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), 6057(b), 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

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
UROLOGY CLINICS OF NORTH TEXAS, P.A. 401 (K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1999

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

UROLOGY CLINICS OF NORTH TEXAS, P.A.

8230 WALNUT HILL LANE, SUITE 700
DALLAS, TX 75231

2b Employer Identification Number (EIN)
75-2788839

2c Sponsor's telephone number
214-691-1902

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.	10/12/2012	JERRI WILSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2012	JERRI WILSON
	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")
UROLOGY CLINICS OF NORTH TEXAS, P.A.

8230 WALNUT HILL LANE, SUITE 700
DALLAS, TX 75231

3b Administrator's EIN
75-2788839

3c Administrator's telephone number
214-691-1902

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	205
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**	144
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	64
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	208
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	2
f	Total. Add lines **6d** and **6e**	**6f**	210
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	210
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	8
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2A 2E 2F 2H 2J 2K 2R 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)	X	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)	X	Trust
(4)		General assets of the sponsor

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

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

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
UROLOGY CLINICS OF NORTH TEXAS, P.A. 401 (K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
UROLOGY CLINICS OF NORTH TEXAS, P.A.

D Employer Identification Number (EIN)
75-2788839

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

AMERICAN CENTURY INVESTMENT MGMT.
4500 MAIN STREET
KANSAS CITY, MO 64111

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

ALLIANZ GLOBAL INVESTORS MGMT., LLC
1345 AVENUE OF THE AMERICAS
NEW YORK, NY 10105

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

CAPITAL RESEARCH & MGMT CO.
333 SOUTH HOPE STREET
LOS ANGELES, CA 90071

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

LORD ABBETT & CO. LLC
90 HUDSON STREET
JERSEY CITY, NJ 07302-3973

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

OPPENHEIMERFUNDS, INC.

6803 SOUTH TUCSON WAY
CENTENNIAL, CO 80112-3924

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

PIMCO

840 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660

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

COLUMBIA INV. MGMT. ADVISORS, LLC

70100 AMERIPRISE FINANCIAL CTR
MINNEAPOLIS, MN 55474

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

WELLS FARGO ADVISORS

ONE NORTH JEFFERSON
ST. LOUIS, MO 63103

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

THE VANGUARD GROUP

BOS 2600
VALLEY FORGE, PA 19482

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

BLACKROCK ADVISORS, LLC

100 BELLEVUE PARKWAY
WILMINGTON, DE 19809

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

COLUMBIA MANAGEMENT INV. ADVISERS

225 FRANKLIN STREET
BOSTON, MA 02110

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

DAVIS SELECTED ADVISORS, LP

2949 EAST ELVIRA ROAD
SUITE 101
TUCSON, AZ 85756

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

FIRST EAGLE INVESTMENT MGMT. LLC
1345 AVENUE OF THE AMERICAS
NEW YORK, NY 10105

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

LOOMIS, SAYLES & COMPANY, LP
ONE FINANCIAL CENTER
BOSTON, MA 02111

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

MUNDER CAPITAL MANAGEMENT
4800 PIERCE STREET
BIRMINGHAM, MI 48009

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

THORNBURG INVESTMENT MANAGEMENT,INC
2300 NORTH RIDGETOP ROAD
SANTA FE, NM 87506

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

THE DREYFUS CORPORATION
144 GLENN CURTISS BOULEVARD
UNIONDALE, NY 11556-0144

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

BROWN & BROWN SECURITIES
4925 GREENVILLE AVENUE
SUITE 990
DALLAS, TX 75206

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

TODD DAHLIN
600 LAS COLINAS BLVD. EAST/2200
IRVING, TX 75039-5638

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

SHELLEY TURNER
2400 DALLAS PARKWAY
SUITE 100
PLANO, TX 75093

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

UBS FINANCIAL SERVICES, INC.

100 CRESCENT COURT
SUITE 600
DALLAS, TX 75201-1842

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

INVESCO POWERSHARES CAPITAL MGMT

301 WEST ROOSEVELT ROAD
WHEATON, IL 60187

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

SSGA FUNDS MANAGEMENT, INC.

STATE STREET FINANCIAL CENTER
ONE LINCOLN STREET
BOSTON, MA 02111

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

IVY INVESTMENT MANAGEMENT COMPANY

6300 LAMAR AVENUE
P.O. BOX 29217
SHAWNEE MISSION, KS 66201-9217

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

FEDERATED INVESTMENT MANAGEMENT CO.

