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), 6057(b), 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

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
MERCY MEMORIAL HOSPITAL SYSTEM RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 07/02/1989

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

MERCY MEMORIAL HOSPITAL SYSTEM

718 NORTH MACOMB STREET
MONROE, MI 48162

2b Employer Identification Number (EIN) 38-1984289

2c Sponsor's telephone number 734-240-4401

2d Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2012	THOMAS W. SCHILLING
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2012	THOMAS W. SCHILLING
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
MERCY MEMORIAL HOSPITAL SYSTEM

718 NORTH MACOMB STREET
MONROE, MI 48162

3b Administrator's EIN
38-1984289

3c Administrator's telephone number
734-240-4401

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**	1842
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**	1749
b	Retired or separated participants receiving benefits	**6b**	42
c	Other retired or separated participants entitled to future benefits	**6c**	251
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	2042
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	2042
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1544
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	179
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	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)	X	**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)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	X	2	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)			**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
MERCY MEMORIAL HOSPITAL SYSTEM RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
MERCY MEMORIAL HOSPITAL SYSTEM

D Employer Identification Number (EIN)
38-1984289

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	VF6072	92	01/01/2011	12/31/2011

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
1899	0

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CARDONE TOBIAS
2760 CENTENNIAL RD
TOLEDO, OH 43617

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1430			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
TOMLIN SILBURN
3470 PASADENA DR
TROY, MI 48083

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
469			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	274786
c	Additions: (1) Contributions deposited during the year	7c(1)	65514		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	10024		
	(4) Transferred from separate account	7c(4)	158218		
	(5) Other (specify below)	7c(5)	23001		
	▶ LOAN REPAYMENTS, ADJUSTMENTS, TRANSFERS, INTEREST EARNED, SETTLEMENTS				
	(6) Total additions			7c(6)	256757
d	Total of balance and additions (add **b** and **c(6)**).			7d	531543
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	151725		
	(2) Administration charge made by carrier	7e(2)	810		
	(3) Transferred to separate account	7e(3)	76187		
	(4) Other (specify below)	7e(4)	29606		
	▶ LOAN DISBURSEMENTS, ADJUSTMENTS, FEES TO THIRD PARTY ADMINISTRATORS, TRANSFERS				
	(5) Total deductions			7e(5)	258328
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	273215

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
MERCY MEMORIAL HOSPITAL SYSTEM RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
MERCY MEMORIAL HOSPITAL SYSTEM

D Employer Identification Number (EIN)
38-1984289

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
13-5581829	65978	32301	1971	01/01/2011	12/31/2011

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	7744353
c	Additions: (1) Contributions deposited during the year	7c(1)	0		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	234691		
	(4) Transferred from separate account	7c(4)	10592739		
	(5) Other (specify below)	7c(5)	0		
	▶				
	(6) Total additions			7c(6)	10827430
d	Total of balance and additions (add **b** and **c(6)**).			7d	18571783
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	10387611		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	10387611
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	8184172

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
MERCY MEMORIAL HOSPITAL SYSTEM RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
MERCY MEMORIAL HOSPITAL SYSTEM

D Employer Identification Number (EIN)
38-1984289

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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(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)

ING LIFE INSURANCE AND ANNUITY CO

71-0294708

(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?
60 64 65 66 72	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	18301	Yes [ ] No [X]

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

ING MUTUAL FUNDS

95-4516049

(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 52 63	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	5596	Yes [ ] No [X]

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

METROPOLITAN LIFE INSURANCE CO

13-5581829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 52 62 64 73	NONE	87823	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

(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
ING LIFE INSURANCE AND ANNUITY CO	60 66	2394

(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.
FIDELITY VIP CONTRAFUND PORTFOLIO I 04-3247643	SUB-TRANSFER/REIMBURSEMENT FEES INSURANCE MORTALITY AND EXPENSE CHARGE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING LIFE INSURANCE AND ANNUITY CO	60 65 66	1602

(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.
ING SOLUTION 2035 PORTFOLIO 20-2456104	SUB-TRANSFER/REIMBURSEMENT FEES ACCOUNT MAINTAINENCE FEES INSURANCE MORTALITY AND EXPENSE CHARGE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING MUTUAL FUNDS	28 52 63	1007

(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.
ING SOLUTION 2035 PORTFOLIO 20-2456104	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES 12B-1 DISTRIBUTION FEES

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
MERCY MEMORIAL HOSPITAL SYSTEM RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
MERCY MEMORIAL HOSPITAL SYSTEM

D Employer Identification Number (EIN)
38-1984289

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1386369	1529095
(2) Participant contributions	1b(2)		122908
(3) Other	1b(3)		
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)	1353796	1497710
(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)	44184281	44026307
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	9145653	9455920

