

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009			
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 THE OHIO HEART AND VASCULAR CENTER, INC. DEFINED BENEFIT PLAN	1b Three-digit plan number (PN) ▶	003	
	1c Effective date of plan	01/01/2002	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) THE OHIO HEART AND VASCULAR CENTER, INC. 4380 MALSARY ROAD, SUITE 200 CINCINNATI, OH 45242-5644	2b Employer Identification Number (EIN) 31-1438871	2c Sponsor's telephone number 513-366-4495	2d Business code (see instructions) 621111

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.	10/13/2010	HANS NIENABER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") THE OHIO HEART AND VASCULAR CENTER, INC. 4380 MALSBARY ROAD, SUITE 200 CINCINNATI, OH 45242-5644	3b Administrator's EIN 31-1438871 3c Administrator's telephone number 513-366-4495
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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	256
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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	0
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	256
d Subtotal. Add lines 6a , 6b , and 6c	6d	256
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	256
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

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

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

A Name of plan <u>THE OHIO HEART AND VASCULAR CENTER, INC. DEFINED BENEFIT PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>THE OHIO HEART AND VASCULAR CENTER, INC.</u>	D Employer Identification Number (EIN) <u>31-1438871</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2009</u>	
2 Assets:	
a Market value	2a <u>5067228</u>
b Actuarial value	2b <u>5067228</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>0</u> <u>0</u>
b For terminated vested participants	3b <u>256</u> <u>5332392</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>0</u>
(2) Vested benefits	3c(2) <u>0</u>
(3) Total active	3c(3) <u>0</u>
d Total	3d <u>256</u> <u>5332392</u>
4 If the plan is at-risk, check the box and complete items (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.83</u> %
6 Target normal cost	6 <u>0</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>10/06/2010</u>
Signature of actuary	Date
<u>HANS NIENABER</u>	<u>08-05737</u>
Type or print name of actuary	Most recent enrollment number
<u>CUNI, RUST & STRENK</u>	<u>513-891-0270</u>
Firm name	Telephone number (including area code)
<u>4540 COOPER ROAD, SUITE 304</u> <u>CINCINNATI, OH 45242-5617</u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8).....	0	0
10 Interest on item 9 using prior year's actual return of <u>-22.70</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		1343941
b Interest on (a) using prior year's effective rate of <u>6.43</u> %		86415
c Total available at beginning of current plan year to add to prefunding balance		1430356
d Portion of (c) to be added to prefunding balance.....		1430356
12 Reduction in balances due to elections or deemed elections.....	0	1162281
13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	268075

Part III Funding percentages		
14 Funding target attainment percentage.....	14	90.00 %
15 Adjusted funding target attainment percentage.....	15	90.00 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	88.31 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/02/2009	26073	0			
03/27/2009	3236	0			
Totals ►			18(b)	29309	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	28978
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No	
c If 20a is "Yes," see instructions and complete the following table as applicable:		

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

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

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

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	0
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	213295	41182
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	41182
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	12204
36 Additional cash requirement (item 34 minus item 35).....	36	28978
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	28978
38 Interest-adjusted excess contributions for current year (see instructions).....	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	

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
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan THE OHIO HEART AND VASCULAR CENTER, INC. DEFINED BENEFIT PLAN		B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 THE OHIO HEART AND VASCULAR CENTER, INC.		D Employer Identification Number (EIN) 31-1438871

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

BARTLETT & CO.

31-1221237

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE NONE	22405	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

CUNI, RUST & STRENK, INC.

31-1227755

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	18625	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan THE OHIO HEART AND VASCULAR CENTER, INC. DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 THE OHIO HEART AND VASCULAR CENTER, INC.	D Employer Identification Number (EIN) 31-1438871	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1360811	0
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	21295	28809
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	108272	54048
(2) U.S. Government securities.....	1c(2)	874227	873011
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	751350	1516971
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1421122	3008114
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	539182	716819
(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	5076259	6197772

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	5076259	6197772
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	29310	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		29310

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	8536	
(B) U.S. Government securities	2b(1)(B)	36913	
(C) Corporate debt instruments	2b(1)(C)	46925	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		92374

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	71403	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		71403
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	743285	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	782794	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-39509

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	1017117	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		1017117
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		-7383
d Total income. Add all income amounts in column (b) and enter total.....	2d		1163312

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	0	
(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)		0
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)	18625	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	22405	
(4) Other	2i(4)	769	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		41799
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		41799

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1121513
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: CLARK, SHAEFER & HACKETT & CO.

(2) EIN: 31-0800053

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		200000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>THE OHIO HEART AND VASCULAR CENTER, INC. DEFINED BENEFIT PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE OHIO HEART AND VASCULAR CENTER, INC.</u>	D Employer Identification Number (EIN) <u>31-1438871</u>

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

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

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

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

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

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

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of
The Ohio Heart and Vascular Center, Inc. Defined Benefit Plan

We have audited the accompanying statements of net assets available for benefits of The Ohio Heart and Vascular Center, Inc. Defined Benefit Plan as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended, and the statement of accumulated plan benefits as of December 31, 2008, and the related statement of changes in accumulated plan benefits for the year 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, information regarding the Plan's net assets available for benefits as of December 31, 2009, and changes therein for the year then ended and its financial status as of December 31, 2008, and changes therein for the year then ended, in conformity with accounting principles generally accepted in the United States of America.

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

Clark, Schaefer, Hackett & Co.

Cincinnati, Ohio
October 12, 2010

105 east fourth street, ste. 1500
cincinnati, oh 45202

www.cshco.com
p. 513.241.3111
f. 513.241.1212

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos 1510-0110 1510-0089 2009 This Form is Open to Public Inspection
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Part I Annual Report Identification Information

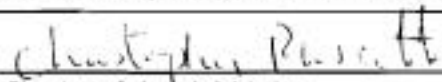
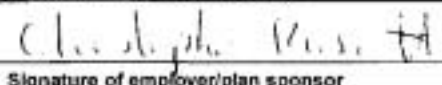
For the calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A This return/report is for:	☐ a multiemployer plan; ☒ a single-employer plan; ☐ a multiple-employer plan; or ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ an amended return/report; ☐ the final 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; ☐ special extension (enter description) _____

Part II Basic Plan Information --- enter all requested information.

