

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2010
		This Form is Open to Public Inspection

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>RETIREMENT PLAN FOR EMPLOYEES OF MERCY MEMORIAL HOSPITAL CORPORATION</u>	1b Three-digit plan number (PN) ▶ <u>001</u> 1c Effective date of plan <u>01/01/1973</u>
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>MERCY MEMORIAL HOSPITAL CORPORATION</u> <u>718 NORTH MACOMB STREET</u> <u>MONROE, MI 48162</u>	2b Employer Identification Number (EIN) <u>38-1984289</u> 2c Sponsor's telephone number <u>734-240-4402</u> 2d Business code (see instructions) <u>622000</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/14/2011</u>	<u>THOMAS W. SCHILLING</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/14/2011</u>	<u>THOMAS W. SCHILLING</u>
	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")

MERCY MEMORIAL HOSPITAL CORPORATION

718 NORTH MACOMB STREET
MONROE, MI 48162**3b** Administrator's EIN

38-1984289

3c Administrator's telephone number

734-240-4402

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**

1487

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**

590

b Retired or separated participants receiving benefits.....**6b**

404

c Other retired or separated participants entitled to future benefits.....**6c**

459

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

1453

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

21

f Total. Add lines **6d** and **6e**.....**6f**

1474

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....**6g**

0

h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....**6h**

1

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 1I

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**9a** Plan funding arrangement (check all that apply)(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) 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
--	--	---

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>RETIREMENT PLAN FOR EMPLOYEES OF MERCY MEMORIAL HOSPITAL CORPORATION</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MERCY MEMORIAL HOSPITAL CORPORATION</u>	D Employer Identification Number (EIN) <u>38-1984289</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2010</u>
2	Assets:
a	Market value 2a <u>47058559</u>
b	Actuarial value 2b <u>44184309</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>411</u> <u>20411272</u>
b	For terminated vested participants 3b <u>465</u> <u>10080584</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>1057084</u>
(2)	Vested benefits 3c(2) <u>22879957</u>
(3)	Total active 3c(3) <u>611</u> <u>23937041</u>
d	Total 3d <u>1487</u> <u>54428897</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>6.62</u> %
6	Target normal cost 6 <u>200000</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>10/14/2011</u>
Signature of actuary <u>JEFFRY P. BLASZKOWSKI FSA, EA, MAAA</u>	Date <u>11-06646</u>
Type or print name of actuary <u>MERCER</u>	Most recent enrollment number <u>313-259-5500</u>
Firm name <u>600 RENAISSANCE CENTER, SUITE 1800</u> <u>DETROIT, MI 48243</u>	Telephone number (including area code)
Address of the firm	

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

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

Schedule SB (Form 5500) 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)	5237200	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	5237200	0
10	Interest on item 9 using prior year's actual return of <u>21.71</u> %	1136996	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		666825
b	Interest on (a) using prior year's effective rate of <u>8.08</u> %		53879
c	Total available at beginning of current plan year to add to prefunding balance		720704
d	Portion of (c) to be added to prefunding balance.....		
12	Reduction in balances due to elections or deemed elections.....	6374196	
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	0

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	81.17 %
15	Adjusted funding target attainment percentage.....	15	81.17 %
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	99.65 %
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
04/15/2010	600000				
07/14/2010	600000				
10/15/2010	600000				
01/14/2011	600000				
			Totals ▶	18(b)	2400000
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 2301014
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
0	0
(3) 3rd	(4) 4th
0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.60 %	2nd segment: 6.65 %	3rd segment: 6.76 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	
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	200000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	8067432	1348284
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	1548284
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	1548284
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	2301014
38 Interest-adjusted excess contributions for current year (see instructions).....	38	752730
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 RETIREMENT PLAN FOR EMPLOYEES OF MERCY MEMORIAL HOSPITAL CORPORATION	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MERCY MEMORIAL HOSPITAL CORPORATION	D Employer Identification Number (EIN) 38-1984289

Part I	Service Provider Information (see instructions)
---------------	--

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
SEGALL BRYANT & HAMILL
41-1788385

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
PNC INSTITUTIONAL INVESTMENTS
25-1211909

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

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

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

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

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

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

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

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

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

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

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

MERCER

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	N/A	88655	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EAGLE CAPITAL MANAGEMENT

22-3361201

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	N/A	79802	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

WILLIAM BLAIR & CO. LLC

36-2214610

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 68	N/A	55004	Yes ☒ No ☐	Yes ☒ No ☐	749	Yes ☐ No ☒

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

MONROE BANK & TRUST

38-0847680

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52 64	N/A	52909	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WENTWORTH, HAUSER & VIOLICH

91-1631301

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	N/A	14832	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

DELOITTE & TOUCHE, LLP

13-3891517

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	N/A	20000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CALAMOS ASSET MANAGEMENT

20-1647533

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	N/A	35447	Yes ☒ No ☐	Yes ☒ No ☐	204	Yes ☐ No ☒

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

AILERON LTD.

38-3104483

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	N/A	29000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JP MORGAN CHASE

13-3795042

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	N/A	14763	Yes ☒ No ☐	Yes ☒ No ☐	11200	Yes ☒ No ☐

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN CHASE	21	11200
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JP MORGAN ASSET MANAGEMENT 245 PARK AVENUE NEW YORK, NY 10167	REVENUE SHARE ON MUTUAL FUNDS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	DELOITTE & TOUCHE LLP	b EIN:	13-3891517
c Position:	ACCOUNTANT		
d Address:	600 RENAISSANCE CENTER SUITE 900 DETROIT, MI 48243-1895	e Telephone:	313-396-3000

Explanation: ELECTED TO TRANSITION TO A NEW AUDITOR

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF MERCY MEMORIAL HOSPITAL CORPORATION	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 MERCY MEMORIAL HOSPITAL CORPORATION	D Employer Identification Number (EIN) 38-1984289	

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

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	397	453
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	600000	600000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	102152	202401
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	11130850	4422956
(2) U.S. Government securities.....	1c(2)	6676252	12137035
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	4176927	10057239
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	458825	391080
(B) Common	1c(4)(B)	18329991	21521891
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	1971549	2382714
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	3613402	

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	47060345	51715769

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	47060345	51715769
---	-----------	----------	----------

Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2400000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2400000

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	11668	
(B) U.S. Government securities	2b(1)(B)	169269	
(C) Corporate debt instruments	2b(1)(C)	230804	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	104851	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		516592
(2) Dividends: (A) Preferred stock	2b(2)(A)	423718	
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		423718
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	89366923	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	87420992	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1945931

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	2008014	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		2008014
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		7294255

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2143694	
(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)		2143694
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)	127204	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	259062	
(4) Other	2i(4)	108871	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		495137
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2638831

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4655424
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: PLANTE & MORAN, PLLC

(2) EIN: 38-1357951

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>38-0847680</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>0</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☒ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2010
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Stock: 53% Investment-Grade Debt: 47% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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

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

Retirement Plan for Employees of Mercy Memorial Hospital Corporation

**Financial Report
with Additional Information
December 31, 2010**

Retirement Plan for Employees of Mercy Memorial Hospital Corporation

Contents

Report Letter	I
Statement of Net Assets Available for Benefits	2
Statement of Changes in Net Assets Available for Benefits	3
Statement of Accumulated Plan Benefits	4
Statement of Changes in Accumulated Plan Benefits	5
Notes to Financial Statements	6-12
Schedule of Assets Held at End of Year	13-21
Schedule of Reportable Transactions	22



Plante & Moran, PLLC

27400 Northwestern Highway
P.O. Box 307
Southfield, MI 48037-0307
Tel: 248.352.2500
Fax: 248.352.0018
plantemoran.com

Independent Auditor's Report

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

We were engaged to audit the statement of net assets available for benefits and schedule of assets held at end of year of Retirement Plan for Employees of Mercy Memorial Hospital Corporation (the "Plan") as of December 31, 2010, the statement of changes in net assets available for benefits and the schedule of reportable transactions for the year then ended, the statement of accumulated plan benefits as of January 1, 2010 and the related statement of changes in accumulated plan benefits for the year then ended, as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management. The financial statements of Retirement Plan for Employees of Mercy Memorial Hospital Corporation, as of and for the year ended December 31, 2009 were audited by other auditors, whose report dated October 12, 2010, disclaimed an opinion as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by JPMorgan Chase Bank N.A., the trustee of the Plan, except for comparing such information with the related information included in the 2010 financial statements and supplemental schedules. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the Trustee as of and for the year ended December 31, 2010 that the information provided to the plan administrator by the Trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying 2010 financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Plante & Moran, PLLC

Southfield, Michigan
October 3, 2011

Retirement Plan for Employees of Mercy Memorial Hospital Corporation

Statement of Net Assets Available for Benefits

	December 31, 2010	December 31, 2009
Assets		
Investments - At fair value:		
Money market funds	\$ 4,422,956	\$ 11,130,850
U.S. government securities	12,137,035	6,676,252
Equity securities	24,295,685	24,373,767
Corporate bonds and notes	10,057,239	4,176,927
	<u>50,912,915</u>	<u>46,357,796</u>
Total investments - At fair value		
	50,912,915	46,357,796
Contributions receivable	600,000	600,000
Accrued income	202,401	102,152
Cash	453	397
	<u>602,854</u>	<u>702,549</u>
Net Assets Available for Benefits	<u>\$ 51,715,769</u>	<u>\$ 47,060,345</u>

Retirement Plan for Employees of Mercy Memorial Hospital Corporation

Statement of Changes in Net Assets Available for Benefits

	Year Ended	
	December 31, 2010	December 31, 2009
Additions - Employer contributions	\$ 2,400,000	\$ 2,400,000
Investment Income (Loss)		
Interest and dividends	940,310	921,523
Net realized and unrealized (loss) gain on investments:		
U.S. government securities	(61,032)	(259,178)
Corporate bonds and notes	54,757	854,803
Equity securities	3,960,220	7,030,584
Net appreciation in fair value of investments	3,953,945	7,626,209
Total investment income	4,894,255	8,547,732
Total additions	7,294,255	10,947,732
Deductions from Net Assets		
Benefits paid directly to participants or beneficiaries	2,143,694	1,988,552
Administrative expenses	495,137	454,501
Total deductions	2,638,831	2,443,053
Net Increase	4,655,424	8,504,679
Net Assets Available for Benefits		
Beginning of year	47,060,345	38,555,666
End of year	<u><u>\$ 51,715,769</u></u>	<u><u>\$ 47,060,345</u></u>

Retirement Plan for Employees of Mercy Memorial Hospital Corporation

Statement of Accumulated Plan Benefits

	<u>January 1, 2010</u>	<u>January 1, 2009</u>
Actuarial Present Value of Accumulated Plan Benefits		
Vested benefits:		
Active participants	\$ 17,796,739	\$ 16,428,775
Inactive participants with deferred benefits	7,584,911	7,058,220
Inactive participants receiving benefits	<u>17,895,565</u>	<u>16,639,555</u>
Total vested benefits	43,277,215	40,126,550
Nonvested benefits	<u>1,034,121</u>	<u>1,253,655</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 44,311,336</u></u>	<u><u>\$ 41,380,205</u></u>

Retirement Plan for Employees of Mercy Memorial Hospital Corporation

Statement of Changes in Accumulated Plan Benefits

	Year Ended	
	<u>January 1, 2010</u>	<u>January 1, 2009</u>
Actuarial Present Value of Accumulated Plan Benefits -		
Beginning of year	\$ 41,380,205	\$ 38,391,857
Increase (decrease) during the year attributable to:		
Benefits accumulated	1,322,933	1,690,709
Benefits paid	(1,988,552)	(1,795,620)
Change in actuarial assumptions	264,987	-
Interest due to the decrease in the discount period	3,331,763	3,093,259
Net increase	<u>2,931,131</u>	<u>2,988,348</u>
Actuarial Present Value of Accumulated Plan Benefits -		
End of year	<u><u>\$ 44,311,336</u></u>	<u><u>\$ 41,380,205</u></u>

Retirement Plan for Employees of Mercy Memorial Hospital Corporation

Notes to Financial Statements December 31, 2010 and 2009

Note 1 - Plan Description

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

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

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

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

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

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

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

On June 23, 2009, the board of directors approved the freeze of the Plan effective September 30, 2009. As a result of the Plan freeze, participant benefit accruals ceased effective October 1, 2009 and all participant benefits were fully vested. Active participants in the Plan will now participate in the Hospital's 403(b) defined contribution plan. This freeze is included within the January 1, 2010 valuation.

