

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 TRI-STATE UROLOGIC SERVICES, P.S.C., INC. DEFINED BENEFIT PLAN	1b Three-digit plan number (PN) ►	003	
	1c Effective date of plan	01/01/2002	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) TRI STATE UROLOGIC SERVICES P.S.C., INC. 4700 SMITH ROAD, SUITE L CINCINNATI, OH 45212	2b Employer Identification Number (EIN)	61-1257391	
	2c Sponsor's telephone number	513-366-4000	
	2d Business code (see instructions)	621111	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2010	EARL L. WALZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2010	EARL L. WALZ
	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") TRI STATE UROLOGIC SERVICES P.S.C., INC. 4700 SMITH ROAD, SUITE L CINCINNATI, OH 45212	3b Administrator's EIN 61-1257391 3c Administrator's telephone number 513-366-4000
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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 TRI-STATE UROLOGIC SERVICES, P.S.C., INC.	4b EIN 61-1257391 4c PN 003
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5 Total number of participants at the beginning of the plan year	5	242
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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	226
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	12
d Subtotal. Add lines 6a , 6b , and 6c	6d	238
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	238
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	16

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:
 1A 1G 1H 1I 3D

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

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

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

A Name of plan <u>TRI-STATE UROLOGIC SERVICES, P.S.C., INC. DEFINED BENEFIT PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>TRI STATE UROLOGIC SERVICES P.S.C., INC.</u>	D Employer Identification Number (EIN) <u>61-1257391</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2009</u>	
2 Assets:	
a Market value	2a <u>7489370</u>
b Actuarial value	2b <u>7489370</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>0</u> <u>0</u>
b For terminated vested participants	3b <u>25</u> <u>71617</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>50801</u>
(2) Vested benefits	3c(2) <u>7849089</u>
(3) Total active	3c(3) <u>197</u> <u>7899890</u>
d Total	3d <u>222</u> <u>7971507</u>
4 If the plan is at-risk, check the box and complete items (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.29</u> %
6 Target normal cost	6 <u>0</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>07/22/2010</u>
Signature of actuary	Date
<u>SALLY W CUNI</u>	<u>08-02676</u>
Type or print name of actuary	Most recent enrollment number
<u>CUNI, RUST & STRENK, INC.</u>	<u>513-891-0270</u>
Firm name	Telephone number (including area code)
<u>4540 COOPER ROAD, SUITE 304</u> <u>CINCINNATI, OH 45242-5617</u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	84120	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	84120	
9 Amount remaining (Item 7 minus item 8).....	0	0
10 Interest on item 9 using prior year's actual return of <u>-17.71</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		851438
b Interest on (a) using prior year's effective rate of <u>5.83</u> %		49639
c Total available at beginning of current plan year to add to prefunding balance		901077
d Portion of (c) to be added to prefunding balance.....		0
12 Reduction in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	0

Part III Funding percentages		
14 Funding target attainment percentage.....	14	93.95 %
15 Adjusted funding target attainment percentage.....	15	93.95 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	111.56 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/23/2009	5674		09/24/2009	100000	
04/23/2009	100000		10/26/2009	100000	
05/26/2009	100000		11/23/2009	100000	
07/13/2009	100000		01/21/2010	100000	
07/29/2009	100000		02/22/2010	100000	
09/03/2009	100000		03/16/2010	21973	
			Totals ►	18(b) 1115773	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	1065186
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No	
c If 20a is "Yes," see instructions and complete the following table as applicable:		

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

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

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

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/13/2010	88126	0			
			Totals ►	18(b)	18(c)

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 5.64 %	2nd segment: 6.40 %	3rd segment: 6.56 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	0
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	3847	650
b Waiver amortization installment		
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	650
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement		Total balance
		0
36 Additional cash requirement (item 34 minus item 35).....	36	650
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	1065186
38 Interest-adjusted excess contributions for current year (see instructions).....	38	1064536
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

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

A Name of plan TRI-STATE UROLOGIC SERVICES, P.S.C., INC. DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 TRI STATE UROLOGIC SERVICES P.S.C., INC.	D Employer Identification Number (EIN) 61-1257391

