

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 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>07/01/2010</u> and ending <u>06/30/2011</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 CLEVELAND UROLOGY ASSOCIATES, INC. DEFINED BENEFIT PENSION PLAN	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">1b Three-digit plan number (PN) ►</td> <td style="width:40%; text-align: center;">006</td> </tr> <tr> <td colspan="2">1c Effective date of plan 07/01/2003</td> </tr> </table>	1b Three-digit plan number (PN) ►	006	1c Effective date of plan 07/01/2003	
1b Three-digit plan number (PN) ►	006				
1c Effective date of plan 07/01/2003					
2a Plan sponsor's name and address (employer, if for single-employer plan) CLEVELAND UROLOGY ASSOCIATES, INC. 19250 BAGLEY RD # 107 MIDDLEBURG HEIGHTS, OH 44130	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 sponsor, enter "Same") CLEVELAND UROLOGY ASSOCIATES, INC. 19250 BAGLEY RD # 107 MIDDLEBURG HEIGHTS, OH 44130	3b Administrator's EIN 34-1316840				
	3c Administrator's telephone number 440-891-6500				
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 38				
b Total number of participants at the end of the plan year	5b 28				
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th style="width:20%;">(a) Beginning of Year</th> <th style="width:20%;">(b) End of Year</th> </tr> <tr> <td>a Total plan assets</td> <td>7a 44306</td> <td>30196</td> </tr> <tr> <td>b Total plan liabilities</td> <td>7b</td> <td></td> </tr> <tr> <td>c Net plan assets (subtract line 7b from line 7a).....</td> <td>7c 44306</td> <td>30196</td> </tr> </table>		(a) Beginning of Year	(b) End of Year	a Total plan assets	7a 44306	30196	b Total plan liabilities	7b		c Net plan assets (subtract line 7b from line 7a).....	7c 44306	30196																														
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8 Income, Expenses, and Transfers for this Plan Year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th style="width:20%;">(a) Amount</th> <th style="width:20%;">(b) Total</th> </tr> <tr> <td>a Contributions received or receivable from:</td> <td></td> <td></td> </tr> <tr> <td> (1) Employers</td> <td>8a(1)</td> <td></td> </tr> <tr> <td> (2) Participants</td> <td>8a(2)</td> <td></td> </tr> <tr> <td> (3) Others (including rollovers).....</td> <td>8a(3)</td> <td></td> </tr> <tr> <td>b Other income (loss).....</td> <td>8b 155</td> <td></td> </tr> <tr> <td>c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</td> <td>8c</td> <td>155</td> </tr> <tr> <td>d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....</td> <td>8d</td> <td></td> </tr> <tr> <td>e Certain deemed and/or corrective distributions (see instructions)....</td> <td>8e</td> <td></td> </tr> <tr> <td>f Administrative service providers (salaries, fees, commissions).....</td> <td>8f 14265</td> <td></td> </tr> <tr> <td>g Other expenses.....</td> <td>8g</td> <td></td> </tr> <tr> <td>h Total expenses (add lines 8d, 8e, 8f, and 8g).....</td> <td>8h</td> <td>14265</td> </tr> <tr> <td>i Net income (loss) (subtract line 8h from line 8c).....</td> <td>8i</td> <td>-14110</td> </tr> <tr> <td>j Transfers to (from) the plan (see instructions)</td> <td>8j</td> <td></td> </tr> </table>		(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 155		c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	155	d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d		e Certain deemed and/or corrective distributions (see instructions)....	8e		f Administrative service providers (salaries, fees, commissions).....	8f 14265		g Other expenses.....	8g		h Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h	14265	i Net income (loss) (subtract line 8h from line 8c).....	8i	-14110	j Transfers to (from) the plan (see instructions)	8j	
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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 ☐ NoIf "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.	11/28/2011	DR. KEDIA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	11/28/2011	DR. KEDIA
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 07/01/2010 and ending 06/30/2011