Retirement Plan for Employees of Mercy Memorial Hospital Corporation

Notes to Financial Statements December 31, 2010 and 2009

Note 2 - Summary of Significant Accounting Policies

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

Valuation of Investments - The Plan's investments are generally stated at fair value. Securities traded on national securities exchanges are valued at the last reported sales price on the last business day of the Plan year. Investments traded in the over the counter market and listed securities for which no sale was reported on that date are valued at the average of the last reported bid and asked prices. The convertible securities fund, an equity security, is valued at quoted market prices which represent the net asset values of shares held by the Plan at year end. The U.S. government securities and corporate bonds and notes are valued using quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models and other pricing models. These models are primarily industry-standard models that consider various assumptions, including time value and yield curve as well as other relevant economic measures.

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

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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

Retirement Plan for Employees of Mercy Memorial Hospital Corporation

Notes to Financial Statements December 31, 2010 and 2009

Note 2 - Summary of Significant Accounting Policies (Continued)

Risks and Uncertainties - Contributions to the Plan and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee compensation and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements. The Plan utilizes various investment securities including U.S. government securities, corporate debt instruments, mutual funds, and corporate stocks. Investment securities, in general, are exposed to various risks, such as interest rate, market, and credit risks. 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 statement of net assets available for benefits.

Administrative Expenses - Administrative expenses are paid by the Plan as provided in the plan document.

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

Subsequent Events - The financial statements and related disclosures include evaluation of events up through and including October 3, 2011, which is the date the financial statements were available to be issued.

Reclassification - Certain prior year amounts have been reclassified to conform to the current year presentation.

Note 3 - Unaudited Information

JPMorgan Chase Bank N.A. (the "Trustee") holds the Plan's investment assets and executes related transactions. The investment balances and related investment results included in the accompanying financial statements and schedule of assets held at end of year are based solely on information provided by and certified by JPMorgan Chase Bank N.A.

Significant investments at the end of the year are as follows:

	2010	2009
JPMorgan Prime Money Market Fund	\$ 4,422,956	\$ 11,130,850
Fidelity Convertible Securities Fund	2,382,714	1,971,549

Note 4 - Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits under the Plan was calculated by Mercer.

Retirement Plan for Employees of Mercy Memorial Hospital Corporation

Notes to Financial Statements December 31, 2010 and 2009

Note 4 - Accumulated Plan Benefits (Continued)

The actuarial assumptions underlying the January 1 calculations are as follows:

	2010	2009
Actuarial valuation method	Projected unit credit	Projected unit credit
Interest rate for discounting liabilities	8.25% per year	8.25% per year
Mortality basis	RP 2000 M/F white collar mortality tables	RP 2000 M/F white collar mortality tables
Normal retirement	Retirement rates assumed to vary by age	Retirement rates assumed to vary by age

Note 5 - Fair Value Measurements

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

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2010 and 2009 and the valuation techniques used by the Plan to determine those fair values.

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

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

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

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

Retirement Plan for Employees of Mercy Memorial Hospital Corporation

Notes to Financial Statements December 31, 2010 and 2009

Note 5 - Fair Value Measurements (Continued)

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

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Balance at December 31, 2010
Money market funds	\$ 4,422,956	\$ -	\$ 4,422,956
U.S. equity securities	20,520,290	72,054	20,592,344
International equity securities	3,703,341	-	3,703,341
U.S. government securities	-	6,204,954	6,204,954
Federal agency securities	-	2,488,188	2,488,188
Mortgage-backed securities	-	3,443,893	3,443,893
U.S. corporate bonds and notes	-	9,263,427	9,263,427
Foreign corporate bonds and notes	-	793,812	793,812
Total	<u>\$ 28,646,587</u>	<u>\$ 22,266,328</u>	<u>\$ 50,912,915</u>

Assets Measured at Fair Value on a Recurring Basis at December 31, 2009

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Balance at December 31, 2009
Money market funds	\$ 11,130,850	\$ -	\$ 11,130,850
U.S. equity securities	20,645,930	114,435	20,760,365
International equity securities	3,107,858	505,544	3,613,402
U.S. governmental securities	-	1,387,869	1,387,869
Federal agency securities	-	697,467	697,467
Mortgage-backed securities	-	4,590,916	4,590,916
U.S. corporate bonds and notes	-	3,967,715	3,967,715
Foreign corporate bonds and notes	-	209,212	209,212
Total	<u>\$ 34,884,638</u>	<u>\$ 11,473,158</u>	<u>\$ 46,357,796</u>

The Plan's policy is to recognize transfers between levels of the fair value hierarchy as of the actual date of the event of change in circumstances that caused the transfer. There were no significant transfers between levels of the fair value hierarchy during 2010 and 2009.

Retirement Plan for Employees of Mercy Memorial Hospital Corporation

Notes to Financial Statements December 31, 2010 and 2009

Note 6 - Income Tax Status

The Internal Revenue Service has determined and informed the Hospital by a letter dated July 12, 2002, that the Plan and related trust were designed in accordance with the applicable regulations of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. The Hospital has applied for a new determination letter and the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Note 7 - Funding Policy

Contributions to provide benefits under the Plan are made solely by the Hospital. The Company's funding policy is to make cash contributions to the Plan in amounts as determined by the Plan's independent actuary. Contributions are on a quarterly basis due 3 ½ months, 6 ½ months, 9 ½ months, and 12 ½ months after the beginning of the plan year. Contributions made 12 ½ months after the beginning of the plan year are reflected as a contribution receivable. The Hospital met the minimum funding requirements of Employee Retirement Income Security Act of 1974 (ERISA) for the years ended December 31, 2010 and 2009.

Note 8 - Plan Termination

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

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

Retirement Plan for Employees of Mercy Memorial Hospital Corporation

Notes to Financial Statements December 31, 2010 and 2009

Note 8 - Plan Termination (Continued)

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

Note 9 - Exempt Party-in-interest Transactions

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

At December 31, 2010 and 2009, the Plan held 4,422,956 shares and 11,130,850 shares, respectively, of money market funds managed by JPMorgan Chase N.A., the Trustee, with a cost basis of \$4,422,956 and \$11,130,850, respectively. During the years ended December 31, 2010 and 2009, the Plan recorded income of \$11,668 and \$64,987, respectively, from these investments.

RETIREMENT PLAN FOR EMPLOYEES OF
MERCY MEMORIAL HOSPITAL CORPORATION

EIN: #38-1984289
Plan: #001

FORM 5500, SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS HELD AT END OF YEAR
AS OF DECEMBER 31, 2010 (UNAUDITED)

(a)(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Money market fund — JPMorgan * Prime Money Mkt Fund		\$ 4,422,956	\$ 4,422,956
U.S. government securities:			
U.S. Treasury Note	4.875% due 07/31/2011	314,186	313,174
U.S. Treasury Note	1.125% due 12/15/2011	357,940	357,677
U.S. Treasury Note	1.375% due 04/15/2012	359,743	359,533
U.S. Treasury Note	1.375% due 09/15/2012	202,922	202,898
U.S. Treasury Note	1.375% due 01/15/2013	1,091,960	1,091,372
U.S. Treasury Note	3.50% due 05/31/2013	213,063	213,250
U.S. Treasury Note	4.25% due 08/15/2013	136,050	136,094
U.S. Treasury Note	4.25% due 08/15/2014	165,697	165,469
U.S. Treasury Note	2.375% due 08/31/2014	98,306	98,414
U.S. Treasury Note	2.25% due 01/31/2015	455,577	451,686
U.S. Treasury Note	1.25% due 10/31/2015	777,813	774,248
U.S. Treasury Note	7.250% due 05/15/2016	127,031	126,070
U.S. Treasury Note	3.00% due 09/30/2016	673,623	663,750
U.S. Treasury Note	4.00% due 08/15/2018	166,752	162,550
U.S. Treasury Note	3.375% due 11/15/2019	440,951	433,866
U.S. Treasury Note	3.625% due 02/15/2020	213,648	207,562
U.S. Treasury Note	3.50% due 05/15/2020	211,055	204,876
U.S. Treasury Note	1.375% due 07/15/2018	159,555	160,319
U.S. Treasury Note	1.25% due 07/15/2020	81,868	82,145
Federal Home Loan MTG	6.00% due 06/15/2011	87,882	82,094
Federal Home Loan MTG	0.375% due 11/30/2012	198,658	198,810
Federal Home Loan MTG	1.625% due 04/15/2013	204,342	203,506
Federal Home Loan MTG	4.00% due 06/12/2013	72,936	80,564
Federal Home Loan BKS	STEP CPN due 08/12/2014	100,000	102,306
Federal Home Loan BKS	4.35% due 06/17/2016	75,075	76,378
Federal Home Loan BKS	6.00% due 06/29/2017	75,000	80,801
Federal Home Loan BKS	STEP CPN due 10/16/2017	199,000	204,478
Federal Home Loan BKS	STEP CPN due 10/26/2017	125,000	128,935
Federal Home Loan BKS	STEP CPN due 11/30/2007	100,000	101,373
Federal Home Loan BKS	STEP CPN due 12/29/2017	200,000	201,262
Federal Home Loan BKS	4.30% due 03/23/2020	100,000	98,662
Federal Home Loan BKS	3.95% due 07/07/2020	400,000	400,120
Federal Home Loan BKS	5.25% due 6/10/2022	54,830	56,492
Federal Home Loan BKS	STEP CPN due 09/15/2025	1,000,000	943,170
Federal Home Loan BKS	STEP CPN due 11/24/2025	99,200	94,212
Federal Home Loan MTG	5.50% due 11/01/2021	158,283	157,801
Federal Natl MTG ASSN	1.25% due 06/22/2012	252,383	252,615
Federal Natl MTG ASSN	4.375% due 03/15/2013	133,040	134,690
Federal Natl MTG ASSN	4.125% due 04/15/2014	220,044	218,124
Federal Natl MTG ASSN	5.25% due 09/15/2016	114,950	114,481
Federal Natl MTG ASSN	STEP CPN due 10/29/2018	199,400	193,044
Federal Natl MTG ASSN	STEP CPN due 09/16/2025	1,000,000	957,420
Federal Natl MTG ASSN	5.00% due 07/01/2018	154,316	155,427
Federal Natl MTG ASSN	4.50% due 05/01/2019	83,051	83,495
Federal Natl MTG ASSN	4.50% due 07/01/2024	160,325	160,229
Federal Natl MTG ASSN	5.50% due 09/01/2024	168,422	168,641
Federal Natl MTG ASSN	3.50% due 11/01/2025	124,786	124,671
Federal Natl MTG ASSN	4.50% due 11/01/2040	158,946	158,281
Total U.S. government securities		12,267,609	12,137,035