Part I

Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

JOHNSON INVESTMENT COUNSEL

3777 WEST FORK ROAD
CINCINNATI, OH 45247

31-1013029

(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?
51 19	NONE	29836	Yes ☒ No ☐	Yes ☐ No ☒	1658	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.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service	(c) Describe the information that the service provider failed or refused to provide
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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 TRI-STATE UROLOGIC SERVICES, P.S.C., INC. DEFINED BENEFIT PLAN	B Three-digit plan number (PN)	003
C Plan sponsor's name as shown on line 2a of Form 5500 TRI STATE UROLOGIC SERVICES P.S.C., INC.	D Employer Identification Number (EIN) 61-1257391	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	586350	310099
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	37134	47737
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	888932	216071
(2) U.S. Government securities.....	1c(2)	996451	1119151
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	1238864	2175337
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1388119	2038147
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	2358293	3201321
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	7494143	9107863

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	7494143	9107863
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1115817	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1115817
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	687	
(B) U.S. Government securities	2b(1)(B)	48552	
(C) Corporate debt instruments	2b(1)(C)	95634	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		144873
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	32982	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	74582	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		107564
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	1458148	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1397230	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		60918

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	296957	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		296957
(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)		515242
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2241371

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	597815	
(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)		597815
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)	29836	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		29836
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		627651

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1613720
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: RUDLER & ASSOCIATES, INC.

(2) EIN: 31-1048275

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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.			

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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

A Name of plan <u>TRI-STATE UROLOGIC SERVICES, P.S.C., INC. DEFINED BENEFIT PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRI STATE UROLOGIC SERVICES P.S.C., INC.</u>	D Employer Identification Number (EIN) <u>61-1257391</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>02-0664221</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 <u>26</u>

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

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

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

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) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):



**RUDLER &
ASSOCIATES, INC.**

Certified Public Accountants

A Professional Service Corporation
Founded in 1969

INDEPENDENT AUDITORS' REPORT

To The Board of Trustees & Participants
Tri-State Urologic Services, P.S.C., Inc.
Defined Benefit Plan

We have audited the accompanying statements of net assets available for benefits and of accumulated plan benefits of the Tri-State Urologic Services, P.S.C., Inc., Defined Benefit Plan as of December 31, 2009 and December 31, 2008, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of Tri-State Urologic Services, P.S.C., Inc., Defined Benefit Plan as of December 31, 2009 and December 31, 2008, and the changes in its financial status for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were performed for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplementary schedules of assets held at end of year as of December 31, 2009, and assets acquired and disposed of within year for the year ended December 31, 2009, are presented for the purpose of additional analysis and are not a required part of the basic financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. These supplementary schedules are the responsibility of the Plan's management. The supplementary schedules have been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Fort Wright, Kentucky
October 6, 2010

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

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

A Name of plan <u>Tri-State Urologic Services, P.S.C., Inc. Defined Benefit Plan</u>	B Three-digit plan number (PN) ► <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ <u>Tri-State Urologic Services, P.S.C., Inc.</u>	D Employer Identification Number (EIN) <u>61-1257391</u>

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2009</u>			
2 Assets:			
a Market value	2a		7,489,370
b Actuarial value	2b		7,489,370
3 Funding target/participant count breakdown			
		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	0	0
b For terminated vested participants	3b	25	71,617
c For active participants:			
(1) Non-vested benefits	3c(1)		50,801
(2) Vested benefits	3c(2)		7,849,089
(3) Total active	3c(3)	197	7,899,890
d Total	3d	222	7,971,507
4 If the plan is at-risk, check the box and complete lines a and b ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	6.29	
6 Target normal cost	6	0	

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

SIGN HERE	<u>SWC</u> Signature of actuary <u>Sally W. Cuni</u> Type or print name of actuary <u>Cuni, Rust & Strenk, Inc.</u> Firm name <u>4540 Cooper Road, Suite 304</u> <u>US Cincinnati OH 45242-5617</u> Address of the firm	<u>07/22/2010</u> Date <u>08-02676</u> Most recent enrollment number <u>(513) 891-0270</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (item 13 from prior year)	84,120	0
8 Portion used to offset prior year's funding requirement (item 35 from prior year)	84,120	0
9 Amount remaining (item 7 minus item 8)	0	0
10 Interest on item 9 using prior year's actual return of <u>-17.71 %</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (item 38 from prior year)		851,438
b Interest on (a) using prior year's effective rate of <u>5.83 %</u>		49,639
c Total available at beginning of current plan year to add to prefunding balance		901,077
d Portion of item (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	0