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	56070099	56631940
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	32319	
k Total liabilities (add all amounts in lines 1g through1j)	1k	32319	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	56037780	56631940

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	1791111	
(B) Participants	2a(1)(B)	3309793	
(C) Others (including rollovers)	2a(1)(C)	132072	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		5232976
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)	65278	
(F) Other	2b(1)(F)	244415	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		309693
(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)	1395324	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1395324
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(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)		
(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)		-2393411
c Other income	2c		142629
d Total income. Add all **income** amounts in column (b) and enter total	2d		4687211
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4004387	
(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)		4004387
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	88664	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		88664
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4093051
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		594160
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) [X] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] 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.)	**4a**		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.)	**4b**		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.)	**4c**		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.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	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?	**4f**		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?	**4g**		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?	**4h**		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.)	**4i**	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.)	**4j**		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?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		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.	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ **Yes** ☒ **No**

If "Yes," enter the amount of any plan assets that reverted to the employer this year **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

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
MERCY MEMORIAL HOSPITAL SYSTEM RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
MERCY MEMORIAL HOSPITAL SYSTEM

D Employer Identification Number (EIN)
38-1984289

Part I 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** 0

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): 71-0294708 13-5581829

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** 71

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 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 (include any prior year accumulated funding deficiency not waived) **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 or other authority 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. 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**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

Mercy Memorial Hospital System
Retirement Savings Plan

Financial Report
December 31, 2011

Mercy Memorial Hospital System
Retirement Savings Plan

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Independent Auditor's Report

To the Plan Administrator
Mercy Memorial Hospital System
Retirement Savings Plan

We were engaged to audit the financial statements and supplemental schedule of Mercy Memorial Hospital System Retirement Savings Plan (the "Plan") as of December 31, 2011 and 2010 and for the years then ended, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Charles Schwab Trust Company (CSTC), ING Life Insurance and Annuity Company (ING), and Metropolitan Life Insurance Company (MetLife), as agent for Reliance Trust Company (Reliance), except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that CSTC, ING, MetLife, and Reliance held the Plan's investment assets and participant notes receivable and executed related transactions. The plan administrator has obtained certifications from CSTC for the period ended September 15, 2010, and certifications from ING and MetLife, as agent for Reliance, as of December 31, 2011 and 2010 and for the years then ended that the information provided to the plan administrator by CSTC, ING, and MetLife is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by CSTC, ING and MetLife, 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
September 24, 2012

Praxity
MEMBER
GLOBAL ALLIANCE OF INDEPENDENT FIRMS

Mercy Memorial Hospital System
Retirement Savings Plan

Statement of Net Assets Available for Benefits

	December 31, 2011	December 31, 2010
Assets		
Participant-directed investments - At fair value:		
Mutual funds	$ 41,868,208	$ 43,861,540
Pooled separate accounts	998,533	1,126,514
Guaranteed investment contracts	8,902,438	8,162,339
Self-directed brokerage accounts	2,158,099	322,741
Total participant-directed investments	53,927,278	53,473,134
Contributions receivable:		
Employee	122,908	-
Employer	1,529,095	1,386,369
Total contributions receivable	1,652,003	1,386,369
Participant notes receivable	1,497,710	1,353,796
Total assets	57,076,991	56,213,299
Liabilities - Accrued administrative expenses	-	32,319
Net Assets Reflecting All Investments at Fair Value	57,076,991	56,180,980
Adjustments from Fair Value to Contract Value for Fully Benefit-responsive Investment Contracts	(445,051)	(143,200)
Net Assets Available for Benefits	**$ 56,631,940**	**$ 56,037,780**

See Notes to Financial Statements.

Mercy Memorial Hospital System
Retirement Savings Plan

Statement of Changes in Net Assets Available for Benefits

	Year Ended December 31, 2011	Year Ended December 31, 2010
Additions to Net Assets		
Contributions:		
Employee	$ 3,309,793	$ 2,859,104
Employer	1,791,111	1,386,499
Rollovers	132,072	17,235
Total contributions	5,232,976	4,262,838
Investment income (loss):		
Interest and dividends	1,639,739	1,370,877
Net realized and unrealized (losses) gains on investments:		
Mutual funds	(2,349,458)	4,456,448
Pooled separate accounts	(43,953)	136,068
Net realized and unrealized (losses) gains	(2,393,411)	4,592,516
Other investment income	142,629	-
Total investment (loss) income	(611,043)	5,963,393
Interest from participant notes receivable	65,278	70,957
Total additions - Net	4,687,211	10,297,188
Deductions from Net Assets		
Benefits paid directly to participants or beneficiaries	4,004,387	5,139,778
Administrative expenses	88,664	82,248
Total deductions	4,093,051	5,222,026
Net Increase	594,160	5,075,162
Net Assets Available for Benefits		
Beginning of year	56,037,780	50,962,618
End of year	**$ 56,631,940**	**$ 56,037,780**

See Notes to Financial Statements.

