

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 NEBRASKA HEART HOSPITAL LLC 401(K) RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 01/01/1990
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) NEBRASKA HEART HOSPITAL LLC 7500 S 91ST STREET LINCOLN, NE 68526	2b Employer Identification Number (EIN) 39-2031968 2c Sponsor's telephone number 402-328-3040 2d Business code (see instructions) 621493

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.	10/18/2010	MARLIN AUSDEMORE
	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") NEBRASKA HEART HOSPITAL LLC 7500 S 91ST STREET LINCOLN, NE 68526	3b Administrator's EIN 39-2031968 3c Administrator's telephone number 402-328-3040
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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	398
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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	342
b Retired or separated participants receiving benefits.....	6b	2
c Other retired or separated participants entitled to future benefits.....	6c	33
d Subtotal. Add lines 6a , 6b , and 6c	6d	377
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	377
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	274
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2T 2J 2K 2R 3H

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

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

a Pension Schedules

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

b General Schedules

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

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

<div>A</div> <div>Name of plan</div> <div>NEBRASKA HEART HOSPITAL LLC 401(K) RETIREMENT PLAN</div>	<div>B</div> <div>Three-digit plan number (PN)</div> <div>▶</div> <div>001</div>
<div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>NEBRASKA HEART HOSPITAL LLC</div>	<div>D</div> <div>Employer Identification Number (EIN)</div> <div>39-2031968</div>

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

a

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

☐ Yes

☒ No

b

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

(b)

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

(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)

UNION BANK & TRUST COMPANY

PO BOX 82535
LINCOLN, NE 68501-2535

47-0321480

(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?
12 15 21 37 38 51 64	NONE	33090	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

MATRIX CLEARANCE AND SETTLEMENT

100 17TH STREET, STE 300
DENVER, CO 80202

13-4046432

(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?
33	NONE	0	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
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(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 NEBRASKA HEART HOSPITAL LLC 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 NEBRASKA HEART HOSPITAL LLC	D Employer Identification Number (EIN) 39-2031968	

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		1908
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		14037
(2) Participant contributions	1b(2)		35000
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	479023	670804
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)	108959	108989
(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)	3982957	6698692
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	153852	238182

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	4724791	7767612

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	6965	10307
k Total liabilities (add all amounts in lines 1g through 1j)	1k	6965	10307

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	4717826	7757305
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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)	421707	
(B) Participants	2a(1)(B)	969729	
(C) Others (including rollovers)	2a(1)(C)	315668	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1707104

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	254	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	7550	
(F) Other	2b(1)(F)	111394	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		119198

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

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

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		1465948
c Other income.....	2c		41534
d Total income. Add all income amounts in column (b) and enter total.....	2d		3333784

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	257873	
(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)		257873
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	36432	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		36432
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		294305

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3039479
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: KPMG, LLP

(2) EIN: 13-5565207

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		265000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

- 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.

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

A Name of plan <u>NEBRASKA HEART HOSPITAL LLC 401(K) RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NEBRASKA HEART HOSPITAL LLC</u>	D Employer Identification Number (EIN) <u>39-2031968</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
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>47-6174009</u> Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

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

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

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

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

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

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

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):



NEBRASKA HEART HOSPITAL, LLC 401(k) RETIREMENT PLAN

Financial Statements and Supplemental Schedule

December 31, 2009 and 2008

(With Independent Auditors' Report Thereon)

NEBRASKA HEART HOSPITAL, LLC 401(k) RETIREMENT PLAN

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KPMG LLP
Suite 1501
222 South 15th Street
Omaha, NE 68102-1610

Suite 1600
233 South 13th Street
Lincoln, NE 68508-2041

Independent Auditors' Report

The Plan Administrator
Nebraska Heart Hospital, LLC 401(k) Retirement Plan:

We were engaged to audit the financial statements and supplemental schedule of the Nebraska Heart Hospital, LLC 401(k) Retirement Plan (the Plan) as of December 31, 2009 and 2008 and for the years then ended, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in note 3, which was certified by Union Bank and Trust Company, Smith Hayes Financial Services Corporation, and UBS Financial Services, Inc., the custodians of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the custodians as of December 31, 2009 and 2008 and for the years then ended, that the information provided to the plan administrator by the custodians is complete and accurate.

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

KPMG LLP

Omaha, Nebraska
October 5, 2010

NEBRASKA HEART HOSPITAL, LLC 401(k) RETIREMENT PLAN

Statements of Net Assets Available for Benefits

December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Assets:		
Cash	\$ 1,908	—
Investments, at fair value	7,607,678	4,615,832
Participant loans	108,989	108,959
Receivables:		
Employee contribution	35,000	—
Employer contribution	14,037	—
Total receivables	<u>49,037</u>	<u>—</u>
Total assets	<u>7,767,612</u>	<u>4,724,791</u>
Liability:		
Accrued expenses	<u>10,307</u>	<u>6,965</u>
Net assets available for benefits	<u>\$ 7,757,305</u>	<u>4,717,826</u>

See accompanying notes to financial statements.

NEBRASKA HEART HOSPITAL, LLC 401(k) RETIREMENT PLAN

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Additions to net assets attributed to:		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	\$ 1,507,482	(2,204,813)
Dividends and interest	<u>119,198</u>	<u>13,768</u>
Total investment income (loss)	<u>1,626,680</u>	<u>(2,191,045)</u>
Contributions:		
Participant	969,729	918,517
Employer	421,707	381,532
Rollover	<u>315,668</u>	<u>55,961</u>
Total contributions	<u>1,707,104</u>	<u>1,356,010</u>
	<u>3,333,784</u>	<u>(835,035)</u>
Deductions from net assets attributed to:		
Benefits paid to participants	257,873	690,374
Administrative expenses	<u>36,432</u>	<u>32,758</u>
Total deductions	<u>294,305</u>	<u>723,132</u>
Net increase (decrease)	3,039,479	(1,558,167)
Net assets available for benefits:		
Beginning of year	<u>4,717,826</u>	<u>6,275,993</u>
End of year	\$ <u><u>7,757,305</u></u>	<u><u>4,717,826</u></u>

See accompanying notes to financial statements.