Part III Funding percentages

14 Funding target attainment percentage	14	93.95 %
15 Adjusted funding target attainment percentage	15	93.95 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	111.56 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/23/2009	5,674	0	11/23/2009	100,000	0
04/23/2009	100,000	0	01/21/2010	100,000	0
05/26/2009	100,000	0	02/22/2010	100,000	0
07/13/2009	100,000	0	03/16/2010	21,973	0
07/29/2009	100,000	0	04/13/2010	88,126	0
09/03/2009	100,000	0			
09/24/2009	100,000	0			
10/26/2009	100,000	0			
Totals ▶ 18(b)				1,115,773	18(c) 0

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

a Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1,065,186

20 Quarterly contributions and liquidity shortfall(s):

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

Liquidity shortfall as of end of Quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment

2nd segment

3rd segment

5.64 %

6.40 %

6.56 %

☐ N/A, full yield curve used

b Applicable month (enter code)

21b

0

22 Weighted average retirement age

22

65

23 Mortality table(s) (see instructions)

☒ Prescribed -- combined☐ Prescribed -- separate☐ Substitute**Part VI Miscellaneous items**

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment

☐ Yes☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment

☐ Yes☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment

☒ Yes☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment

27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years

28

0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)

29

0

30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)

30

0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)

31

0

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

3,847

650

b Waiver amortization installment

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount

33

34 Total funding requirement before reflecting carryover/prefunding balances

34

650

(item 31 + item 32a + item 32b - item 33)

Carryover balance

Prefunding Balance

Total balance

35 Balances used to offset funding requirement

0

36 Additional cash requirement (item 34 minus item 35)

36

650

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)

37

1,065,186

38 Interest-adjusted excess contributions for current year (see instructions)

38

1,064,536

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)

39

40 Unpaid minimum required contribution for all years

40

Plan: Tri-State Urologic Services, P.S.C., Inc. Defined Benefit Plan

EIN: 61-1257391

PIN: 003

Attachment to Line 19 of the 2009 Schedule SB (Actuarial Certification)

Valuation Date 0.0629 Effective Discount Rate
1/1/2009 1.0629
0.940822279

Depost Date	Contribution	# Days	Discount Factor	Discounted Contributions
3/23/2009	5,674	81	0.986554003	5,598
4/23/2009	100,000	112	0.981455974	98,146
5/26/2009	100,000	145	0.976057986	97,606
7/13/2009	100,000	193	0.96825932	96,826
7/29/2009	100,000	209	0.965673637	96,567
9/3/2009	100,000	245	0.959881067	95,988
9/24/2009	100,000	266	0.956518127	95,652
10/26/2009	100,000	298	0.951416289	95,142
11/23/2009	100,000	326	0.946974509	94,697
1/21/2010	100,000	385	0.93768281	93,768
2/22/2010	100,000	417	0.932681435	93,268
3/16/2010	21,973	439	0.929258473	20,419
4/13/2010	88,126	467	0.924920138	81,510
	1,115,773			1,065,186

2009 Schedule SB, line 22 -- Description of Weighted Average Retirement Age
Plan Name: Tri-State Urologic Services, P.S.C., Inc. Defined Benefit Plan
EIN: 61-1257391
PN: 003

(A)	(B)	(C)	(D)	(E)
Retirement Age	Retirement Rates	Fraction Remaining	Probability Distribution	Sum Weighted Average Age
65	100.00%	0.00000	100.00%	65.00000

Weighted Average Retirement Age

65.0

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

2009 Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Tri-State Urologic Services, P.S.C., Inc. Defined Benefit Plan

EIN: 61-1257391

PN: 003

1. Effective Date: January 1, 2002. Amended effective January 1, 2009.
2. Plan Year: January 1st through December 31st.
3. Covered Employees: All employees of Tri-State Urologic Services, P.S.C., Inc.
4. Eligibility: January 1st or July 1st following the attainment of age 21 and the completion of 1 year of service.
5. Average Monthly Earnings: Average annual earnings for the three highest consecutive years, divided by 12.
6. Vesting Service: One Year of Vesting Service is granted for at least 1,000 Hours of Service worked during the Plan Year. Vesting service includes service with predecessor employers.
7. Benefit Service: One Year of Benefit Service is granted for at least 1,000 Hours of Service worked during the Plan Year. No Benefit Service will be credited prior to an Employee's entry into the Plan as an Active Participant.

