

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 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☒ the final return/report;	
	☐ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

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

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/17/2011</u>	<u>MARLIN AUSDEMORE</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 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	397
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	0
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	0
d Subtotal. Add lines 6a , 6b , and 6c	6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	0
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)
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<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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

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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

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	54964	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 ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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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
(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2010</div> This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan 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	0
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)	670804	0
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	108989	0
(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)	6698692	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	238182	0

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	7767612	0

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	10307	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	10307	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	7757305	0
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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)	433666	
(B) Participants	2a(1)(B)	1063448	
(C) Others (including rollovers)	2a(1)(C)	70515	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1567629

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	6881	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		6881

(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)	141571	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		141571

(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)		

		(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)		
(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)		1030623
c Other income.....	2c		63976
d Total income. Add all income amounts in column (b) and enter total.....	2d		2810680

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	748285	
(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)		748285
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)	54964	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		54964
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		803249

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2007431
l Transfers of assets:			
(1) To this plan.....	2l(1)		1118923
(2) From this plan	2l(2)		10883659

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: 0

- 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)
NEBRASKA HEART INSTITUTE, P.C. 401(K) PROFIT SHARING PLAN	47-0705923	001

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <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

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

Schedule R (Form 5500) 2010
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____



NEBRASKA HEART HOSPITAL, LLC 401(k) RETIREMENT PLAN

Financial Statements and Supplemental Schedule

December 31, 2010 and 2009

(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, 2010 and 2009 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 UBS Financial Services and Union Bank and Trust Company, 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 execute investment transactions. The plan administrator has obtained certifications from the custodians as of December 31, 2010 and 2009 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 17, 2011

NEBRASKA HEART HOSPITAL, LLC 401(k) RETIREMENT PLAN

Statements of Net Assets Available for Benefits

December 31, 2010 and 2009

	<u>2010</u>	<u>2009</u>
Assets:		
Cash	\$ —	1,908
Investments, at fair value	10,640,149	7,607,678
Receivable from participant	146,976	108,989
Receivables:		
Employee contribution	79,191	35,000
Employer contribution	17,343	14,037
Total receivables	<u>96,534</u>	<u>49,037</u>
Total assets	<u>10,883,659</u>	<u>7,767,612</u>
Liability:		
Accrued expenses	<u>—</u>	<u>10,307</u>
Net assets available for benefits	<u>\$ 10,883,659</u>	<u>7,757,305</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, 2010 and 2009

	<u>2010</u>	<u>2009</u>
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments (Note 4)	\$ 1,094,599	1,507,482
Dividends and interest	141,571	111,730
Interest on participant loans	6,881	7,468
	<u>1,243,051</u>	<u>1,626,680</u>
Contributions:		
Participant	1,063,448	969,729
Employer	433,666	421,707
Rollover	70,515	315,668
	<u>1,567,629</u>	<u>1,707,104</u>
Transfer In	<u>1,118,923</u>	<u>—</u>
Total additions	<u>3,929,603</u>	<u>3,333,784</u>
Deductions from net assets attributed to:		
Benefits paid to participants	748,285	257,873
Administrative expenses	54,964	36,432
Total deductions	<u>803,249</u>	<u>294,305</u>
Net increase	3,126,354	3,039,479
Net assets available for benefits:		
Beginning of year	7,757,305	4,717,826
End of year	\$ <u><u>10,883,659</u></u>	<u><u>7,757,305</u></u>

See accompanying notes to financial statements.

NEBRASKA HEART HOSPITAL, LLC 401(k) RETIREMENT PLAN

Notes to Financial Statements

December 31, 2010 and 2009

(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 2010 and 2009 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, 2010 and 2009

(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) *Notes Receivable From Participants*

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.

(h) *Forfeited Accounts*

The balance in the forfeiture account was \$8,107 and \$0 at December 31, 2010 and 2009, respectively. These accounts will be used to reduce future employer contributions. In 2010 and 2009, employer contributions were reduced by \$3,610 and \$0, 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 accounting principles generally accepted in the United States of America 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 reported at fair value. Quoted market prices are used to value investments. Shares of mutual funds are valued at the net asset value of shares held by the Plan at year-end.