1a Name of plan The Ohio Heart and Vascular Center, Inc. Defined Benefit Plan	1b Three-digit plan number (PN) ► 003 1c Effective date of plan 01/01/2002
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) The Ohio Heart and Vascular Center, Inc. 4380 Malsbary Road, Suite 200 US Cincinnati OH 45242-5644	2b Employer Identification Number (EIN) 31-1438871 2c Sponsor's telephone number (513) 366-4495 2d Business code (see instructions) 621111

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		Date	Christopher Ruscitto
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	Christopher Ruscitto
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE		Date	
	Signature of DFE		Enter name of individual signing as DFE

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

Form 5500 (2009)
v.092307.1

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

Same

3b Administrator's EIN**3c** Administrator's telephone number**4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:**4b** EIN**a** Sponsor's name**4c** PN**5** Total number of participants at the beginning of the plan year**5**

256

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**

0

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

0

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

256

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

256

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

0

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

256

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)**6g****h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested**6h**

0

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

1A 1G 1I

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**9a** Plan funding arrangement (check all that apply)(1) ☐

Insurance

(2) ☐

Code section 412(e)(3) insurance contracts

(3) ☒

Trust

(4) ☐

General assets of the sponsor

9b Plan benefit arrangement (check all that apply)(1) ☐

Insurance

(2) ☐

Code section 412(e)(3) insurance contracts

(3) ☒

Trust

(4) ☐

General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)**a** Pension Schedules(1) ☒**R** (Retirement Plan Information)(2) ☐**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary(3) ☒**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary**b** General Schedules(1) ☒**H** (Financial Information)(2) ☐**I** (Financial Information - Small Plan)(3) ☐**A** (Insurance Information)(4) ☒**C** (Service Provider Information)(5) ☐**D** (DFE/Participating Plan Information)(6) ☐**G** (Financial Transaction Information)

2009 Schedule SB, Line 32 --Schedule of Amortization Bases

Plan Name: Ohio Heart and Vascular Center, Inc. Defined Benefit Plan

EIN: 31-1438871

PN: 003

<u>Type</u>	Present Value of Remaining <u>Installments</u>	Date <u>Established</u>	Rem. <u>Years</u>	Amortization <u>Installment</u>
Shortfall	\$ 188,241	01/01/2008	6	\$ 36,848
Shortfall	<u>\$ 25,054</u>	01/01/2009	7	<u>\$ 4,334</u>
	\$ 213,295			\$ 41,182

2009 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
Plan Name: Ohio Heart and Vascular Center, Inc. Defined Benefit Plan
EIN: 31-1438871
PN: 003

1. Interest Rates: December, 2008 Yield Curve
 - i. 1st Spot Rate 5.42% per year.
 - ii. 2nd Spot Rate 6.65% per year.
 - iii. 3rd Spot Rate 7.14% per year.
 - iv. 4th Spot Rate 7.07% per year.
 - v. 5th Spot Rate 6.90% per year.
 - vi. 6th Spot Rate 6.81% per year.
 - vii. 7th Spot Rate 6.83% per year.

2. Mortality Rates:
 - a. Basic Valuation 2009 IRS Combined Static Mortality Table.
 - a. Lump Sums 2009 IRS Applicable Mortality Table.

3. Retirement Age: Age 62 with 10 Years of Credited Service, but not later than age 65 and the fifth anniversary of Plan entry.

4. Salary Scale: None.

5. Termination Rates: None.

6. Disability Rates: None.

7. Expense Load: None.

2009 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
Plan Name: Ohio Heart and Vascular Center, Inc. Defined Benefit Plan
EIN: 31-1438871
PN: 003

8. Percent Married/Spousal Age: 85% with wives 3 years younger than their husbands.
9. Payment Form: Participants are assumed to elect to receive their benefit in a lump sum.
10. Asset Valuation Method: Market Value.
11. Changes Since Last Year: The interest rates used to determine the Target liability were changed from the December 2007, Yield Curve to the December 2008 Yield Curve as indicated above and as required by IRS regulations.
- The mortality table used for plan liabilities was changed from the IRS 2008 Combined Static Mortality Table to the IRS 2009 Combined Static Mortality Table as required by IRS regulations. In addition, Lump Sums are determined using the IRS 2009 Applicable Mortality Table.

2009 Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Ohio Heart and Vascular Center, Inc. Defined Benefit Plan

EIN: 31-1438871

PN: 003

1. Effective Date: January 1, 2002. Last amended effective January 1, 2007.
2. Plan Year: January 1st through December 31st.
3. Eligibility for Participation:

An Employee shall become a Participant as of the January 1st or July 1st immediately following or coinciding with the completion of one Year of Service and attainment of age 21.

No new participants will enter the Plan after December 31, 2007.
4. Average Compensation: The average of the highest 36 consecutive months of Monthly Compensation.
5. Vesting Service: One Year of Vesting Service is earned for each Employment Year in which a Participant completes 1,000 Hours of Service.
6. Credited Service:

One Year of Credited Service is earned for each Plan Year in which an Employee completes 1,000 Hours of Service.

No additional Credited Service will be granted for Plan years that begin after December 31, 2007.