2009 Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Tri-State Urologic Services, P.S.C., Inc. Defined Benefit Plan

EIN: 61-1257391

PN: 003

8. Normal Retirement:

a. Eligibility

Later of attainment of Age 65 and the fifth anniversary of Entry Date as a Plan Participant.

b. Monthly Benefit

For physicians, 3.5% of Average Monthly Earnings times Years of Benefit Service with a maximum of 10 Years of Benefit Service. For the Chief Operating Officer and Chief Financial Officer, 2% of Average Monthly Earnings times Years of Benefit Service with a maximum of 10 Years of Benefit Service. For all other participants, 0.5% of Average Monthly Earnings times Years of Benefit Service with a maximum of 10 Years of Benefit Service. Accrued benefit is the expected benefit at Normal Retirement Date times a fraction (not to exceed one) that is equal to the Participant's actual Years of Benefit Service as of the Participant's Normal Retirement Date or earlier Termination of Employment divided by the Participant's expected Years of Benefit Service as of Normal Retirement Date. Benefit accruals ceased effective January 1, 2009.

9. Early Retirement:

a. Eligibility

There is not Early Retirement Benefit under the Plan

b. Monthly Benefit

N/A

2009 Schedule SB, Part V – Summary of Plan Provisions
Plan Name: Tri-State Urologic Services, P.S.C., Inc. Defined Benefit Plan
EIN: 61-1257391
PN: 003

10. Vested Retirement:

- | | |
|--------------------|---|
| a. Eligibility | 2 Years of Vesting Service. Participants vest 20% after two Years of Service plus 20% each year thereafter to 100% after six Years of Service. |
| b. Monthly Benefit | Calculated as for Normal Retirement based on Benefit Service and Average Monthly Compensation as of date of separation, times the participant's vesting percentage. |

11. Disability Retirement:

- | | |
|--------------------|---|
| a. Eligibility | There is not Disability Retirement Benefit under the Plan |
| b. Monthly Benefit | N/A |

12. Pre-Retirement Death:

- | | |
|--------------------|---|
| a. Eligibility | A Participant with an Accrued Benefit. |
| b. Monthly Benefit | The Actuarial Present Value of the Participant's Accrued Benefit. |

2009 Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Tri-State Urologic Services, P.S.C., Inc. Defined Benefit Plan

EIN: 61-1257391

PN: 003

13. Payment Forms:

- | | |
|-------------|---|
| a. Normal | Life annuity for single participants and an Actuarially Equivalent 50% Joint & Survivor annuity for married participants. |
| b. Optional | Actuarially equivalent single premium, nontransferable annuity, periodic installment payments, or lump sum distribution. |

14. Actuarial Equivalency:

- | | |
|-------------------------|--|
| a. Other than Lump Sums | 1983 Group Annuity Mortality Table, gender neutral blended 50% male and 50% female and 6.00%. |
| b. Lump Sums | Revenue Ruling 2001-62 Mortality Table and the 30-year Treasury rate for the month of November prior to the Plan Year. |

15. Maximum Annual Benefit:

\$185,000 per year for participants retiring at age 62 and later during the 2008 Plan Year.

16. Changes Since Last Year:

Benefit accruals ceased effective January 1, 2009.

2009 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
Plan Name: Tri-State Urologic Services, P.S.C., Inc. Defined Benefit Plan
EIN: 61-1257391
PN: 003

1. Interest Rates:

a. Funding

Segment 1	5.64%
Segment 2	6.40%
Segment 3	6.56%

Post-retirement Lump Sum Rate	5.50%
-------------------------------	-------

b. Present Value of Accumulated Benefits (FAS 35) 5.50%

2. Mortality Rates:

Pre-retirement: None.