* Denotes party-in-interest

(Continued)

FORM 5500, SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS HELD AT END OF YEAR
AS OF DECEMBER 31, 2010 (UNAUDITED)

(a)(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Corporate bonds and notes:			
Adobe Sys Inc	4.75% due 02/01/2020	\$ 78,777	\$ 76,718
AGCO Corp	1.25% due 12/15/2036	54,848	64,980
Agilent Technologies Inc	5.00% due 07/15/2020	62,189	60,908
Allegheny Technologies	4.25% due 6/1/2014	27,585	37,719
American Express Co	7.00% due 03/19/2018	41,073	40,767
Ameriprise Finl Inc	7.30% due 06/28/2019	42,612	42,539
Amgen Inc.	0.375% due 02/01/2013	55,159	65,000
Amgen Inc.	3.45% due 10/01/2020	19,224	19,057
Amphenol Corp	4.75% due 11/15/2014	79,805	80,124
AT&T Inc Global	5.80% due 02/15/2019	46,369	45,023
Autozone Inc	4.00% due 11/15/2020	33,817	33,056
Bank New York Inc	2.50% due 01/15/2016	34,990	34,596
Bank of America	3.125% due 06/15/2012	119,593	119,108
Bank of America Corp	5.75% due 12/01/2017	61,556	62,438
Barclays	STEP CPN due 06/25/2025	99,750	98,107
Bellsouth Corp NT	6.00% due 10/15/2011	43,265	41,699
Berkshire Hathaway	5.40% due 5/15/2018	173,180	175,530
BHP Billiton Fin USA	5.25% due 12/15/2015	54,126	61,082
Bottling Group LLC	5.125% due 02/15/2013	27,742	27,272
Boston PTYS Ltd	4.125% due 05/15/2021	33,279	33,181
Branch BKG & TR CO Wilson	4.875% due 1/15/2013	81,017	84,958
Brown Forman Corp	5.00% due 02/01/2014	54,151	54,418
Canadian Pac RY	7.25% due 05/15/2019	76,781	77,321
Capital One BK	6.50% due 06/13/2013	56,937	56,938
Citigroup	6.01% due 01/15/2015	54,511	54,851
Citigroup	5.30% due 1/7/2016	84,716	90,253
Coca Cola Enterprise	Zero CPN due 6/20/2020	60,363	69,405
Coca Cola Enterprise	7.375% due 03/03/2014	52,603	52,458
Colgate Palmolive Co	2.95% due 11/01/2020	38,504	37,328
Comcast Corp	5.70% due 05/15/2018	56,204	55,026
Conocophillips Austrailia	5.50% due 04/15/2013	82,316	82,238
Continental Airlines	4.75% due 01/12/2021	80,400	80,000
Danaher Corp SR	5.625% due 01/15/2018	52,215	50,929
Danaher Corp	Zero CPN due 1/22/2021	66,974	105,490
Deere John Cap	2.80% due 09/18/2017	49,329	48,551
Deere John Cap Corp	5.35% due 04/03/2018	107,008	110,493
Devon Energy Corp	6.30% due 01/15/2019	83,913	82,377
Direct Hldgs LLC	4.60% due 02/15/2021	30,119	29,610
Discovery Communications LLC	5.05% due 06/01/2020	26,740	26,437
Disney Walt Co Global	4.50% due 12/15/2013	76,638	76,449
Dow Chemical Co	5.70% due 05/15/2018	102,108	108,173
Dow Chemical Co	8.55% due 05/15/2019	106,222	106,526
EMC Corp	1.75% due 12/01/2013	131,604	204,850
Emerson Elec Co	5.25% due 10/15/2018	53,823	55,542
Emerson Elec Co	4.875% due 10/15/2019	53,710	53,937
EQT Corp	8.125% due 06/01/2019	11,958	11,635
Estee Lauder Cos	7.75% due 11/01/2013	81,617	82,000
Exelon	4.90% due 6/15/2015	23,449	26,661
First Niagara Finl Group	6.75% due 03/19/2020	26,814	26,034
Fedex Corp	8.00% due 01/15/2019	75,425	74,014
General Elec Cap Corp.	6.00% due 08/07/2019	104,400	111,259
General Elec Cap Corp.	2.125% due 12/21/2012	118,522	118,156
General Elec Cap Corp.	5.50% due 01/08/2020	64,606	64,169
General MLS Inc	5.65% due 9/10/2012	25,596	26,910
Georgia PWR CO	6.00% due 11/01/2013	84,985	83,859
Gilead Sciences Inc	0.625% due 05/01/2013	57,725	55,125
Goldcorp Inc	2.00% due 08/01/2014	76,084	79,381
Goldman Sachs Group	5.25% due 4/1/2013	51,640	53,677
Goldman Sachs Group	7.50% due 02/15/2019	52,733	52,470

(Continued)

RETIREMENT PLAN FOR EMPLOYEES OF
MERCY MEMORIAL HOSPITAL CORPORATION

EIN: #38-1984289
Plan: #001

FORM 5500, SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS HELD AT END OF YEAR
AS OF DECEMBER 31, 2010 (UNAUDITED)

(a)(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Hess Corp	8.125% due 02/15/2019	\$ 38,693	\$ 37,901
Hewlett Packard Co	4.75% due 06/02/2014	54,096	54,784
Home Depot	5.40% due 3/1/2016	77,350	89,649
Honeywell Intl	5.40% due 03/15/2016	111,442	113,202
Intel Corp	3.25% due 08/01/2039	45,595	47,950
Invitrogen Corp	3.25% due 6/15/2025	67,680	71,475
Johnson & Johnson	5.15% due 07/15/2018	57,265	56,901
JPMorgan Chase & Co FDIC	2.125% due 12/26/2012	118,639	118,167
JPMorgan Chase & Co Sub	6.125% due 06/27/2017	33,133	32,914
JPMorgan Chase & Co	4.40% due 07/22/2020	29,693	29,527
JPMorgan Chase & Co	STEP CPN due 08/18/2025	100,000	95,291
Kellogg Co	4.45% due 05/30/2016	32,466	32,291
Kimberly Clark	4.875% due 8/15/2015	39,794	44,330
Kinder Morgan Energy Partners	6.00% due 02/01/2017	38,532	38,642
Kroger Co	4.95% due 01/15/2015	80,194	81,008
Kroger Co Sr	6.40% due 08/15/2017	40,207	40,186
Lehman Brothers	6.50% due 7/19/2017	34,679	4
Leucadia Natl Corp	3.75% due 4/15/2014	24,946	35,031
Lily Eli & Co	5.50% due 3/15/2027	135,114	138,850
Linear Technology Corp	3.00% due 05/01/2027	38,737	40,280
Marathon Oil Corp	6.00% due 07/01/2012	64,157	64,109
Masco Corp	5.875% due 07/15/2012	24,911	26,208
McDonalds Corp	5.80% due 10/15/2017	86,620	86,658
Medco Health Solutions Inc	2.75% due 09/15/2015	50,636	49,607
Medicis Pharmaceutical Corp	2.50% due 06/04/2032	35,735	36,663
Medtronic Inc	1.625% due 4/15/2013	44,612	43,269
Merck & Co	4.75% due 3/1/2015	45,403	49,554
Merck & Co	3.875% due 01/15/2021	94,713	94,408
Metlife	5.00% due 11/24/2013	45,624	48,760
Molson Coors Brewing Co	2.50% due 07/30/2013	23,164	23,150
Monsanto	7.375% due 8/15/2012	21,520	22,026
Morgan Stanley Dean Witter	STEP CPN due 08/31/2025	300,000	297,993
Morgan Stanley Global	4.75% due 04/01/2014	41,114	40,961
Mylan Labs Inc	1.25% due 3/15/2012	37,844	42,545
Nations Bank Corp	7.750% due 8/15/2015	113,332	111,702
NetApp Inc	1.75% due 6/1/2013	61,721	106,950
New Jersey Bell Tel Co	7.850% due 11/15/2029	166,500	161,396
Newmont MNG Corp	3.00% due 02/15/2012	18,694	20,869
Newmont MNG Corp	1.25% due 07/15/2014	42,108	57,350
Newmont MNG Corp	1.625% due 7/15/2017	53,084	81,410
Nisource Fin Corp	6.15% due 03/01/2013	76,674	76,363
Norfolk Southn Corp	7.70% due 5/15/2017	110,439	109,926
North Amern Dev	4.375% due 02/11/2020	224,438	231,482
Northern Tr Corp	3.45% due 11/04/2020	52,006	52,646
Northrop Grumman Corp	5.05% due 08/01/2019	32,135	32,041
Nuance Communications Inc	2.75% due 8/15/2027	88,285	91,553
Occidental Pete Corp	4.10% due 02/01/2021	34,992	35,575
Ohio PWR	4.85% due 1/15/2014	50,373	52,983
Omnicom Group Inc	ZERO YLD due 07/01/2038	52,142	51,879
ON Semiconductor	2.625% due 12/15/2026	68,796	81,988
Oracle Corp	5.00% due 07/08/2019	38,428	37,975
Pepsico Inc	5.00% due 06/01/2018	54,620	55,195
Pharmacia Corp	6.50% due 12/01/2018	86,123	89,307
Pioneer Nat Res Co	2.875% due 01/15/2038	49,954	60,550
Pitney Bowes Inc	4.75% due 05/15/2018	102,444	99,215
Portland Gen Elec Co	6.10% due 04/15/2019	80,595	80,358
Praxair Inc	5.25% due 11/15/2014	55,138	55,750
Proctor & Gamble Co	1.80% due 11/15/2015	79,174	78,429
Progress Energy	7.05% due 03/15/2019	41,458	41,524
Prudential Finl	6.00% due 12/1/2017	25,803	27,752
Quaker Oats Co	9.34% due 12/13/2019	137,500	129,892
Safeway Inc	3.95% due 08/15/2020	38,648	37,878
Salix Pharmaceuticals Ltd	2.75% due 05/15/2015	74,057	85,341
Sandisk Corp	1.50% due 08/15/2017	78,698	90,300
SBC Communincations	5.875% due 8/15/2012	32,278	32,322
Schwab Charles Corp	4.95% due 06/01/2014	81,331	81,557

