

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 <u>01/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>MARQUETTE GENERAL HOSPITAL EMPLOYEE DEFERRED COMPENSATION PLAN</u>	1b Three-digit plan number (PN) ▶ <u>002</u> 1c Effective date of plan <u>01/01/1986</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>MARQUETTE GENERAL HOSPITAL</u> <u>420 WEST MAGNETIC STREET</u> <u>MARQUETTE, MI 49855</u>	2b Employer Identification Number (EIN) <u>38-1358036</u> 2c Sponsor's telephone number <u>906-225-3446</u> 2d Business code (see instructions) <u>622000</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/15/2012</u>	<u>JERRY WORDEN</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/15/2012</u>	<u>JERRY WORDEN</u>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2011)
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3a Plan administrator's name and address (if same as plan sponsor, enter "Same") MARQUETTE GENERAL HOSPITAL 420 WEST MAGNETIC STREET MARQUETTE, MI 49855	3b Administrator's EIN 38-1358036 3c Administrator's telephone number 906-225-3446
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	2870
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	2585
b Retired or separated participants receiving benefits.....	6b	7
c Other retired or separated participants entitled to future benefits.....	6c	0
d Subtotal. Add lines 6a , 6b , and 6c	6d	2592
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	2592
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	1661
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

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

2E 2F 2G 2J 2K 2T

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 <u>MARQUETTE GENERAL HOSPITAL EMPLOYEE DEFERRED COMPENSATION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MARQUETTE GENERAL HOSPITAL</u>	D Employer Identification Number (EIN) <u>38-1358036</u>

Part I 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

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

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

PENSIONTREND, INC.

38-2508697

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	122750	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

PENSIONTREND INVESTMENT ADVISORS

27-0039500

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	84649	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>METLIFE STABLE VALUE INVESTMENTS</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST RETIREMENT AND INSTITUTIONAL SERVICES COMPANY</u>		
c EIN-PN <u>26-0142858-094</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PENSIONTREND AGGRESSIVE GROWTH FUND</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST RETIREMENT AND INSTITUTIONAL SERVICES COMPANY</u>		
c EIN-PN <u>20-5320546-069</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4697045</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PENSIONTREND MODERATE GROWTH FUND</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST RETIREMENT AND INSTITUTIONAL SERVICES COMPANY</u>		
c EIN-PN <u>20-5320517-068</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12233246</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PENSIONTREND CONSERVATIVE GROWTH FU</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST RETIREMENT AND INSTITUTIONAL SERVICES COMPANY</u>		
c EIN-PN <u>20-5320488-067</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4128667</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PENSIONTREND MODERATE INCOME FUND</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST RETIREMENT AND INSTITUTIONAL SERVICES COMPANY</u>		
c EIN-PN <u>20-5320445-066</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>887237</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PENSIONTREND CONSERVATIVE INCOME FU</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST RETIREMENT AND INSTITUTIONAL SERVICES COMPANY</u>		
c EIN-PN <u>20-5320411-065</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>625890</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 <div style="font-size: 24pt; font-weight: bold;">2011</div> This Form is Open to Public Inspection
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>		
A Name of plan <u>MARQUETTE GENERAL HOSPITAL EMPLOYEE DEFERRED COMPENSATION PLAN</u>		B Three-digit plan number (PN) ► <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MARQUETTE GENERAL HOSPITAL</u>		D Employer Identification Number (EIN) <u>38-1358036</u>

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a	6845	
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	145586	239594
	(2) Participant contributions	1b(2)	193668	200985
	(3) Other.....	1b(3)	5449	
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities.....	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)	316461	355077
	(9) Value of interest in common/collective trusts.....	1c(9)	23837114	22572085
	(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)	18354573	25038943
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	42859696	48406684

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	42852850	48406684
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	3153910	
(B) Participants	2a(1)(B)	6818799	
(C) Others (including rollovers)	2a(1)(C)	51256	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		10023965
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)	16830	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		16830
(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)	630808	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		630808
(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)		-356780
(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)		-889663
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		9425160

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3640369	
(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)		3640369
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		23209
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	122750	
(3) Investment advisory and management fees	2i(3)	84649	
(4) Other	2i(4)	349	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		207748
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3871326

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5553834
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(2) EIN: 38-2806590

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

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

Part IV Compliance Questions

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

During the plan year:

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

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

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

5b(1) Name of plan(s)

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>62-1214236</u> Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (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
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Audited Financial Statements
and Supplementary Information