Note 1 - Plan Description

The following description of Mercy Memorial Hospital Retirement Savings Plan (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 contribution plan covering substantially all eligible employees of Mercy Memorial Hospital Corporation (the "Corporation"). The retirement committee of the board of trustees (Board) of the Corporation controls and manages the operation and administration of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan was previously named Mercy Memorial Hospital Employees' Tax Deferred Retirement Savings Plan. The plan document, which was restated in 1991, provided employer matching contributions to employee elective contributions.

Prior to 2009, the Corporation also sponsored a defined contribution plan for the Monroe Community Health Services (MCHS) eligible employees. In 2009, the Plan was renamed and restated and the Corporation merged its two plans, Monroe Community Health Services Inc. Retirement Savings Plan for eligible MCHS employees with Mercy Memorial Hospital Employees' Tax Deferred Retirement Savings Plan for eligible Hospital employees. Effective January 1, 2011, the Plan was restated to incorporate various previously adopted amendments.

ING Life Insurance and Annuity Company (ING) continues to serve as the custodian for the plan assets of eligible MCHS employees. Charles Schwab Trust Company (CSTC) served as the custodian for the assets of the eligible Hospital employees until Reliance Trust Company (Reliance) replaced CSTC in September 2010. Reliance is the Plan's trustee. Metropolitan Life Insurance Company (MetLife) is the recordkeeper and acts as agent for Reliance.

Contributions - The Plan provides for employee salary contributions subject to maximum tax-deferred limitations established by the Internal Revenue Code. Effective August 1, 2009, the Corporation modified the Plan, making the Corporation's contribution a discretionary contribution based on a percentage of each participant's elective contribution as determined by the Corporation's Board. Discretionary matching contributions were approximately $286,000 and $0 for years ended December 31, 2011 and 2010, respectively.

Note 1 - Plan Description (Continued)

Effective October 1, 2009, the employer nonelective contribution became a uniform percentage of compensation (as defined in the Plan) as determined on or before the last day of the plan year at the discretion of the Mercy Memorial Hospital Corporation board of trustees. The Board approved a 3 percent (3 1/2 percent for employees with 15 years or greater) nonelective contribution for calendar years 2011 and 2010. MCHS employees are not eligible for nonelective contributions under the Plan. Participants may also contribute amounts representing rollovers from other qualified defined benefit or defined contribution plans.

Participant Accounts - Individual accounts are maintained for each plan participant. Each participant's account is credited with the participant's contribution, the Corporation's matching contribution, allocations of the Corporation's discretionary nonelective contributions, and plan earnings, and charged with withdrawals and an allocation of plan losses and administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants may direct the investments of their account balances into various investment options offered by the Plan.

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

Participants hired before October 1, 2009 who are eligible for employer nonelective contributions are 100 percent vested after three years and immediately vested in employer matching contributions.

Participants hired after September 30, 2009 who are eligible for employer nonelective contributions and employer matching contributions are vested 20 percent after their first year of service and 20 percent each successive year through year five, when they are fully vested.

Participant Notes Receivable - Participants may borrow from their accounts up to a maximum of $50,000 or 50 percent of the nonforfeitable accrued benefit, whichever is less. Notes receivable are collateralized by the participant's account balance and bear interest at rates commensurate with local prevailing rates at the time funds are borrowed, as determined quarterly by CSTC, ING, and Reliance. Principal and interest are paid either ratably through payroll deductions or by direct payments from participants to either CSTC, ING, or Reliance.

Note 1 - Plan Description (Continued)

Benefit Payments - Distributions are payable upon retirement, death, disability, termination of employment, or attainment of age 59 1/2 in the form of either a lump-sum amount equal to the vested balance of a participant's account, equal or substantially equal installments over a specified period that may not exceed the participant's life expectancy, or equal payments over the life of the participant and/or the lives of the participant and his or her designated beneficiary.

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

Forfeitures - If a participant is not fully vested on his or her termination date, the nonvested amount of the account is forfeited. Forfeitures are used to reduce future employer contributions or pay plan expenses. At December 31, 2011 and 2010, forfeited account balances totaled $166,630 and $114,285, respectively.

Termination - While it has not expressed any intent to do so, the Corporation has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in the plan document and ERISA. Upon termination of the Plan, participants become 100 percent vested in their account balances.

