

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>MARQUETTE GENERAL HOSPITAL EMPLOYEE DEFERRED COMPENSATION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1986</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/1986</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>01/01/1986</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>MARQUETTE GENERAL HOSPITAL</u> <u>420 WEST MAGNETIC STREET</u> <u>MARQUETTE, MI 49855</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>38-1358036</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>906-225-3446</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>622000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>38-1358036</u>	2c Sponsor's telephone number <u>906-225-3446</u>	2d Business code (see instructions) <u>622000</u>	
2b Employer Identification Number (EIN) <u>38-1358036</u>					
2c Sponsor's telephone number <u>906-225-3446</u>					
2d Business code (see instructions) <u>622000</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2011	JERRY L WORDEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") MARQUETTE GENERAL HOSPITAL 420 WEST MAGNETIC STREET MARQUETTE, MI 49855	3b Administrator's EIN 38-1358036 3c Administrator's telephone number 906-225-3446
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	2762
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	2564
b Retired or separated participants receiving benefits.....	6b	13
c Other retired or separated participants entitled to future benefits.....	6c	218
d Subtotal. Add lines 6a , 6b , and 6c	6d	2795
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	2795
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	1931
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2G 2J 2K 2T

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010	
A Name of plan MARQUETTE GENERAL HOSPITAL EMPLOYEE DEFERRED COMPENSATION PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 MARQUETTE GENERAL HOSPITAL	D Employer Identification Number (EIN) 38-1358036

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

PENSIONTREND, INC.

38-2508697

(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?
13	NONE	113733	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

PENSIONTREND INVESTMENT ADVISORS

27-0039500

(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	NONE	67216	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<div>SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>► File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010					
A Name of plan MARQUETTE GENERAL HOSPITAL EMPLOYEE DEFERRED COMPENSATION PLAN				B Three-digit plan number (PN) ► 002	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 MARQUETTE GENERAL HOSPITAL				D Employer Identification Number (EIN) 38-1358036	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE STABLE VALUE INVESTMENTS					
b Name of sponsor of entity listed in (a): WILMINGTON TRUST RETIREMENT AND INSTITUTIONAL SERVICES COMPANY					
c EIN-PN 26-0142858-094		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2051587	
a Name of MTIA, CCT, PSA, or 103-12 IE: PENSIONTREND AGGRESSIVE GROWTH FUND					
b Name of sponsor of entity listed in (a): WILMINGTON TRUST RETIREMENT AND INSTITUTIONAL SERVICES COMPANY					
c EIN-PN 20-5320546-069		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4958421	
a Name of MTIA, CCT, PSA, or 103-12 IE: PENSIONTREND MODERATE GROWTH FUND					
b Name of sponsor of entity listed in (a): WILMINGTON TRUST RETIREMENT AND INSTITUTIONAL SERVICES COMPANY					
c EIN-PN 20-5320517-068		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11486597	
a Name of MTIA, CCT, PSA, or 103-12 IE: PENSIONTREND CONSERVATIVE GROWTH FU					
b Name of sponsor of entity listed in (a): WILMINGTON TRUST RETIREMENT AND INSTITUTIONAL SERVICES COMPANY					
c EIN-PN 20-5320488-067		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3965346	
a Name of MTIA, CCT, PSA, or 103-12 IE: PENSIONTREND MODERATE INCOME FUND					
b Name of sponsor of entity listed in (a): WILMINGTON TRUST RETIREMENT AND INSTITUTIONAL SERVICES COMPANY					
c EIN-PN 20-5320445-066		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 756580	
a Name of MTIA, CCT, PSA, or 103-12 IE: PENSIONTREND CONSERVATIVE INCOME FU					
b Name of sponsor of entity listed in (a): WILMINGTON TRUST RETIREMENT AND INSTITUTIONAL SERVICES COMPANY					
c EIN-PN 20-5320411-065		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 618583	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

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

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

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

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan MARQUETTE GENERAL HOSPITAL EMPLOYEE DEFERRED COMPENSATION PLAN	B Three-digit plan number (PN)	002
C Plan sponsor's name as shown on line 2a of Form 5500 MARQUETTE GENERAL HOSPITAL	D Employer Identification Number (EIN) 38-1358036	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		6845
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	44919	145586
(2) Participant contributions	1b(2)	271	193668
(3) Other.....	1b(3)	1153	5449
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	239059	316461
(9) Value of interest in common/collective trusts.....	1c(9)	20094616	23837114
(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)	13798154	18354573
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	34178172	42859696

