

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.	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 <u>07/01/2009</u> and ending <u>06/30/2010</u>	
A This return/report is for:	☒ single-employer plan ☐ multiple-employer plan (not multiemployer) ☐ one-participant plan
B This return/report is for:	☐ first return/report ☐ final return/report ☐ an amended return/report ☐ short plan year return/report (less than 12 months)
C Check box if filing under:	☐ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>CLEVELAND UROLOGY ASSOCIATES, INC. DEFINED BENEFIT PENSION PLAN</u>	1b Three-digit plan number (PN) ▶ <u>006</u>
	1c Effective date of plan <u>07/01/2003</u>
2a Plan sponsor's name and address (employer, if for single-employer plan) <u>CLEVELAND UROLOGY ASSOCIATES, INC.</u> <u>19250 BAGLEY RD # 107</u> <u>MIDDLEBURG HEIGHTS, OH 44130</u>	2b Employer Identification Number (EIN) <u>34-1316840</u> 2c Plan sponsor's telephone number <u>440-891-6500</u> 2d Business code (see instructions) <u>621399</u>
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") <u>CLEVELAND UROLOGY ASSOCIATES, INC.</u> <u>19250 BAGLEY RD # 107</u> <u>MIDDLEBURG HEIGHTS, OH 44130</u>	3b Administrator's EIN <u>34-1316840</u> 3c Administrator's telephone number <u>440-891-6500</u>
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. Sponsor's name	4b EIN 4c PN
5a Total number of participants at the beginning of the plan year	5a <u>36</u>
b Total number of participants at the end of the plan year	5b <u>38</u>
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....	5c
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	☒ Yes ☐ No
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).....	☒ Yes ☐ No
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	

Part III	Financial Information
7 Plan Assets and Liabilities	
a Total plan assets	7a <u>2197090</u>
b Total plan liabilities	7b
c Net plan assets (subtract line 7b from line 7a).....	7c <u>2197090</u>
8 Income, Expenses, and Transfers for this Plan Year	
a Contributions received or receivable from:	
(1) Employers	8a(1)
(2) Participants	8a(2)
(3) Others (including rollovers).....	8a(3)
b Other income (loss).....	8b <u>99461</u>
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c <u>99461</u>
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d <u>2249605</u>
e Certain deemed and/or corrective distributions (see instructions)....	8e
f Administrative service providers (salaries, fees, commissions).....	8f <u>2640</u>
g Other expenses.....	8g
h Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h <u>2252245</u>
i Net income (loss) (subtract line 8h from line 8c).....	8i <u>-2152784</u>
j Transfers to (from) the plan (see instructions)	8j

Part IV Plan Characteristics**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1D 1G 1I

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

	Yes	No	Amount
10 During the plan year:			
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c Was the plan covered by a fidelity bond?	X		300000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)		X	
f Has the plan failed to provide any benefit when due under the plan?		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))..... ☒ Yes ☐ No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year.....	12b	
c Enter the amount contributed by the employer to the plan for this plan year.....	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	

e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? ☒ Yes ☐ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a** 0

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.	12/03/2010	DR. KEDIA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	12/03/2010	DR. KEDIA
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

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 CLEVELAND UROLOGY ASSOCIATES, INC. DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) 006
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CLEVELAND UROLOGY ASSOCIATES, INC.	D Employer Identification Number (EIN) 34-1316840

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

1 Enter the valuation date: Month 07 Day 01 Year 2009	
2 Assets:	
a Market value	2a 2171868
b Actuarial value	2b 2171868
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	3a (1) Number of participants 0 (2) Funding Target 0
b For terminated vested participants	3b 2 8827
c For active participants:	
(1) Non-vested benefits	3c(1) 3674
(2) Vested benefits	3c(2) 1939460
(3) Total active	3c(3) 53 1943134
d Total	3d 55 1951961
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 5.67 %
6 Target normal cost	6 4907