Note 2 - Summary of Significant Accounting Policies

Investment Valuation - The Plan's investments are stated at fair value, except for the guaranteed investment contracts, which are valued at contract value. Contract value represents investments at cost plus accrued interest income less amounts withdrawn to pay benefits. The fair value of the guaranteed investment contracts is based on discounting the related cash flows of the underlying guaranteed investment contracts based on current yields of similar instruments with comparable durations. The ING fixed account guaranteed investment contract is at contract value, which approximates fair value. The pooled separate accounts are valued at net asset value per share (or its equivalent) of the funds, which are based on the fair value of the funds' underlying assets The money market fund within the self-directed brokerage account is valued at its outstanding balance, which approximates fair value. All other investments are valued based on quoted market prices. See Note 4 for additional information.

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.

Note 2 - Summary of Significant Accounting Policies (Continued)

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

Administrative Expenses - Various administrative costs are paid by the Corporation.

Benefit Payments - Benefits are recorded when paid.

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

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

Subsequent Events - The financial statements and related disclosures include evaluation of events up through and including September 24, 2012, which is the date the financial statements were available to be issued.

Note 3 - Unaudited Information

In 2010, the Plan changed trustees from CSTC to Reliance. CSTC, ING, and Reliance held the Plan's investments and participant notes receivable and executed all related transactions during the periods under audit. MetLife, as agent for Reliance, has certified investment balances and related investment income held by Reliance. The investment and participant notes receivable balances and related income and losses included in the accompanying financial statements and supplemental schedule of assets held at end of year are based solely on information provided by the CSTC, ING, and MetLife.

Note 3 - Unaudited Information (Continued)

Significant investments at end of year are as follows:

	2011	2010
Investments at contract value -		
MetLife Stable Value Plus Account	$ 8,184,172	$ 7,744,353
Investments at fair value:		
PIMCO Total Return A	6,655,185	6,760,396
Jensen Quality Growth J	5,035,743	5,564,678
Loomis Sayles Value Y	4,657,536	5,134,781
Columbia Large Cap Index Z	4,900,591	4,844,982

Note 4 - Fair Value Measurements

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

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2011 and 2010 and the valuation techniques used by the Plan to determine those fair values.

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

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

Level 3 - Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management's own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset. Significant inputs for the Level 3 guaranteed investment contracts include the credit rating of the issuer, deposits made to the contract, earnings at guaranteed crediting rates, withdrawals, and fees.

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.

Note 4 - Fair Value Measurements (Continued)

Assets Measured at Fair Value on a Recurring Basis at December 31, 2011

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Balance at December 31, 2011
Mutual funds:				
Domestic equity funds	$ 23,017,723	$ -	$ -	$ 23,017,723
Retirement-year based funds	1,413,125	-	-	1,413,125
International equity funds	5,563,862	-	-	5,563,862
Fixed-income funds	10,758,359	-	-	10,758,359
Specialty/Other funds	1,115,139	-	-	1,115,139
Self-directed brokerage accounts:				
Mutual funds - Fixed-income funds	742,990	-	-	742,990
Mutual funds - Equity funds	1,326,176	-	-	1,326,176
Short-term fund (1)	-	88,933	-	88,933
Guaranteed investment contracts:				
ING fixed account investment funds	-	-	273,215	273,215
MetLife Stable Value Plus Account (2)	-	8,629,223	-	8,629,223
Pooled separate accounts:				
Equity funds (3)	-	723,110	-	723,110
Fixed-income funds (4)	-	141,554	-	141,554
Retirement-year based funds (5)	-	83,370	-	83,370
Balanced funds (5)	-	41,407	-	41,407
Short-term fund (1)	-	9,092	-	9,092
Total	$ 43,937,374	$ 9,716,689	$ 273,215	$ 53,927,278

Note 4 - 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 Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Balance at December 31, 2010
Mutual funds:				
Domestic equity funds	$ 24,814,455	$ -	$ -	$ 24,814,455
Retirement-year based funds	374,251	-	-	374,251
International equity funds	6,817,082	-	-	6,817,082
Fixed-income funds	10,784,957	-	-	10,784,957
Specialty/Other funds	1,070,795	-	-	1,070,795
Self-directed brokerage accounts:				
Mutual funds - Fixed-income funds	75,102	-	-	75,102
Mutual funds - Equity funds	234,994	-	-	234,994
Short-term fund (1)	-	12,645	-	12,645
Guaranteed investment contracts:				
ING fixed account investment funds	-	-	274,786	274,786
MetLife Stable Value Plus Account (2)	-	7,887,553	-	7,887,553
Pooled separate accounts:				
Equity funds (3)	-	802,924	-	802,924
Fixed-income funds (4)	-	138,602	-	138,602
Retirement-year based funds (5)	-	140,317	-	140,317
Balanced funds (5)	-	44,671	-	44,671
Total	$ 44,171,636	$ 9,026,712	$ 274,786	$ 53,473,134

(1) This class invests primarily in fixed-income securities, including, but not limited to, bonds, notes, or other investments, such as government securities, commercial paper, certificates of deposit, master notes, or variable amount notes, with the objective of providing high-current income consistent with the preservation of capital and the maintenance of liquidity. There were no unfunded commitments on these investments.