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 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, 2010 and 2009

(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) Trustee Certification

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, notes receivable from participants, net appreciation in fair value of investments, dividends and interest, interest on notes receivable from participants 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, 2010 and 2009, and for the years then ended:

	<u>2010</u>	<u>2009</u>
Investments	\$ 10,490,767	7,607,678
Notes receivable from participants	146,976	108,989
Net appreciation in fair value of investments	1,076,439	1,507,482
Dividends and interest	141,571	111,730
Interest on notes receivable from participants	6,881	7,468

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.

Certain information related to self directed brokerage accounts was not certified by the custodians.

NEBRASKA HEART HOSPITAL, LLC 401(k) RETIREMENT PLAN

Notes to Financial Statements

December 31, 2010 and 2009

(4) Investments

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

	2010	2009
Columbia Acorn Fund – Class Z	\$ 892,594	654,869
Europacific Growth Fund	899,229	712,062
Fidelity Freedom Fund 2030	*	406,465
Fidelity Freedom Fund 2040	1,055,878	791,920
Goldman Sachs Mid Cap Value Fund	694,943	533,746
Growth Fund of America	924,203	734,883
U.S. Federated Reserve	*	670,804
Washington Mutual Investors Fund	555,089	430,398

* Investments represent less than 5% of the Plan net assets in the current year.

During 2010 and 2009, 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 \$1,095,599 and \$1,507,482, respectively, as follows:

	2010	2009
Mutual funds	\$ 1,063,631	1,517,572
Common stock	30,968	(10,090)
	<u>\$ 1,094,599</u>	<u>1,507,482</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. See subsequent event footnote (Note 10) for disclosures relating to the Plan and its subsequent merger with the Nebraska Heart Institute, LLC 401(k) Profit-Sharing Plan on January 1, 2011.

(6) Tax Status

The Hospital has adopted a nonstandardized prototype 401(k) plan. The Internal Revenue Service has issued a favorable opinion letter, dated August 30, 2001, regarding the prototype plan. Although the Plan has been amended since the prototype plan received the opinion 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.

U.S generally accepted accounting principles require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than no would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010 and 2009, there are no

NEBRASKA HEART HOSPITAL, LLC 401(k) RETIREMENT PLAN

Notes to Financial Statements

December 31, 2010 and 2009

uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

(7) Related-Party Transactions

Union Bank and Trust Company was the trustee of the Plan as of December 31, 2010 and 2009, therefore, these transactions qualify as party-in-interest transactions. The fees paid by the Plan for the years ended December 31, 2010 and 2009 to the trustee were \$54,964 and \$36,432, respectively.

(8) Fair Value Hierarchy

Financial Accounting Standards Board (FASB) Accounting Standards Codification 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 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2 Inputs – Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 Inputs – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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 following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodology used at December 31, 2010 and 2009.

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

NEBRASKA HEART HOSPITAL, LLC 401(k) RETIREMENT PLAN

Notes to Financial Statements

December 31, 2010 and 2009

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

Hedge Fund - Valued at the net asset value (NAV) of shares held by the Plan at year-end as a practical expedient to fair value. The NAV is constant and is based on the value of underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV of the Hatteras Multi-Strategy Fund is classified within Level 2 of the fair value hierarchy as the unit price is not quoted in an active market. However the unit price is based on underlying investments, which are either traded on an active market or are valued based on observable inputs such as market interest rates and quoted prices for similar securities. There is a quarterly redemption restriction on the fund and there are no unfunded commitments as of December 31, 2010.