NEBRASKA HEART HOSPITAL, LLC 401(k) RETIREMENT PLAN

Notes to Financial Statements

December 31, 2009 and 2008

(1) Description of the Plan

The following description of the Nebraska Heart Hospital, LLC 401(k) Retirement Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

(a) General

The Plan, which was established on January 1, 2003, is a defined contribution plan covering all employees of Nebraska Heart Hospital, LLC (the Hospital) who have attained the age of 18 and have completed at least one year of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

(b) Contributions

Each year, participants may contribute up to 50% of their annual pretax compensation (excluding bonuses and fringe benefits), as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. In addition, the Hospital can make a discretionary contribution for all participants, which is determined annually by the Hospital's board of directors. The Hospital's discretionary contribution in 2009 and 2008 was 50% of the first 10% of eligible compensation that a participant contributes to the Plan. Participants direct the investment of their contributions and the Hospital's discretionary contribution into various investment options offered by the Plan. Contributions are subject to certain limitations.

(c) Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Hospital's discretionary contribution, and (b) plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

(d) Vesting

Participants are vested immediately in their contributions and any discretionary contribution made by the Hospital plus actual earnings thereon.

(e) Investments

Participants direct the investment of their accounts into various investment options offered by the Plan. The Plan currently offers various mutual funds, a money market account, or participant-directed brokerage accounts as investment options for participants.

NEBRASKA HEART HOSPITAL, LLC 401(k) RETIREMENT PLAN

Notes to Financial Statements

December 31, 2009 and 2008

(f) Payment of Benefits

Upon termination of service due to death, disability, or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account. The form of payment is a lump-sum distribution.

(g) Participant Loans

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance, whichever is less. Loans are secured by the balance in the participant's account, and bear interest rates that range from 4.25% to 9.25%, which are commensurate with local prevailing rates at time of loan issuance, as determined by the plan administrator. Principal and interest is paid ratably through monthly payroll deductions. Participant loans are valued at their unpaid balances, which approximate fair value.

(h) Forfeited Accounts

At December 31, 2009 and 2008, there were no forfeited nonvested accounts. In 2009 and 2008, employer contributions were reduced by \$0 and \$8,464, respectively, from forfeited nonvested accounts.

(2) Summary of Significant Accounting Policies

(a) Basis of Presentation

The accompanying financial statements have been prepared on the accrual basis of accounting.

(b) Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

(c) Investment Valuation and Income Recognition

Investments are stated 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.

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

(d) Payment of Benefits

Benefits are recorded when paid.

NEBRASKA HEART HOSPITAL, LLC 401(k) RETIREMENT PLAN

Notes to Financial Statements

December 31, 2009 and 2008

(e) *Risks and Uncertainties*

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

(3) **Custodian Certifications**

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator has obtained certifications from the custodians of the Plan that all of the information provided by the custodians is complete and accurate. Information included in the accompanying financial statements as to investments, participant loans, net appreciation (depreciation) in fair value of investments, dividends and interest, and all information in the supplemental schedule is presented in reliance solely upon those certifications.

The summary information below was furnished to the plan administrator by the custodians as of December 31, 2009 and 2008, and for the years then ended:

	<u>2009</u>	<u>2008</u>
Investments	\$ 7,607,678	4,615,832
Participant loans	108,989	108,959
Net appreciation (depreciation) in fair value of investments	1,507,482	(2,204,813)
Dividends and interest	119,198	13,768

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

(4) **Investments**

The following presents investments that represent 5% or more of the Plan's net assets as of December 31:

	<u>2009</u>	<u>2008</u>
Columbia Acorn Fund – Class Z	\$ 654,869	359,150
Europacific Growth Fund	712,062	377,378
Fidelity Freedom Fund 2030	406,465	224,530
Fidelity Freedom Fund 2040	791,920	354,162
Goldman Sachs Mid Cap Value Fund	533,746	354,023
Growth Fund of America	734,883	457,026
U.S. Federated Reserve	670,804	479,023
Washington Mutual Investors Fund	430,398	299,719

NEBRASKA HEART HOSPITAL, LLC 401(k) RETIREMENT PLAN

Notes to Financial Statements

December 31, 2009 and 2008

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 \$1,507,482 and \$(2,204,813), respectively, as follows:

	<u>2009</u>	<u>2008</u>
Mutual funds	\$ 1,517,572	(2,175,790)
Common stock	(10,090)	(29,023)
	<u>\$ 1,507,482</u>	<u>(2,204,813)</u>

(5) Plan Termination

Although it has not expressed any intention to terminate the Plan, the Hospital has the right under the Plan to discontinue its contributions at any time and terminate the Plan subject to the provisions of ERISA.

(6) Tax Status

The Hospital has adopted a nonstandardized prototype 401(k) plan. The Internal Revenue Service has issued a favorable determination letter, dated August 30, 2001, regarding the prototype plan. Although the Plan has been amended since the prototype plan received the determination letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

(7) Related-Party Transactions

Union Bank and Trust Company is a custodian of the Plan, therefore, these transactions qualify as party-in-interest transactions. The fees paid by the Plan for the years ended December 31, 2009 and 2008 to the custodians were \$36,432 and \$32,758, respectively.