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		11/05/2010
Signature of actuary		Date
JULIA CHERNYAK		08-06817
Type or print name of actuary		Most recent enrollment number
JC ACTUARIAL BENEFIT CONSULTANTS		440-725-4691
Firm name		Telephone number (including area code)
7318 SELWORTHY LANE SOLO, OH 44139		
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 ☐

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)	295656	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	295656	0
10	Interest on item 9 using prior year's actual return of <u>-8.29</u> %	-24510	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>6.80</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	271146	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	111.27 %
15	Adjusted funding target attainment percentage.....	15	111.27 %
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	96.00 %
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
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	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	0
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	(4) 4th
0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 5.63 %	2nd segment: 6.65 %	3rd segment: 6.72 %	☐ 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	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	0
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	0
38 Interest-adjusted excess contributions for current year (see instructions).....	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	

Form 5500-SFDepartment of the Treasury
Internal Revenue Service**Short Form Annual Return/Report of Small Employee
Benefit Plan**This form is required to be filed under sections 104 and 4065 of the Employee
Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the
Internal Revenue Code (the Code).OMB Nos. 1510-0110
1510-0089**2009**This Form Is Open to Public
Inspection.

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Part I Annual Report Identification Information

For the calendar plan year 2009 or fiscal plan year beginning		07/01/2009	and ending	06/30/2010
A This return/report is for:	☒ single-employer plan	☐ multiple-employer plan (not multiemployer)	☐ one-participant plan	
B This return/report is for:	☐ first return/report	☐ final return/report		
	☐ an amended return/report	☐ short plan year return/report (less than 12 months)		
C Check box if filing under:	☐ Form 5558	☐ automatic extension	☐ DFVC program	
	☐ special extension (enter description)			

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

1a Name of plan Cleveland Urology Associates, Inc. Defined Benefit Pension Plan	1b Three-digit plan number (PN) ▶ 006
2a Plan sponsor's name and address (employer, if for single-employer plan) Cleveland Urology Associates, Inc. 19250 Bagley Rd # 107 US Middleburg Heights OH 44130	1c Effective date of plan 07/01/2003
	2b Employer Identification Number (EIN) 34-1316840
	2c Plan sponsor's telephone number (440) 891-6500
	2d Business code (see instructions) 621399
3a Plan administrator's name and address (if same as plan employer, enter "Same") Same	3b Administrator's EIN
	3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return. Sponsor's Name	4b EIN
	4c PN
5a Total number of participants at the beginning of the plan year	5a 36
b Total number of participants at the end of the plan year	5b 38
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5c
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	☒ Yes ☐ No
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	☒ Yes ☐ No

If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	2,197,090	44,306
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	2,197,090	44,306
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)		
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	99,461	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		99,461
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2,249,605	
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f	2,640	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		2,252,245
i Net income (loss) (subject line 8h from line 8c)	8i		(2,152,784)
j Transfers to (from) the plan (see instructions)	8j		

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

Form 5500-SF (2009)
v.092308.1

Part IV Plan Characteristics**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1D 1G 1I

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

	Yes	No	Amount
10 During the plan year:			
a Was there a failure to transmit to the plan any participant contribution within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c Was the plan covered by a fidelity bond?	X		300,000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance services or other organization that provides some or all of the benefits under the plan? (See instructions.)		X	
f Has the plan failed to provide any benefit when due under the plan?		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

Part VI Pension Funding Compliance

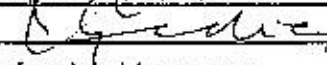
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500).)	☒ Yes ☐ No
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	☐ Yes ☒ No
a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	
b Enter the minimum required contribution for this plan year.	12b _____
c Enter the amount contributed by the employer to the plan for this plan year.	12c _____
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).	12d _____
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? If "Yes," enter the amount of any plan assets that reverted to the employer this year.	☒ Yes ☐ No	13a _____
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐ Yes ☒ No	
c 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.)		
13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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		12/1/10	Dr. Kedia
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		12/1/10	Dr. Kedia
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Cleveland Urology Associates, Inc. Defined Benefit Pension Plan