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, 2010 and 2009:

		Level 1	Level 2	Level 3	December 31, 2010 fair value
Investments:					
Money market	\$	575,226	—	—	575,226
Mutual funds					
Fixed income funds		588,336	—	—	588,336
Hybrid mutual funds		2,207,695	—	—	2,207,695
International mutual funds		1,221,000	—	—	1,221,000
Large cap mutual funds		2,017,524	—	—	2,017,524
Mid cap mutual funds		2,191,669	—	—	2,191,669
Small cap mutual funds		503,077	—	—	503,077
Preferred stock		48,897	—	—	48,897
Index & other funds		570,468	—	—	570,468
Total mutual funds		9,348,666	—	—	9,348,666
Hedge fund		—	347,550	—	347,550
Common stock		368,707	—	—	368,707
Total investments	\$	10,292,599	347,550	—	10,640,149

NEBRASKA HEART HOSPITAL, LLC 401(k) RETIREMENT PLAN

Notes to Financial Statements

December 31, 2010 and 2009

	Level 1	Level 2	Level 3	December 31, 2009 fair value
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>—</u>	<u>—</u>	<u>\$ 7,607,678</u>

(9) Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2010 to Form 5500:

	2010
Net assets available for benefits per the financial statements	\$ 10,883,659
Transfer out on January 1, 2011	<u>(10,883,659)</u>
Net assets available for benefits per the Form 5500	<u>\$ —</u>

The following is a reconciliation of participant loans per the financial statements at December 31, 2010 Form 5500:

	2010
Participant loans per the financial statements	\$ 146,976
Participant loans transfers out January 1, 2011	<u>(146,976)</u>
Participant loans per the Form 5500	<u>\$ —</u>

The following is a reconciliation of employee receivables per the financial statements at December 31, 2010 to Form 5500:

	2010
Employee receivables	\$ 79,191
Employee receivables transfer out January 1, 2011	<u>(79,191)</u>
Employee receivables per the Form 5500	<u>\$ —</u>

NEBRASKA HEART HOSPITAL, LLC 401(k) RETIREMENT PLAN

Notes to Financial Statements

December 31, 2010 and 2009

The following is a reconciliation of employer receivables per the financial statements at December 31, 2010 to Form 5500:

	<u>2010</u>
Employer receivables	\$ 17,343
Employer receivable transfer out January 1, 2011	<u>(17,343)</u>
Employer receivables per the Form 5500	<u><u>\$ —</u></u>

The following is a reconciliation of investments per the financial statements at December 31, 2010 to Form 5500:

	<u>2010</u>
Investments	\$ 10,640,149
Investment transfer out January 1, 2011	<u>(10,640,149)</u>
Investments per the Form 5500	<u><u>\$ —</u></u>

(10) Subsequent Events

The Plan has performed an evaluation of the subsequent events through October 17, 2011, the date the financial statements were available to be issued.

Effective January 1, 2011 the Plan and the related assets were merged with the Nebraska Heart Hospital Profit Sharing Plan. A total of \$10,883,659 assets were transferred out of the plan as of January 1, 2011. The Plan changed its trustee and recordkeeper from Union Bank and Trust Company to Diversified Investment Advisors.

The Plan had certain ineligible employer contributions and auto-enrollment corrective contributions related to 2010 for which an EPCRS submission was made in 2011. The plan corrected the contributions in 2011.