(8) Fair Value Hierarchy

Financial Accounting Standards Board (FASB) ASC Topic 820, *Fair Value Measurements and Disclosures*, establishes 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 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

Level 1 Inputs – Quoted market prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date.

Level 2 Inputs – Inputs other than quoted prices included in Level 1 that are observable for the asset or liability either directly or indirectly through either corroboration or observable market data.

Level 3 Inputs – Inputs are unobservable for the asset or liability. Therefore, unobservable inputs shall reflect the entity's own assumption about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk) developed based on the best information available in the circumstances.

NEBRASKA HEART HOSPITAL, LLC 401(k) RETIREMENT PLAN

Notes to Financial Statements

December 31, 2009 and 2008

The level in the fair value hierarchy within which the fair value measurement in its entirety falls is based on the lowest level input that is significant to the fair value measurement in its entirety. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The Plan has adopted ASC Topic 820 for fair value measurements of financial assets and financial liabilities that are recognized or disclosed at fair value in the financial statements on a recurring basis.

The 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.

Mutual Funds and Money Market – Valued at the net asset value (NAV) of shares held by the Plan at year-end.

Common Stocks – Valued at the closing price reported on the active market on which the individual securities are traded.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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 different fair value measurement at the reporting date.

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:

	December 31, 2009			
	fair value	Level 1	Level 2	Level 3
Investments:				
Money market	\$ 685,273	685,273	—	—
Mutual funds	6,889,545	6,889,545	—	—
Common stock	32,860	32,860	—	—
Total investments	<u>\$ 7,607,678</u>	<u>7,607,678</u>	<u>—</u>	<u>—</u>
	December 31, 2008			
	fair value	Level 1	Level 2	Level 3
Investments:				
Money market	\$ 501,319	501,319	—	—
Mutual funds	4,021,630	4,021,630	—	—
Common stock	92,883	92,883	—	—
Total investments	<u>\$ 4,615,832</u>	<u>4,615,832</u>	<u>—</u>	<u>—</u>

NEBRASKA HEART HOSPITAL, LLC 401(k) RETIREMENT PLAN

Notes to Financial Statements

December 31, 2009 and 2008

(9) Subsequent Events

The Plan has performed an evaluation of subsequent events through October 5, 2010, the date the financial statements were available to be issued, noting no items that required additional disclosure.

NEBRASKA HEART HOSPITAL, LLC 401(k) RETIREMENT PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2009

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Cash	Cash		1,908
	U.S. Federated Reserve	Money market fund	\$ **	670,804
	Allianz RCM Mid-Cap Instl Fund	Mutual fund	**	152,035
	Columbia Acorn Fund – Class Z	Mutual fund	**	654,869
	Europacific Growth Fund	Mutual fund	**	712,062
	Fidelity Freedom Fund 2010	Mutual fund	**	109,084
	Fidelity Freedom Fund 2020	Mutual fund	**	272,672
	Fidelity Freedom Fund 2030	Mutual fund	**	406,465
	Fidelity Freedom Fund 2040	Mutual fund	**	791,920
	Fidelity Freedom Inc Fund	Mutual fund	**	67,560
	Goldman Sachs Mid Cap Value Fund	Mutual fund	**	533,746
	Growth Fund of America	Mutual fund	**	734,883
	Stratus Government Securities Portfolio Fund	Mutual fund	**	124,133
	Stratus Growth Portfolio Fund	Mutual fund	**	93,147
	Templeton Instl Foreign Equity Fund	Mutual fund	**	288,185
	Vanguard Index 500 Fund	Mutual fund	**	326,395
	Vanguard Strategic Equity Fund	Mutual fund	**	290,153
	Vanguard Small Cap Index Fund	Mutual fund	**	186,726
	Vanguard Small Cap Value Index Fund	Mutual fund	**	169,370
	Vanguard Total Bond Market Index Fund	Mutual fund	**	350,185
	Washington Mutual Investors Fund	Mutual fund	**	430,398
	Prime Fund – Capital Reserves Class	Money market fund	**	9,679
	Berkshire Hathaway Inc Del CL B	Common stock	**	32,860
	American Europacific Growth Class A	Mutual fund	**	14,167
	American Fundamental Investors	Mutual fund	**	8,499
	American Growth Fund of America Class A	Mutual fund	**	14,208
	American New Economy Fund Class A	Mutual fund	**	11,927
	American New World Fund Class A	Mutual fund	**	6,958
	American Small Cap World Class A	Mutual fund	**	8,173
	UBS Liquid Assets Fund	Money market fund	**	4,790
	Powershares Dynamic Large Cap Value Portfolio	Mutual fund	**	5,226
	Powershares Dynamic Large Cap Growth Portfolio	Mutual fund	**	5,251
	Vanguard Index Funds Vanguard Value ETF	Mutual fund	**	5,253
	Vanguard Index Funds Vanguard Growth ETF	Mutual fund	**	5,253
	American Funds Euro Pacific Fund Class F	Mutual fund	**	6,671
	Blackrock International Opportunities A	Mutual fund	**	5,324
	DWS Dreman Small Cap Value Fund Class A	Mutual fund	**	1,295
	Hartford Mid Cap Fund Class A	Mutual fund	**	1,303
	Lazard Emerging Market Portfolio – Open Shares	Mutual fund	**	4,028
	Oppenheimer Developing Markets Fund CL A	Mutual fund	**	3,973
	Thornburg International Value Fund Class A	Mutual fund	**	6,668
	Van Kampen Harbor Fund CL A	Mutual fund	**	3,923
	Virtus Alpha Sector Rotation Fund Class A	Mutual fund	**	7,781
	Ishares Barclays Tips Bond Fund	Mutual fund	**	1,351
	DWS Short Duration Plus Fund Class A	Mutual fund	**	2,626
	Eaton Vance Global Macro Absolute Return Fund A	Mutual fund	**	3,911
	FT Templeton Global Bond A	Mutual fund	**	2,641
	JP Morgan Core Bond Fund Class A	Mutual fund	**	2,606
	Loomis Sayles Bond Fund Class Retail	Mutual fund	**	6,598
	Oppenheimer Intl Bond Fd Cl A	Mutual fund	**	3,946
	Pimco Total Return Fund Class A	Mutual fund	**	2,623
	Principal High Yield Fund Class A	Mutual fund	**	5,257
	Aberdeen Equity Long Short Fund Class A	Mutual fund	**	3,943
	JP Morgan Highbridge Stat Market Neutral Fund A	Mutual fund	**	5,225
	Rydex/SGI Managed Futures Strategy Fund A	Mutual fund	**	9,342
	Credit Suisse Commodity Return Strategy Fund Class A	Mutual fund	**	6,360
	Blackrock Global Allocation Fund Inc A	Mutual fund	**	6,573
	Ivy Asset Strategy Fund Class A	Mutual fund	**	6,674
*	Participant loans	4.25% – 9.25%, maturity dates ranging from 2010 to 2014	**	108,989
				<u>\$ 7,718,575</u>