Post-retirement: Funding: 1994 Group Annuity Reserve Table
50% male/50% female

FAS 35: 1994 Group Annuity Reserve Table
50% male/50% female

3. Salary Scale: 0.00%.

4. Retirement Ages: Normal Retirement Age or Attained Age, if later.

5. Assumed Form of Benefit Payment: Lump Sum Distribution

2009 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
Plan Name: Tri-State Urologic Services, P.S.C., Inc. Defined Benefit Plan
EIN: 61-1257391
PN: 003

- | | |
|-------------------------------------|------------------------------|
| 6. <u>Termination Rates:</u> | None. |
| 7. <u>Disability Rates:</u> | None. |
| 8. <u>Plan Expenses:</u> | None. |
| 9. <u>Actuarial Cost Method:</u> | Unit Credit under PPA rules. |
| 10. <u>Asset Valuation Method:</u> | Market Value. |
| 11. <u>Changes Since Last Year:</u> | None. |

Active Participants as of January 1, 2009

Total Years of Service

Age Group	<u>< 1</u>	<u>1-4</u>	<u>5-9</u>	<u>10-14</u>	<u>15-19</u>	<u>20-24</u>	<u>25-29</u>	<u>30-34</u>	<u>35 +</u>	<u>Total</u>
< 19	0	0	0	0	0	0	0	0	0	0
20-24	0	3	0	0	0	0	0	0	0	3
25-29	0	8	6	0	0	0	0	0	0	15
30-34	0	3	10	3	0	0	0	0	0	16
35-39	0	8	8	9	0	0	0	0	0	25
40-44	0	7	5	9	1	1	0	0	0	23
45-49	0	9	8	4	5	2	0	0	0	28
50-54	0	4	7	4	7	6	0	0	0	28
55-59	0	4	9	9	4	3	1	1	1	32
60-64	0	1	3	6	1	3	2	4	0	20
65-69	0	0	1	1	0	0	0	0	4	6
70 +	0	<u>0</u>	<u>0</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u>
Total	0	47	57	46	18	15	3	5	5	197

Plan: Tri-State Urologic Services, P.S.C., Inc. Defined Benefit Plan
 EIN: 61-1257391
 PIN: 003

Average Age: 46.7 years
 Average Service: 10.8 years

2009 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
Plan Name: Tri-State Urologic Services, P.S.C., Inc. Defined Benefit Plan
EIN: 61-1257391
PN: 003

- | | |
|-------------------------------------|------------------------------|
| 6. <u>Termination Rates:</u> | None. |
| 7. <u>Disability Rates:</u> | None. |
| 8. <u>Plan Expenses:</u> | None. |
| 9. <u>Actuarial Cost Method:</u> | Unit Credit under PPA rules. |
| 10. <u>Asset Valuation Method:</u> | Market Value. |
| 11. <u>Changes Since Last Year:</u> | None. |

Development of Shortfall Amortization Charge

1. Segment Rates	
a. 1st Segment	5.64%
a. 2nd Segment	6.40%
2. Funding Target	\$ 7,971,507
3. Adjusted Plan Assets	
a. Actuarial Value of Assets	\$ 7,489,370
b. Funding Standard Carryover Balance	0
c. Prefunding Balance	0
d. Adjusted Assets: [(a) - (b) - (c), but not less than \$0]	\$ 7,489,370
4. Funding Shortfall: [(2) - (3)(d), but not less than \$0]	\$ 482,137
5. Current Shortfall Amortization Installments	
a. Annual Installments	
i. 2008 Base (6 Years Remaining)	\$ 0
ii. 2007 Base (5 Years Remaining)	0
iii. 2006 Base (4 Years Remaining)	0
iv. 2005 Base (3 Years Remaining)	0
v. 2004 Base (2 Years Remaining)	0
vi. 2003 Base (1 Year Remaining)	0
vii. Total Annual Installments	\$ 0
b. Present Value of Installments to be made	
i. On January 1, 2009	\$ 0
ii. On January 1, 2010	0
iii. On January 1, 2011	0
iv. On January 1, 2012	0
v. On January 1, 2013	0
vi. On January 1, 2014	0
vii. Total Present Value of Annual Installments	\$ 0
6. Exemption from New Shortfall Amortization Base	
a. Target Liability Percentage	94.00%
b. Shortfall Funding Target: [(2) × (6)(a)]	\$ 7,493,217
c. Prefunding Balance if used to reduce the Minimum Required Contribution	\$ 0
d. Exempt?: [Yes if {(3)(a) - (6)(c)} ≥ (6)(b)]	No
7. Shortfall Amortization Base	
a. Adjusted Funding Shortfall: [(6)(b) - (3)(d), not less than \$0]	\$ 3,847
b. New Current Year Base: [(a) - (5)(b)(vii), or \$0 if Exempt]	\$ 3,847
c. New 7-Year Installment Amount	\$ 650
8. Shortfall Amortization Charge: [(5)(a)(vii) + (7)(c), but not less than \$0]	\$ 650

