or
☒ a single-employer plan; ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report; ☐ the final return/report;
☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
- 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 MARQUETTE GENERAL HOSPITAL INC RETIREMENT PLAN	1b Three-digit plan number (PN) ► 001
	1c Effective date of plan 01/01/1964
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) MARQUETTE GENERAL HOSPITAL INC C/O BENEFITS OFFICE 420 W MAGNETIC STREET MARQUETTE MI 49855	2b Employer Identification Number (EIN) 38-1358036 2c Sponsor's telephone number 906-225-3446 2d Business code (see instructions) 622000

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

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

SIGN HERE		10/13/2011	JERRY L WORDEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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")
SAME

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

4c PN

5 Total number of participants at the beginning of the plan year

5

3437

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

1745

b Retired or separated participants receiving benefits

6b

667

c Other retired or separated participants entitled to future benefits

6c

959

d Subtotal. Add lines 6a, 6b, and 6c

6d

3371

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits

6e

44

f Total. Add lines 6d and 6e

6f

3415

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)

6g

h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested

6h

0

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

7

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

1A 1G

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

9a Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
 (2) ☐ Code section 412(e)(3) insurance contracts
 (3) ☒ 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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>Marquette Gen Hosp Inc Ret Plan</u>	B Three-digit plan number (PN) ▶ <u>001</u> D Employer Identification Number (EIN) <u>38-1358036</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>Marquette General Hospital, Inc</u>	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2010</u>			
2 Assets:			
a Market value.....	2a		157,838,450
b Actuarial value.....	2b		161,677,501
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a	638	69,078,334
b For terminated vested participants.....	3b	883	23,384,310
c For active participants:			
(1) Non-vested benefits.....	3c(1)		6,793,818
(2) Vested benefits.....	3c(2)		91,414,799
(3) Total active.....	3c(3)	1,916	98,208,617
d Total.....	3d	3,437	190,671,261
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5		6.72 %
6 Target normal cost.....	6		5,384,271

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

SIGN HERE	<u>Timothy W. Hedlund</u> Signature of actuary <u>Timothy Hedlund, E.A., M.A.A.A.</u> Type or print name of actuary <u>Aon Consulting</u> Firm name <u>8182 Maryland Ave, Suite 1400</u> Address of the firm <u>St. Louis MO 63105</u>	<u>10-10-2011</u> Date <u>11-04791</u> Most recent enrollment number <u>(314) 719-3803</u> Telephone number (including area code)
------------------	--	--

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	2,242,294
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	2,242,256
9 Amount remaining (Item 7 minus item 8)	0	38
10 Interest on item 9 using prior year's actual return of <u>19.05%</u>		7
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		886
b Interest on (a) using prior year's effective rate of <u>8.06%</u>		169
c Total available at beginning of current plan year to add to prefunding balance		1,055
d Portion of (c) to be added to prefunding balance		1,055
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	1,100

Part III Funding percentages

14 Funding target attainment percentage	14	84.79 %
15 Adjusted funding target attainment percentage	15	84.79 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	96.82 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2010	1,732,933		09/14/2011	2,430,364	
07/14/2010	1,732,932				
10/14/2010	1,732,932				
12/06/2010		79,039			
12/27/2010		22,338			
01/13/2011	1,732,932				
Totals ▶			18(b)	9,362,093	18(c) 101,377

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 8,818,423
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 5.03 %	2nd segment: 6.73 %	3rd segment: 6.82 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 61
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	5,384,271
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	28,994,860	3,432,300
b Waiver amortization installment		
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	8,816,571
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35)	36	8,816,571
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	8,818,423
38 Interest-adjusted excess contributions for current year (see instructions)	38	1,852
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

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

Schedule SB, line 19 - Discounted Employer Contributions

Valuation Date	01/01/2010	EIR	6.72%
----------------	------------	-----	-------

Date of Contribution	Quarterly Contribution Amount	Days	Discounting factor	Discounted Contribution Amount
04/14/2010	\$1,732,933	103	0.98181	\$1,701,418
07/14/2010	\$1,732,932	194	0.96602	\$1,674,051
10/14/2010	\$1,732,932	286	0.95032	\$1,646,832
01/13/2011	\$1,732,932	377	0.93503	\$1,620,343
09/14/2011	\$2,430,364	621	0.89525	\$2,175,779
			Total	\$8,818,423

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

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

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

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

Schedule SB, Part V - Summary of Plan Provisions

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. To the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB, the values on the signed Schedule SB will govern.