* Indicates party in interest.

** Historical cost information is omitted as it is no longer required for participant-directed accounts.

See accompanying independent auditors' report.

Schedule C, Line 2(h) Formula Descriptions

Nebraska Heart Hospital LLC 401K Retirement Plan

EIN: 39-2031968, Plan No. 001

Plan Year Ending 12/31/2009

Indirect Compensation in the form of revenue sharing was paid to the following Service Providers:

Union Bank & Trust Company (47-0321480)

Matrix Settlement and Clearance (13-4046432)

Revenue amounts are shown in annualized basis points of plan assets invested in the applicable fund

Fund Family	Fund Name	Start Date	End Date	Revenue to Union Bank & Trust Co.	Revenue to Matrix
American Funds	American Growth Fund of America	01/01/2009	12/31/2009	5	
	American Washington Mutual	01/01/2009	12/31/2009	5	
	EuroPacific Growth Fund of America	01/01/2009	12/31/2009	5	
Columbia Funds	Columbia Acorn	01/01/2009	12/31/2009	23.75	1.25
Loomis Sayles	Loomis Sayles Small Cap Growth	01/01/2009	12/31/2009	14.25	0.75



NEBRASKA HEART HOSPITAL, LLC 401(k) RETIREMENT PLAN

Financial Statements and Supplemental Schedule

December 31, 2009 and 2008

(With Independent Auditors' Report Thereon)

NEBRASKA HEART HOSPITAL, LLC 401(k) RETIREMENT PLAN

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KPMG LLP
Suite 1501
222 South 15th Street
Omaha, NE 68102-1610

Suite 1600
233 South 13th Street
Lincoln, NE 68508-2041

Independent Auditors' Report

The Plan Administrator
Nebraska Heart Hospital, LLC 401(k) Retirement Plan:

We were engaged to audit the financial statements and supplemental schedule of the Nebraska Heart Hospital, LLC 401(k) Retirement Plan (the Plan) as of December 31, 2009 and 2008 and for the years then ended, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in note 3, which was certified by Union Bank and Trust Company, Smith Hayes Financial Services Corporation, and UBS Financial Services, Inc., the custodians of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the custodians as of December 31, 2009 and 2008 and for the years then ended, that the information provided to the plan administrator by the custodians is complete and accurate.

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

KPMG LLP

Omaha, Nebraska
October 5, 2010

NEBRASKA HEART HOSPITAL, LLC 401(k) RETIREMENT PLAN

Statements of Net Assets Available for Benefits

December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Assets:		
Cash	\$ 1,908	—
Investments, at fair value	7,607,678	4,615,832
Participant loans	108,989	108,959
Receivables:		
Employee contribution	35,000	—
Employer contribution	14,037	—
Total receivables	<u>49,037</u>	<u>—</u>
Total assets	<u>7,767,612</u>	<u>4,724,791</u>
Liability:		
Accrued expenses	<u>10,307</u>	<u>6,965</u>
Net assets available for benefits	<u>\$ 7,757,305</u>	<u>4,717,826</u>

See accompanying notes to financial statements.

NEBRASKA HEART HOSPITAL, LLC 401(k) RETIREMENT PLAN

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Additions to net assets attributed to:		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	\$ 1,507,482	(2,204,813)
Dividends and interest	<u>119,198</u>	<u>13,768</u>
Total investment income (loss)	<u>1,626,680</u>	<u>(2,191,045)</u>
Contributions:		
Participant	969,729	918,517
Employer	421,707	381,532
Rollover	<u>315,668</u>	<u>55,961</u>
Total contributions	<u>1,707,104</u>	<u>1,356,010</u>
	<u>3,333,784</u>	<u>(835,035)</u>
Deductions from net assets attributed to:		
Benefits paid to participants	257,873	690,374
Administrative expenses	<u>36,432</u>	<u>32,758</u>
Total deductions	<u>294,305</u>	<u>723,132</u>
Net increase (decrease)	3,039,479	(1,558,167)
Net assets available for benefits:		
Beginning of year	<u>4,717,826</u>	<u>6,275,993</u>
End of year	\$ <u><u>7,757,305</u></u>	<u><u>4,717,826</u></u>

See accompanying notes to financial statements.