Plan: Tri-State Urologic Services, P.S.C., Inc. Defined Benefit Plan

EIN: 61-1257391

PIN: 003

**TRI-STATE UROLOGIC SERVICES P.S.C., INC.
DEFINED BENEFIT PLAN**

**FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION**

For the Years Ended
December 31, 2009 and December 31, 2008

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**RUDLER &
ASSOCIATES, INC.**

Certified Public Accountants

A Professional Service Corporation
Founded in 1969

INDEPENDENT AUDITORS' REPORT

To The Board of Trustees & Participants
Tri-State Urologic Services, P.S.C., Inc.
Defined Benefit Plan

We have audited the accompanying statements of net assets available for benefits and of accumulated plan benefits of the Tri-State Urologic Services, P.S.C., Inc., Defined Benefit Plan as of December 31, 2009 and December 31, 2008, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of Tri-State Urologic Services, P.S.C., Inc., Defined Benefit Plan as of December 31, 2009 and December 31, 2008, and the changes in its financial status for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were performed for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplementary schedules of assets held at end of year as of December 31, 2009, and assets acquired and disposed of within year for the year ended December 31, 2009, are presented for the purpose of additional analysis and are not a required part of the basic financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. These supplementary schedules are the responsibility of the Plan's management. The supplementary schedules have been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Fort Wright, Kentucky
October 6, 2010

TRI-STATE UROLOGIC SERVICES P.S.C., INC.
DEFINED BENEFIT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2009 and December 31, 2008

	December 31, 2009	December 31, 2008
ASSETS		
Investments - at fair market value:		
Fixed income securities	\$ 3,294,488	\$ 2,235,314
Mutual funds	3,201,320	2,358,293
Equity securities	2,038,147	1,388,119
	<u>8,533,955</u>	<u>5,981,726</u>
Receivables:		
Employer's contribution	310,099	586,350
Accrued interest and dividends	47,737	37,135
	<u>357,836</u>	<u>623,485</u>
Cash and cash equivalents	<u>216,071</u>	<u>888,932</u>
Total Assets	<u>9,107,862</u>	<u>7,494,143</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 9,107,862</u></u>	<u><u>\$ 7,494,143</u></u>

The accompanying notes are an integral part of this statement.

TRI-STATE UROLOGIC SERVICES P.S.C., INC.
DEFINED BENEFIT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the year ended December 31, 2009

ADDITIONS

Additions to net assets attributed to:

Investment income

Interest income	\$ 144,874
-----------------	------------

Dividend income	107,564
-----------------	---------

Net appreciation in fair value of investments	873,117
---	---------

Total Investment Income	1,125,555
-------------------------	-----------

Contributions

Employer's contribution	1,115,817
-------------------------	-----------

Total Additions	2,241,372
-----------------	-----------

DEDUCTIONS

Deductions from net assets attributed to:

Benefits paid to participants	597,816
-------------------------------	---------

Investment expenses	29,837
---------------------	--------

Total Deductions	627,653
------------------	---------

Net Increase	1,613,719
--------------	-----------

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of Year	7,494,143
-------------------	-----------

End of Year	\$ 9,107,862
-------------	--------------

The accompanying notes are an integral part of this statement.