▶ **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>CLEVELAND UROLOGY ASSOCIATES, INC. DEFINED BENEFIT PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CLEVELAND UROLOGY ASSOCIATES, INC.</u>	D Employer Identification Number (EIN) <u>34-1316840</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>07</u> Day <u>01</u> Year <u>2010</u>
2	Assets:
a	Market value 2a <u>44306</u>
b	Actuarial value 2b <u>44306</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>1</u> <u>415</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>4418</u>
(2)	Vested benefits 3c(2) <u>4513</u>
(3)	Total active 3c(3) <u>37</u> <u>8931</u>
d	Total 3d <u>38</u> <u>9346</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>6.42</u> %
6	Target normal cost 6 <u>20000</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>11/04/2011</u>
Signature of actuary	Date
<u>JULIA CHERNYAK</u>	<u>11-06817</u>
Type or print name of actuary	Most recent enrollment number
<u>JC ACTUARIAL BENEFIT CONSULTANTS</u>	<u>440-725-4691</u>
Firm name	Telephone number (including area code)
<u>7318 SELWORTHY LANE</u> <u>SOLOM, OH 44139</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) 2010
v.092308.1

Part II Beginning of year carryover and prefunding balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8).....	0	0
10 Interest on item 9 using prior year's actual return of <u>5.51</u> %	0	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>5.67</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.....	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	474.06 %
15 Adjusted funding target attainment percentage.....	15	474.06 %
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	111.26 %
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	(3) 3rd	(4) 4th

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

21 Discount rate:				
a Segment rates:	1st segment: 4.05 %	2nd segment: 6.47 %	3rd segment: 6.65 %	☐ 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	

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 5058(a) of the Internal Revenue Code (the Code).

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

Report Identification Information

For the year 2010 or fiscal plan year beginning	07/01/2010	and ending	06/30/2011
For: ☒ single-employer plan	☐ multiple-employer plan (not multiemployer)	☐ one-participant plan	
For: ☐ first return/report	☐ final return/report		
☐ an amended return/report	☐ short plan year return/report (less than 12 months)		
Under: ☐ Form 5558	☐ automatic extension	☐ DFVC program	
☐ special extension (enter description)			

Plan Information -- enter all requested information.

Employer's name and address (employer, if for single-employer plan)	1b Three-digit plan number (PN) ▶
Employer's name and address (employer, if for single-employer plan)	1c Effective date of plan
Employer's name and address (employer, if for single-employer plan)	2b Employer identification number (EIN)
Employer's name and address (employer, if for single-employer plan)	2c Plan sponsor's tax identification number (440)
Employer's name and address (employer, if for single-employer plan)	2d Business code (see instructions)
Employer's name and address (employer, if for single-employer plan)	3b Administrator's name and address
Employer's name and address (employer, if for single-employer plan)	3c Administrator's tax identification number
Employer's name and address (employer, if for single-employer plan)	4b EIN
Employer's name and address (employer, if for single-employer plan)	4c PN
Participants at the beginning of the plan year	5a
Participants at the end of the plan year	5b
Participants with account balances as of the end of the plan year (defined benefit plans do not have account balances)	5c
Employer's assets during the plan year invested in eligible assets? (See instructions.)	
Waiver of the annual examination and report of an independent qualified public accountant (IQPA)	
Section 104-46? (See instructions on waiver eligibility and conditions.)	
No to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	

Additional Information

Liabilities	(a) Beginning of Year	(b) End of Year
7a	44,306	
7b		
7c	44,306	
Subtract line 7b from line 7a		
Transfers for this Plan Year	(a) Amount	(b) Type
Transferred or receivable from:	8a(1)	

Characteristics

For pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: LG 1I

For welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

General Questions

For the year:

Did you transmit to the plan any participant contribution within the time period described in 102? (See Instructions and DOL's Voluntary Fiduciary Correction Program)

Did you have any nonexempt transactions with any party-in-interest? (Do not include transactions reported

covered by a fidelity bond?

Did you have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud

For commissions paid to any brokers, agents, or other persons by an insurance carrier, or any other organization that provides some or all of the benefits under the plan? (See

Did you provide any benefit when due under the plan?