2009 Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Ohio Heart and Vascular Center, Inc. Defined Benefit Plan

EIN: 31-1438871

PN: 003

7. Normal Retirement:

a. Eligibility

Later of Age 62 and the tenth anniversary of Plan participation, but not later than Age 65 and the fifth anniversary of Plan participation.

b. Monthly Benefit

For Shareholder Physicians listed in the Plan document, 4.5% of Average Compensation for each year of Plan participation to a maximum of ten years. All other Participants receive 0.5% of average compensation for each year of Plan participation, to a maximum of ten years. The Normal Retirement benefit is offset by the actuarial equivalent of the equivalent benefit provided for by the first 7.5% of the defined contribution Plan, but the reduction each year shall not be more than 0.5%. However, the benefit shall not be reduced to less than \$40 for each year of active participation.

Benefits have been frozen as of December 31, 2007.

8. Early Retirement:

None.

9. Vested Retirement:

a. Eligibility

Graded 2-20 Vesting Schedule. Full vesting after six years of Vesting Service.

b. Monthly Benefit

Calculated as for Normal Retirement.

2009 Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Ohio Heart and Vascular Center, Inc. Defined Benefit Plan

EIN: 31-1438871

PN: 003

10. Disability Retirement:

- | | |
|--------------------|--|
| a. Eligibility | Totally and Permanently Disabled. |
| b. Monthly Benefit | Calculated as for Normal Retirement, reduced by 1/15 th for each of the first five years, 1/30 th for each of the next five years, and actuarially for each additional year. |

11. Late Retirement:

A Participant who works beyond their Normal Retirement Date will upon actual retirement receive the greater of the actuarial equivalent of their Accrued Benefit calculated at Normal Retirement and their accrued benefit calculated as of their actual retirement.

12. Pre-Retirement Death:

- | | |
|--------------------|--|
| a. Eligibility | All Participants are eligible. |
| b. Monthly Benefit | Spouses of married Participants are eligible to receive a monthly annuity calculated as if the participant had terminated employment on his date of death, survived to his earliest retirement date, and retired with a Joint & 50% annuity. In addition, the named beneficiary shall receive the balance of the actuarial present value of the Accrued Benefit. |

13. Payment Forms:

- | | |
|-------------|---|
| a. Normal | Life Annuity for single participants and an Actuarially Equivalent 50% Joint & Survivor annuity for married participants. |
| b. Optional | Lump Sum, Periodic Installments. |

2009 Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Ohio Heart and Vascular Center, Inc. Defined Benefit Plan

EIN: 31-1438871

PN: 003

14. Actuarial Equivalence:

a. Other Than Lump Sums

Pre-retirement: 5.00% interest only. Post-retirement: 5.00% interest and the 1994 GAR Blended Table. (50% male/50% female)

b. Lump Sums

Interest: the interest rate(s) as determined under Code Section 417(e) with an annual calendar year stability period and a look-back period of three months prior to the beginning of the stability period. Mortality: the applicable mortality table as determined under Code Section 417(e).

15. Changes Since Last Year:

None.

2009 Schedule B, line 22 - Description of Weighted Average Retirement Age
Plan Name: Ohio Heart and Vascular Center, Inc. Defined Benefit Plan
EIN: 31-1438871
PN: 003

(A) Early Retirement Age	(B) Retirement Rates	(C) Fraction Remaining	(D) Probability Distribution	(E) Sum Weighted Average Age
55	0%	1.00000	0.00%	0.00000
56	0%	1.00000	0.00%	0.00000
57	0%	1.00000	0.00%	0.00000
58	0%	1.00000	0.00%	0.00000
59	0%	1.00000	0.00%	0.00000
60	0%	1.00000	0.00%	0.00000
61	0%	1.00000	0.00%	0.00000
62	85%	0.15000	85.00%	52.70000
63	2%	0.14700	0.30%	0.18900
64	2%	0.14406	0.29%	0.18816
65	100%	0.00000	14.41%	9.36390
Weighted Average Retirement Age				62.44

The Retirement Rates (Column B) at each Early Retirement Age (Column A) are converted to a probability distribution (Column D). The products of Column A and Column D are summed to determine the resulting Weighted Average Retirement Age.

2009 Schedule SB, line 19 – Discounted Employer Contributions.

Plan Name: Ohio Heart and Vascular Center, Inc. Defined Benefit Plan

EIN: 31-1438871

PN: 003

Valuation Interest Rate: 6.83%

Valdate for contributions: 1/1/2009

	<u>Date</u>	<u>Amount</u>	<u># Days to 1/1/2009</u>	<u>Discounted Contributions</u>
	3/2/2009	\$26,073	60	\$25,791
	3/27/2009	<u>\$3,236</u>	85	<u>\$3,187</u>
TOTAL		\$29,309		\$28,978

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

► **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2009**This Form is Open to Public
Inspection**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

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

The Ohio Heart and Vascular Center, Inc. Defined Benefit Plan

**B Three-digit
plan number (PN) ►**

003

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

The Ohio Heart and Vascular Center, Inc.

D Employer Identification Number (EIN)

31-1438871

E Type of plan:☒ Single☐ Multiple-A☐ Multiple-B**F Prior year plan size:**☐ 100 or fewer☒ 101-500☐ More than 500**Part I Basic Information****1** Enter the valuation date: Month 01 Day 01 Year 2009**2 Assets:**

	2a	
a Market value	5,067,228	
b Actuarial value	5,067,228	

3 Funding target/participant count breakdown

	3a	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	0	0	
b For terminated vested participants	256	5,332,392	
c For active participants:			
(1) Non-vested benefits	3c(1)		0
(2) Vested benefits	3c(2)		0
(3) Total active	3c(3)	0	0
d Total	3d	256	5,332,392

4 If the plan is at-risk, check the box and complete lines a and b ☐

	4a	
a Funding target disregarding prescribed at-risk assumptions		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b	