NEBRASKA HEART HOSPITAL, LLC 401(k) RETIREMENT PLAN

Notes to Financial Statements

December 31, 2009 and 2008

(1) Description of the Plan

The following description of the Nebraska Heart Hospital, LLC 401(k) Retirement Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

(a) General

The Plan, which was established on January 1, 2003, is a defined contribution plan covering all employees of Nebraska Heart Hospital, LLC (the Hospital) who have attained the age of 18 and have completed at least one year of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

(b) Contributions

Each year, participants may contribute up to 50% of their annual pretax compensation (excluding bonuses and fringe benefits), as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. In addition, the Hospital can make a discretionary contribution for all participants, which is determined annually by the Hospital's board of directors. The Hospital's discretionary contribution in 2009 and 2008 was 50% of the first 10% of eligible compensation that a participant contributes to the Plan. Participants direct the investment of their contributions and the Hospital's discretionary contribution into various investment options offered by the Plan. Contributions are subject to certain limitations.

(c) Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Hospital's discretionary contribution, and (b) plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

(d) Vesting

Participants are vested immediately in their contributions and any discretionary contribution made by the Hospital plus actual earnings thereon.

(e) Investments

Participants direct the investment of their accounts into various investment options offered by the Plan. The Plan currently offers various mutual funds, a money market account, or participant-directed brokerage accounts as investment options for participants.

NEBRASKA HEART HOSPITAL, LLC 401(k) RETIREMENT PLAN

Notes to Financial Statements

December 31, 2009 and 2008

(f) Payment of Benefits

Upon termination of service due to death, disability, or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account. The form of payment is a lump-sum distribution.

(g) Participant Loans

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance, whichever is less. Loans are secured by the balance in the participant's account, and bear interest rates that range from 4.25% to 9.25%, which are commensurate with local prevailing rates at time of loan issuance, as determined by the plan administrator. Principal and interest is paid ratably through monthly payroll deductions. Participant loans are valued at their unpaid balances, which approximate fair value.

(h) Forfeited Accounts

At December 31, 2009 and 2008, there were no forfeited nonvested accounts. In 2009 and 2008, employer contributions were reduced by \$0 and \$8,464, respectively, from forfeited nonvested accounts.

(2) Summary of Significant Accounting Policies

(a) Basis of Presentation

The accompanying financial statements have been prepared on the accrual basis of accounting.

(b) Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

(c) Investment Valuation and Income Recognition

Investments are stated 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.

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

(d) Payment of Benefits

Benefits are recorded when paid.

NEBRASKA HEART HOSPITAL, LLC 401(k) RETIREMENT PLAN

Notes to Financial Statements

December 31, 2009 and 2008

(e) *Risks and Uncertainties*

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

(3) **Custodian Certifications**

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator has obtained certifications from the custodians of the Plan that all of the information provided by the custodians is complete and accurate. Information included in the accompanying financial statements as to investments, participant loans, net appreciation (depreciation) in fair value of investments, dividends and interest, and all information in the supplemental schedule is presented in reliance solely upon those certifications.

The summary information below was furnished to the plan administrator by the custodians as of December 31, 2009 and 2008, and for the years then ended:

	<u>2009</u>	<u>2008</u>
Investments	\$ 7,607,678	4,615,832
Participant loans	108,989	108,959
Net appreciation (depreciation) in fair value of investments	1,507,482	(2,204,813)
Dividends and interest	119,198	13,768

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

(4) **Investments**

The following presents investments that represent 5% or more of the Plan's net assets as of December 31:

	<u>2009</u>	<u>2008</u>
Columbia Acorn Fund – Class Z	\$ 654,869	359,150
Europacific Growth Fund	712,062	377,378
Fidelity Freedom Fund 2030	406,465	224,530
Fidelity Freedom Fund 2040	791,920	354,162
Goldman Sachs Mid Cap Value Fund	533,746	354,023
Growth Fund of America	734,883	457,026
U.S. Federated Reserve	670,804	479,023
Washington Mutual Investors Fund	430,398	299,719

NEBRASKA HEART HOSPITAL, LLC 401(k) RETIREMENT PLAN

Notes to Financial Statements

December 31, 2009 and 2008

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 \$1,507,482 and \$(2,204,813), respectively, as follows:

	<u>2009</u>	<u>2008</u>
Mutual funds	\$ 1,517,572	(2,175,790)
Common stock	(10,090)	(29,023)
	<u>\$ 1,507,482</u>	<u>(2,204,813)</u>

(5) Plan Termination

Although it has not expressed any intention to terminate the Plan, the Hospital has the right under the Plan to discontinue its contributions at any time and terminate the Plan subject to the provisions of ERISA.

(6) Tax Status

The Hospital has adopted a nonstandardized prototype 401(k) plan. The Internal Revenue Service has issued a favorable determination letter, dated August 30, 2001, regarding the prototype plan. Although the Plan has been amended since the prototype plan received the determination letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

(7) Related-Party Transactions

Union Bank and Trust Company is a custodian of the Plan, therefore, these transactions qualify as party-in-interest transactions. The fees paid by the Plan for the years ended December 31, 2009 and 2008 to the custodians were \$36,432 and \$32,758, respectively.

(8) Fair Value Hierarchy

Financial Accounting Standards Board (FASB) ASC Topic 820, *Fair Value Measurements and Disclosures*, establishes 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 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

Level 1 Inputs – Quoted market prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date.

Level 2 Inputs – Inputs other than quoted prices included in Level 1 that are observable for the asset or liability either directly or indirectly through either corroboration or observable market data.

Level 3 Inputs – Inputs are unobservable for the asset or liability. Therefore, unobservable inputs shall reflect the entity's own assumption about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk) developed based on the best information available in the circumstances.