(Continued)

FORM 5500, SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS HELD AT END OF YEAR
AS OF DECEMBER 31, 2010 (UNAUDITED)

(a)(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
SESI LLC	Var RT due 12/15/2026	\$ 9,055	\$ 9,169
Shell Intl	5.20% due 03/22/2017	108,250	110,887
Shell Intl	4.375% due 03/25/2020	64,301	62,932
Simon Pty Group	5.875% due 03/01/2017	33,622	32,931
Starbucks Corp	6.25% due 8/15/2017	57,779	61,481
Statoilhydro ASA	2.90% due 10/15/2014	89,317	87,891
Symnatec	1.00% due 6/15/2013	120,280	121,579
Target Corp.	6.35% due 1/15/2011	5,494	5,008
Teva Pharmaceutical Fin	0.25% due 2/1/2026	33,048	37,560
Teva Pharmaceutical Fin	1.75% due 2/1/2026	95,132	98,663
Toledo Edison Co	7.25% due 05/01/2020	41,401	41,372
U S Bank Natl	4.80% due 04/15/2015	16,237	16,175
Verifone Sys Inc	1.375% due 06/15/2012	65,447	70,119
Verizon Communications Inc	5.50% due 02/15/2018	123,667	120,883
Verizon Communications Inc	8.75% due 11/01/2018	63,163	65,291
Virginia Electric & Power Co	5.40% due 4/30/2018	27,839	27,867
Virginia Electric & Power Co	5.10% due 11/30/2012	80,809	80,606
Wachovia Corp	5.625% due 10/15/2016	54,744	54,392
WalMart Stores Inc	5.80% due 02/15/2018	69,480	68,942
Washington Mutual	5.00% due 3/22/2012	29,824	32,925
Wells Fargo	5.00% due 11/15/2014	76,483	84,950
Wells Fargo & Co	5.625% due 12/11/2017	50,297	49,823
Williams Partners LP	4.125% due 11/15/2020	33,642	33,152
Xerox Corp	6.40% due 03/15/2016	28,544	28,502
XTO Energy Inc	6.375% due 06/15/2038	140,000	151,575
Total corporate bonds and notes		9,697,530	10,057,239
Equity securities:			
Common stock:			
Affiliated Managers Group	360 shares	23,840	35,719
Allergan Inc	2,620 shares	142,784	179,915
Align Technology Inc	4,600 shares	96,054	89,884
Altera	6,860 shares	145,765	244,079
Amazon.com Inc.	1,053 shares	77,683	189,540
AON Corp	8,400 shares	305,443	386,484
Apache	3,955 shares	277,727	471,555
Apple Inc	1,513 shares	204,298	488,033
Applied Matls Inc	3,300 shares	36,979	46,365
Atheros Communications	4,370 shares	128,994	156,970
Autodesk Inc	700 shares	26,854	26,740

(Continued)

RETIREMENT PLAN FOR EMPLOYEES OF
MERCY MEMORIAL HOSPITAL CORPORATION

EIN: #38-1984289
Plan: #001

FORM 5500, SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS HELD AT END OF YEAR
AS OF DECEMBER 31, 2010 (UNAUDITED)

(a)(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Berkley	6,900 shares	\$ 165,416	\$ 188,922
Cameron Intl	3,184 shares	126,862	161,524
Caterpillar	360 shares	23,262	33,718
Celgene Corp	3,710 shares	236,335	219,409
Cerner Corp	1,390 shares	106,986	131,689
Cisco Sys	2,590 shares	62,758	52,396
Citrix Sys	810 shares	47,524	55,412
Coca-Cola	7,000 shares	310,405	460,390
Comcast	19,700 shares	332,734	409,957
Corporate Executive	5,446 shares	163,965	204,497
Devry Inc	2,745 shares	127,572	131,705
Dicks Sporting Goods	4,010 shares	112,354	150,375
Discovery Comm Ser C	7,150 shares	137,697	262,333
Dolby Laboratories	1,530 shares	90,383	102,051
Dover Corp	930 shares	47,967	54,359
Eaton Corp	1,330 shares	85,224	135,008
Ebay Inc	4,005 shares	98,102	111,459
Ecolab Inc	9,730 shares	340,323	490,587
Fastenal Co	2,810 shares	106,312	168,347
Fidelity Nat'l Inf Svcs	3,600 shares	71,966	98,604
Flir Sys	8,300 shares	222,911	246,925
Flowserve Corp	1,120 shares	116,963	133,526
Franklin Res Inc.	450 shares	42,054	50,045
Freeport-Mcmoran Copper & Gold	600 shares	52,796	72,054
Gilead Sciences	3,605 shares	140,480	130,645
Goodrich Corp	1,610 shares	93,258	141,793
Google Inc	569 shares	285,238	337,969
Green Mtn Coffee	4,260 shares	109,220	139,984
Greenhill & Co	1,780 shares	133,238	145,390
Haemonetics Corp	1,990 shares	114,726	125,728
Helmerich & Payne	1,200 shares	53,909	58,176
Idexx Labs Inc	2,170 shares	107,252	150,207
IHS Inc	2,564 shares	126,108	206,120
Illumina	2,530 shares	105,985	160,250

(Continued)

RETIREMENT PLAN FOR EMPLOYEES OF
MERCY MEMORIAL HOSPITAL CORPORATION

EIN: #38-1984289
Plan: #001

FORM 5500, SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS HELD AT END OF YEAR
AS OF DECEMBER 31, 2010 (UNAUDITED)

(a)(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Intel Corp	1,850 shares	\$ 39,580	\$ 38,906
Intercontinentalexchange	1,350 shares	141,623	160,853
Jacobs Engr Group	5,030 shares	208,158	230,626
Johnson Ctls Inc	5,650 shares	88,230	215,830
Johnson & Johnson	1,140 shares	74,449	70,509
Kraft Foods	7,000 shares	206,021	220,570
K-12 Inc	3,941 shares	80,784	112,949
L-3 Communications	1,400 shares	118,412	98,686
Liberty Global	10,488 shares	213,098	355,438
Liberty Media Corp New	1,232 shares	24,452	81,903
Loews Corp	5,700 shares	184,208	221,787
Manpower	2,720 shares	143,163	170,707
McDonalds Corp	6,694 shares	412,896	513,831
Medassets Inc	6,764 shares	133,598	136,565
Merck & Co Inc	1,513 shares	43,197	54,529
Microsoft	30,810 shares	769,200	859,907
Monolithic Pwr Sys	7,910 shares	128,367	130,673
Newfield	3,900 shares	162,357	281,229
News Corp	16,400 shares	152,056	238,784
Nike	675 shares	31,489	57,659
Nxstage Med	4,594 shares	75,778	114,299
Occidental Pete Corp	2,870 shares	239,983	281,547
Oracle	3,950 shares	76,344	123,635
Parker Hannifin	370 shares	24,400	31,931
Pepsico	6,600 shares	367,475	431,178
Praxair	5,045 shares	262,492	481,646
Price T Rowe	1,545 shares	90,353	99,714
Priceline.com	100 shares	23,902	39,955
Pride Intl Inc	2,343 shares	53,518	77,319
Progressive Corp.	7,100 shares	186,452	141,077
Qualcomm Inc.	6,775 shares	271,587	335,295
Roper Inds Inc	447 shares	24,476	34,164
Schwab Charles	5,670 shares	107,142	97,014

(Continued)

RETIREMENT PLAN FOR EMPLOYEES OF
MERCY MEMORIAL HOSPITAL CORPORATION

EIN: #38-1984289
Plan: #001

FORM 5500, SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS HELD AT END OF YEAR
AS OF DECEMBER 31, 2010 (UNAUDITED)

(a)(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Silicon Laboratories Inc	5,425 shares	\$ 211,664	\$ 249,659
Solera Hldgs	2,640 shares	121,362	135,485
St Jude Med	620 shares	23,719	26,505
Stillwater Mng	3,310 shares	64,322	70,669
Superior Energy Svcs	750 shares	25,839	26,243
Tempur-Pedic Intl	4,350 shares	138,253	174,261
Teradata	700 shares	24,177	28,812
Thermo Fisher Scientific	3,500 shares	132,323	193,760
Transdigm Group Inc	2,480 shares	94,429	178,585
Trimas Corp	3,990 shares	60,808	81,635
Trimble Nav Ltd	5,030 shares	127,595	200,848
Ultimate Software Group Inc	3,740 shares	127,579	181,876
United Technologies Corp	1,070 shares	68,504	84,230
United Health Group	5,900 shares	324,076	213,049
Urban Outfitters	2,410 shares	71,585	86,302
Valassis Communications	7,330 shares	240,464	237,126
Verifone Systems	900 shares	25,186	34,704
Verisign	5,190 shares	153,936	169,557
Wal Mart	7,300 shares	351,365	393,689
Waste MGMT	5,600 shares	202,859	206,472
3M	3,100 shares	231,993	267,530
Total common stock		<u>13,945,984</u>	<u>17,818,550</u>
Preferred convertible stock:			
AMG Cap	800 shares	20,023	32,050
Apache Corpe	1,850 shares	97,641	123,099
Archer Daniels Midland Co	3,580 shares	121,089	139,011
Bank Amer Corp	49 shares	46,726	46,892
Wells Fargo & Co	50 shares	44,813	50,028
Total preferred convertible stock		<u>330,292</u>	<u>391,080</u>

(Continued)

RETIREMENT PLAN FOR EMPLOYEES OF
MERCY MEMORIAL HOSPITAL CORPORATION

EIN: #38-1984289
Plan: #001

FORM 5500, SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS HELD AT END OF YEAR
AS OF DECEMBER 31, 2010 (UNAUDITED)

(a)(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Foreign equities:			
Accenture PLC Ireland	1,275 shares	\$ 50,260	\$ 61,825
ARM Hldgs PLC	4,850 shares	53,578	100,637
AXA SA	430 shares	18,671	7,159
Barrick Gold Corp	600 shares	22,359	31,908
BASF	950 shares	62,017	75,962
BHP Billiton	1,850 shares	93,784	171,902
British Amern TOB	695 shares	46,572	54,001
Brookfield Asset MGMT	450 shares	19,418	14,980
Canadian Nat Res	1,200 shares	40,392	53,304
Canadian Natl	1,230 shares	63,725	81,758
Canadian Pac	1,095 shares	71,232	70,900
Check Pointe Software Tech	1,200 shares	51,478	55,512
Cnooc LTD	250 shares	46,251	59,592
Cooper Industries LTD	1,230 shares	66,304	71,697
Core Laboratories NV	90 shares	4,254	8,014
Diageo PLC	1,330 shares	98,232	98,859
Ensign Energy	430 shares	8,859	6,476
Fibria Celulose	228 shares	3,455	3,648
Finning Intl	150 shares	4,041	4,072
Genpact Ltd	6,625 shares	100,054	100,700
Infosys Tech	1,635 shares	77,532	124,391
Ingersoll Rand Co	990 shares	48,522	46,619
Manulife Finl	515 shares	18,748	8,848
Nabors Inds LTD	2,535 shares	90,698	59,471
Nestle S A	4,700 shares	172,607	276,454
Noble Corp	2,150 shares	95,599	76,906
Novartis	645 shares	36,982	38,023
Partnerre Hldgs LTD	840 shares	65,530	67,494
Potash Corp Sask	700 shares	55,490	108,381