Liabilities

g Benefit claims payable	1g		6846
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	6846

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	34178172	42852850
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1155566	
(B) Participants	2a(1)(B)	6009055	
(C) Others (including rollovers)	2a(1)(C)	13194	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		7177815

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	22693	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		22693

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	458002	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		458002

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		2788936
(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)		1778498
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		12225944

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3270226	
(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)		3270226
f Corrective distributions (see instructions)	2f		77442
g Certain deemed distributions of participant loans (see instructions).....	2g		21856
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	113733	
(3) Investment advisory and management fees	2i(3)	67216	
(4) Other	2i(4)	793	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		181742
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3551266

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8674678
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: MAKELA, TOUTANT, HILL, & NARDI PC

(2) EIN: 38-2806590

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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.
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan <u>MARQUETTE GENERAL HOSPITAL EMPLOYEE DEFERRED COMPENSATION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MARQUETTE GENERAL HOSPITAL</u>	D Employer Identification Number (EIN) <u>38-1358036</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>62-1214236</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

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

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2010
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:

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

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

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

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

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Audited Financial Statements
and Supplemental Schedule

**MARQUETTE GENERAL HOSPITAL
EMPLOYEE DEFERRED COMPENSATION PLAN**

December 31, 2010

Audited Financial Statements and Supplemental Schedule

**MARQUETTE GENERAL HOSPITAL
EMPLOYEE DEFERRED COMPENSATION PLAN**

December 31, 2010

Audited Financial Statements

Report of Independent Auditors	1
Statements of Net Assets Available for Benefits	2
Statements of Changes in Net Assets Available for Benefits	3
Notes to Financial Statements	4

Supplemental Schedule

Schedule H, Line 4i--Schedule of Assets Held at End of Year	10
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REPORT OF INDEPENDENT AUDITORS

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

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

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

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

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

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

October 12, 2011

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

**MARQUETTE GENERAL HOSPITAL
EMPLOYEE DEFERRED COMPENSATION PLAN**

	December 31	
	2010	2009
<hr/>		
ASSETS		
Investments		
Cash equivalent	\$ 6,845	
Mutual fund investments	18,354,573	\$ 13,798,154
Common/collective funds	23,837,114	20,094,616
	<hr/>	<hr/>
TOTAL INVESTMENTS	42,198,532	33,892,770
Receivables		
Participant loans receivable	316,461	239,059
Employer contribution receivable	145,586	44,919
Participants' contributions receivable	193,668	271
Dividends receivable	5,449	1,153
	<hr/>	<hr/>
TOTAL RECEIVABLES	661,164	285,402
	<hr/>	<hr/>
TOTAL ASSETS	42,859,696	34,178,172
	<hr/>	<hr/>
NET ASSETS AVAILABLE FOR BENEFITS	\$42,859,696	\$34,178,172
	<hr/>	<hr/>

See notes to financial statements.

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

MARQUETTE GENERAL HOSPITAL EMPLOYEE DEFERRED COMPENSATION PLAN

	Year Ended December 31	
	2010	2009
Additions:		
Employee contributions	\$ 6,009,055	\$ 5,319,048
Rollover contributions	13,194	303,770
Employer contributions	1,155,566	528,250
Interest and dividend income	480,695	327,088
Net appreciation in fair value	4,567,434	6,301,133
TOTAL ADDITIONS	12,225,944	12,779,289
Deductions:		
Benefit payments	3,362,678	1,553,068
Investment management and administrative fees	181,742	132,230
TOTAL DEDUCTIONS	3,544,420	1,685,298
NET INCREASE	8,681,524	11,093,991
Net assets available for benefits at beginning of year	34,178,172	23,084,181
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	\$ 42,859,696	\$ 34,178,172

See notes to financial statements.