EIN / PN: 34-1316840/ 006

Schedule SB, line 22 - Description of Weighted Average Retirement Age

Weighted Average Retirement Age is equal Normal Retirement Age under the Plan

Cleveland Urology Associates, Inc. Defined Benefit Pension Plan
EIN / PN: 34-1316840/ 006
Schedule SB, line 24 - Change in Actuarial Assumptions

The interest rates to determine liabilities changed from IRC 430(h) Monthly Yield Curve interest rate for the month of July of the plan year to to transitional segment rates (5.63%, 6.65%, 6.72%)

The mortality table was changed from IRS 2008 Applicable Mortality Table to IRS 2009 Applicable Mortality Table.

Summary of Plan Provisions

Effective Date: July 1, 2003

Anniversary Date: Each July after Effective Date

Eligible Employee: Any person rendering services for Employer who is Category I or Category II Participant.

Category I Participant means an Employee who is both a Key Employee and age 50 or older as of the last day of the Plan Year.

Category II Participant means any non-highly compensated Employee who is not a cancer center employee.

Offset Benefit means, for each Category I Participant, zero, and for each Category II Participant, the present value of such Participant's vested account balance attributable to the contributions in the Cleveland Urology Associates, Inc. Profit Sharing Plan and Trust.

Compensation: The total of all amounts paid by the Employer to or for the benefit of a Participant for services rendered by the Participant. Compensation shall include any elective deferral and any amount which is not includible in the gross income by the reason of Code Sections 125 or 457.

Year of Credited Service: A Plan Year during which the Employee renders an Hour of Service with the Employer.

Year of Vesting Service: A Plan Year during which the Employee has at least 1,000 Hours of Service with Employer.

Eligibility and Participation: Every Eligible Employee shall be eligible to participate on the date of his Employment.

Normal Retirement Date (NRD): The first of the month coinciding with or next following the date on which the Participant attains age 65.

Summary of Plan Provisions

Accrued Benefit: Category I Participant's accrued benefit at Normal Retirement Age shall be a benefit equal to 10% of Compensation for each Year of Credited Service. A Category II Participant's accrued benefit shall be a benefit equal to the greater of \$400 or 1% of Compensation for each Year of Credited Service, less the Offset Benefit.

Vested Accrued Benefit: A Participant shall be vested in his accrued benefit according to the following schedule:

Service	Vested Portion of Accrued Benefit
0-1 Years	0%
2 Years	20%
3 Years	40%
4 Years	60%
5 Years	80%
6 or more Years	100%

Normal Retirement Benefit of a participant who retires on his Normal Retirement Date shall be a monthly pension for life in an amount equal to the actuarial equivalent of the Participant's accrued benefit at Normal Retirement Age.

Early Retirement Benefit: None

Deferred Vested Benefit: Actuarial Equivalent of Vested Accrued Benefit determined as of termination date payable no later than the participant's NRD

Preretirement Death Benefit: If Participant dies prior to the commencement of benefit payments, he shall be 100% vested in his Accrued Benefit payable no later than the participant's NRD. The form of the death benefit shall be determined in accordance with the following provisions:

Unmarried Participant, the normal form of death benefit shall be a single-sum payment equal to the Participant's vested accrued benefit.

Married Participant, the normal form of death benefit shall be a Qualified Preretirement Survivor Annuity.

Disability Benefit: If the employment of a Participant terminates due to a permanent disability, he shall be 100% vested in his accrued benefit and shall be entitled to payment of the actuarial equivalent of accrued benefit.