(Continued)

RETIREMENT PLAN FOR EMPLOYEES OF
MERCY MEMORIAL HOSPITAL CORPORATION

EIN: #38-1984289
Plan: #001

FORM 5500, SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS HELD AT END OF YEAR
AS OF DECEMBER 31, 2010 (UNAUDITED)

(a)(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Rio Tinto	1,580 shares	\$ 101,538	\$ 113,223
Schlumberger LTD	4,360 shares	297,207	364,060
Siemens	450 shares	53,910	55,913
Suncor Energy	2,285 shares	95,972	87,493
Talisman Energy	945 shares	18,844	20,970
Teck Res	945 shares	38,153	58,429
Tenaris	1,460 shares	67,032	71,511
Teva Pharmaceutical	2,000 shares	92,599	104,260
Transocean LTD ZUG	1,399 shares	157,802	97,244
Trican Well SVC	170 shares	4,134	3,431
UBS AG	635 shares	36,065	10,458
Unilever N V	1,805 shares	57,639	56,677
Vale S A	2,925 shares	66,207	101,117
Vale Cap II Gtd	780 shares	55,558	75,247
Vale Cap II	350 shares	31,803	33,901
Vodafone Group	7,900 shares	182,917	208,876
Weatherford Intl	9,835 shares	232,050	224,238
Willis Group	2,000 shares	69,100	69,260
Yara	130 shares	3,744	7,540
Total foreign equity securities		<u>3,248,918</u>	<u>3,703,341</u>
Convertible Securities Fund			
Fidelity Finl	93,623.3620 shares	<u>2,607,700</u>	<u>2,382,714</u>
Total equity securities		<u>20,132,894</u>	<u>24,295,685</u>
TOTAL INVESTMENTS		<u>\$ 46,520,989</u>	<u>\$ 50,912,915</u>

(Concluded)

Retirement Plan for Employees of Mercy Memorial Hospital Corporation

Schedule of Reportable Transactions Form 5500, Schedule H, Line 4j EIN 38-1984289, Plan No. 001 Year Ended December 31, 2010

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	Number of Transactions	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Series of Transactions							
JPMorgan Chase Bank N.A. JP Morgan Prime Money Market Fund		\$ 54,999,608	\$ -	536	\$ 54,999,608	\$ 54,999,608	\$ -
JPMorgan Chase Bank N.A. JP Morgan Prime Money Market Fund		-	61,707,502	357	61,707,502	61,707,502	-

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

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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**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

Retirement Plan for Employees of Mercy Memorial Hospital Corporation

B Three-digit
plan number (PN) ▶

001

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

Mercy Memorial Hospital Corporation

D Employer Identification Number (EIN)

38-1984289

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 1 Day 1 Year 2010**2** Assets:

	2a	2b
a Market value.....	47,058,559	
b Actuarial value.....		44,184,309

3 Funding target/participant count breakdown

		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a	411	20,411,272
b For terminated vested participants.....	3b	465	10,080,584
c For active participants:			
(1) Non-vested benefits.....	3c(1)		1,057,084
(2) Vested benefits.....	3c(2)		22,879,957
(3) Total active.....	3c(3)	611	23,937,041
d Total.....	3d	1,487	54,428,897

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** 6.62 %**6** Target normal cost..... **6** 200,000**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**

JEFFREY P. BLASZKOWSKI

Signature of actuary

Jeffrey P. Blaszkowski FSA, EA, MAAA

Type or print name of actuary

Mercer

600 Renaissance Center, Suite 1800

Firm name

Detroit

MI 48243

Address of the firm

10/14/2011

Date

11-06646

Most recent enrollment number

(313) 259-5500

Telephone number (including area code)

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)	5,237,200	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8)	5,237,200	0
10 Interest on item 9 using prior year's actual return of <u>21.71%</u>	1,136,996	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		666,825
b Interest on (a) using prior year's effective rate of <u>8.08%</u>		53,879
c Total available at beginning of current plan year to add to prefunding balance		720,704
d Portion of (c) to be added to prefunding balance		
12 Reduction in balances due to elections or deemed elections	6,374,196	
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	0

Part III Funding percentages

14 Funding target attainment percentage	14	81.17 %
15 Adjusted funding target attainment percentage	15	81.17 %
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	99.65 %
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
04/15/2010	600,000				
07/14/2010	600,000				
10/15/2010	600,000				
01/14/2011	600,000				
Totals ▶			18(b)	2,400,000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2,301,014

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: 4.60 %	2nd segment: 6.65 %	3rd segment: 6.76 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	
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	200,000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	8,067,432	1,348,284
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	1,548,284
35 Balances used to offset funding requirement	Carryover balance	Prefunding balance
	0	0
36 Additional cash requirement (item 34 minus item 35)	36	1,548,284
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	2,301,014
38 Interest-adjusted excess contributions for current year (see instructions)	38	752,730
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

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

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 62.

(A) Retirement age	(B) Retirement Percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	3.70%	10,000	370	20,350
56	3.20%	9,630	308	17,257
57	2.90%	9,322	270	15,409
58	2.50%	9,052	226	13,125
59	2.30%	8,825	203	11,976
60	5.20%	8,622	448	26,901
61	5.10%	8,174	417	25,429
62	40.00%	7,757	3,103	192,374
63	20.00%	4,654	931	58,643
64	20.00%	3,723	745	47,659
65	100.00%	2,979	2,979	193,615
Total			10,000	622,738
Average				62.2738

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

Actuarial assumptions

Discount rate sponsor elections		Funding
• Segment rates or full yield curve		Segment
• Look-back months		0
• 1st 5 years		4.60%
• Next 15 years		6.65%
• Over 20 years		6.76%
Mortality sponsor elections		
• Healthy participants		Section 430(h)(3) prescribed separate static separate generational annuitant and nonannuitant mortality tables.
• Disabled participants		Revenue Ruling 96-7 table for participants who became disabled after 1994
Other economic assumptions		
• Salary increases		N/A
• Social Security wage base		N/A
• Inflation		N/A
• Expected investment return		8.25%
• Expenses		\$200,000 added to current year normal cost
Demographic assumptions		
Withdrawal	Age	Withdrawal Rate
	25	.116242
	40	.093957
	55	.017264
Disability incidence	Age	Male Female
	25	.00038 .00047
	40	.00117 .00211
	55	.00722 .00952

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

Retirement age

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

Benefit commencement age for

- Future vested deferred 65
- Current vested deferred 65

Spouse assumptions

	<u>Male participants</u>	<u>Female participants</u>
• Percentage married	80%	70%
• Spouse age difference	3 years younger	3 years older

Form of payment

	<u>Single life</u>	<u>50% J&S</u>
• Active retirements	85%	15%
• Future vested deferred	85%	15%
• Future disabilities	85%	15%
• Future deaths	0%	100%
• Current vested deferred	85%	15%

Unpredictable contingent event assumptions N/A

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

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

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant methods

Participants or former participants are included or excluded from the valuation as described below:

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

Minimum funding methods

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

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

A detailed description of the calculation follows:

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

Schedule SB, Part V – Summary of Plan Provisions

Benefits included or excluded

Unless noted below, all benefits provided by the plan, as restated effective January 1, 2009, are included in this valuation.

- **Plan amendments excluded:** None
- **IRC Section 436 benefit restrictions:** None, since the plan is frozen and has no restrictable benefits.
- **Late retirement increases:**
 - *Active participants:* The plan provides benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases only apply to participants who defer retirement beyond age 70½. This valuation includes increases for current participants over age 70.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.
- **IRC Section 415(b) benefit limitations:** The limitations of Internal Revenue Code Section 415(b) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60 percent of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Schedule SB, Part V – Summary of Plan Provisions

Effective date and plan year	Original plan: January 1, 1973 Restated plan: January 1, 2009 Plan year: Calendar year																
Sponsoring employer	Mercy Memorial Hospital Corporation																
Participating employees	All Employees of Mercy Memorial Hospital Corporation except for Pool, Standby, Temporary or Contract Employees.																
Eligibility	An Employee becomes a Member of the plan on the anniversary of the date of employment provided that he or she has attained age 21 and has completed 1,000 hours of service during the first 12 months of employment. Otherwise, the employee becomes a Member upon completion of 1,000 hours of service in a plan year. Employees hired on or after July 1, 2005 are not eligible to participate in the plan.																
Eligibility service	A Member receives one year for each Plan Year in which he or she is credited with at least 1,000 hours.																
Credited service	▪ Prior to January 1, 1976 — Credited Service before January 1, 1976 is determined on the basis of full-time service with the Hospital (at least 60 hours in any 2-week pay period) and is computed monthly (to the nearest 1/12 year). It does not include service earned before reaching age 21 and completing one year of full-time service. ▪ After January 1, 1976 — Credited Service after January 1, 1976 (and after becoming a Member of the Plan) is earned on the basis of hours of service during each Plan Year in accordance with the following schedule. <table> <tr> <th><u>Hours of Service</u></th><th><u>Credited Service</u></th></tr> <tr> <td>At least 1,000 but less than 1,050</td><td>6/12</td></tr> <tr> <td>At least 1,050 but less than 1,200</td><td>7/12</td></tr> <tr> <td>At least 1,200 but less than 1,350</td><td>8/12</td></tr> <tr> <td>At least 1,350 but less than 1,500</td><td>9/12</td></tr> <tr> <td>At least 1,500 but less than 1,650</td><td>10/12</td></tr> <tr> <td>At least 1,650 but less than 1,800</td><td>11/12</td></tr> <tr> <td>1,800 or more</td><td>1 year</td></tr> </table>	<u>Hours of Service</u>	<u>Credited Service</u>	At least 1,000 but less than 1,050	6/12	At least 1,050 but less than 1,200	7/12	At least 1,200 but less than 1,350	8/12	At least 1,350 but less than 1,500	9/12	At least 1,500 but less than 1,650	10/12	At least 1,650 but less than 1,800	11/12	1,800 or more	1 year
<u>Hours of Service</u>	<u>Credited Service</u>																
At least 1,000 but less than 1,050	6/12																
At least 1,050 but less than 1,200	7/12																
At least 1,200 but less than 1,350	8/12																
At least 1,350 but less than 1,500	9/12																
At least 1,500 but less than 1,650	10/12																
At least 1,650 but less than 1,800	11/12																
1,800 or more	1 year																

Schedule SB, Part V – Summary of Plan Provisions

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

<u>Hours of Service</u>	<u>Credited Service</u>
Less than 150	0/12
At least 150 but less than 300	1/12
At least 300 but less than 450	2/12
At least 450 but less than 600	3/12
At least 600 but less than 750	4/12
At least 750 but less than 900	5/12
At least 900 but less than 1,000	6/12
Monthly earnings	The January 1 hourly rate of pay multiplied by 173, exclusive of overtime, call time, differential time, incentive compensation and bonuses.
Final average monthly earnings	The sum of the Member's Monthly Earnings for the five consecutive January 1 dates preceding retirement or termination, during which the Member received the greatest amount of compensation, divided by five.
Covered compensation	Covered Compensation is an average of the Social Security wage bases for the 35 years through the year in which an individual attains Social Security retirement age. If a Member terminates, retires or dies prior to Social Security Retirement Age, the wage base is assumed to remain level for all future years.
Accrued benefit	1.05% of Final Average Monthly Earnings times years of Credited Service plus 0.65% of Final Average Monthly Earnings in excess of Covered Compensation times years of Credited Service up to 35. Accrued benefits are frozen at December 31, 2005 for any Members electing future accruals in the 403(b) plan. Accrued benefits are frozen at September 30, 2009 for all members who did not elect future accruals in the 403(b) plan.
Normal retirement eligibility	Age 65.
Normal retirement benefit	The accrued benefit, based on service and compensation to date.
Early retirement eligibility	Age 55 and five years of Eligibility Service.