NEBRASKA HEART HOSPITAL, LLC 401(k) RETIREMENT PLAN

Notes to Financial Statements

December 31, 2009 and 2008

The level in the fair value hierarchy within which the fair value measurement in its entirety falls is based on the lowest level input that is significant to the fair value measurement in its entirety. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The Plan has adopted ASC Topic 820 for fair value measurements of financial assets and financial liabilities that are recognized or disclosed at fair value in the financial statements on a recurring basis.

The 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.

Mutual Funds and Money Market – Valued at the net asset value (NAV) of shares held by the Plan at year-end.

Common Stocks – Valued at the closing price reported on the active market on which the individual securities are traded.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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 different fair value measurement at the reporting date.

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:

	December 31, 2009			
	fair value	Level 1	Level 2	Level 3
Investments:				
Money market	\$ 685,273	685,273	—	—
Mutual funds	6,889,545	6,889,545	—	—
Common stock	32,860	32,860	—	—
Total investments	<u>\$ 7,607,678</u>	<u>7,607,678</u>	<u>—</u>	<u>—</u>
	December 31, 2008			
	fair value	Level 1	Level 2	Level 3
Investments:				
Money market	\$ 501,319	501,319	—	—
Mutual funds	4,021,630	4,021,630	—	—
Common stock	92,883	92,883	—	—
Total investments	<u>\$ 4,615,832</u>	<u>4,615,832</u>	<u>—</u>	<u>—</u>

NEBRASKA HEART HOSPITAL, LLC 401(k) RETIREMENT PLAN

Notes to Financial Statements

December 31, 2009 and 2008

(9) Subsequent Events

The Plan has performed an evaluation of subsequent events through October 5, 2010, the date the financial statements were available to be issued, noting no items that required additional disclosure.

NEBRASKA HEART HOSPITAL, LLC 401(k) RETIREMENT PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2009

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Cash	Cash		1,908
	U.S. Federated Reserve	Money market fund	\$ **	670,804
	Allianz RCM Mid-Cap Instl Fund	Mutual fund	**	152,035
	Columbia Acorn Fund – Class Z	Mutual fund	**	654,869
	Europacific Growth Fund	Mutual fund	**	712,062
	Fidelity Freedom Fund 2010	Mutual fund	**	109,084
	Fidelity Freedom Fund 2020	Mutual fund	**	272,672
	Fidelity Freedom Fund 2030	Mutual fund	**	406,465
	Fidelity Freedom Fund 2040	Mutual fund	**	791,920
	Fidelity Freedom Inc Fund	Mutual fund	**	67,560
	Goldman Sachs Mid Cap Value Fund	Mutual fund	**	533,746
	Growth Fund of America	Mutual fund	**	734,883
	Stratus Government Securities Portfolio Fund	Mutual fund	**	124,133
	Stratus Growth Portfolio Fund	Mutual fund	**	93,147
	Templeton Instl Foreign Equity Fund	Mutual fund	**	288,185
	Vanguard Index 500 Fund	Mutual fund	**	326,395
	Vanguard Strategic Equity Fund	Mutual fund	**	290,153
	Vanguard Small Cap Index Fund	Mutual fund	**	186,726
	Vanguard Small Cap Value Index Fund	Mutual fund	**	169,370
	Vanguard Total Bond Market Index Fund	Mutual fund	**	350,185
	Washington Mutual Investors Fund	Mutual fund	**	430,398
	Prime Fund – Capital Reserves Class	Money market fund	**	9,679
	Berkshire Hathaway Inc Del CL B	Common stock	**	32,860
	American Europacific Growth Class A	Mutual fund	**	14,167
	American Fundamental Investors	Mutual fund	**	8,499
	American Growth Fund of America Class A	Mutual fund	**	14,208
	American New Economy Fund Class A	Mutual fund	**	11,927
	American New World Fund Class A	Mutual fund	**	6,958
	American Small Cap World Class A	Mutual fund	**	8,173
	UBS Liquid Assets Fund	Money market fund	**	4,790
	Powershares Dynamic Large Cap Value Portfolio	Mutual fund	**	5,226
	Powershares Dynamic Large Cap Growth Portfolio	Mutual fund	**	5,251
	Vanguard Index Funds Vanguard Value ETF	Mutual fund	**	5,253
	Vanguard Index Funds Vanguard Growth ETF	Mutual fund	**	5,253
	American Funds Euro Pacific Fund Class F	Mutual fund	**	6,671
	Blackrock International Opportunities A	Mutual fund	**	5,324
	DWS Dreman Small Cap Value Fund Class A	Mutual fund	**	1,295
	Hartford Mid Cap Fund Class A	Mutual fund	**	1,303
	Lazard Emerging Market Portfolio – Open Shares	Mutual fund	**	4,028
	Oppenheimer Developing Markets Fund CL A	Mutual fund	**	3,973
	Thornburg International Value Fund Class A	Mutual fund	**	6,668
	Van Kampen Harbor Fund CL A	Mutual fund	**	3,923
	Virtus Alpha Sector Rotation Fund Class A	Mutual fund	**	7,781
	Ishares Barclays Tips Bond Fund	Mutual fund	**	1,351
	DWS Short Duration Plus Fund Class A	Mutual fund	**	2,626
	Eaton Vance Global Macro Absolute Return Fund A	Mutual fund	**	3,911
	FT Templeton Global Bond A	Mutual fund	**	2,641
	JP Morgan Core Bond Fund Class A	Mutual fund	**	2,606
	Loomis Sayles Bond Fund Class Retail	Mutual fund	**	6,598
	Oppenheimer Intl Bond Fd Cl A	Mutual fund	**	3,946
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See accompanying independent auditors' report.