Cleveland Urology Associates, Inc. Defined Benefit Pension Plan
EIN / PN: 34-1316840/ 006
Schedule SB, Part V - Summary of Plan Provisions

Summary of Plan Provisions

Normal Form of Retirement Benefit:

Unmarried Participant: Monthly straight life annuity

Married Participant: Qualified joint and survivor annuity

Optional Form of Benefit Payment: Single-sum payment

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

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

▶ File as an attachment to Form 5500 or 5500-SF.

OMB No. 1510-0110

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

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

▶ 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 Cleveland Urology Associates, Inc. Defined Benefit Pension Plan	B Three-digit plan number (PN) ▶ 006
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ Cleveland Urology Associates, Inc.	D Employer identification number (EIN) 34-1316840
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 07 Day 01 Year 2009		
2 Assets:		
a Market value	2a	2,171,868
b Actuarial value	2b	2,171,868
3 Funding target/participant count breakdown		
		(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	0
b For terminated vested participants	3b	2
c For active participants:		
(1) Non-vested benefits	3c(1)	3,674
(2) Vested benefits	3c(2)	1,939,460
(3) Total active	3c(3)	1,943,134
d Total	3d	1,951,961
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	5.67
6 Target normal cost	6	4,907

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 all relevant experience under the plan.

SIGN HERE	<i>Julia Chernyak</i>	11/05/2010
	Signature of actuary	Date
Julia Chernyak	Type or print name of actuary	08-06817
JC Actuarial Benefit Consultants	Firm name	Most recent enrollment number
7318 Selworthy Lane		(440) 725-4691
US Salon	OH 44139	Telephone number (including area code)
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 V Assumptions used to determine funding target and target normal cost

21 Discount rate:			
a Segment rates:	1st segment 5.63 %	2nd segment 6.65 %	3rd segment 6.72 %
			☐ 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
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	29
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30

Part VIII Minimum required contribution for current year

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

Actuarial Method and Assumptions

Cost Method:

The Unit Credit Method as defined by the Pension Protection Act of 2006.

Asset Valuation Method:

The Actuarial value of Assets is equal to the Market Value of Assets

Actuarial assumptions

Investment Return for Funding	5.63% Applicable during first 5 years starting from the Val Date. 6.65% Applicable during years 6-20 starting from the Val Date. 6.72% Applicable during years 21 and beyond starting from the Val Date.
Salary increases	None
Mortality	Post-Retirement - 2009 Applicable Morality Table Pre-Retirement - none.
Withdrawal	None
Disability	None
Retirement	100% at age 65
Expenses	None
Normal Form of Benefit	Life annuity
Changes in assumptions	The interest rates to determine liabilities changed from IRC 430(h) Monthly Yield Curve interest rate for the month of July of the plan year to to transitional segment rates (5.63%, 6.65%, 6.72%) The mortality table was changed from IRS 2008 Applicable Mortality Table to IRS 2009 Applicable Mortality Table.

An employee census, asset data and contribution amounts were supplied by the Company and relied on to be complete and accurate.

Cleveland Urology Associates, Inc. Defined Benefit Pension Plan
ETN / PN: 34-1316840/006
Schedule SB, line 26 - Schedule of Active Participant Data

Schedule of Active Participant Data

	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	over 40	Total
Under 25	8	4	0	0	0	0	0	0	0	0	12
25 to 29	4	6	0	0	0	0	0	0	0	0	10
30 to 34	2	2	2	0	0	0	0	0	0	0	6
35 to 39	3	4	0	2	0	0	0	0	0	0	9
40 to 44	0	2	2	0	0	0	0	0	0	0	4
45 to 49	2	2	1	0	1	0	0	0	0	0	6
50 to 54	1	1	0	0	0	0	0	0	0	0	2
55 to 59	0	2	0	0	0	0	0	0	0	0	2
60 to 64	0	0	0	1	0	0	0	0	0	0	1
65 to 69	0	1	0	0	0	0	0	0	0	0	1
over 70	0	0	0	0	0	0	0	0	0	0	0
Total	20	24	5	3	1	0	0	0	0	0	53