TRI-STATE UROLOGIC SERVICES P.S.C., INC.
DEFINED BENEFIT PLAN
STATEMENTS OF ACCUMULATED PLAN BENEFITS
December 31, 2009 and December 31, 2008

	December 31, 2009	December 31, 2008
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS		
Vested benefits:		
Participants currently receiving payments	\$ 8,114,092	\$ 8,159,457
Other participants	5,819	76,530
	8,119,911	8,235,987
Nonvested benefits	20,463	48,390
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 8,140,374</u>	<u>\$ 8,284,377</u>

The accompanying notes are an integral part of this statement.

TRI-STATE UROLOGIC SERVICES P.S.C., INC.
DEFINED BENEFIT PLAN
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
For the year ended December 31, 2009

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT BEGINNING OF YEAR	<u>\$ 8,284,377</u>
Increase/(Decrease) during the year attributable to:	
Decrease in discount period	441,577
Assumption change	39,201
Benefits paid	(597,815)
Benefits accumulated	<u>(26,966)</u>
NET DECREASE	<u>(144,003)</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR	<u><u>\$ 8,140,374</u></u>

The accompanying notes are an integral part of this statement.

TRI-STATE UROLOGIC SERVICES P.S.C., INC.
DEFINED BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2009 and December 31, 2008

1. Description of Plan

The following brief description of the Tri-State Urologic Services, P.S.C., Inc., Defined Benefit Plan is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General

The Plan is a defined benefit pension plan that was established during 2002. The plan covers substantially all employees of Tri-State Urologic Services, P.S.C., Inc. who have one year of service and are age twenty one or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Pension Benefits

Employees are entitled to their vested annual pension benefits beginning at normal retirement age (65) equal to .5%, 2.0% or 3.5% (depending on rank of service) of their average annual compensation over the three highest consecutive Plan years multiplied by number of years of benefit service (10 years maximum).

Employees may elect to receive their pension benefits in the form of a single life annuity or joint and 50% survivor annuity. Employees may elect to receive the value of their accumulated plan benefits as a lump-sum distribution upon retirement or termination.

Vesting

Vesting in pension benefits is based on years of service. Participants vest 20% per year starting in year two and are 100% vested after six years of service.

Death and Disability Benefits

If an active employee dies, a death benefit equal to the value of the employee's accumulated pension benefits is paid to the employee's beneficiary. Active employees who become totally disabled will be eligible to retire and receive annual disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Administrative Expenses

All administrative expenses of maintaining the Plan are paid by the Company.

TRI-STATE UROLOGIC SERVICES P.S.C., INC.
DEFINED BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS (CONT'D)
December 31, 2009 and December 31, 2008

Actuarial Present Value of Accumulated Plan Benefits

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

The actuarial present value of accumulated plan benefits was determined by Cuni, Rust & Strenk Inc., consulting actuaries and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of December 31, 2009 and 2008 were (a) life expectancy of participants (1994 Group Annuity Reserve Table 50% male and 50% female), (b) normal retirement age (65), and (c) investment return. The 2009 and 2008 valuation included assumed average rates of return of 6%. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 9 for discussion of fair value measurements.

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.

Payment of Benefits

Benefit payments to participants are recorded upon distributions.

3. Investments

The fair value of individual investments that represent 5.0 percent or more of the Plan's net assets are as follows:

	December 31, 2009	December 31, 2008
Vanguard GNMA Mortgage Bond Fund	\$ N/A	\$ 464,402
Vanguard Intermediate-Term Investment Grade Fund	620,997	N/A

TRI-STATE UROLOGIC SERVICES P.S.C., INC.
DEFINED BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS (CONT'D)
December 31, 2009 and December 31, 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 as follows:

	December 31, 2009	December 31, 2008
Investments at Fair Value as Determined by Quoted Market Price:		
Fixed Income	\$ 139,682	\$ 54,320
Mutual Funds	392,544	33,490
Equity Securities	340,891	(1,798,535)
Total	<u>\$ 873,117</u>	<u>\$ (1,710,725)</u>

4. Funding Policy and Frozen Plan Status

The Company's funding policy is to make annual contributions to the Plan in amounts that are estimated to be sufficient so that all employees' benefits will be fully provided for by the time they retire. The Company's contributions for 2009 and 2008 met the minimum funding requirements of ERISA.