Schedule SB, Part V – Summary of Plan Provisions

Early retirement benefit	Accrued retirement benefit as of early retirement date reduced for commencement prior to age 65 to reflect the increased payout period. Benefit is reduced according to the factors provided in the Plan.
Disability eligibility	A Member age 50 determined to be permanently and totally disabled who has 10 or more years of Eligibility Service.
Disability benefit	Benefit is the accrued benefit at time of disability.
Death benefit eligibility	All Members eligible for a Vested Retirement Benefit (whether or not actively employed) who are married at date of death automatically receive coverage under this option, unless rejected by the Member and the Member's spouse.
Death benefit	In the event of a vested Member's death prior to benefit commencement, a 50% survivor annuity will be paid to the participant's spouse. Benefits to the spouse are payable on the first day of the month following the Member's death, or if later, the first day of the month following the Member's 55th birthday. The benefit payable is the Member's accrued benefit at date of death, reduced actuarially for survivor annuity and reduced for early commencement (if applicable) by the early retirement factors provided in the plan. Cost of this protection is fully subsidized by the plan sponsor.
Vested termination eligibility	Completion of five years of Eligibility Service.
Vested termination benefit	Normal Retirement Benefit based on service and compensation at termination. Benefit is payable at age 65. A reduced benefit may begin as early as age 55.
Forms of payment	Normal Forms: Single life annuity, if unmarried. If married, the normal form is a 50% joint and survivor annuity, actuarially equivalent to the single life annuity amount. Optional Forms: Single life annuity, life annuity with 120-month certain period, 50% joint and survivor annuity, 75% joint and survivor annuity, 100% joint and survive annuity (all actuarially equivalent to the single life annuity).
Actuarial Equivalence for optional forms	Based on UP-1984 mortality and 8% interest.

Maximums

Compensation	\$245,000 (this amount is determined as of the freeze of benefit accruals at September 30, 2009
Benefits	\$195,000 payable at Social Security Normal Retirement Age. Benefits payable prior to the age at which Social Security benefits are available are actuarially reduced.

Plan provision changes since prior valuation

- The plan was frozen as of September 30, 2009, so that no future benefits will be accrued under the plan.

Schedule SB, Line 24 – Change in Actuarial Assumptions

- The sponsor changed their interest rate election from full yield curve with a two month look-back to segment rates with 0 months look-back.
- In addition, we updated the form of payment to better reflect expected future plan experience.

Schedule SB, Line 26 – Schedule of Active Participant Data

Years of credited service											
Attained age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Up	Total
< 25	1	1									2
25 - 29	2	18	4								24
30 - 34	2	17	24	4							47
35 - 39		23	29	19	4						75
40 - 44	1	11	14	19	18	5					68
45 - 49	2	11	23	16	19	18	9				98
50 - 54	2	15	23	27	18	18	18	4			125
55 - 59		8	16	17	15	15	14	21	6		112
60 - 64		2	5	4	12	4	3	6	8	2	46
65 - 69	1	4	2	2		1					10
70+		2		1						1	4
Total	11	112	140	109	86	61	44	31	14	3	611

Schedule SB, Line 32 – Schedule of Amortization Bases

The shortfall amortization charge is the sum of the shortfall base amortization for each plan year covered under PPA. Although a shortfall base can be negative, the combined shortfall amortization charge cannot be negative.

Shortfall bases				
Year established		Outstanding balance	Years remaining	Installment
2010	\$	8,067,432	7	\$ 1,348,284
Total	\$	8,067,432		\$ 1,348,284

RETIREMENT PLAN FOR EMPLOYEES OF
MERCY MEMORIAL HOSPITAL CORPORATION

EIN: #38-1984289
Plan: #001

FORM 5500, SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS HELD AT END OF YEAR
AS OF DECEMBER 31, 2010 (UNAUDITED)

(a)(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Money market fund — JPMorgan * Prime Money Mkt Fund		\$ 4,422,956	\$ 4,422,956
U.S. government securities:			
U.S. Treasury Note	4.875% due 07/31/2011	314,186	313,174
U.S. Treasury Note	1.125% due 12/15/2011	357,940	357,677
U.S. Treasury Note	1.375% due 04/15/2012	359,743	359,533
U.S. Treasury Note	1.375% due 09/15/2012	202,922	202,898
U.S. Treasury Note	1.375% due 01/15/2013	1,091,960	1,091,372
U.S. Treasury Note	3.50% due 05/31/2013	213,063	213,250
U.S. Treasury Note	4.25% due 08/15/2013	136,050	136,094
U.S. Treasury Note	4.25% due 08/15/2014	165,697	165,469
U.S. Treasury Note	2.375% due 08/31/2014	98,306	98,414
U.S. Treasury Note	2.25% due 01/31/2015	455,577	451,686
U.S. Treasury Note	1.25% due 10/31/2015	777,813	774,248
U.S. Treasury Note	7.250% due 05/15/2016	127,031	126,070
U.S. Treasury Note	3.00% due 09/30/2016	673,623	663,750
U.S. Treasury Note	4.00% due 08/15/2018	166,752	162,550
U.S. Treasury Note	3.375% due 11/15/2019	440,951	433,866
U.S. Treasury Note	3.625% due 02/15/2020	213,648	207,562
U.S. Treasury Note	3.50% due 05/15/2020	211,055	204,876
U.S. Treasury Note	1.375% due 07/15/2018	159,555	160,319
U.S. Treasury Note	1.25% due 07/15/2020	81,868	82,145
Federal Home Loan MTG	6.00% due 06/15/2011	87,882	82,094
Federal Home Loan MTG	0.375% due 11/30/2012	198,658	198,810
Federal Home Loan MTG	1.625% due 04/15/2013	204,342	203,506
Federal Home Loan MTG	4.00% due 06/12/2013	72,936	80,564
Federal Home Loan BKS	STEP CPN due 08/12/2014	100,000	102,306
Federal Home Loan BKS	4.35% due 06/17/2016	75,075	76,378
Federal Home Loan BKS	6.00% due 06/29/2017	75,000	80,801
Federal Home Loan BKS	STEP CPN due 10/16/2017	199,000	204,478
Federal Home Loan BKS	STEP CPN due 10/26/2017	125,000	128,935
Federal Home Loan BKS	STEP CPN due 11/30/2007	100,000	101,373
Federal Home Loan BKS	STEP CPN due 12/29/2017	200,000	201,262
Federal Home Loan BKS	4.30% due 03/23/2020	100,000	98,662
Federal Home Loan BKS	3.95% due 07/07/2020	400,000	400,120
Federal Home Loan BKS	5.25% due 6/10/2022	54,830	56,492
Federal Home Loan BKS	STEP CPN due 09/15/2025	1,000,000	943,170
Federal Home Loan BKS	STEP CPN due 11/24/2025	99,200	94,212
Federal Home Loan MTG	5.50% due 11/01/2021	158,283	157,801
Federal Natl MTG ASSN	1.25% due 06/22/2012	252,383	252,615
Federal Natl MTG ASSN	4.375% due 03/15/2013	133,040	134,690
Federal Natl MTG ASSN	4.125% due 04/15/2014	220,044	218,124
Federal Natl MTG ASSN	5.25% due 09/15/2016	114,950	114,481
Federal Natl MTG ASSN	STEP CPN due 10/29/2018	199,400	193,044
Federal Natl MTG ASSN	STEP CPN due 09/16/2025	1,000,000	957,420
Federal Natl MTG ASSN	5.00% due 07/01/2018	154,316	155,427
Federal Natl MTG ASSN	4.50% due 05/01/2019	83,051	83,495
Federal Natl MTG ASSN	4.50% due 07/01/2024	160,325	160,229
Federal Natl MTG ASSN	5.50% due 09/01/2024	168,422	168,641
Federal Natl MTG ASSN	3.50% due 11/01/2025	124,786	124,671
Federal Natl MTG ASSN	4.50% due 11/01/2040	158,946	158,281
Total U.S. government securities		12,267,609	12,137,035

* Denotes party-in-interest

(Continued)

FORM 5500, SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS HELD AT END OF YEAR
AS OF DECEMBER 31, 2010 (UNAUDITED)