(2) This class represents investments in a guaranteed investment contract that invests primarily in a variety of fixed-income investments which may include U.S. government and agency securities, publicly traded mortgage and asset-backed securities (including collateralized mortgage obligations), Yankee securities, public corporate debt (including capital securities), cash equivalents, and wrapper contracts. There were no unfunded commitments on these investments.

(3) This class represents investments in actively pooled separate accounts that invest primarily in equity securities which may include common stocks, options, and futures. There were no unfunded commitments on these investments.

(4) This class represents investments in actively managed pooled separate accounts that invest in a variety of fixed-income investments which may include corporate bonds, both U.S. and non-U.S. municipal securities, interest rate swaps, options, and futures. There were no unfunded commitments on these investments.

Note 4 - Fair Value Measurements (Continued)

(5) This class represents investments in actively managed pooled separate accounts with investments in both equity and debt securities. The investments may include common stock, corporate bonds, U.S. and non-U.S. municipal securities, interest rate swaps, options, and futures. There were no unfunded commitments on these investments.

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 2011 and 2010.

Changes in Level 3 assets measured at fair value on a recurring basis for the years ended December 31, 2011 and 2010 are as follows:

	Guaranteed Investment Contract - ING Fixed Account Investment Funds
Balance at January 1, 2011	$ 274,786
Purchases	19,679
Sales	(21,250)
Balance at December 31, 2011	$ 273,215

	Guaranteed Investment Contract - ING Fixed Account Investment Funds
Balance at January 1, 2010	$ 275,712
Net purchases, issuances, sales, settlements	(926)
Balance at December 31, 2010	$ 274,786

Note 5 - Guaranteed Investment Contracts

ING Guaranteed Investment Contract

The Plan has fully benefit-responsive guaranteed investment contracts with ING. ING maintains the contributions in its general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. ING is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. There are no reserves against contract value for credit risk of ING or otherwise. The crediting interest rates are based on a formula agreed upon with ING and will not be less than 2.10 to 2.60 percent, depending on the contract. Such interest rates are reviewed on a periodic basis for resetting.

The average yield for the various guaranteed investment contracts, based on actual earnings and on interest rates credited to participants, was 2.47 percent and 3.00 percent for 2011 and 2010, respectively.

MetLife Guaranteed Investment Contract

The Plan holds a fully benefit-responsive guaranteed investment contract (GIC) with MetLife, which maintains the contributions. This GIC provides a guarantee of both principal and interest for participant-initiated withdrawals. The guaranteed rate at December 31, 2011 was 1.5 percent while the year-to-date annualized credited rate was 2.85 percent. The guaranteed rate at December 31, 2010 was 3 percent, while the year-to-date annualized credited rate was 2.19 percent. On January 1, 2012 and every January 1 thereafter, MetLife will declare a new interest rate to be credited to the guaranteed value. The interest rate will be based upon the current market value, approximate market yield to maturity of the fund's benchmark index, expected payments into and out of the fund, amortization of the difference between the market value and the guaranteed value, and the anticipated charges and fees paid under the contract. This GIC is included in the financial statements at fair value and then adjusted to contract value. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Each month a contract charge will be deducted from the fund to cover the investment management fees, custodial fees, risk charges, and contract administrative expenses. Transfers and withdrawals from the account are subject to the limitations provided under Section 403(b)(11) of the IRS Code.

Note 5 - Guaranteed Investment Contracts (Continued)

ING and MetLife Guaranteed Investment Contracts

Certain events limit the ability of the Plan to transact at contract value with ING and MetLife (collectively, the "contract issuers"). Such events include the following: (i) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (ii) changes to the Plan's prohibition on competing investment options, (iii) bankruptcy of the plan sponsor or other plan sponsor events (e.g., divestitures or spin-offs of a subsidiary) which cause a significant withdrawal from the Plan, or (iv) the failure of the Plan to quality for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

The guaranteed investment contracts do not permit the contract issuers to terminate the contracts prior to the scheduled maturity date. If an event of default occurs and is not cured, the nondefaulting party may terminate the contract. The following may cause the Plan to be in default: a breach of material obligation under the contracts; a material misrepresentation; or a material amendment to the plan agreement. The contract issuers may be in default if they breach a material obligation under the guaranteed investment contracts; make a material misrepresentation; have a decline in their long-term credit rating below a threshold set forth in the contracts; or are acquired or reorganized and the successor contract issuer does not satisfy the investment or credit guidelines applicable to the contract issuer. If, in the event of default of the contract issuers, the Plan were unable to obtain a replacement guaranteed investment contract, withdrawing plans may experience losses if that value of the Plan's assets no longer covered by the contract is below contract value. The Plan may seek to add additional contract issuers over time to diversify the Plan's exposure to such risk, but there is no assurance the Plan may be able to do so. The combination of the default of the contract issuers and an inability to obtain a replacement agreement could render the Plan unable to achieve its objective of maintaining a stable contract value. The terms of the guaranteed investment contracts generally provide for settlement of payments only upon termination of the contracts or total liquidation of the covered investments.