1001 LIBERTY AVENUE
PITTSBURGH, PA 15222-3779

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

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

(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)

NEUBERGER BERMAN

605 THIRD AVENUE
NEW YORK, NY 10158-3698

13-5521910

(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?
27 28 51	N/A		Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CAPITAL WEALTH MANAGEMENT

9442 CAPITAL OF TEXAS HWY NORTH
BUILDING I, SUITE 700
AUSTIN, TX 78759

(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?
29 51	N/A		Yes [X] No [ ]	Yes [X] No [ ]		Yes [X] 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 [ ]

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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
UROLOGY CLINICS OF NORTH TEXAS, P.A. 401 (K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
UROLOGY CLINICS OF NORTH TEXAS, P.A.

D Employer Identification Number (EIN)
75-2788839

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)	991622	981886
(2) Participant contributions	1b(2)	12884	36573
(3) Other	1b(3)	21515	18333
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1283076	1875451
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1003254	874822
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	507100	598200
(B) Common	1c(4)(B)	7775064	7514009
(5) Partnership/joint venture interests	1c(5)	467892	484888
(6) Real estate (other than employer real property)	1c(6)	904546	976380
(7) Loans (other than to participants)	1c(7)	253777	229597
(8) Participant loans	1c(8)	193641	201235
(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)	8555096	9085096
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	21969467	22876470
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	2069	2139
k Total liabilities (add all amounts in lines 1g through1j)	1k	2069	2139
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	21967398	22874331

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)	983424	
(B) Participants	2a(1)(B)	596858	
(C) Others (including rollovers)	2a(1)(C)	14037	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1594319
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	43310	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	55356	
(D) Loans (other than to participants)	2b(1)(D)	28854	
(E) Participant loans	2b(1)(E)	6273	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		133793
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	42656	
(B) Common stock	2b(2)(B)	48496	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	91546	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		182698
(3) Rents	2b(3)		37800
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	4645503	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	4649744	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-4241

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	58374	
(B) Other	2b(5)(B)	-99463	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-41089
(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)		-234536
c Other income	2c		195854
d Total income. Add all **income** amounts in column (b) and enter total	2d		1864598
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	829185	
(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)		829185
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)	1144	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	97922	
(4) Other	2i(4)	29414	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		128480
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		957665
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		906933
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) [X] 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 [X] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: MALNORY MCNEAL & COMPANY (2) EIN: 75-2510320

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.)	**4a**	X		3480
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.)	**4b**		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.)	**4c**		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.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	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?	**4f**		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?	**4g**	X		484888
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?	**4h**		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.)	**4i**	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.)	**4j**		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?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		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.	**4n**			

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

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
UROLOGY CLINICS OF NORTH TEXAS, P.A. 401 (K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
UROLOGY CLINICS OF NORTH TEXAS, P.A.

D Employer Identification Number (EIN)
75-2788839

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

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

EIN(s): 20-3691658 75-2788839

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 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 (include any prior year accumulated funding deficiency not waived) **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 or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

UROLOGY CLINICS OF NORTH TEXAS, P.A.
401(k) PROFIT SHARING PLAN

FINANCIAL STATEMENTS
AND REPORT OF INDEPENDENT
CERTIFIED PUBLIC ACCOUNTANTS

DECEMBER 31, 2011 AND 2010

Malnory, McNeal & Company, PC
Certified Public Accountants

Mark W. Malnory, CPA
Johnna W. McNeal, CPA
Beverly Smith, CPA

Members of
American Institute of Certified Public Accountants
Texas Society of Certified Public Accountants
AICPA Governmental Audit Quality Center

Elizabeth Hamm, CPA
E. J. Musharbash, CPA
Melissa Darrow, CPA

UROLOGY CLINICS OF NORTH TEXAS, P.A.
401(k) PROFIT SHARING PLAN

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*OTHER SCHEDULES REQUIRED BY 29CFR 2520.103-10 OF THE DEPARTMENT OF LABOR'S RULES AND REGULATIONS FOR REPORTING AND DISCLOSURE UNDER EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 HAVE BEEN OMITTED BECAUSE THEY ARE NOT APPLICABLE.