Did you have any participant loans? (If "Yes," enter amount as of year end.)

For a dual account plan, was there a blackout period? (See instructions and 29 CFR

If you entered "Yes," check the box if you either provided the required notice or one of the notices providing the notice applied under 29 CFR 2520.101-3

	Yes	No	Other
10a		X	
10b		X	
10c	X		
10d		X	
10e		X	
10f		X	
10g		X	
10h			
10i			

Funding Compliance

Is the benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form

Is the contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?
 Enter 12a or 12b, 12c, 12d, and 12e below, as applicable.)

If the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the first payment Month _____ Day _____ Year _____

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

For line 12b, enter the required contribution for this plan year

For line 12c, enter the amount contributed by the employer to the plan for this plan year

For line 12d, enter the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a minus sign)

Will the funding amount reported on line 12d be met by the funding deadline?

☐ Yes

12b	
12c	
12d	

Terminations and Transfers of Assets

Has the plan been terminated during the plan year or any prior year?

Enter the amount of any plan assets that reverted to the employer this year

13a

For line 13a, enter the amount of plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control

For line 13b, enter the amount of any assets or liabilities transferred from this plan to another plan(s). Identify the plan(s) to which the assets or liabilities were transferred. (See instructions.)

Enter the plan name(s):

13c(2) EIN(s)

Urology Associates, Inc. Defined Benefit Pension Plan

34-1316840/ 006

SB, line 22 - Description of Weighted Average Retirement Age

Average Retirement Age is equal Normal Retirement Age under the Plan

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

Summary of Plan Provisions

Effective Date: July 1, 2003

Termination: July 15, 2010

Valuation Date: Each July after Effective Date

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 first day of the Plan Year.

Category II Participant means any non-highly compensated Employee who is not a Key Employee.

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 Plan 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.

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

Substantial 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

Summary of Plan Provisions

Benefit: Frozen

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%

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.

Retirement Benefit: None

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

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 normal form of the death benefit shall be determined in accordance with the following provisions:

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

Participant: the normal form of death benefit shall be a Qualified Preretirement Survivor

nd Urology Associates, Inc. Defined Benefit Pension Plan
t: 34-1316840/ 006
a SB, Part V - Summary of Plan Provisions

Summary of Plan Provisions

Form of Retirement Benefit:

Elect Participant: Monthly straight life annuity

Participant: Qualified joint and survivor annuity

Form of Benefit Payment: Single-sum payment

SCHEDULE SB
(Form 5500)

Single-Employer Defined Benefit Plan
Actuarial Information

OMB No.

20

Department of the Treasury
Revenue Service

Department of Labor
Security Administration
Guaranty Corporation

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).

This Form is O
Inspe

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

For the plan year beginning 07/01/2010 and ending 06/30/2011

Amounts to nearest dollar.

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

Plan Name: **And Urology Associates, Inc. Defined Benefit Pension Plan**

B Three-digit
plan number (PN) ►

Name as shown on line 2a of Form 5500 or 5500-EZ

And Urology Associates, Inc.

D Employer Identification Number
34-1316840

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

Information

Report date: Month 07 Day 01 Year 2010

Line 2a
Line 2b

Participant count breakdown		(1) Number of participants	(2) Full-time equivalent participants
Participants and beneficiaries receiving payment	3a	0	
Participants receiving payment	3b	1	
Participants:			
Participants receiving benefits	3c(1)		
Participants receiving benefits	3c(2)		
Participants receiving benefits	3c(3)	37	
Participants receiving benefits	3d	38	

At-risk, check the box and complete lines a and b ☐

Target disregarding prescribed at-risk assumptions **4a**

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

Test rate **5**

Cost **6**

Actuary

Under the 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, such other assumptions (reasonable taking into account the experience of the plan and reasonable expectations) and such other assumptions. In my best estimate of not stated experience under the plan.