5 Effective interest rate **5** 6.83**6** Target normal cost **6** 0**Statement by Enrolled Actuary**

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

**SIGN
HERE***HN*

Signature of actuary

Hans Nienaber

Type or print name of actuary

Cuni, Rust & Strenk

Firm name

4540 Cooper Road, Suite 304

US Cincinnati

OH 45242-5617

Address of the firm

10/06/2010

Date

08-05737

Most recent enrollment number

(513) 891-0270

Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (item 13 from prior year)	0	0
8 Portion used to offset prior year's funding requirement (item 35 from prior year)	0	0
9 Amount remaining (item 7 minus item 8)	0	0
10 Interest on item 9 using prior year's actual return of <u>-22.70</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (item 38 from prior year)		1,343,941
b Interest on (a) using prior year's effective rate of <u>6.43</u> %		86,415
c Total available at beginning of current plan year to add to prefunding balance . . .		1,430,356
d Portion of item (c) to be added to prefunding balance		1,430,356
12 Reduction in balances due to elections or deemed elections	0	1,162,281
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12).	0	268,075

Part III Funding percentages

14 Funding target attainment percentage	14	90.00 %
15 Adjusted funding target attainment percentage	15	90.00 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	88.31 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls**18** Contributions made to the plan for the the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/02/2009	26,073				
03/27/2009	3,236				
Totals ▶ 18(b)				29,309	18(c) 0

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

a Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	28,978

20 Quarterly contributions and liquidity shortfall(s):

a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

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

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	0
32 Amortization installments:		
a Net shortfall amortization installment	Outstanding Balance 213,295	Installment 41,182
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33).		34 41,182
35 Balances used to offset funding requirement	Carryover balance 0	Prefunding Balance 12,204
		Total balance 12,204
36 Additional cash requirement (item 34 minus item 35)	36	28,978
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	28,978
38 Interest-adjusted excess contributions for current year (see instructions)	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	
40 Unpaid minimum required contribution for all years	40	

The Ohio Heart and Vascular Center, Inc. Defined Benefit Plan
Schedule of Assets (Held at Year End)
December 31, 2009

Schedule H, Line 4i
FIN: 31-1438871
Plan Number: 003

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Schwab Advisors Cash Reserves Premium	Money market fund	\$ 54,048	54,048
	Abbott Laboratories	Common stock	77,388	91,783
	Aecom Technology Corp	Common stock	62,712	65,313
	Amgen Inc.	Common stock	27,529	26,871
	Avon Products Inc.	Common stock	68,152	94,500
	Baxter International Inc.	Common stock	83,083	89,487
	Boston Scientific Corp.	Common stock	53,874	32,400
	BP P.L.C Sponsored ADR	Common stock	59,473	81,158
	Canadian Natural Resources Ltd	Common stock	77,401	100,730
	Cenovus Energy Inc	Common stock	21,348	32,760
	Chevron Corporation	Common stock	39,417	65,442
	Cisco Systems Inc.	Common stock	71,354	102,942
	ConocoPhillips	Common stock	86,115	81,712
	Cullen Frost Bankers Inc.	Common stock	47,835	50,000
	Dell Inc.	Common stock	88,535	80,416
	Diageo PLC Sponsored ADR New	Common stock	85,625	111,056
	Dish Network Corp A	Common stock	34,495	29,078
	Encana Corporation	Common stock	24,163	42,107
	FedEx Corp.	Common stock	32,413	52,156
	Franklin Resources	Common stock	40,865	79,013
	Honeywell International Inc.	Common stock	16,829	23,520
	Intel Corp.	Common stock	56,876	65,280
	Kansas City Southern	Common stock	41,670	99,870
	Kimberly-Clark Corp.	Common stock	33,146	38,226
	L-3 Communications Holdings Inc.	Common stock	72,025	73,908
	Lowes Companies Inc.	Common stock	85,174	74,848
	Mastercard Inc-Class A	Common stock	41,844	66,555
	McCormick & Co.	Common stock	57,415	65,034
	McDonalds Corporation	Common stock	61,036	68,684
	Medtronic Inc.	Common stock	37,793	52,776
	Microsoft Corporation	Common stock	87,017	109,763
	Nokia Corporation Sponsored ADR	Common stock	75,734	62,965
	Pfizer Inc.	Common stock	19,721	14,552
	Procter & Gamble Co.	Common stock	57,613	66,693
	Questar Corp.	Common stock	38,076	62,355
	Rio Tinto PLC - Sponsored ADR	Common stock	38,586	70,002
	Scripps Networks Interactive	Common stock	57,677	76,775
	Sprint Nextel Corporation	Common stock	82,099	19,032
	State Street Corp.	Common stock	67,798	56,602
	Target Corp	Common stock	70,470	82,229
	United Technologies Corp.	Common stock	80,269	117,996
	UTI Worldwide Inc	Common stock	45,302	34,368
	Verizon Communications	Common stock	76,281	83,653
	Walt Disney Co.	Common stock	68,953	99,975
	Wells Fargo Company	Common stock	64,841	70,174
	Western Union Co	Common stock	40,874	43,355
			<u>2,556,896</u>	<u>3,008,114</u>
	Transocean Inc	Corporate bond	24,419	24,125

The Ohio Heart and Vascular Center, Inc. Defined Benefit Plan
Schedule of Assets (Held at Year End)
December 31, 2009