NEBRASKA HEART HOSPITAL, LLC 401(k) RETIREMENT PLAN

Financial Statements and Supplemental Schedule

December 31, 2009 and 2008

(With Independent Auditors' Report Thereon)

NEBRASKA HEART HOSPITAL, LLC 401(k) RETIREMENT PLAN

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KPMG LLP

Omaha, Nebraska
October 5, 2010

NEBRASKA HEART HOSPITAL, LLC 401(k) RETIREMENT PLAN

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December 31, 2009 and 2008

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See accompanying notes to financial statements.

NEBRASKA HEART HOSPITAL, LLC 401(k) RETIREMENT PLAN

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
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NEBRASKA HEART HOSPITAL, LLC 401(k) RETIREMENT PLAN

Notes to Financial Statements

December 31, 2009 and 2008

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(b) Contributions

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NEBRASKA HEART HOSPITAL, LLC 401(k) RETIREMENT PLAN

Notes to Financial Statements

December 31, 2009 and 2008

(f) Payment of Benefits

Upon termination of service due to death, disability, or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account. The form of payment is a lump-sum distribution.

(g) Participant Loans

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance, whichever is less. Loans are secured by the balance in the participant's account, and bear interest rates that range from 4.25% to 9.25%, which are commensurate with local prevailing rates at time of loan issuance, as determined by the plan administrator. Principal and interest is paid ratably through monthly payroll deductions. Participant loans are valued at their unpaid balances, which approximate fair value.

(h) Forfeited Accounts

At December 31, 2009 and 2008, there were no forfeited nonvested accounts. In 2009 and 2008, employer contributions were reduced by \$0 and \$8,464, respectively, from forfeited nonvested accounts.

(2) Summary of Significant Accounting Policies

(a) Basis of Presentation

The accompanying financial statements have been prepared on the accrual basis of accounting.

(b) Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

(c) Investment Valuation and Income Recognition

Investments are stated 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.

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

(d) Payment of Benefits

Benefits are recorded when paid.

NEBRASKA HEART HOSPITAL, LLC 401(k) RETIREMENT PLAN

Notes to Financial Statements

December 31, 2009 and 2008

(e) *Risks and Uncertainties*

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

(3) **Custodian Certifications**

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator has obtained certifications from the custodians of the Plan that all of the information provided by the custodians is complete and accurate. Information included in the accompanying financial statements as to investments, participant loans, net appreciation (depreciation) in fair value of investments, dividends and interest, and all information in the supplemental schedule is presented in reliance solely upon those certifications.

The summary information below was furnished to the plan administrator by the custodians as of December 31, 2009 and 2008, and for the years then ended:

	<u>2009</u>	<u>2008</u>
Investments	\$ 7,607,678	4,615,832
Participant loans	108,989	108,959
Net appreciation (depreciation) in fair value of investments	1,507,482	(2,204,813)
Dividends and interest	119,198	13,768

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

(4) **Investments**

The following presents investments that represent 5% or more of the Plan's net assets as of December 31:

	<u>2009</u>	<u>2008</u>
Columbia Acorn Fund – Class Z	\$ 654,869	359,150
Europacific Growth Fund	712,062	377,378
Fidelity Freedom Fund 2030	406,465	224,530
Fidelity Freedom Fund 2040	791,920	354,162
Goldman Sachs Mid Cap Value Fund	533,746	354,023
Growth Fund of America	734,883	457,026
U.S. Federated Reserve	670,804	479,023
Washington Mutual Investors Fund	430,398	299,719

NEBRASKA HEART HOSPITAL, LLC 401(k) RETIREMENT PLAN

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December 31, 2009 and 2008

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 \$1,507,482 and \$(2,204,813), respectively, as follows:

	<u>2009</u>	<u>2008</u>
Mutual funds	\$ 1,517,572	(2,175,790)
Common stock	(10,090)	(29,023)
	<u>\$ 1,507,482</u>	<u>(2,204,813)</u>

(5) Plan Termination

Although it has not expressed any intention to terminate the Plan, the Hospital has the right under the Plan to discontinue its contributions at any time and terminate the Plan subject to the provisions of ERISA.

(6) Tax Status

The Hospital has adopted a nonstandardized prototype 401(k) plan. The Internal Revenue Service has issued a favorable determination letter, dated August 30, 2001, regarding the prototype plan. Although the Plan has been amended since the prototype plan received the determination letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

(7) Related-Party Transactions

Union Bank and Trust Company is a custodian of the Plan, therefore, these transactions qualify as party-in-interest transactions. The fees paid by the Plan for the years ended December 31, 2009 and 2008 to the custodians were \$36,432 and \$32,758, respectively.

(8) Fair Value Hierarchy

Financial Accounting Standards Board (FASB) ASC Topic 820, *Fair Value Measurements and Disclosures*, establishes 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 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

Level 1 Inputs – Quoted market prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date.

Level 2 Inputs – Inputs other than quoted prices included in Level 1 that are observable for the asset or liability either directly or indirectly through either corroboration or observable market data.

Level 3 Inputs – Inputs are unobservable for the asset or liability. Therefore, unobservable inputs shall reflect the entity's own assumption about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk) developed based on the best information available in the circumstances.

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The level in the fair value hierarchy within which the fair value measurement in its entirety falls is based on the lowest level input that is significant to the fair value measurement in its entirety. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The Plan has adopted ASC Topic 820 for fair value measurements of financial assets and financial liabilities that are recognized or disclosed at fair value in the financial statements on a recurring basis.

The 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.

Mutual Funds and Money Market – Valued at the net asset value (NAV) of shares held by the Plan at year-end.

Common Stocks – Valued at the closing price reported on the active market on which the individual securities are traded.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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 different fair value measurement at the reporting date.