Note 5 - Guaranteed Investment Contracts (Continued)

Generally, payments will be made pro rata, based on the percentage of investments covered by the contract issuers. Contract termination occurs whenever the contract value or market value of the covered investments reaches zero or upon certain events of default. If the contract terminates due to the contract issuers' default (other than a default occurring because of a decline in its rating), the contract issuers will generally be required to pay to the Plan the excess, if any, of contract value over market value on the date of termination. If the contract terminates when the market value equals zero, the contract issuers will pay the excess of contract value over market value to the Plan to the extent necessary for the Plan to satisfy outstanding contract value withdrawal requests. Contract termination also may occur by any party upon election and notice.

Because the guaranteed investment contracts are fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets attributable to the guaranteed investment contracts. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

Note 6 - Party-in-interest Transactions

For the years ended December 31, 2011 and 2010, certain plan assets are investment funds managed by ING and MetLife or their affiliates. ING is custodian of the Plan and MetLife is recordkeeper as defined by the Plan and these transactions qualify as party-in-interest transactions as defined under ERISA guidelines. For the period from January 1, 2010 through September 15, 2010, certain plan assets were in investment funds managed by CSTC or its affiliates. CSTC was a custodian of the Plan; therefore, those transactions qualified as party-in-interest transactions as defined bunder ERISA guidelines. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund.

Note 7 - Reconciliation to Form 5500

The net income per Form 5500 for 2010 differs from the amount reported in the financial statements by $70,725 for the adjustment from contract value to fair value for the fully benefit-responsive investment contract. There is no difference reported in 2011 as the Form 5500 reports this investment at contract value.

Note 8 - Tax Status

The Internal Revenue Service (IRS) is not currently accepting applications for 403(b) plan determination letters. The plan administrator has indicated the Plan will apply for a determination letter when the IRS allows such applications to be made. The plan administrator believes that the Plan is designed and is currently being operated in compliance with applicable requirements of Internal Revenue Code Section 403(b). Therefore, no provision for income taxes has been included in the Plan's financial statements.

In accordance with guidance on accounting for uncertainty in income taxes, management evaluated the Plan's tax position and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements. The plan administrator believes it is no longer subject to tax examinations for years prior to 2008.

Mercy Memorial Hospital System
Retirement Savings Plan

Schedule of Assets Held at End of Year
Form 5500, Schedule H, Line 4i
EIN 38-1984289, Plan No. 002
December 31, 2011

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Metropolitan Life Insurance Company	Mutual funds:		
	T. Rowe Price Retirement 2005 Advisor	*	$ 8,724
	T. Rowe Price Retirement 2010 Advisor	*	13,122
	T. Rowe Price Retirement 2015 Advisor	*	107,375
	T. Rowe Price Retirement 2020 Advisor	*	274,868
	T. Rowe Price Retirement 2025 Advisor	*	135,673
	T. Rowe Price Retirement 2030 Advisor	*	375,524
	T. Rowe Price Retirement 2035 Advisor	*	120,623
	T. Rowe Price Retirement 2040 Advisor	*	122,308
	T. Rowe Price Retirement 2045 Advisor	*	103,597
	T. Rowe Price Retirement 2050 Advisor	*	115,818
	T. Rowe Price Retirement 2055 Advisor	*	22,121
	T. Rowe Price Retirement Income Adv	*	13,372
	American Funds EuroPacific Growth Fund R3	*	1,698,987
	BlackRock Global Allocation A	*	687,189
	First Eagle Overseas Fund	*	1,641,151
	Oppenheimer Developing Market Fund A	*	1,466,127
	Vanguard Total Inst. Stock Index Inv.	*	51,561
	American Century International Discovery	*	18,847
	BlackRock Natural Resources A	*	270,283
	BlackRock Science and Technology Opp Inv A	*	14,274
	Morgan Stanley Inst. U.S. Real Estate P	*	294,839
	T. Rowe Price Health Sciences Fund	*	535,743
	DWS Dreman Small-cap Value Fund A	*	1,614,584
	Eagle Small-cap Growth Fund	*	111,027
	Royce 100 Svc	*	1,741,986
	Vanguard Small-cap Index Fund - Inv	*	289,778
	Hartford Midcap Y	*	1,805,060
	Perkins Mid-cap Value Fund T	*	1,792,577
	Vanguard Mid-cap Index Fund	*	317,021
	Victory Special Value Fund A	*	694,277
	Columbia Large-cap Index Z	*	4,900,591
	Davis New York Venture Fund A	*	57,543
	Jensen Quality Growth J	*	5,035,743
	Loomis Sayles Value Y	*	4,657,536
	JPMorgan High Yield Bond A	*	1,105,338
	PIMCO Foreign Bond (Unhedged) A	*	1,312,856
	PIMCO Real Return Fund R	*	1,463,301
	PIMCO Total Return A	*	6,655,185
	Vanguard Total Bond Market Index Fund	*	221,679