NOTES TO FINANCIAL STATEMENTS

MARQUETTE GENERAL HOSPITAL EMPLOYEE DEFERRED COMPENSATION PLAN

December 31, 2010

NOTE A--PLAN DESCRIPTION

The following description of the Marquette General Hospital Employee Deferred Compensation Plan (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 contribution plan covering substantially all full-time employees of Marquette General Hospital, Inc., d/b/a Marquette General Health System, (the System) who have one year of service and are age twenty-one or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Individual participants may elect to contribute to the Plan on a salary reduction basis. The amount a participant may defer into the Plan each year varies based upon 1) percent of pay limit--in general, a participant may defer up to 100 percent of their annual compensation; 2) flat dollar limit--the amount a participant defers is limited to \$16,500 for 2010, additional contributions can be made by participants age fifty or over; 3) coordination limit--the amount a participant defers is limited by elective deposits made to a tax-sheltered annuity, to a deferred compensation plan under Section 457 of the Internal Revenue Code, or to a different 401(k) plan; and 4) discrimination limit--the amount a participant defers is limited by the amount deferred by other participants of the Plan.

Participants direct the investment of their contributions into various investment options offered by the Plan. Participants may change their investment options and transfer between funds as desired.

Certain participants of the Plan are entitled to receive a matching employer contribution. The participants who are eligible to receive matching contributions include:

- 1) Non-bargaining eligible employees hired after December 31, 2005, and bargaining eligible employees hired after May 31, 2007
- 2) Eligible employees who have waived future benefit accruals under the Marquette General Hospital, Inc., Retirement Plan

The System's matching contribution will be \$1.00 for every \$1.00 contributed by the participant, up to four percent of the participant's eligible compensation.

NOTES TO FINANCIAL STATEMENTS--Continued

MARQUETTE GENERAL HOSPITAL EMPLOYEE DEFERRED COMPENSATION PLAN

NOTE A--PLAN DESCRIPTION--Continued

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of Plan earnings and charged with an allocation of administrative expenses. Allocations are based upon participant earnings or account balances as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions and actual earnings thereon.

Participant Loans

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their account balance. Loan terms may be up to five years, or for a longer period of time, if for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates at the time the loan is written. Principal and interest will be repaid at the same intervals as the participant's regular payroll checks by means of a payroll deduction.

Benefit Payments

On termination of service due to death, disability, retirement, or any other reason, a participant may elect to receive either 1) a lump sum amount equal to the value of the participant's account; 2) installment payments over a specified number of years not to exceed the life expectancy of the participant or their spouse or designated beneficiary; or 3) a direct transfer to another qualified retirement plan or IRA.

NOTE B--SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual basis of accounting.

Valuation of Investments and Income Recognition

The Plan's investments are stated at fair value.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis.

NOTES TO FINANCIAL STATEMENTS--Continued

**MARQUETTE GENERAL HOSPITAL
EMPLOYEE DEFERRED COMPENSATION PLAN**

NOTE B--SUMMARY OF ACCOUNTING POLICIES--Continued

Benefit Payments

Benefits are recorded when paid.

Administration

Certain administrative functions are performed by officers or employees of the System. No such officer or employee receives compensation from the Plan for these services. The System pays for various expenses incurred in administering the Plan. For the years ended December 31, 2010 and 2009, these administrative expenses approximated \$84,000 and \$49,000, respectively.

Use of Estimates

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

Risks and Uncertainties

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

Reclassifications

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

Subsequent Events

Subsequent events were evaluated through October 12, 2011, which is the date the financial statements were available to be issued.

NOTES TO FINANCIAL STATEMENTS--Continued

**MARQUETTE GENERAL HOSPITAL
EMPLOYEE DEFERRED COMPENSATION PLAN**

NOTE C--INVESTMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The FASB ASC 820 Fair Value Measurements establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority; Level 2 inputs consist of observable inputs other than quoted prices for identical assets; Level 3 inputs consist of unobservable inputs and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments.

Level 1:

Mutual Funds--The fair value of investments in mutual funds is determined using the Net Asset Value (NAV). The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is quoted in an active market.

Level 2:

Common/Collective Funds--The fair value of the common/collective funds is determined by each fund's trustee based on the fair value of the underlying securities within the fund, which represent the NAV of shares held by the Plan at year end. The investment in the trust is carried at fair value based on the market closing price. Unit values are determined by dividing the fund's net assets at fair value by its units outstanding at the valuation dates.