(a)(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Corporate bonds and notes:			
Adobe Sys Inc	4.75% due 02/01/2020	\$ 78,777	\$ 76,718
AGCO Corp	1.25% due 12/15/2036	54,848	64,980
Agilent Technologies Inc	5.00% due 07/15/2020	62,189	60,908
Allegheny Technologies	4.25% due 6/1/2014	27,585	37,719
American Express Co	7.00% due 03/19/2018	41,073	40,767
Ameriprise Finl Inc	7.30% due 06/28/2019	42,612	42,539
Amgen Inc.	0.375% due 02/01/2013	55,159	65,000
Amgen Inc.	3.45% due 10/01/2020	19,224	19,057
Amphenol Corp	4.75% due 11/15/2014	79,805	80,124
AT&T Inc Global	5.80% due 02/15/2019	46,369	45,023
Autozone Inc	4.00% due 11/15/2020	33,817	33,056
Bank New York Inc	2.50% due 01/15/2016	34,990	34,596
Bank of America	3.125% due 06/15/2012	119,593	119,108
Bank of America Corp	5.75% due 12/01/2017	61,556	62,438
Barclays	STEP CPN due 06/25/2025	99,750	98,107
Bellsouth Corp NT	6.00% due 10/15/2011	43,265	41,699
Berkshire Hathaway	5.40% due 5/15/2018	173,180	175,530
BHP Billiton Fin USA	5.25% due 12/15/2015	54,126	61,082
Bottling Group LLC	5.125% due 02/15/2013	27,742	27,272
Boston PTYS Ltd	4.125% due 05/15/2021	33,279	33,181
Branch BKG & TR CO Wilson	4.875% due 1/15/2013	81,017	84,958
Brown Forman Corp	5.00% due 02/01/2014	54,151	54,418
Canadian Pac RY	7.25% due 05/15/2019	76,781	77,321
Capital One BK	6.50% due 06/13/2013	56,937	56,938
Citigroup	6.01% due 01/15/2015	54,511	54,851
Citigroup	5.30% due 1/7/2016	84,716	90,253
Coca Cola Enterprise	Zero CPN due 6/20/2020	60,363	69,405
Coca Cola Enterprise	7.375% due 03/03/2014	52,603	52,458
Colgate Palmolive Co	2.95% due 11/01/2020	38,504	37,328
Comcast Corp	5.70% due 05/15/2018	56,204	55,026
Conocophillips Austrailia	5.50% due 04/15/2013	82,316	82,238
Continental Airlines	4.75% due 01/12/2021	80,400	80,000
Danaher Corp SR	5.625% due 01/15/2018	52,215	50,929
Danaher Corp	Zero CPN due 1/22/2021	66,974	105,490
Deere John Cap	2.80% due 09/18/2017	49,329	48,551
Deere John Cap Corp	5.35% due 04/03/2018	107,008	110,493
Devon Energy Corp	6.30% due 01/15/2019	83,913	82,377
Direct Hldgs LLC	4.60% due 02/15/2021	30,119	29,610
Discovery Communications LLC	5.05% due 06/01/2020	26,740	26,437
Disney Walt Co Global	4.50% due 12/15/2013	76,638	76,449
Dow Chemical Co	5.70% due 05/15/2018	102,108	108,173
Dow Chemical Co	8.55% due 05/15/2019	106,222	106,526
EMC Corp	1.75% due 12/01/2013	131,604	204,850
Emerson Elec Co	5.25% due 10/15/2018	53,823	55,542
Emerson Elec Co	4.875% due 10/15/2019	53,710	53,937
EQT Corp	8.125% due 06/01/2019	11,958	11,635
Estee Lauder Cos	7.75% due 11/01/2013	81,617	82,000
Exelon	4.90% due 6/15/2015	23,449	26,661
First Niagara Finl Group	6.75% due 03/19/2020	26,814	26,034
Fedex Corp	8.00% due 01/15/2019	75,425	74,014
General Elec Cap Corp.	6.00% due 08/07/2019	104,400	111,259
General Elec Cap Corp.	2.125% due 12/21/2012	118,522	118,156
General Elec Cap Corp.	5.50% due 01/08/2020	64,606	64,169
General MLS Inc	5.65% due 9/10/2012	25,596	26,910
Georgia PWR CO	6.00% due 11/01/2013	84,985	83,859
Gilead Sciences Inc	0.625% due 05/01/2013	57,725	55,125
Goldcorp Inc	2.00% due 08/01/2014	76,084	79,381
Goldman Sachs Group	5.25% due 4/1/2013	51,640	53,677
Goldman Sachs Group	7.50% due 02/15/2019	52,733	52,470

(Continued)

RETIREMENT PLAN FOR EMPLOYEES OF
MERCY MEMORIAL HOSPITAL CORPORATION

EIN: #38-1984289
Plan: #001

FORM 5500, SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS HELD AT END OF YEAR
AS OF DECEMBER 31, 2010 (UNAUDITED)

(a)(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Hess Corp	8.125% due 02/15/2019	\$ 38,693	\$ 37,901
Hewlett Packard Co	4.75% due 06/02/2014	54,096	54,784
Home Depot	5.40% due 3/1/2016	77,350	89,649
Honeywell Intl	5.40% due 03/15/2016	111,442	113,202
Intel Corp	3.25% due 08/01/2039	45,595	47,950
Invitrogen Corp	3.25% due 6/15/2025	67,680	71,475
Johnson & Johnson	5.15% due 07/15/2018	57,265	56,901
JPMorgan Chase & Co FDIC	2.125% due 12/26/2012	118,639	118,167
JPMorgan Chase & Co Sub	6.125% due 06/27/2017	33,133	32,914
JPMorgan Chase & Co	4.40% due 07/22/2020	29,693	29,527
JPMorgan Chase & Co	STEP CPN due 08/18/2025	100,000	95,291
Kellogg Co	4.45% due 05/30/2016	32,466	32,291
Kimberly Clark	4.875% due 8/15/2015	39,794	44,330
Kinder Morgan Energy Partners	6.00% due 02/01/2017	38,532	38,642
Kroger Co	4.95% due 01/15/2015	80,194	81,008
Kroger Co Sr	6.40% due 08/15/2017	40,207	40,186
Lehman Brothers	6.50% due 7/19/2017	34,679	4
Leucadia Natl Corp	3.75% due 4/15/2014	24,946	35,031
Lily Eli & Co	5.50% due 3/15/2027	135,114	138,850
Linear Technology Corp	3.00% due 05/01/2027	38,737	40,280
Marathon Oil Corp	6.00% due 07/01/2012	64,157	64,109
Masco Corp	5.875% due 07/15/2012	24,911	26,208
McDonalds Corp	5.80% due 10/15/2017	86,620	86,658
Medco Health Solutions Inc	2.75% due 09/15/2015	50,636	49,607
Medicis Pharmaceutical Corp	2.50% due 06/04/2032	35,735	36,663
Medtronic Inc	1.625% due 4/15/2013	44,612	43,269
Merck & Co	4.75% due 3/1/2015	45,403	49,554
Merck & Co	3.875% due 01/15/2021	94,713	94,408
Metlife	5.00% due 11/24/2013	45,624	48,760
Molson Coors Brewing Co	2.50% due 07/30/2013	23,164	23,150
Monsanto	7.375% due 8/15/2012	21,520	22,026
Morgan Stanley Dean Witter	STEP CPN due 08/31/2025	300,000	297,993
Morgan Stanley Global	4.75% due 04/01/2014	41,114	40,961
Mylan Labs Inc	1.25% due 3/15/2012	37,844	42,545
Nations Bank Corp	7.750% due 8/15/2015	113,332	111,702
NetApp Inc	1.75% due 6/1/2013	61,721	106,950
New Jersey Bell Tel Co	7.850% due 11/15/2029	166,500	161,396
Newmont MNG Corp	3.00% due 02/15/2012	18,694	20,869
Newmont MNG Corp	1.25% due 07/15/2014	42,108	57,350
Newmont MNG Corp	1.625% due 7/15/2017	53,084	81,410
Nisource Fin Corp	6.15% due 03/01/2013	76,674	76,363
Norfolk Southn Corp	7.70% due 5/15/2017	110,439	109,926
North Amerm Dev	4.375% due 02/11/2020	224,438	231,482
Northern Tr Corp	3.45% due 11/04/2020	52,006	52,646
Northrop Grumman Corp	5.05% due 08/01/2019	32,135	32,041
Nuance Communications Inc	2.75% due 8/15/2027	88,285	91,553
Occidental Pete Corp	4.10% due 02/01/2021	34,992	35,575
Ohio PWR	4.85% due 1/15/2014	50,373	52,983
Omnicom Group Inc	ZERO YLD due 07/01/2038	52,142	51,879
ON Semiconductor	2.625% due 12/15/2026	68,796	81,988
Oracle Corp	5.00% due 07/08/2019	38,428	37,975
Pepsico Inc	5.00% due 06/01/2018	54,620	55,195
Pharmacia Corp	6.50% due 12/01/2018	86,123	89,307
Pioneer Nat Res Co	2.875% due 01/15/2038	49,954	60,550
Pitney Bowes Inc	4.75% due 05/15/2018	102,444	99,215
Portland Gen Elec Co	6.10% due 04/15/2019	80,595	80,358
Praxair Inc	5.25% due 11/15/2014	55,138	55,750
Proctor & Gamble Co	1.80% due 11/15/2015	79,174	78,429
Progress Energy	7.05% due 03/15/2019	41,458	41,524
Prudential Finl	6.00% due 12/1/2017	25,803	27,752
Quaker Oats Co	9.34% due 12/13/2019	137,500	129,892
Safeway Inc	3.95% due 08/15/2020	38,648	37,878
Salix Pharmaceuticals Ltd	2.75% due 05/15/2015	74,057	85,341
Sandisk Corp	1.50% due 08/15/2017	78,698	90,300
SBC Communincations	5.875% due 8/15/2012	32,278	32,322
Schwab Charles Corp	4.95% due 06/01/2014	81,331	81,557

(Continued)

FORM 5500, SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS HELD AT END OF YEAR
AS OF DECEMBER 31, 2010 (UNAUDITED)

(a)(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
SESI LLC	Var RT due 12/15/2026	\$ 9,055	\$ 9,169
Shell Intl	5.20% due 03/22/2017	108,250	110,887
Shell Intl	4.375% due 03/25/2020	64,301	62,932
Simon Pty Group	5.875% due 03/01/2017	33,622	32,931
Starbucks Corp	6.25% due 8/15/2017	57,779	61,481
Statoilhydro ASA	2.90% due 10/15/2014	89,317	87,891
Symnatec	1.00% due 6/15/2013	120,280	121,579
Target Corp.	6.35% due 1/15/2011	5,494	5,008
Teva Pharmaceutical Fin	0.25% due 2/1/2026	33,048	37,560
Teva Pharmaceutical Fin	1.75% due 2/1/2026	95,132	98,663
Toledo Edison Co	7.25% due 05/01/2020	41,401	41,372
U S Bank Natl	4.80% due 04/15/2015	16,237	16,175
Verifone Sys Inc	1.375% due 06/15/2012	65,447	70,119
Verizon Communications Inc	5.50% due 02/15/2018	123,667	120,883
Verizon Communications Inc	8.75% due 11/01/2018	63,163	65,291
Virginia Electric & Power Co	5.40% due 4/30/2018	27,839	27,867
Virginia Electric & Power Co	5.10% due 11/30/2012	80,809	80,606
Wachovia Corp	5.625% due 10/15/2016	54,744	54,392
WalMart Stores Inc	5.80% due 02/15/2018	69,480	68,942
Washington Mutual	5.00% due 3/22/2012	29,824	32,925
Wells Fargo	5.00% due 11/15/2014	76,483	84,950
Wells Fargo & Co	5.625% due 12/11/2017	50,297	49,823
Williams Partners LP	4.125% due 11/15/2020	33,642	33,152
Xerox Corp	6.40% due 03/15/2016	28,544	28,502
XTO Energy Inc	6.375% due 06/15/2038	140,000	151,575
Total corporate bonds and notes		9,697,530	10,057,239
Equity securities:			
Common stock:			
Affiliated Managers Group	360 shares	23,840	35,719
Allergan Inc	2,620 shares	142,784	179,915
Align Technology Inc	4,600 shares	96,054	89,884
Altera	6,860 shares	145,765	244,079
Amazon.com Inc.	1,053 shares	77,683	189,540
AON Corp	8,400 shares	305,443	386,484
Apache	3,955 shares	277,727	471,555
Apple Inc	1,513 shares	204,298	488,033
Applied Matls Inc	3,300 shares	36,979	46,365
Atheros Communications	4,370 shares	128,994	156,970
Autodesk Inc	700 shares	26,854	26,740