NEBRASKA HEART HOSPITAL, LLC 401(k) RETIREMENT PLAN

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

December 31, 2010

(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) Current value
	3M Co	Common stock	\$ 7,336
	Aberdeen Equity Long Short Fund Class A	Mutual fund	4,889
	Aetna Inc	Common stock	5,675
	Alliance Bernstein Global Bond Fund	Mutual fund	4,774
	Allianz RCM Mid-Cap Instl Fund	Mutual fund	216,936
	American Europacific Growth Class A	Mutual fund	15,287
	American Fundamental Investors	Mutual fund	14,869
	American Funds Euro Pacific Fund Class F	Mutual fund	6,499
	American Funds New Perspective	Mutual fund	36,852
	American Growth Fund of America Class A	Mutual fund	21,113
	American New Economy Fund Class A	Mutual fund	13,433
	American New World Fund Class A	Mutual fund	19,047
	American Small Cap World Class A	Mutual fund	10,073
	Anheuser Busch	Common stock	6,623
	Apache Corp	Common stock	3,457
	Apple Inc	Common stock	10,645
	Applied Materials Inc	Common stock	6,800
	AQR Managed Futures	Mutual fund	4,945
	AT&T	Common stock	12,310
	Barrick Gold Corp	Common stock	7,977
	Berkshire Hathaway Inc Del CL B	Common stock	40,055
	Blackrock Global Allocation Fund Inc A	Mutual fund	6,656
	Blackrock International Opportunities A	Mutual fund	6,646
	Blackrock LTD	Mutual fund	22,494
	Broadcom Corp	Common stock	6,707
	Celgene Corp	Common stock	8,516
	Chevron Corp	Common stock	4,836
	Chubb Corp	Common stock	1,849
	Cisco Systems	Common stock	6,170
	Clorox	Common stock	6,011
	Coca Cola Co	Common stock	7,761
	Columbia Acorn Fund – Class Z	Mutual fund	892,594
	Comcast Corp	Common stock	6,964
	CSX Corp	Common stock	6,848
	CVS Caremark	Common stock	1,391
	DWS Disciplined Market Neutral Fund Class A	Mutual fund	6,230
	DWS Dreman Small Cap Value Fund Class A	Mutual fund	3,502
	DWs Enhanced Commodity Strat Fund	Mutual fund	8,824
	Eaton Vance Global Macro Absolute Return Fund A	Mutual fund	4,858
	EMC Corp	Common stock	6,183
	Europacific Growth Fund	Mutual fund	899,229
	Exxon Mobile	Common stock	5,922
	Federated Market Opportunity Fund	Mutual fund	9,963
	Fedex	Common stock	5,209
	Fidelity Freedom Fund 2010	Mutual fund	137,269
	Fidelity Freedom Fund 2015	Mutual fund	3,160
	Fidelity Freedom Fund 2020	Mutual fund	380,210
	Fidelity Freedom Fund 2025	Mutual fund	3,807
	Fidelity Freedom Fund 2030	Mutual fund	543,069
	Fidelity Freedom Fund 2035	Mutual fund	4,052
	Fidelity Freedom Fund 2040	Mutual fund	1,055,878
	Fidelity Freedom Fund 2045	Mutual fund	242
	Fidelity Freedom Fund 2050	Mutual fund	667
	Fidelity Freedom Inc Fund	Mutual fund	79,341
	FT Templeton Global Bond A	Mutual fund	3,251
	Gilead Sciences	Common stock	1,812
	Goldman Sachs	Common stock	—
	Goldman Sachs Absolute	Mutual fund	54,490
	Goldman Sachs Group	Common stock	11,627
	Goldman Sachs Mid Cap Value Fund	Mutual fund	694,943
	Grant Park Global	Mutual fund	37,203
	Growth Fund of America	Mutual fund	924,203
	Halliburton Co	Common stock	4,206
	Hartford Floating Rate Fund Class A	Mutual fund	3,287
	Hartford Mid Cap Fund Class A	Mutual fund	3,540