	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2010:				
Mutual funds	\$ 18,354,573	\$ 18,354,573		
Common/collective funds	23,837,114		\$ 23,837,114	
TOTAL	\$ 42,191,687	\$ 18,354,573	\$ 23,837,114	\$ 0
December 31, 2009:				
Mutual funds	\$ 13,798,154	\$ 13,798,154		
Common/collective funds	20,094,616		\$ 20,094,616	
TOTAL	\$ 33,892,770	\$ 13,798,154	\$ 20,094,616	\$ 0

NOTES TO FINANCIAL STATEMENTS--Continued

**MARQUETTE GENERAL HOSPITAL
EMPLOYEE DEFERRED COMPENSATION PLAN**

NOTE C--INVESTMENTS--Continued

The following presents investments that represent five percent or more of the Plan's net assets (all of which are participant directed):

	December 31	
	2010	2009
Pension Trend Aggressive Growth FD CL 20	\$ 4,958,421	\$ 4,178,511
Pension Trend Moderate Growth FD CL 20	\$ 11,486,597	\$ 9,956,055
Pension Trend Conservative Growth FD CL 20	\$ 3,965,346	\$ 2,906,083
Vanguard Wellington Fund	\$ 2,891,432	\$ 1,830,898
Metlife Stable Value STC		\$ 1,786,392
American Europacific Growth CL R5		\$ 1,722,397

NOTE D--RELATED PARTY TRANSACTIONS

Certain plan investments are collective investment funds managed by a third-party trustee; therefore, these transactions qualify as party-in-interest transactions.

NOTE E--INCOME TAX STATUS

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

NOTES TO FINANCIAL STATEMENTS--Continued

**MARQUETTE GENERAL HOSPITAL
EMPLOYEE DEFERRED COMPENSATION PLAN**

NOTE F--RECONCILIATION TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500:

Net assets available for benefits per the Plan's audited financial statements	\$ 42,859,696
Less amounts allocated to withdrawing participants	<u>(6,846)</u>
Net assets available for benefits per Schedule H to Form 5500	<u>\$ 42,852,850</u>

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended December 31, 2010:

Benefits paid to participants per the Plan's audited financial statements	\$ 3,362,678
Plus amounts allocated to withdrawing participants at December 31, 2010	6,846
Less corrective distributions	(77,442)
Less certain deemed distributions of participant loans	<u>(21,856)</u>
Total benefit payments and distributions per Schedule H to Form 5500	<u>\$ 3,270,226</u>

Amounts allocated to withdrawing participants were recorded on Schedule H of Form 5500 for the year ended December 31, 2010, and represent benefit claims that had been processed and approved for payment prior to December 31, 2010, but not yet paid as of that date. Those amounts are not included in benefits paid to participants per the Plan's audited financial statements for the year ended December 31, 2010.

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

**MARQUETTE GENERAL HOSPITAL
EMPLOYEE DEFERRED COMPENSATION PLAN**

Employer Identification Number: 38-1358036

Plan Number: 002

December 31, 2010

(a) Party-in- Interest	(b) Identity of Issuing Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Cash equivalent	Fidelity Cash Reserve	**	\$ 6,845
	Mutual funds:			
	Columbian Acorn Class Z	31,085 shares	**	938,469
	American Europacific Growth CL R5	49,049 shares	**	2,026,076
	Spartan US Equity Index Investor Class	23,825 shares	**	1,059,695
	Fidelity Real Estate Investment	21,324 shares	**	547,812
	First Eagle Overseas Class A	23,566 shares	**	533,979
	American Growth Fund of America CL R5	63,748 shares	**	1,937,239
	Royce Opportunity Fund Investment Class	87,242 shares	**	1,053,842
	Vanguard Selected Value Fund	23,768 shares	**	445,880
	Vanguard Windsor II	47,761 shares	**	1,225,953
	Vanguard Index Trust Small Cap Growth	16,096 shares	**	352,813
	Vanguard Mid Cap Index	52,633 shares	**	1,068,956
	Fidelity Inflation Protected Bond	40,838 shares	**	475,354
	Fidelity Strategic Income	41,692 shares	**	462,351
	Franklin Convertible Securities A	10,422 shares	**	159,039
	Oppenheimer Int'l Bond Class A	153,893 shares	**	1,009,548
	Pimco Total Return Class D	130,015 shares	**	1,410,652
	Vanguard Fixed Income High Yield Corp	36,247 shares	**	206,600
	First Eagle Global Class A	11,840 shares	**	548,883
	Vanguard Wellington Fund	92,986 shares	**	2,891,432
	TOTAL MUTUAL FUNDS			18,354,573
	Common/collective funds:			
*	Pension Trend Aggressive Growth FD CL 20	466,469 shares	**	4,958,421
*	Pension Trend Moderate Growth FD CL 20	1,032,065 shares	**	11,486,597
*	Pension Trend Conservative Growth FD CL 20	346,325 shares	**	3,965,346
*	Pension Trend Moderate Income FD CL 20	65,449 shares	**	756,580
*	Pension Trend Conservative Income FD CL 20	53,327 shares	**	618,583
	Metlife Stable Value STC	131,008 shares	**	2,051,587
	TOTAL COMMON/COLLECTIVE FUNDS			23,837,114
	Participant loans	Variable interest rates		316,461
		TOTAL INVESTMENTS	\$	42,514,993