5016 McKinney Avenue, Suite 100 Dallas, Texas 75205 Telephone: 214-559-0784 Facsimile: 214-623-5915
1711 Clarksville Street Paris, Texas 75460 Telephone: 903-784-6700 Facsimile: 903-784-6934
www.malnorymcneal.com

Malnory, McNeal & Company, PC

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Elizabeth Hamm, CPA
E. J. Musharbash, CPA
Melissa Darrow, CPA

INDEPENDENT AUDITORS' REPORT

Plan Administrator and Participants

Urology Clinics of North Texas, P.A. 401(k) Profit Sharing Plan

We have audited the accompanying statements of net assets available for benefits of Urology Clinics of North Texas, P.A. 401(k) Profit Sharing Plan as of December 31, 2011 and 2010 and the related statements of changes in net assets available for 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 net assets available for benefits of Urology Clinics of North Texas, P.A. 401(k) Profit Sharing Plan as of December 31, 2011 and 2010, and the changes in its net assets available for benefits for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedule of assets (held at end of year), referred to as "supplemental information" is presented for the purpose of additional analysis and is 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. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Malnory, McNeal & Company, PC

Dallas, Texas
October 9, 2012

5016 McKinney Avenue, Suite 100 Dallas, Texas 75205 Telephone: 214-559-0784 Facsimile: 214-623-5915
1711 Clarksville Street Paris, Texas 75460 Telephone: 903-784-6700 Facsimile: 903-784-6934
www.malnorymcneal.com

Urology Clinics of North Texas, P.A. 401(k) Profit Sharing Plan
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31,

	2011	2010
ASSETS		
Investments at fair value:		
Interest bearing cash	$ 1,875,451	$ 1,283,076
Certificate of deposit	-	49,845
Mutual funds	9,085,096	8,555,095
Note receivable	229,597	253,777
Partnership interest	484,888	467,893
Real estate	976,380	904,546
Preferred stock	598,200	507,100
Common stock	7,514,009	7,775,064
Corporate bonds	874,822	929,131
Government bonds	-	24,278
Notes receivable from participants	201,235	193,641
Total investments	21,839,678	20,943,446
Receivables:		
Employer contributions	981,886	991,622
Participant contributions	36,573	12,884
Interest and dividends	18,333	21,515
Total receivables	1,036,792	1,026,021
Total assets	22,876,470	21,969,467
LIABILITIES		
Other	2,139	2,069
Total liabilities	2,139	2,069
NET ASSETS AVAILABLE FOR BENEFITS	$ 22,874,331	$ 21,967,398

The accompanying notes are an integral part of these financial statements.

Urology Clinics of North Texas, P.A. 401(k) Profit Sharing Plan
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years ended December 31,

	2011	2010
ADDITIONS		
Investment income:		
Net appreciation in fair value of investments	$ 101,756	$ 1,493,131
Interest and dividends	168,523	658,326
Contributions:		
Employer	983,424	993,161
Participant	596,858	651,580
Other	14,037	-
Total additions	1,864,598	3,796,198
DEDUCTIONS		
Benefit payments to participants	829,185	400,970
Administrative expenses	128,480	97,895
Total deductions	957,665	498,865
NET INCREASE	906,933	3,297,333
Net assets available for benefits at:		
Beginning of year	21,967,398	18,670,065
End of year	$ 22,874,331	$ 21,967,398

The accompanying notes are an integral part of these financial statements.

1. DESCRIPTION OF PLAN

The following description of the Urology Clinics of North Texas, P.A. 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan established by Urology Clinics of North Texas, P.A. (the "Company") under the provisions of Section 401(a) of the Internal Revenue Code (the "IRC"), which includes a qualified cash or deferred arrangement as described in Section 401(k) of the IRC, for the benefit of eligible employees of the Company.

Substantially all employees of the Company who have completed one year of service, as defined, are eligible to participate, provided they are at least 21 years of age. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Plan Administration

The Plan is administered by the Company ("Plan Administrator"). The Plan's trustees are responsible for the custody and management of the Plan's assets. The duties of the Plan trustees are to oversee the operations of the Plan, provide for prudent investment of Plan assets and keeping accurate records and reports. Accordingly, the Plan's trustees have been granted discretionary authority concerning investment and management activities.

Contributions

Each year, participants may contribute up to 100 percent of pretax annual compensation as defined in the Plan, subject to the dollar limitation under §402(g) of the IRC. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other eligible retirement plans.

The Company may make a discretionary non-elective contribution equal to a uniform percentage of each Participant's compensation for the plan year (Safe Harbor Contributions).

Additional profit sharing amounts may be contributed at the option of the Company's board of directors. An employee must complete a year of service during the plan year and be actively employed on the last day of the plan year to share in the Company's profit sharing contributions. Contributions are subject to certain limitations.