Schedule H, Line 4i
FIN: 31-1438871
Plan Number: 003

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Abbott Laboratories	Corporate bond	46,700	51,653
	American Express Corporation	Corporate bond	51,780	52,169
	AT&T Inc	Corporate bond	25,110	26,672
	Autozone Inc	Corporate bond	33,355	35,587
	Bank of New York Mellon	Corporate bond	51,948	53,849
	Berkshire Hathaway Financial Corp	Corporate bond	51,454	53,532
	Cintas Corporation No. 2	Corporate bond	52,448	54,010
	ConocoPhillips	Corporate bond	48,706	53,577
	Dominion Resources Inc	Corporate bond	54,018	53,757
	Duke Energy Corp	Corporate bond	35,644	34,883
	Eli Lilly & Company	Corporate bond	32,647	34,606
	General Dynamics Corporation	Corporate bond	50,310	51,290
	General Electric Capital Corporat	Corporate bond	53,069	53,154
	Home Depot Incorporated	Corporate bond	36,288	36,640
	John Deere Capital Corp	Corporate bond	50,129	53,621
	Kroger Company	Corporate bond	49,852	53,398
	Lincoln National Corp	Corporate bond	49,836	49,770
	McDonald's Corp	Corporate bond	36,910	38,681
	Merrill Lynch & Company Incorpora	Corporate bond	47,607	51,400
	Metlife Incorporated	Corporate bond	36,208	37,626
	Nordstrom Inc	Corporate bond	52,250	54,124
	Pacific Gas & Electric Company	Corporate bond	48,708	53,100
	Pepsico Inc	Corporate bond	52,664	51,912
	State Street Corp	Corporate bond	50,542	50,655
	Union Pacific Corp	Corporate bond	48,054	52,869
	Verizon Communications	Corporate bond	53,181	52,179
	Wal-Mart Stores Incorporated	Corporate bond	50,238	53,273
	Walgreen Company	Corporate bond	54,408	53,060
	Wells Fargo & Company	Corporate bond	49,343	51,356
	Western Union Co	Corporate bond	54,456	53,936
	SLM Corporation, 0.834%	Corporate bond	15,025	11,717
	SLM Corporation, 0.764%	Corporate bond	23,823	24,790
			1,471,130	1,516,971
	Australian Government, 5.75%	Government obligations	44,263	45,610
	U.S. Treasury Infl Index Note, 0.625%	Government obligations	49,691	51,999
	U.S. Treasury Inflation Index Note, 1.375%	Government obligations	24,093	25,112
	U.S. Treasury Note, 1.375%	Government obligations	50,017	50,113
	U.S. Treasury Note, 4.25%	Government obligations	24,553	26,930
	U.S. Treasury Note, 5.00%	Government obligations	50,494	53,313
	U.S. Treasury Note, 3.625%	Government obligations	72,222	79,406
	U.S. Treasury Strips	Government obligations	70,148	70,718
	FNMA #870760, 5.00%	Government obligations	44,397	48,916
	GNMA #586535, 6.00%	Government obligations	15,780	16,636
	GNMA #592743, 5.50%	Government obligations	30,926	32,022
	GNMA #782140, 6.00%	Government obligations	21,542	22,712
	Federal Farm Credit Bank, 5.40%	Government obligations	82,730	88,375
	Federal Home Loan Bank, 4.50%	Government obligations	48,718	53,984
	Federal Home Loan Bank, 4.375%	Government obligations	73,236	77,016
	Federal National Mortgage Association, 4.25%	Government obligations	48,649	51,219
	Federal National Mortgage Association, 4.375%	Government obligations	23,899	26,773

The Ohio Heart and Vascular Center, Inc. Defined Benefit Plan
Schedule of Assets (Held at Year End)
December 31, 2009

Schedule H, Line 4i
FIN: 31-1438871
Plan Number: 003

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Tennessee Valley Authority, 4.875%	Government obligations	<u>53,621</u>	<u>52,157</u>
			<u>828,979</u>	<u>873,011</u>
	Blackrock Income Opportunity Trust	Mutual fund	49,663	40,788
	Cohen & Steers REIT & PFD	Mutual fund	28,929	14,490
	American Europacific Growth Fund	Mutual fund	438,778	436,503
	Wisdomtree Emerging Market High Yield Fund	Mutual fund	139,879	134,222
	Wisdomtree Large Cap Dividend Exchange Traded Fund	Mutual fund	<u>137,728</u>	<u>90,816</u>
			<u>794,977</u>	<u>716,819</u>
	Total investments held at end of year		<u>\$ 5,706,030</u>	<u>\$ 6,168,963</u>

The Ohio Heart and Vascular Center, Inc.
Defined Benefit Plan

Financial Statements and Supplemental Schedule

December 31, 2009 and 2008

(with Independent Auditors' Report)

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INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of
The Ohio Heart and Vascular Center, Inc. Defined Benefit Plan

We have audited the accompanying statements of net assets available for benefits of The Ohio Heart and Vascular Center, Inc. Defined Benefit Plan as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended, and the statement of accumulated plan benefits as of December 31, 2008, and the related statement of changes in accumulated plan benefits for the year 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, information regarding the Plan's net assets available for benefits as of December 31, 2009, and changes therein for the year then ended and its financial status as of December 31, 2008, and changes therein for the year then ended, in conformity with accounting principles generally accepted in the United States of America.

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

Clark, Schaefer, Hackett & Co.

Cincinnati, Ohio
October 12, 2010

105 east fourth street, ste. 1500
cincinnati, oh 45202

www.cshco.com
p. 513.241.3111
f. 513.241.1212

The Ohio Heart and Vascular Center, Inc. Defined Benefit Plan
Statements of Net Assets Available for Benefits
December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Assets		
Investments, at fair value:		
Cash	\$ 54,048	108,272
Common stocks	3,008,114	1,421,121
Corporate obligations	1,516,971	751,350
Government obligations	873,011	874,227
Mutual funds	<u>716,819</u>	<u>539,182</u>
	<u>6,168,963</u>	<u>3,694,152</u>
Receivables:		
Accrued interest and dividends	28,809	21,295
Employer contributions	<u>-</u>	<u>1,360,811</u>
	<u>28,809</u>	<u>1,382,106</u>
Net assets available for benefits	\$ <u>6,197,772</u>	<u>5,076,258</u>

See accompanying notes to the financial statements.