* A party-in-interest as defined by ERISA.

** Cost information is omitted for participant directed accounts.

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Marquette General Hospital Employee Deferred Compensation Plan **Plan ID** 38-1358036
Plan Sponsor's Name Marquette General Hospital **PN:** 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Columbia	Acorn Z Mutual Fund No Stated ROR		938,469
	American	Europacific Growth Mutual Fund No Stated ROR		2,026,076
	Fidelity	Spartan 500 Index Mutual Fund No Stated ROR		1,059,695
	Fidelity	Real Estate Fund Mutual Fund No Stated ROR		547,812
	First Eagle	Overseas Class A Mutual Fund No Stated ROR		533,979
	American	Growth Fund of America Mutual Fund No Stated ROR		1,937,239
	Royce	Opportunity Fund Mutual Fund No Stated ROR		1,053,842

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Marquette General Hospital Employee Deferred Compensation Plan **File No** 38-1358036
Plan Sponsor's Name Marquette General Hospital **PN:** 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Vanguard	Selected Value Fund Mutual Fund No Stated ROR		445,880
	Vanguard	Windsor Mutual Fund No Stated ROR		1,225,953
	Vanguard	Index Trust Small Cap Mutual Fund No Stated ROR		352,813
	Vangaurd	Mid Cap Index Mutual Fund No Stated ROR		1,068,956
	Fidelity	Inflation Protection Mutual Fund No Stated ROR		475,354
	Fidelity	Strategic Income Mutual Fund No Stated ROR		462,351
	Franklin	Convertible Securities Mutual Fund No Stated ROR		159,039

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Marquette General Hospital Employee Deferred Compensation Plan **Plan** 38-1358036
Plan Sponsor's Name Marquette General Hospital **PN:** 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Oppenheimer	Int'l Bond Mutual Fund No Stated ROR		1,009,548
	Pimco	Total Return Mutual Fund No Stated ROR		1,410,652
	Vanguard	Fixed Income High Yield Mutual Fund No Stated ROR		206,600
	First Eagle	Global Class A Mutual Fund No Stated ROR		548,883
	Vanguard	Wellington Mutual Fund No Stated ROR		2,891,432
*	PensionTrend	Aggressive Growth Collective Investment FN No Stated ROR		4,958,421
*	PensionTrend	Moderate Growth Collective Investment FN No Stated ROR		11,486,597

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Marquette General Hospital Employee Deferred Compensation Plan **Plan ID** 38-1358036
Plan Sponsor's Name Marquette General Hospital **PN:** 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
*	PensionTrend	Conservative Growth Collective Investment FN No Stated ROR		3,965,346
*	PensionTrend	Moderate Income Collective Investment FN No Stated ROR		756,580
*	PensionTrend	Conservative Income Collective Investment FN No Stated ROR		618,583
	WTRFSC	CIT III for Metlife Group Collective Investment FN No Stated ROR		2,051,587
	Fidelity	Cash Cash No Stated ROR		6,845
	MGH Deferred Comp Plan	Participant Loans Participant Loans Various ROR		316,461