Chernyak
Signature of actuary

11/04/2011

Date

11-06817

Chernyak

Type or print name of actuary

Most recent enrollment number

(440) 725-4691

Actuarial Benefit Consultants

Funding of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
Funding of prior year after applicable adjustments (Item 13 from prior year)	0	
Offset prior year's funding requirement (Item 35 from prior year)	0	
Funding (Item 7 minus Item 8)	0	
Funding using prior year's actual return of 5.51 %	0	
Less contributions to be added to prefunding balance:		
Contributions (Item 36 from prior year)		
Funding using prior year's effective rate of 5.67 %		
Balance at beginning of current plan year to add to prefunding balance		
Amount (c) to be added to prefunding balance		
Amounts due to elections or deemed elections	0	
Funding of current year (Item 9 + Item 10 + Item 11d - Item 12)	0	

Funding percentages

Attainment percentage	14
Funding target attainment percentage	15
Funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce funding requirement	16
Value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17

Contributions and liquidity shortfalls

Made to the plan for the the plan year by employer(s) and employees:

(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)	

Employer contributions – see Instructions for small plan with a valuation date after the beginning of the year:

Amount allocated toward unpaid minimum required contribution from prior years	19a
Amount made to avoid restrictions adjusted to valuation date	19b
Amount allocated toward minimum required contribution for current year adjusted to valuation date	19c

Contributions and liquidity shortfall(s):

Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☐ No

Were the contributions required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

If "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	

Assumptions used to determine funding target and target normal cost

Rate:	1st segment	2nd segment	3rd segment	☐ N/A, full yield
Rate(s):	4.05 %	6.47 %	6.65 %	
Month (enter code)				21b
Average retirement age				22
Table(s) (see Instructions)	☒ Prescribed -- combined ☐ Prescribed -- separate ☐ Substitute			

Miscellaneous items

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

Reconciliation of unpaid minimum required contributions for prior years

Minimum required contribution for all prior years	28
Unpaid employer contributions allocated toward unpaid minimum required contributions from prior years	29
Unpaid amount of unpaid minimum required contributions (item 28 minus item 29)	30

Minimum required contribution for current year

Normal cost, adjusted, if applicable (see Instructions)	31	
For installments:		
Outstanding Balance	Installment	
Full amortization installment	0	
Partial amortization installment	0	
Plan 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	
Funding requirement before reflecting carryover/prefunding balances	34	
Carryover balance	Prefunding Balance	Total balance
Used to offset funding requirement	0	0
Unfunded cash requirement (Item 34 minus Item 35)	36	
Contributions allocated toward minimum required contribution for current year adjusted to valuation date	37	
Adjusted excess contributions for current year (see instructions)	38	
Minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	
Minimum required contribution for all years	40	

Urology Associates, Inc. Defined Benefit Pension Plan

34-1316840/ 006

SB, Part V -Statement of Actuarial Assumptions/Methods

Actuarial Method and Assumptions

Method:

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

Valuation Method:

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

Actuarial Assumptions

Investment Return for Funding	4.05% Applicable during first 5 years starting from the Val Date.
	6.47% Applicable during years 6-20 starting from the Val Date.
	6.65% Applicable during years 21 and beyond starting from the Val Date.

Investment Increases	None
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	Post-Retirement - 2010 Applicable Morality Table
	Pre-Retirement - none.

Investment Val	None
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Investment	None
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Investment	100% at age 65
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	Assumed \$20,000 (previously was \$0)
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Form of Benefit	Life annuity
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Actuarial assumptions	As required by PPA and IRS regulations, the interest rates to determine liabilities changed from transitional segment rates (5.63%, 6.65%, 6.72%) to segment rates (4.05%, 6.67%, 6.65%)
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Schedule of Active Participant Data

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
4	0	0	0	0	0	0	0	0	6
5	0	0	0	0	0	0	0	0	6
1	1	0	0	0	0	0	0	0	3
5	0	3	0	0	0	0	0	0	9
1	1	0	0	0	0	0	0	0	2
2	1	0	1	0	0	0	0	0	4
2	1	0	0	0	0	0	0	0	3
2	0	0	0	0	0	0	0	0	2
0	0	0	0	0	0	0	0	0	0
1	0	1	0	0	0	0	0	0	2