MARQUETTE GENERAL HOSPITAL
EMPLOYEE DEFERRED COMPENSATION PLAN

December 31, 2011

Audited Financial Statements and Supplementary Information

MARQUETTE GENERAL HOSPITAL
EMPLOYEE DEFERRED COMPENSATION PLAN

December 31, 2011

Audited Financial Statements

Report of Independent Auditors	1
Statements of Net Assets Available for Benefits.....	2
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Supplementary Information

Schedule H, Line 4i--Schedule of Assets Held at End of Year	10
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MAKELA, TOUTANT, HILL & NARDI, P.C.
CERTIFIED PUBLIC ACCOUNTANTS

201 West Bluff Street
Marquette, Michigan 49855

Members
American Institute of CPA's
Michigan Association of CPA's

REPORT OF INDEPENDENT AUDITORS

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

We have audited the accompanying statements of net assets available for benefits of Marquette General Hospital Employee Deferred Compensation Plan (Plan) as of December 31, 2011 and 2010, and the related statements of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2011 and 2010, and the changes in net assets available for benefits for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Assets Held at Year End is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

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

October 9, 2012

Our goal is to help you meet yours!

-1-

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

MARQUETTE GENERAL HOSPITAL EMPLOYEE DEFERRED COMPENSATION PLAN

	December 31	
	2011	2010
ASSETS		
Investments		
Cash equivalent		\$ 6,845
Mutual fund investments	\$ 25,038,943	18,354,573
Common/collective funds	22,572,085	23,837,114
TOTAL INVESTMENTS	47,611,028	42,198,532
Receivables		
Participant loans receivable	355,077	316,461
Employer contribution receivable	239,594	145,586
Participants' contributions receivable	200,985	193,668
Dividends receivable		5,449
TOTAL RECEIVABLES	795,656	661,164
TOTAL ASSETS	48,406,684	42,859,696
NET ASSETS AVAILABLE FOR BENEFITS	\$48,406,684	\$42,859,696

See notes to financial statements.

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

MARQUETTE GENERAL HOSPITAL EMPLOYEE DEFERRED COMPENSATION PLAN

	Year Ended December 31	
	2011	2010
ADDITIONS		
Employee contributions	\$ 6,818,799	\$ 6,009,055
Rollover contributions	51,256	13,194
Employer contributions	3,153,910	1,155,566
Interest and dividend income	647,638	480,695
Net appreciation (depreciation) in fair value	(1,246,443)	4,567,434
TOTAL ADDITIONS	9,425,160	12,225,944
DEDUCTIONS		
Benefit payments	3,670,424	3,362,678
Investment management and administrative fees	207,748	181,742
TOTAL DEDUCTIONS	3,878,172	3,544,420
NET INCREASE	5,546,988	8,681,524
Net assets available for benefits at beginning of year	42,859,696	34,178,172
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	\$ 48,406,684	\$ 42,859,696

See notes to financial statements.

NOTES TO FINANCIAL STATEMENTS

MARQUETTE GENERAL HOSPITAL EMPLOYEE DEFERRED COMPENSATION PLAN

December 31, 2011

NOTE A--PLAN DESCRIPTION

The following description of the Marquette General Hospital Employee Deferred Compensation Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

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

Contributions

Individual participants may elect to contribute to the Plan on a salary reduction basis. The amount a participant may defer into the Plan each year varies based upon percent of pay limit--in general, a participant may defer up to 100 percent of their annual compensation; flat dollar limit--the amount a participant defers is limited to \$16,500 for 2011, additional contributions can be made by participants age fifty or over; coordination limit--the amount a participant defers is limited by elective deposits made to a tax-sheltered annuity, to a deferred compensation plan under Section 457 of the Internal Revenue Code, or to a different 401(k) plan; and, discrimination limit--the amount a participant defers is limited by the amount deferred by other participants of the Plan.

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

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

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

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

NOTES TO FINANCIAL STATEMENTS--Continued

MARQUETTE GENERAL HOSPITAL EMPLOYEE DEFERRED COMPENSATION PLAN

NOTE A--PLAN DESCRIPTION--Continued

Participant Accounts

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

Vesting

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

Participant Loans

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

Benefit Payments

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

NOTE B--SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

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

Valuation of Investments and Income Recognition

The Plan's investments are stated at fair value.

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

NOTES TO FINANCIAL STATEMENTS--Continued

MARQUETTE GENERAL HOSPITAL EMPLOYEE DEFERRED COMPENSATION PLAN

NOTE B--SUMMARY OF ACCOUNTING POLICIES--Continued

Benefit Payments

Benefits are recorded when paid.