A. Plan Provisions

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

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

5. Annual Compensation:

Base rate of pay on January 1 of the Plan Year times 2080 (capped at \$205,000 on and after January 1, 2005).

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

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

Nonunion Employees:

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

- A. The sum of a Participant's Accrued benefit as of January 1, 2008 and any subsequent annual benefit accruals according to the following: if the Participant was born before 1938, 1.7% of his or her Compensation up to Covered Compensation plus 2.5% of Compensation in excess of Covered Compensation. If the Participant was born on or after January 1, 1938 but before January 1, 1955, the 1.7% is replaced with 1.7736%. If the Participant was born on or after January 1, 1955, the 1.7% is replaced with 1.8333%.
- B. The Participant's Accrued Benefit determined as of December 31, 1999.
- C. For a Participant whose Final Average Compensation is in excess of Covered Compensation and whose Accrued Benefit would otherwise decrease due to a change in Covered Compensation, his or her Accrued Benefit as of the last day of any preceding Plan Year which falls on or after December 31, 1999.

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

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

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

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

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

B. Changes in Plan Provisions

None.

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

A. Actuarial Assumptions

1. Mortality:

(a) IRS Minimum and
Maximum Funding:

The IRS Mandated Mortality Table for
annuitants and non-annuitants

2. Interest:

(a) IRS Minimum and
Maximum Funding:

Segment Rates (5.03%,6.73%,6.82%)
The resulting effective interest rate is 6.72%

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

Annual Rates of Withdrawal for Males and Females

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

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

4. Retirement Age:

(a) Active Participants:

The following rates were assumed for employees with 5 years of service:

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

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

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

(b) Deferred Vested:

Age 65.

5. Disability:

(a) Disability Incidence:

30% of disability incidence under OASDI 1972-1976 study.

(b) Disabled Life Mortality:

IRS Minimum and
Maximum Funding

Disabled mortality per IRS regulations.

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

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

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

B. Actuarial Methods

1. Actuarial Cost Method:

Unit Credit

The Actuarial Accrued Liability is the actuarial present value of benefits accrued prior to the valuation date. Normal Cost is the actuarial present value of benefits expected to accrue during the current year.

2. Asset Valuation Method:

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

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

1. The interest rate used to determine funding liabilities was changed from the November 2008 full yield curve to the three-tiered September 2009 segment rates.

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

Age Group	<u>0 - 4</u>	<u>5 - 9</u>	<u>10 - 14</u>	<u>15 - 19</u>	<u>20 - 24</u>	<u>25 - 29</u>	<u>30 - 34</u>	<u>35 - 39</u>	<u>40 +</u>	<u>Total</u>
0-19	0	0	0	0	0	0	0	0	0	0
20-24	10	0	0	0	0	0	0	0	0	10
25-29	74	53	0	0	0	0	0	0	0	127
30-34	60	123	15	0	0	0	0	0	0	198
35-39	43	79	62	15	0	0	0	0	0	199
40-44	37	67	58	50	15	0	0	0	0	227
45-49	37	92	91	106	63	9	2	0	0	400
50-54	27	77	60	96	76	32	20	0	0	388
55-59	23	44	52	58	33	28	27	2	0	267
60-64	9	20	15	17	10	8	4	1	1	85
65-69	2	5	4	1	0	0	0	1	0	13
70 +	0	0	1	1	0	0	0	0	0	2
Total	322	560	358	344	197	77	53	4	1	1,916

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

Date	Period	Current Year Present Value Factor ¹	Balance		Annual
Established	Remaining		Original	Remainin g	Payment
Prior Years' Subtotal					
01/01/2008	5	4.543481	\$12,825,294	\$9,651,303	\$2,124,209
01/01/2009	6	5.265531	(\$5,829,693)	(\$5,466,964)	(\$1,038,255)
01/01/2010	9 ²		\$24,810,521	\$24,810,521	\$2,346,346 ³
Total				\$28,994,860	\$3,432,300

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

² Marquette General Health System's election under the PRA provides that the Shortfall Amortization Installments for the 2010 Shortfall Amortization Base are based on a nine year amortization, with interest only for the first two years.

³ The Annual Payment for the 2010 Shortfall Amortization Base includes interest on the Outstanding Balance plus the installment acceleration amount for 2010.