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	Hatteras Multi-Strategy	Hedge Fund	\$ 347,550
	Hewlett Packard	Common stock	4,126
	HSBC USA Inc	Mutual fund	5,894
	Illinois Tool Works	Common stock	5,287
	Information Tech ETF	Mutual fund	19,809
	Intercontinental Exchange	Common stock	1,549
	Ishares Barclays CD	Mutual fund	11,262
	Ishares Inc MSCI Mexico Free	Mutual fund	11,827
	Ishares Inc MSCI Thailand	Mutual fund	11,953
	Ishares Inc MSCI Turkey Index	Mutual fund	11,918
	Ishares MSCI EAFE	Mutual fund	22,830
	Ishares trust MSCI Indonesia	Mutual fund	12,047
	Ishares Trust S&P Latin Amer	Mutual fund	12,065
	Ivy Asset Strategy Fund Class A	Mutual fund	6,664
	Johnson & Johnson	Common stock	6,371
	JPMorgan	Common stock	6,278
	Lazard Emerging Market Portfolio – Open Shares	Mutual fund	5,014
	Loomis Sayles Bond Fund Class Retail	Mutual fund	11,117
	Marsh & McLennan Cos	Common stock	2,187
	Marvell Tech	Common stock	5,565
	McDonalds Corp	Common stock	7,523
	Merck & Co	Common stock	6,523
	Metlife Inc	Common stock	2,311
	Microsoft Corp	Common stock	5,135
	Morgan Stanley	Mutual fund	5,167
	Natixis ASG Diversifying Fund A	Mutual fund	8,835
	Novartis Ag Spon	Common stock	7,664
	Occidental Petroleum	Common stock	6,278
	Oppenheimer Developing Markets Fund CL A	Mutual fund	5,093
	Pepsico Inc	Common stock	7,056
	Philip Morris Intl	Common stock	7,082
	Pimco Real Return Fund	Mutual fund	17,906
	Pimco Total Return Fund Class A	Mutual fund	3,155
	Powershares Dynamic Large Cap Growth Portfolio	Mutual fund	6,793
	Powershares Dynamic Large Cap Value Portfolio	Mutual fund	6,652
	Praxair Inc	Common stock	7,447
	Prime Fund – Capital Reserves Class	Money market fund	15,504
	Principal Global Diversified Income	Mutual fund	4,874
	Principal High Yield Fund Class A	Mutual fund	6,500
	Proctor & Gamble Co	Common stock	6,176
	Protalix Biotherapeutics	Common stock	8,982
	Public Service Enterprise	Common stock	1,463
	Putnam Premier Income	Mutual fund	3,762
	Schlumberger LTD Netherlands	Common stock	9,436
	Simon Pty Group	Common stock	1,990
	Sowstn Energy	Common stock	2,695
	Stratus Government Securities Portfolio Fund	Mutual fund	72,666
	Stratus Growth Portfolio Fund	Mutual fund	118,059
	Templeton Instl Foreign Equity Fund	Mutual fund	321,770
	Teva Pharmaceuticals	Common stock	4,952
	Thermo Fisher Scientific	Common stock	7,695
	Thornburg International Value Fund Class A	Mutual fund	6,620
	Transocean LTD	Common stock	3,128
	Travelers Cos Inc	Common stock	3,342
	U.S. Federated Reserve	Money market fund	469,231
	UBS Liquid Assets Fund	Money market fund	42,159
	UBS Ret Money Fund	Money market fund	48,332
	Untd Technologies	Common stock	8,502
	US Bancorp	Common stock	5,585
	US TSY Infl Port Note	Mutual fund	15,248
	Vanguard Dscre ETF	Mutual fund	11,006
	Vanguard Euro ETF	Mutual fund	29,012
	Vanguard Financials ETF	Mutual fund	11,048
	Vanguard FTSE	Mutual fund	4,383
	Vanguard Index 500 Fund	Mutual fund	420,173

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	Vanguard Index Funds Vanguard Growth ETF	Mutual fund	\$ 6,818
	Vanguard Index Funds Vanguard Value ETF	Mutual fund	6,826
	Vanguard Industries ETF	Mutual fund	11,149
	Vanguard Materials ETF	Mutual fund	11,234
	Vanguard Pac ETF	Mutual fund	19,793
	Vanguard Reit ETF	Mutual fund	11,129
	Vanguard Short Term Corp	Mutual fund	11,379
	Vanguard Small Cap Index Fund	Mutual fund	260,439
	Vanguard Small Cap Value Index Fund	Mutual fund	239,597
	Vanguard Staples ETF	Mutual fund	11,082
	Vanguard Strategic Equity Fund	Mutual fund	387,197
	Vanguard Telecommunication Serv	Mutual fund	11,157
	Vanguard Total Bond Market Index Fund	Mutual fund	411,269
	Virtus Alpha Sector Rotation Fund Class A	Mutual fund	10,219
	Virtus Multi-Sector Short Term Bond	Mutual fund	4,842
	Walmart Stores	Common stock	6,903
	Walt Disney Co	Common stock	7,577
	Washington Mutual Investors Fund	Mutual fund	555,089
	Yum Brands	Common stock	9,009
*	Participant loans	4.25% – 9.25%, maturity dates ranging from 2011 to 2020	146,976
*	Indicates party in interest.		\$ 10,787,125

See accompanying independent auditors' report.