(Continued)

RETIREMENT PLAN FOR EMPLOYEES OF
MERCY MEMORIAL HOSPITAL CORPORATION

EIN: #38-1984289
Plan: #001

FORM 5500, SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS HELD AT END OF YEAR
AS OF DECEMBER 31, 2010 (UNAUDITED)

(a)(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Berkley	6,900 shares	\$ 165,416	\$ 188,922
Cameron Intl	3,184 shares	126,862	161,524
Caterpillar	360 shares	23,262	33,718
Celgene Corp	3,710 shares	236,335	219,409
Cerner Corp	1,390 shares	106,986	131,689
Cisco Sys	2,590 shares	62,758	52,396
Citrix Sys	810 shares	47,524	55,412
Coca-Cola	7,000 shares	310,405	460,390
Comcast	19,700 shares	332,734	409,957
Corporate Executive	5,446 shares	163,965	204,497
Devry Inc	2,745 shares	127,572	131,705
Dicks Sporting Goods	4,010 shares	112,354	150,375
Discovery Comm Ser C	7,150 shares	137,697	262,333
Dolby Laboratories	1,530 shares	90,383	102,051
Dover Corp	930 shares	47,967	54,359
Eaton Corp	1,330 shares	85,224	135,008
Ebay Inc	4,005 shares	98,102	111,459
Ecolab Inc	9,730 shares	340,323	490,587
Fastenal Co	2,810 shares	106,312	168,347
Fidelity Nat'l Inf Svcs	3,600 shares	71,966	98,604
Flir Sys	8,300 shares	222,911	246,925
Flowserve Corp	1,120 shares	116,963	133,526
Franklin Res Inc.	450 shares	42,054	50,045
Freeport-Mcmoran Copper & Gold	600 shares	52,796	72,054
Gilead Sciences	3,605 shares	140,480	130,645
Goodrich Corp	1,610 shares	93,258	141,793
Google Inc	569 shares	285,238	337,969
Green Mtn Coffee	4,260 shares	109,220	139,984
Greenhill & Co	1,780 shares	133,238	145,390
Haemonetics Corp	1,990 shares	114,726	125,728
Helmerich & Payne	1,200 shares	53,909	58,176
Idexx Labs Inc	2,170 shares	107,252	150,207
IHS Inc	2,564 shares	126,108	206,120
Illumina	2,530 shares	105,985	160,250

(Continued)

RETIREMENT PLAN FOR EMPLOYEES OF
MERCY MEMORIAL HOSPITAL CORPORATION

EIN: #38-1984289
Plan: #001

FORM 5500, SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS HELD AT END OF YEAR
AS OF DECEMBER 31, 2010 (UNAUDITED)

(a)(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Intel Corp	1,850 shares	\$ 39,580	\$ 38,906
Intercontinentalexchange	1,350 shares	141,623	160,853
Jacobs Engr Group	5,030 shares	208,158	230,626
Johnson Ctls Inc	5,650 shares	88,230	215,830
Johnson & Johnson	1,140 shares	74,449	70,509
Kraft Foods	7,000 shares	206,021	220,570
K-12 Inc	3,941 shares	80,784	112,949
L-3 Communications	1,400 shares	118,412	98,686
Liberty Global	10,488 shares	213,098	355,438
Liberty Media Corp New	1,232 shares	24,452	81,903
Loews Corp	5,700 shares	184,208	221,787
Manpower	2,720 shares	143,163	170,707
McDonalds Corp	6,694 shares	412,896	513,831
Medasets Inc	6,764 shares	133,598	136,565
Merck & Co Inc	1,513 shares	43,197	54,529
Microsoft	30,810 shares	769,200	859,907
Monolithic Pwr Sys	7,910 shares	128,367	130,673
Newfield	3,900 shares	162,357	281,229
News Corp	16,400 shares	152,056	238,784
Nike	675 shares	31,489	57,659
Nxstage Med	4,594 shares	75,778	114,299
Occidental Pete Corp	2,870 shares	239,983	281,547
Oracle	3,950 shares	76,344	123,635
Parker Hannifin	370 shares	24,400	31,931
Pepsico	6,600 shares	367,475	431,178
Praxair	5,045 shares	262,492	481,646
Price T Rowe	1,545 shares	90,353	99,714
Priceline.com	100 shares	23,902	39,955
Pride Intl Inc	2,343 shares	53,518	77,319
Progressive Corp.	7,100 shares	186,452	141,077
Qualcomm Inc.	6,775 shares	271,587	335,295
Roper Inds Inc	447 shares	24,476	34,164
Schwab Charles	5,670 shares	107,142	97,014

(Continued)

RETIREMENT PLAN FOR EMPLOYEES OF
MERCY MEMORIAL HOSPITAL CORPORATION

EIN: #38-1984289
Plan: #001

FORM 5500, SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS HELD AT END OF YEAR
AS OF DECEMBER 31, 2010 (UNAUDITED)

(a)(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Silicon Laboratories Inc	5,425 shares	\$ 211,664	\$ 249,659
Solera Hldgs	2,640 shares	121,362	135,485
St Jude Med	620 shares	23,719	26,505
Stillwater Mng	3,310 shares	64,322	70,669
Superior Energy Svcs	750 shares	25,839	26,243
Tempur-Pedic Intl	4,350 shares	138,253	174,261
Teradata	700 shares	24,177	28,812
Thermo Fisher Scientific	3,500 shares	132,323	193,760
Transdigm Group Inc	2,480 shares	94,429	178,585
Trimas Corp	3,990 shares	60,808	81,635
Trimble Nav Ltd	5,030 shares	127,595	200,848
Ultimate Software Group Inc	3,740 shares	127,579	181,876
United Technologies Corp	1,070 shares	68,504	84,230
United Health Group	5,900 shares	324,076	213,049
Urban Outfitters	2,410 shares	71,585	86,302
Valassis Communications	7,330 shares	240,464	237,126
Verifone Systems	900 shares	25,186	34,704
Verisign	5,190 shares	153,936	169,557
Wal Mart	7,300 shares	351,365	393,689
Waste MGMT	5,600 shares	202,859	206,472
3M	3,100 shares	231,993	267,530
Total common stock		<u>13,945,984</u>	<u>17,818,550</u>
Preferred convertible stock:			
AMG Cap	800 shares	20,023	32,050
Apache Corpe	1,850 shares	97,641	123,099
Archer Daniels Midland Co	3,580 shares	121,089	139,011
Bank Amer Corp	49 shares	46,726	46,892
Wells Fargo & Co	50 shares	44,813	50,028
Total preferred convertible stock		<u>330,292</u>	<u>391,080</u>

(Continued)

RETIREMENT PLAN FOR EMPLOYEES OF
MERCY MEMORIAL HOSPITAL CORPORATION

EIN: #38-1984289
Plan: #001

FORM 5500, SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS HELD AT END OF YEAR
AS OF DECEMBER 31, 2010 (UNAUDITED)

(a)(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Foreign equities:			
Accenture PLC Ireland	1,275 shares	\$ 50,260	\$ 61,825
ARM Hldgs PLC	4,850 shares	53,578	100,637
AXA SA	430 shares	18,671	7,159
Barrick Gold Corp	600 shares	22,359	31,908
BASF	950 shares	62,017	75,962
BHP Billiton	1,850 shares	93,784	171,902
British Amern TOB	695 shares	46,572	54,001
Brookfield Asset MGMT	450 shares	19,418	14,980
Canadian Nat Res	1,200 shares	40,392	53,304
Canadian Natl	1,230 shares	63,725	81,758
Canadian Pac	1,095 shares	71,232	70,900
Check Pointe Software Tech	1,200 shares	51,478	55,512
Cnooc LTD	250 shares	46,251	59,592
Cooper Industries LTD	1,230 shares	66,304	71,697
Core Laboratories NV	90 shares	4,254	8,014
Diageo PLC	1,330 shares	98,232	98,859
Ensign Energy	430 shares	8,859	6,476
Fibria Celulose	228 shares	3,455	3,648
Finning Intl	150 shares	4,041	4,072
Genpact Ltd	6,625 shares	100,054	100,700
Infosys Tech	1,635 shares	77,532	124,391
Ingersoll Rand Co	990 shares	48,522	46,619
Manulife Finl	515 shares	18,748	8,848
Nabors Inds LTD	2,535 shares	90,698	59,471
Nestle S A	4,700 shares	172,607	276,454
Noble Corp	2,150 shares	95,599	76,906
Novartis	645 shares	36,982	38,023
Partnerre Hldgs LTD	840 shares	65,530	67,494
Potash Corp Sask	700 shares	55,490	108,381

(Continued)

RETIREMENT PLAN FOR EMPLOYEES OF
MERCY MEMORIAL HOSPITAL CORPORATION

EIN: #38-1984289
Plan: #001

FORM 5500, SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS HELD AT END OF YEAR
AS OF DECEMBER 31, 2010 (UNAUDITED)

(a)(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Rio Tinto	1,580 shares	\$ 101,538	\$ 113,223
Schlumberger LTD	4,360 shares	297,207	364,060
Siemens	450 shares	53,910	55,913
Suncor Energy	2,285 shares	95,972	87,493
Talisman Energy	945 shares	18,844	20,970
Teck Res	945 shares	38,153	58,429
Tenaris	1,460 shares	67,032	71,511
Teva Pharmaceutical	2,000 shares	92,599	104,260
Transocean LTD ZUG	1,399 shares	157,802	97,244
Trican Well SVC	170 shares	4,134	3,431
UBS AG	635 shares	36,065	10,458
Unilever N V	1,805 shares	57,639	56,677
Vale S A	2,925 shares	66,207	101,117
Vale Cap II Gtd	780 shares	55,558	75,247
Vale Cap II	350 shares	31,803	33,901
Vodafone Group	7,900 shares	182,917	208,876
Weatherford Intl	9,835 shares	232,050	224,238
Willis Group	2,000 shares	69,100	69,260
Yara	130 shares	3,744	7,540
Total foreign equity securities		3,248,918	3,703,341
Convertible Securities Fund			
Fidelity Finl	93,623.3620 shares	2,607,700	2,382,714
Total equity securities		20,132,894	24,295,685
TOTAL INVESTMENTS		\$ 46,520,989	\$ 50,912,915

(Concluded)

Retirement Plan for Employees of Mercy Memorial Hospital Corporation

Schedule of Reportable Transactions Form 5500, Schedule H, Line 4j EIN 38-1984289, Plan No. 001 Year Ended December 31, 2010

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	Number of Transactions	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Series of Transactions							
JPMorgan Chase Bank N.A. JP Morgan Prime Money Market Fund		\$ 54,999,608	\$ -	536	\$ 54,999,608	\$ 54,999,608	\$ -
JPMorgan Chase Bank N.A. JP Morgan Prime Money Market Fund		-	61,707,502	357	61,707,502	61,707,502	-

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