Administration

Certain administrative functions are performed by officers or employees of the System. No such officer or employee receives compensation from the Plan for these services. The System pays for various expenses incurred in administering the Plan. For the years ended December 31, 2011 and 2010, these administrative expenses approximated \$73,000 and \$84,000, respectively.

Use of Estimates

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

Risks and Uncertainties

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

Reclassifications

Certain amounts as of and for the year ended December 31, 2010, have been reclassified to conform to the current year's classification.

Subsequent Events

Subsequent events were evaluated through October 9, 2012, which is the date the financial statements were available to be issued.

NOTES TO FINANCIAL STATEMENTS--Continued

MARQUETTE GENERAL HOSPITAL EMPLOYEE DEFERRED COMPENSATION PLAN

NOTE C--INVESTMENTS

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

Level 1 Fair Value Measurements:

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

Level 2 Fair Value Measurements:

Common/Collective Funds: The fair value of the common/collective funds is determined by each fund's trustee based on the fair value of the underlying securities within the fund, which represent the NAV of shares held by the Plan at year end as disclosed in the common/collective funds annual report.

		<u>Fair Value Measurements at Reporting Date Using:</u>	
	<u>Fair Value</u>	<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>
<u>December 31, 2011:</u>			
Mutual funds	\$ 25,038,943	\$ 25,038,943	
Common/collective funds	22,572,085		\$ 22,572,085
TOTAL	<u>\$ 47,611,028</u>	<u>\$ 25,038,943</u>	<u>\$ 22,572,085</u>
<u>December 31, 2010:</u>			
Mutual funds	\$ 18,354,573	\$ 18,354,573	
Common/collective funds	23,837,114		\$ 23,837,114
TOTAL	<u>\$ 42,191,687</u>	<u>\$ 18,354,573</u>	<u>\$ 23,837,114</u>

NOTES TO FINANCIAL STATEMENTS--Continued

MARQUETTE GENERAL HOSPITAL EMPLOYEE DEFERRED COMPENSATION PLAN

NOTE C--INVESTMENTS--Continued

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

	December 31	
	2011	2010
Pension Trend Aggressive Growth FD CL 20	\$ 4,697,045	\$ 4,958,421
Pension Trend Moderate Growth FD CL 20	\$ 12,233,246	\$ 11,486,597
Pension Trend Conservative Growth FD CL 20	\$ 4,128,667	\$ 3,965,345
Vanguard Wellington Fund	\$ 4,505,061	\$ 2,891,432
Fidelity Cash Reserve	\$ 2,444,400	

NOTE D--RELATED PARTY TRANSACTIONS

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

NOTE E--INCOME TAX STATUS

The Plan obtained its latest opinion letter dated May 18, 2012, in which the Internal Revenue Service stated that the Plan was in compliance with the applicable requirements of the Internal Revenue Code; therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2008.

NOTES TO FINANCIAL STATEMENTS--Continued

MARQUETTE GENERAL HOSPITAL
EMPLOYEE DEFERRED COMPENSATION PLAN

NOTE F--RECONCILIATION TO SCHEDULE H OF FORM 5500

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended December 31, 2011:

Benefits paid to participants per the Plan's audited financial statements	\$ 3,670,424
Less amounts allocated to withdrawing participants at December 31, 2010	(6,846)
Less certain deemed distributions of participant loans	<u>(23,209)</u>
Total benefit payments and distributions per Schedule H to Form 5500	<u>\$ 3,640,369</u>

Amounts allocated to withdrawing participants were recorded on Schedule H of Form 5500 for the year ended December 31, 2011, and represent benefit claims that had been processed and approved for payment prior to December 31, 2011, but not yet paid as of that date. Those amounts are not included in benefits paid to participants per the Plan's audited financial statements for the year ended December 31, 2011.