Mercy Memorial Hospital System
Retirement Savings Plan

Schedule of Assets Held at End of Year (Continued)
Form 5500, Schedule H, Line 4i
EIN 38-1984289, Plan No. 002
December 31, 2011

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
ING Life Insurance and Annuity Company	Pooled separate accounts:		
	Amer Cent Infl-Adjust Bond Fnd Inv	*	$ 383
	ING Balanced Portfolio I	*	15,475
	ING Strategic Alloc Moderate Port I	*	2,247
	ING Index Plus Large-cap Portfolio I	*	17,484
	ING Small Company Portfolio I	*	3,007
	ING BlkRck Sci & Tech Oppt Prt I	*	1
	ING Index Plus Small-cap Portfolio I	*	5,872
	ING Index Plus Mid-cap Portfolio I	*	25,361
	Franklin Sm Cap Val Sec Fd - 2	*	4,925
	Lord Abbett Series Fd MdCp Vl Prt VC	*	1
	Invesco V.I. Capital Aprec Fnd SI	*	464
	Invesco V.I. Core Equity Fund SI	*	591
	ING Small-cap Opportunities Prt I	*	7,469
	ING Mid-cap Opportunities Port I	*	8,139
	ING Thornburg Value Portfolio I	*	1,652
	ING UBS U.S. Lrg Cap Eqty Port I	*	1,473
	Fidelity VIP Eqty-Income Port I	*	35,864
	Fidelity VIP Growth Portfolio I	*	24,929
	Fidelity VIP Contrafund Port I	*	150,995
	Templeton Global Bond Fund - A	*	45,865
	Oppenheimer Developing Markets Fnd A	*	18,174
	Pax World Balanced Fd Indiv Inv	*	16,631
	ING International Value Port I	*	20,025
	ING Davis New York Venture Port Srv	*	19,512
	ING Oppenhmr Global Port I	*	14,357
	ING JPMorgan Md Cp Val Portfolio Srv	*	1
	ING Van Kampen Comstock Port Srv	*	46
	ING PIMCO Total Return Portfolio Srv	*	21,131
	ING T. Rowe Prc Divrsd MdCp Gr Pt I	*	10,460
	ING Van Kampen Eqty and Inc Port I	*	28,496
	American Funds Growth Fnd R4	*	5,426
	American Funds EuroPacific R4	*	34,394
	ING MFS Total Return Portfolio Srv	*	6,384
	ING Solution 2015 Portfolio Srv	*	872
	ING Solution 2035 Portfolio Srv	*	82,225
	ING Solution 2045 Portfolio Srv	*	273
	ING JPMorgan Emrg Mkts Eq Port Srv	*	35,726
	ING T. Rowe Prc Captl Apprec Port Srv	*	36,001
	ING Van Kampen Grw & Inc Port Srv	*	1,440
	ING Growth and Income Port I	*	10,952
	ING Intermediate Bond Port I	*	60,484

Mercy Memorial Hospital System
Retirement Savings Plan

Schedule of Assets Held at End of Year (Continued)
Form 5500, Schedule H, Line 4i
EIN 38-1984289, Plan No. 002
December 31, 2011

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
ING Life Insurance and Annuity Company	Pooled separate accounts (Continued):		
	American Funds Nw Prspctv R4	*	4,468
	American Funds Wash Mtual R4	*	8,725
	Wanger Select	*	3,608
	ING Artio Foreign Portfolio Srv	*	17,029
	PIMCO VIT Real Return Portfolio Adm	*	4,200
	Pioneer High Yield VCT Port - I	*	670
	American Funds Bond Fd Am R4	*	2,392
	ING Clarion Real Estate Port Srv	*	21,739
	Loomis Sayles Sm Cp Value Fnd Ret	*	1,071
	Neuberger Berman Socially Resp - Tr	*	747
	ING Pioneer Equity Income Port Inst	*	62,831
	ING Pioneer Mid-cap Value Port Inst	*	34,103
	Pioneer Emerging Markets VCT Port-I	*	147
	ING International Index Port I	*	10,544
	ING U.S. Bond Index Portfolio I	*	7,099
	ING Russell Lrg Cap Index Port I	*	9,689
	ING Templeton Foreign Eqty Port I	*	3,784
	ING BlackRock Lrg Cp Grw Port Inst	*	10,507
	ING Global Resources Portfolio Srv	*	8,734
	ING Money Market Portfolio I	*	9,092
	Wanger International	*	280
	ING Large Cap Growth Portfolio Inst	*	1,867
ING Life Insurance and Annuity Company	Guaranteed investment contracts:		
	ING Fixed Account	*	189,604
	ING Long Term GAA	*	1,720
	ING Fixed Plus Account	*	81,891
Metropolitan Life Insurance Company	MetLife Stable Value Plus Account	*	8,184,172
Metropolitan Life Insurance Company	Self-directed brokerage accounts	*	2,158,099
Participants	Participant notes receivable - Maturing through 2026 at interest rates from 1.00 percent to 9.25 percent	-	1,497,710
	Total		**$ 54,979,937**