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. Effective May 16, 2009, the Plan elected to freeze any future contributions and no additional benefits will accrue after such date.

5. Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- b. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below)
- c. All other vested benefits (that is, vested benefits not insured by the PBGC).
- d. All nonvested benefits.

TRI-STATE UROLOGIC SERVICES P.S.C., INC.
DEFINED BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS (CONT'D)
December 31, 2009 and December 31, 2008

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

6. Tax Status

The Plan obtained its latest determination letter on January 29, 2004, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

7. 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 the amounts reported in the statement of net assets available for benefits.

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

8. Transactions with Parties-In-Interest

Certain Plan investments are managed by Johnson Investment Counsel, Inc. Johnson Investment Counsel, is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest. Fees paid by the Plan for the investment management services amounted to \$28,913 and \$30,890 for the years ending December 31, 2009 and December 31, 2008.

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December 31, 2009 and December 31, 2008

9. Fair Value Measurement

Financial Accounting Standards Board Standards Codification 958-820 (formerly FSB Statement No. 157), establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC 958-820 are described below:

- | | |
|---------|--|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access. |
| Level 2 | Inputs to the valuation methodology include:
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.
If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability. |
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement. |

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

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

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

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

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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December 31, 2009 and December 31, 2008

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

	Assets at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Fixed income securities	\$ 3,294,488			\$ 3,294,488
Mutual funds	3,201,320			3,201,320
Equity securities	2,038,147			2,038,147
Total assets at fair value	<u>\$ 8,533,955</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 8,533,955</u>

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

	Assets at Fair Value as of December 31, 2008			
	Level 1	Level 2	Level 3	Total
Fixed income securities	\$ 2,235,314			\$ 2,235,314
Mutual funds	2,358,293			2,358,293
Equity securities	1,388,119			1,388,119
Total assets at fair value	<u>\$ 5,981,726</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 5,981,726</u>

10. Subsequent Events

The Plan has evaluated all subsequent events through October 6, 2010, the date the financial statements were available to be issued.

SUPPLEMENTARY INFORMATION

TRI-STATE UROLOGIC SERVICES P.S.C., INC.
DEFINED BENEFIT PLAN
 SUPPLEMENTARY INFORMATION
 SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 December 31, 2009

(a) Related Party	(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
*	Johnson Investment Counsel, Inc.	Fixed Income Securities	2,904,832	3,294,488
*	Johnson Investment Counsel, Inc.	Mutual Funds	2,126,975	3,201,320
*	Johnson Investment Counsel, Inc.	Equity Securities	1,821,879	<u>2,038,147</u>
TOTAL ASSETS HELD FOR INVESTMENT PURPOSES				<u>\$ 8,533,955</u>

* Party-in-interest as defined by ERISA

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SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
For the year ended December 31, 2009

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(c) Costs of Acquisitions	(d) Proceeds of Dispositions
Freeport McMoran Copper & Gold	800 Shares Common	24,006	67,863
PNC Financial Services Group, Inc.	600 Shares Common	29,854	30,327

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SUPPLEMENTARY INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2009

(a) Related Party	(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
*	Johnson Investment Counsel, Inc.	Fixed Income Securities	2,904,832	3,294,488
*	Johnson Investment Counsel, Inc.	Mutual Funds	2,126,975	3,201,320
*	Johnson Investment Counsel, Inc.	Equity Securities	1,821,879	<u>2,038,147</u>
TOTAL ASSETS HELD FOR INVESTMENT PURPOSES				<u>\$ 8,533,955</u>

* Party-in-interest as defined by ERISA

See Auditors' Report

TRI-STATE UROLOGIC SERVICES P.S.C., INC.
DEFINED BENEFIT PLAN
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SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
For the year ended December 31, 2009

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(c) Costs of Acquisitions	(d) Proceeds of Dispositions
Freeport McMoran Copper & Gold	800 Shares Common	24,006	67,863
PNC Financial Services Group, Inc.	600 Shares Common	29,854	30,327

See Auditors' Report