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

MARQUETTE GENERAL HOSPITAL
EMPLOYEE DEFERRED COMPENSATION PLAN

Employer Identification Number: 38-1358036

Plan Number: 002

December 31, 2011

(a) Party-in- Interest	(b) Identity of Issuing Party	(c) Description of Investment	(d) Cost	(e) Current Value
Mutual funds:				
	American Europacific Growth CL R5	54,962 shares	**	\$ 1,930,832
	Columbian Acorn Class Z	35,201 shares	**	970,135
	Fidelity Cash Reserve	2,444,400 shares	**	2,444,400
	Fidelity Inflation Protection	68,687 shares	**	877,825
	Fidelity Real Estate Investment	27,353 shares	**	755,478
	Fidelity Strategic Income	61,498 shares	**	664,798
	First Eagle Global Class A	14,915 shares	**	672,953
	First Eagle Overseas Class A	32,302 shares	**	657,670
	Franklin Convertible Securities A	14,303 shares	**	199,244
	Oppenheimer Int'l Bond Class A	172,743 shares	**	1,091,478
	Pimco Total Return Class D	154,764 shares	**	1,682,281
	Pimco Commodity Real Return	10,998 shares	**	70,500
	Royce Opportunity Fund Investment Class	92,077 shares	**	950,239
	Spartan 500 Index Fund	25,777 shares	**	1,146,817
	T. Rowe Price New American Growth	70,027 shares	**	2,227,571
	Vanguard Fixed Income High Yield Corp	61,283 shares	**	348,700
	Vanguard Selected Value Fund	27,833 shares	**	517,418
	Vanguard Windsor II	58,823 shares	**	1,516,454
	Vanguard Index Trust Small Cap Growth	24,200 shares	**	520,064
	Vanguard Mid Cap Index	65,599 shares	**	1,289,025
	Vanguard Wellington Fund	143,748 shares	**	4,505,061
		TOTAL MUTUAL FUNDS		25,038,943
Common/collective funds:				
*	Pension Trend Aggressive Growth FD CL 20	459,144 shares	**	4,697,045
*	Pension Trend Moderate Growth FD CL 20	1,117,191 shares	**	12,233,246
*	Pension Trend Conservative Growth FD CL 20	361,529 shares	**	4,128,667
*	Pension Trend Moderate Income FD CL 20	75,190 shares	**	887,237
*	Pension Trend Conservative Income FD CL 20	52,464 shares	**	625,890
		TOTAL COMMON/COLLECTIVE FUNDS		22,572,085
	Participant loans	5.25% - 10.25%	-0-	355,077
		TOTAL INVESTMENTS	\$	47,966,105

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

** Cost information is omitted for participant directed accounts.

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Spartan	500 Index Mutual Fund No Stated ROR		1,146,817
	Fidelity	Real Estate Inv Mutual Fund No Stated ROR		755,478
	T. Rowe Price	New American Growth Mutual Fund No Stated ROR		2,227,571
	Royce	Opportunity Fund Mutual Fund No Stated ROR		950,239
	Vanguard	Selected Value Inv Mutual Fund No Stated ROR		517,418
	Vanguard	Windsor II Mutual Fund No Stated ROR		1,516,454
	Vanguard	Index Trust Sm Cap Mutual Fund No Stated ROR		520,064

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Vanguard	Mid Cap Index Mutual Fund No Stated ROR		1,289,025
	Fidelity	Inflation Protection Mutual Fund No Stated ROR		877,825
	Fidelity	Strategic Income Mutual Fund No Stated ROR		664,798
	Franklin	Convertible Securities Mutual Fund No Stated ROR		199,244
	Oppenheimer	International Bd Cl A Mutual Fund No Stated ROR		1,091,478
	Vanguard	FI High Yld Corp Mutual Fund No Stated ROR		348,700
	First Eagle	Global Cl A Mutual Fund No Stated ROR		672,953

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Vanguard	Wellington Inv Mutual Fund No Stated ROR		4,505,061
*	PensionTrend	Aggressive Growth Collective Investment Fd No Stated ROR		4,697,045
*	PensionTrend	Moderate Growth Collective Investment Fd No Stated ROR		12,233,246
*	PensionTrend	Conservative Growth Collective Investment Fd No Stated ROR		4,128,667
*	PensionTrend	Moderate Income Collective Investment Fd No Stated ROR		887,237
*	PensionTrend	Conservative Income Collective Investment FN No Stated ROR		625,890
	Columbia	Acorn Z Mutual Fund No Stated ROR		970,135

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Fidelity	Cash Cash No Stated ROR		2,444,400
	MGH Deferred Comp Plan	Participant Loans Participant Loans Various ROR	0	355,077
	PIMCO	Commodity Real Return Mutual Fund No Stated ROR		70,500
	PIMCO	Total Return Mutual Fund No Stated ROR		1,682,281
	American Funds	EuroPacific Growth Mutual Fund No Stated ROR		1,930,832
	First Eagle	Overseas Mutual Fund No Stated ROR		657,670