The Ohio Heart and Vascular Center, Inc. Defined Benefit Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Additions:		
Interest	\$ 84,993	77,328
Dividends	70,634	67,944
Net appreciation in fair value of investments	<u>977,608</u>	<u>-</u>
	1,133,235	145,272
Employer contribution	<u>29,310</u>	<u>1,475,923</u>
Total additions	<u>1,162,545</u>	<u>1,621,195</u>
Deductions:		
Net depreciation in fair value of investments	-	1,133,279
Benefit payments	-	712,650
Administrative expenses	<u>41,031</u>	<u>19,023</u>
Total deductions	<u>41,031</u>	<u>1,864,952</u>
Net increase (decrease)	1,121,514	(243,757)
Net assets available for benefits:		
Beginning of year	<u>5,076,258</u>	<u>5,320,015</u>
End of year	\$ <u>6,197,772</u>	<u>5,076,258</u>

See accompanying notes to the Financial Statements.

The Ohio Heart and Vascular Center, Inc. Defined Benefit Plan
Statement of Accumulated Plan Benefits
December 31, 2008

Actuarial present value of accumulated plan benefits:

Vested benefits:

Vested terminated and transfers \$ 7,063,223

Total actuarial present value of accumulated plan benefits \$ 7,063,223

Note: In 2005, the timing of the valuation changed from an end of year measurement to a beginning of year measurement. The valuations for the plan years ended December 31, 2008 were performed as of January 1, 2009, respectively, reflected above as of December 31, 2008.

See accompanying notes to the Financial Statements.

The Ohio Heart and Vascular Center, Inc. Defined Benefit Plan
Statement of Changes in Accumulated Plan Benefits
Year Ended December 31, 2008

Actuarial present value of accumulated plan benefits at beginning of year	\$ <u>6,472,593</u>
Increase (decrease) during year attributable to:	
Benefits paid	(712,650)
Plan experience and benefit accrual	(95,111)
Decrease in discount period	367,287
Change in actuarial assumptions	<u>1,031,104</u>
Net increase	<u>590,630</u>
Actuarial present value of accumulated plan benefits at year end	\$ <u><u>7,063,223</u></u>

See accompanying notes to the financial statements.

1. DESCRIPTION OF PLAN:

The following description of The Ohio Heart and Vascular Center, Inc., Defined Benefit Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plans provisions.

General

The Ohio Heart and Vascular Center, Inc., Defined Benefit Plan was established January 1, 2002, for the purpose of providing retirement benefits to employees of The Ohio Heart and Vascular Center, Inc. (the Company) who have attained the age of 21 years and completed one full year of service. The Plan is a defined benefit plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Effective December 31, 2007, the Plan was frozen. On December 1, 2008, the Plan Sponsor was purchased by another entity. At this time, no decision has been made regarding the continued existence of the Plan.

Retirement benefits

For certain named physician participants, the normal retirement benefit shall equal 4.5 percent of the participant's average compensation for each year of active participation up to a maximum of 10 years. For all other physician participants and non-physician participants, the normal retirement benefit shall equal .5 percent of a participant's average compensation for each year of active participation up to a maximum of 10 years. The normal retirement benefit for each participant shall be reduced by the benefit provided for the participant by the actuarial equivalent of the participant's employer contribution account under The Ohio Heart and Vascular Center, Inc. Profit Sharing Plan but the reduction will not be greater than .5 percent of a participants average compensation for each year of active participation up to a maximum of 10 years. However, the normal retirement benefit shall be at least equal to \$40 per year of active participation up to a maximum of 10 years.

Normal retirement date

The normal retirement date defined by the Plan is the later of a participant's 62nd birthday or the 10th anniversary of the participant's entry date in the Plan. In no event will the normal retirement date exceed the later of a participant's 65th birthday or the 5th anniversary of the participant's entry date in the Plan.

Contributions

The Company's contributions to the Plan are determined by the Plan's actuary. The Plan does not permit employee contributions.

Vesting

Participants are vested based on the years of continuous service. A participant is 100 percent vested after six years of credited service. The Plan defines one year of service as a 12 month period in which the employee works 1,000 hours of service.

Payment of benefits

Benefits are paid and recorded upon retirement, death, disability and termination in certain cases. Vested benefits are paid in a lump sum payment, periodic payments, or single life annuity or joint survivorship life expectancy at the participant's normal retirement age, unless an election is made by the participant with the Plan administrator for earlier distribution. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of accounting

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

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. Accordingly, actual results may differ from those estimates.

Investment valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as received. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the plan's gains and losses on investments bought and sold as well as held during the year.

Administrative expenses

The Plan Sponsor pays substantially all administrative expenses of the Plan.

Actuarial present value of accumulated plan benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on an average of the employee's three highest years of compensation. The accumulated plan benefits for active employees was based on their average compensation during the 10 years ending on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances — retirement, death, disability, and termination of employment — are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of December 31, 2008 were: (a) life expectancy of participants (the 1994 Group Annuity Mortality Table was used), (b) retirement age assumptions (assumed the later of age 62 or the age reached upon a minimum of 10 years of plan participation, but not later than age 65 and five years of plan participation, and the later of age 62 or the age reached upon a minimum of 10 years of plan participation, respectively), and (c) investment return of 6% at December 31, 2008. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Payment of benefits

Benefit payments to participants are recorded upon distribution.

Subsequent events

The Plan has evaluated subsequent events through October 12, 2010, the date the financial statements were available to be issued.

3. FUNDING POLICY:

Each plan year the Company will charge or credit the Plan, as appropriate, with amounts which shall include, but shall not be limited to: normal costs of the Plan for the plan year, any trust charges, actuarial assumption charges, net experience gains and losses, approved funding deficiencies, amortization costs for past service liabilities, and any other charges or credits as may be required by any law or regulation establishing minimum funding standards for employee pension plans.

Annual or cumulative funding deficiencies shall be eliminated as required by law or regulation. The Company's contributions for the current year met the minimum funding requirements of ERISA.

4. PLAN TERMINATION:

Although it has not expressed any intent to do so, the Company 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 ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA, applicable regulations and the Plan document.