* Cost information not required

Mercy Memorial Hospital System
Retirement Savings Plan

Schedule of Assets Held at End of Year
Form 5500, Schedule H, Line 4i
EIN 38-1984289, Plan No. 002
December 31, 2011

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Metropolitan Life Insurance Company	Mutual funds:		
	T. Rowe Price Retirement 2005 Advisor	*	$ 8,724
	T. Rowe Price Retirement 2010 Advisor	*	13,122
	T. Rowe Price Retirement 2015 Advisor	*	107,375
	T. Rowe Price Retirement 2020 Advisor	*	274,868
	T. Rowe Price Retirement 2025 Advisor	*	135,673
	T. Rowe Price Retirement 2030 Advisor	*	375,524
	T. Rowe Price Retirement 2035 Advisor	*	120,623
	T. Rowe Price Retirement 2040 Advisor	*	122,308
	T. Rowe Price Retirement 2045 Advisor	*	103,597
	T. Rowe Price Retirement 2050 Advisor	*	115,818
	T. Rowe Price Retirement 2055 Advisor	*	22,121
	T. Rowe Price Retirement Income Adv	*	13,372
	American Funds EuroPacific Growth Fund R3	*	1,698,987
	BlackRock Global Allocation A	*	687,189
	First Eagle Overseas Fund	*	1,641,151
	Oppenheimer Developing Market Fund A	*	1,466,127
	Vanguard Total Inst. Stock Index Inv.	*	51,561
	American Century International Discovery	*	18,847
	BlackRock Natural Resources A	*	270,283
	BlackRock Science and Technology Opp Inv A	*	14,274
	Morgan Stanley Inst. U.S. Real Estate P	*	294,839
	T. Rowe Price Health Sciences Fund	*	535,743
	DWS Dreman Small-cap Value Fund A	*	1,614,584
	Eagle Small-cap Growth Fund	*	111,027
	Royce 100 Svc	*	1,741,986
	Vanguard Small-cap Index Fund - Inv	*	289,778
	Hartford Midcap Y	*	1,805,060
	Perkins Mid-cap Value Fund T	*	1,792,577
	Vanguard Mid-cap Index Fund	*	317,021
	Victory Special Value Fund A	*	694,277
	Columbia Large-cap Index Z	*	4,900,591
	Davis New York Venture Fund A	*	57,543
	Jensen Quality Growth J	*	5,035,743
	Loomis Sayles Value Y	*	4,657,536
	JPMorgan High Yield Bond A	*	1,105,338
	PIMCO Foreign Bond (Unhedged) A	*	1,312,856
	PIMCO Real Return Fund R	*	1,463,301
	PIMCO Total Return A	*	6,655,185
	Vanguard Total Bond Market Index Fund	*	221,679

Mercy Memorial Hospital System
Retirement Savings Plan

Schedule of Assets Held at End of Year (Continued)
Form 5500, Schedule H, Line 4i
EIN 38-1984289, Plan No. 002
December 31, 2011

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
ING Life Insurance and Annuity Company	Pooled separate accounts:		
	Amer Cent Infl-Adjust Bond Fnd Inv	*	$ 383
	ING Balanced Portfolio I	*	15,475
	ING Strategic Alloc Moderate Port I	*	2,247
	ING Index Plus Large-cap Portfolio I	*	17,484
	ING Small Company Portfolio I	*	3,007
	ING BlkRck Sci & Tech Oppt Prt I	*	1
	ING Index Plus Small-cap Portfolio I	*	5,872
	ING Index Plus Mid-cap Portfolio I	*	25,361
	Franklin Sm Cap Val Sec Fd - 2	*	4,925
	Lord Abbett Series Fd MdCp Vl Prt VC	*	1
	Invesco V.I. Capital Aprec Fnd SI	*	464
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Mercy Memorial Hospital System
Retirement Savings Plan

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