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:

	December 31, 2009			
	fair value	Level 1	Level 2	Level 3
Investments:				
Money market	\$ 685,273	685,273	—	—
Mutual funds	6,889,545	6,889,545	—	—
Common stock	32,860	32,860	—	—
Total investments	<u>\$ 7,607,678</u>	<u>7,607,678</u>	<u>—</u>	<u>—</u>
	December 31, 2008			
	fair value	Level 1	Level 2	Level 3
Investments:				
Money market	\$ 501,319	501,319	—	—
Mutual funds	4,021,630	4,021,630	—	—
Common stock	92,883	92,883	—	—
Total investments	<u>\$ 4,615,832</u>	<u>4,615,832</u>	<u>—</u>	<u>—</u>

NEBRASKA HEART HOSPITAL, LLC 401(k) RETIREMENT PLAN

Notes to Financial Statements

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(9) Subsequent Events

The Plan has performed an evaluation of subsequent events through October 5, 2010, the date the financial statements were available to be issued, noting no items that required additional disclosure.

NEBRASKA HEART HOSPITAL, LLC 401(k) RETIREMENT PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2009

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Cash	Cash		1,908
	U.S. Federated Reserve	Money market fund	\$ **	670,804
	Allianz RCM Mid-Cap Instl Fund	Mutual fund	**	152,035
	Columbia Acorn Fund – Class Z	Mutual fund	**	654,869
	Europacific Growth Fund	Mutual fund	**	712,062
	Fidelity Freedom Fund 2010	Mutual fund	**	109,084
	Fidelity Freedom Fund 2020	Mutual fund	**	272,672
	Fidelity Freedom Fund 2030	Mutual fund	**	406,465
	Fidelity Freedom Fund 2040	Mutual fund	**	791,920
	Fidelity Freedom Inc Fund	Mutual fund	**	67,560
	Goldman Sachs Mid Cap Value Fund	Mutual fund	**	533,746
	Growth Fund of America	Mutual fund	**	734,883
	Stratus Government Securities Portfolio Fund	Mutual fund	**	124,133
	Stratus Growth Portfolio Fund	Mutual fund	**	93,147
	Templeton Instl Foreign Equity Fund	Mutual fund	**	288,185
	Vanguard Index 500 Fund	Mutual fund	**	326,395
	Vanguard Strategic Equity Fund	Mutual fund	**	290,153
	Vanguard Small Cap Index Fund	Mutual fund	**	186,726
	Vanguard Small Cap Value Index Fund	Mutual fund	**	169,370
	Vanguard Total Bond Market Index Fund	Mutual fund	**	350,185
	Washington Mutual Investors Fund	Mutual fund	**	430,398
	Prime Fund – Capital Reserves Class	Money market fund	**	9,679
	Berkshire Hathaway Inc Del CL B	Common stock	**	32,860
	American Europacific Growth Class A	Mutual fund	**	14,167
	American Fundamental Investors	Mutual fund	**	8,499
	American Growth Fund of America Class A	Mutual fund	**	14,208
	American New Economy Fund Class A	Mutual fund	**	11,927
	American New World Fund Class A	Mutual fund	**	6,958
	American Small Cap World Class A	Mutual fund	**	8,173
	UBS Liquid Assets Fund	Money market fund	**	4,790
	Powershares Dynamic Large Cap Value Portfolio	Mutual fund	**	5,226
	Powershares Dynamic Large Cap Growth Portfolio	Mutual fund	**	5,251
	Vanguard Index Funds Vanguard Value ETF	Mutual fund	**	5,253
	Vanguard Index Funds Vanguard Growth ETF	Mutual fund	**	5,253
	American Funds Euro Pacific Fund Class F	Mutual fund	**	6,671
	Blackrock International Opportunities A	Mutual fund	**	5,324
	DWS Dreman Small Cap Value Fund Class A	Mutual fund	**	1,295
	Hartford Mid Cap Fund Class A	Mutual fund	**	1,303
	Lazard Emerging Market Portfolio – Open Shares	Mutual fund	**	4,028
	Oppenheimer Developing Markets Fund CL A	Mutual fund	**	3,973
	Thornburg International Value Fund Class A	Mutual fund	**	6,668
	Van Kampen Harbor Fund CL A	Mutual fund	**	3,923
	Virtus Alpha Sector Rotation Fund Class A	Mutual fund	**	7,781
	Ishares Barclays Tips Bond Fund	Mutual fund	**	1,351
	DWS Short Duration Plus Fund Class A	Mutual fund	**	2,626
	Eaton Vance Global Macro Absolute Return Fund A	Mutual fund	**	3,911
	FT Templeton Global Bond A	Mutual fund	**	2,641
	JP Morgan Core Bond Fund Class A	Mutual fund	**	2,606
	Loomis Sayles Bond Fund Class Retail	Mutual fund	**	6,598
	Oppenheimer Intl Bond Fd Cl A	Mutual fund	**	3,946
	Pimco Total Return Fund Class A	Mutual fund	**	2,623
	Principal High Yield Fund Class A	Mutual fund	**	5,257
	Aberdeen Equity Long Short Fund Class A	Mutual fund	**	3,943
	JP Morgan Highbridge Stat Market Neutral Fund A	Mutual fund	**	5,225
	Rydex/SGI Managed Futures Strategy Fund A	Mutual fund	**	9,342
	Credit Suisse Commodity Return Strategy Fund Class A	Mutual fund	**	6,360
	Blackrock Global Allocation Fund Inc A	Mutual fund	**	6,573
	Ivy Asset Strategy Fund Class A	Mutual fund	**	6,674
*	Participant loans	4.25% – 9.25%, maturity dates ranging from 2010 to 2014	**	108,989
				<u>\$ 7,718,575</u>

* Indicates party in interest.

** Historical cost information is omitted as it is no longer required for participant-directed accounts.

See accompanying independent auditors' report.