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

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

5. INVESTMENTS:

Investments held at December 31, 2009 and 2008 which represent 5 percent or more of the Plan's net assets are as follows:

	<u>2009</u>	<u>2008</u>
American Europacific Growth Fund	\$ 436,503	313,672

During 2009 and 2008, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value by \$977,608 and \$(1,133,279), respectively, as follows:

	<u>2009</u>	<u>2008</u>
Common stocks	\$ 756,450	(795,536)
Corporate obligations	48,388	(1,507)
Government obligations	(8,500)	45,527
Mutual funds	<u>181,270</u>	<u>(381,763)</u>
	\$ <u>977,608</u>	<u>(1,133,279)</u>

6. FAIR VALUE MEASUREMENTS:

Generally accepted accounting principles provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

- | | |
|---------|--|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access. |
| Level 2 | Inputs to the valuation methodology include: 1. Quoted prices for similar assets or liabilities in active markets; 2. Quoted prices for identical or similar assets or liabilities in inactive markets; 3. Inputs other than quoted prices that are observable for the asset or liability; 4. Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability. |
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement. |

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

Cash: The carrying value approximates fair value.

Mutual Funds: Valued at the net asset value ("NAV") of shares held by the plan at year end.

Common stocks, corporate bonds and U.S government securities: Valued at the closing price reported on the active market on which the individual securities are traded.

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.

The Ohio Heart and Vascular Center, Inc. Defined Benefit Plan
Notes to the Financial Statements
December 31, 2009 and 2008

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009 and 2008:

<u>Assets at Fair Value as of December 31, 2009</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash	\$ <u>54,048</u>	<u>-</u>	<u>-</u>	<u>54,048</u>
Common stocks:				
Consumer discretionary	431,589	-	-	431,589
Consumer staples	375,508	-	-	375,508
Energy	403,909	-	-	403,909
Financials	255,789	-	-	255,789
Health Care	307,869	-	-	307,869
Industrials	467,131	-	-	467,131
Information technology	531,277	-	-	531,277
Materials	70,002	-	-	70,002
Telecommunication services	102,685	-	-	102,685
Utilities	<u>62,355</u>	<u>-</u>	<u>-</u>	<u>62,355</u>
Total common stocks	<u>3,008,114</u>	<u>-</u>	<u>-</u>	<u>3,008,114</u>
Corporate bonds	<u>1,516,971</u>	<u>-</u>	<u>-</u>	<u>1,516,971</u>
Government obligations	<u>873,011</u>	<u>-</u>	<u>-</u>	<u>873,011</u>
Mutual funds:				
Fixed income funds	55,278	-	-	55,278
Foreign large blend funds	436,503	-	-	436,503
Emerging market fund	134,222	-	-	134,222
Large cap fund	<u>90,816</u>	<u>-</u>	<u>-</u>	<u>90,816</u>
Total mutual funds	<u>716,819</u>	<u>-</u>	<u>-</u>	<u>716,819</u>
Total investments at fair value	\$ <u>6,168,963</u>	<u>-</u>	<u>-</u>	<u>6,168,963</u>

<u>Assets at Fair Value as of December 31, 2008</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash	\$ 108,272	-	-	108,272
Common stocks	1,421,121	-	-	1,421,121
Corporate bonds	751,350	-	-	751,350
Government obligations	874,227	-	-	874,227
Mutual funds	<u>539,182</u>	<u>-</u>	<u>-</u>	<u>539,182</u>
Total investments at fair value	\$ <u>3,694,152</u>	<u>-</u>	<u>-</u>	<u>3,694,152</u>

7. TAX STATUS:

The Internal Revenue Service has determined and informed the Company by a letter dated June 2, 2003, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Company believes that the Plan is designed and being operated in compliance with the applicable requirements of the Internal Revenue Code, and that therefore, the Plan continues to qualify under Section 401(a).

8. 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 change could materially affect the amounts reported in the statement of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to the uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

The Ohio Heart and Vascular Center, Inc. Defined Benefit Plan
Schedule of Assets (Held at Year End)
December 31, 2009

Schedule H, Line 4i
FIN: 31-1438871
Plan Number: 003

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Schwab Advisors Cash Reserves Premium	Money market fund	\$ 54,048	54,048
	Abbott Laboratories	Common stock	77,388	91,783
	Aecom Technology Corp	Common stock	62,712	65,313
	Amgen Inc.	Common stock	27,529	26,871
	Avon Products Inc.	Common stock	68,152	94,500
	Baxter International Inc.	Common stock	83,083	89,487
	Boston Scientific Corp.	Common stock	53,874	32,400
	BP P.L.C Sponsored ADR	Common stock	59,473	81,158
	Canadian Natural Resources Ltd	Common stock	77,401	100,730
	Cenovus Energy Inc	Common stock	21,348	32,760
	Chevron Corporation	Common stock	39,417	65,442
	Cisco Systems Inc.	Common stock	71,354	102,942
	ConocoPhillips	Common stock	86,115	81,712
	Cullen Frost Bankers Inc.	Common stock	47,835	50,000
	Dell Inc.	Common stock	88,535	80,416
	Diageo PLC Sponsored ADR New	Common stock	85,625	111,056
	Dish Network Corp A	Common stock	34,495	29,078
	Encana Corporation	Common stock	24,163	42,107
	FedEx Corp.	Common stock	32,413	52,156
	Franklin Resources	Common stock	40,865	79,013
	Honeywell International Inc.	Common stock	16,829	23,520
	Intel Corp.	Common stock	56,876	65,280
	Kansas City Southern	Common stock	41,670	99,870
	Kimberly-Clark Corp.	Common stock	33,146	38,226
	L-3 Communications Holdings Inc.	Common stock	72,025	73,908
	Lowes Companies Inc.	Common stock	85,174	74,848
	Mastercard Inc-Class A	Common stock	41,844	66,555
	McCormick & Co.	Common stock	57,415	65,034
	McDonalds Corporation	Common stock	61,036	68,684
	Medtronic Inc.	Common stock	37,793	52,776
	Microsoft Corporation	Common stock	87,017	109,763
	Nokia Corporation Sponsored ADR	Common stock	75,734	62,965
	Pfizer Inc.	Common stock	19,721	14,552
	Procter & Gamble Co.	Common stock	57,613	66,693
	Questar Corp.	Common stock	38,076	62,355
	Rio Tinto PLC - Sponsored ADR	Common stock	38,586	70,002
	Scripps Networks Interactive	Common stock	57,677	76,775
	Sprint Nextel Corporation	Common stock	82,099	19,032
	State Street Corp.	Common stock	67,798	56,602
	Target Corp	Common stock	70,470	82,229
	United Technologies Corp.	Common stock	80,269	117,996
	UTI Worldwide Inc	Common stock	45,302	34,368
	Verizon Communications	Common stock	76,281	83,653
	Walt Disney Co.	Common stock	68,953	99,975
	Wells Fargo Company	Common stock	64,841	70,174
	Western Union Co	Common stock	40,874	43,355
			<u>2,556,896</u>	<u>3,008,114</u>
	Transocean Inc	Corporate bond	24,419	24,125

The Ohio Heart and Vascular Center, Inc. Defined Benefit Plan
Schedule of Assets (Held at Year End)
December 31, 2009

Schedule H, Line 4i
FIN: 31-1438871
Plan Number: 003

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Abbott Laboratories	Corporate bond	46,700	51,653
	American Express Corporation	Corporate bond	51,780	52,169
	AT&T Inc	Corporate bond	25,110	26,672
	Autozone Inc	Corporate bond	33,355	35,587
	Bank of New York Mellon	Corporate bond	51,948	53,849
	Berkshire Hathaway Financial Corp	Corporate bond	51,454	53,532
	Cintas Corporation No. 2	Corporate bond	52,448	54,010
	ConocoPhillips	Corporate bond	48,706	53,577
	Dominion Resources Inc	Corporate bond	54,018	53,757
	Duke Energy Corp	Corporate bond	35,644	34,883
	Eli Lilly & Company	Corporate bond	32,647	34,606
	General Dynamics Corporation	Corporate bond	50,310	51,290
	General Electric Capital Corporat	Corporate bond	53,069	53,154
	Home Depot Incorporated	Corporate bond	36,288	36,640
	John Deere Capital Corp	Corporate bond	50,129	53,621
	Kroger Company	Corporate bond	49,852	53,398
	Lincoln National Corp	Corporate bond	49,836	49,770
	McDonald's Corp	Corporate bond	36,910	38,681
	Merrill Lynch & Company Incorpora	Corporate bond	47,607	51,400
	Metlife Incorporated	Corporate bond	36,208	37,626
	Nordstrom Inc	Corporate bond	52,250	54,124
	Pacific Gas & Electric Company	Corporate bond	48,708	53,100
	Pepsico Inc	Corporate bond	52,664	51,912
	State Street Corp	Corporate bond	50,542	50,655
	Union Pacific Corp	Corporate bond	48,054	52,869
	Verizon Communications	Corporate bond	53,181	52,179
	Wal-Mart Stores Incorporated	Corporate bond	50,238	53,273
	Walgreen Company	Corporate bond	54,408	53,060
	Wells Fargo & Company	Corporate bond	49,343	51,356
	Western Union Co	Corporate bond	54,456	53,936
	SLM Corporation, 0.834%	Corporate bond	15,025	11,717
	SLM Corporation, 0.764%	Corporate bond	23,823	24,790
			1,471,130	1,516,971
	Australian Government, 5.75%	Government obligations	44,263	45,610
	U.S. Treasury Infl Index Note, 0.625%	Government obligations	49,691	51,999
	U.S. Treasury Inflation Index Note, 1.375%	Government obligations	24,093	25,112
	U.S. Treasury Note, 1.375%	Government obligations	50,017	50,113
	U.S. Treasury Note, 4.25%	Government obligations	24,553	26,930
	U.S. Treasury Note, 5.00%	Government obligations	50,494	53,313
	U.S. Treasury Note, 3.625%	Government obligations	72,222	79,406
	U.S. Treasury Strips	Government obligations	70,148	70,718
	FNMA #870760, 5.00%	Government obligations	44,397	48,916
	GNMA #586535, 6.00%	Government obligations	15,780	16,636
	GNMA #592743, 5.50%	Government obligations	30,926	32,022
	GNMA #782140, 6.00%	Government obligations	21,542	22,712
	Federal Farm Credit Bank, 5.40%	Government obligations	82,730	88,375
	Federal Home Loan Bank, 4.50%	Government obligations	48,718	53,984
	Federal Home Loan Bank, 4.375%	Government obligations	73,236	77,016
	Federal National Mortgage Association, 4.25%	Government obligations	48,649	51,219
	Federal National Mortgage Association, 4.375%	Government obligations	23,899	26,773

The Ohio Heart and Vascular Center, Inc. Defined Benefit Plan
Schedule of Assets (Held at Year End)
December 31, 2009

Schedule H, Line 4i
FIN: 31-1438871
Plan Number: 003

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Tennessee Valley Authority, 4.875%	Government obligations	<u>53,621</u>	<u>52,157</u>
			<u>828,979</u>	<u>873,011</u>
	Blackrock Income Opportunity Trust	Mutual fund	49,663	40,788
	Cohen & Steers REIT & PFD	Mutual fund	28,929	14,490
	American Europacific Growth Fund	Mutual fund	438,778	436,503
	Wisdomtree Emerging Market High Yield Fund	Mutual fund	139,879	134,222
	Wisdomtree Large Cap Dividend Exchange Traded Fund	Mutual fund	<u>137,728</u>	<u>90,816</u>
			<u>794,977</u>	<u>716,819</u>
	Total investments held at end of year		<u>\$ 5,706,030</u>	<u>\$ 6,168,963</u>