1. DESCRIPTION OF PLAN (Continued)

Participant Accounts

Individual accounts are maintained for each of the Plan's participants to reflect the participant's contributions and related employer contributions, as well as the participant's share of the Plan's income and any related administrative expenses. Allocations of income and expenses are based on the proportion that each participant's account balance bears to the total of all participant account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their elective contributions and employer safe harbor contributions plus actual earnings thereon. Vesting in the remaining portion of their accounts is based on years of vesting service. A participant is 100 percent vested after six years of credited service. Full and immediate vesting will also occur upon attainment of normal retirement age, death, or disability. Participants who leave the Company before they are fully vested in the Company's contributions forfeit their nonvested portion.

Notes Receivable from Participants

The Plan allows for Participants to borrow from his or her account under the Plan. These borrowings must be for an amount not less than $1,000 and not greater than the lesser of 50% of the Participant's vested account balance or $50,000. Any loan must be repaid within five years except for loans used to acquire the Participant's principal residence. Loans must bear a reasonable rate of interest. No additional amounts may be borrowed until any prior loan has been repaid. Participant loans are due at various dates through November 3, 2016. Payments range from $14.10 to $397.74 biweekly and include interest ranging from 3.25% to 5.00% at December 31, 2011 and 2010. The notes are collateralized by the Participant's vested interest in the Plan.

Payment of Benefits

On retirement, death, disability, or termination of service, a participant (or participant's beneficiary in the event of death) may elect to receive a lump-sum distribution equal to the participant's vested account balance. In addition, in-service distributions are permitted if certain criteria are met. Benefits are recorded when paid.

Forfeited Accounts

At December 31, 2011 and 2010, forfeited non-vested accounts totaled $8,603 and $6,029, respectively. These accounts may be used to pay administrative expenses and to reduce future Company's contributions. During the years ended December 31, 2011 and 2010 Company contributions were reduced by $0 and $0, respectively, from forfeited nonvested accounts.

1. DESCRIPTION OF PLAN (Continued)

Investment Options

Upon enrollment in the Plan, certain Participants may direct the contributions made to the Plan, for or on behalf of the Participant, to any one or more of the investment options determined at the discretion of the Trustees. A Participant may change his or her investment direction with respect to future contributions or redirect the investment of his or her account balances.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A summary of the significant accounting policies consistently applied in the preparation of the accompanying financial statements follows:

Method of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting. Certain administrative expenses of the Plan are paid by the Plan. The remaining administrative expenses are paid by the Company.

Investment Valuation and Income Recognition

Investments are stated at fair value. Changes in market value are reflected in operations. If available, quoted market prices are used to value investments. If not available, an estimated fair value is used. Shares of mutual funds are valued at quoted market prices, which represent the net asset value of shares or units held by the Plan at year-end. Partnership interests and participant loans are valued at cost, which approximates fair value. Purchases and sales of investments are recorded on the trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. The net appreciation (depreciation) of investments includes realized gains and losses on sales during the year and current changes in unrealized appreciation (depreciation) in the market value of investments held at year-end.

Use of Estimates

In preparing financial statements in conformity with generally accepted accounting principles, management is required to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Reclassifications

Certain accounts in the prior-year financial statements have been reclassified for comparative purposes to conform with the presentation in the current-year financial statements.

3. FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefit.

		Fair Value Measurements Using:	
December 31, 2011	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
Cash	$ 1,875,451	$ 1,875,451	-
Mutual funds	9,085,096	9,085,096	-
Common stock	7,514,009	7,514,009	-
Corporate bonds	874,822	874,822	-
Preferred stock	598,200	598,200	-
Note receivable	229,597	-	229,597
Partnership interest	484,888	-	484,888
Real estate	976,380	-	976,380
Notes receivable from participants	201,235	-	201,235
Total	$21,839,678	$ 19,947,578	$ 1,892,100

3. FAIR VALUE MEASUREMENTS (continued)

December 31, 2010	Fair Value	Fair Value Measurements Using: Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
Cash	$ 1,283,076	$ 1,283,076	-
Mutual funds	8,555,095	8,555,095	-
Common stock	7,775,064	7,775,064	-
Corporate bonds	1,003,254	1,003,254	-
Preferred stock	507,100	507,100	-
Note receivable	253,777	-	253,777
Partnership interest	467,893	-	467,893
Real estate	904,546	-	904,546
Notes receivable from participants	193,641	-	193,641
Total	$20,943,446	$ 19,123,589	$ 1,819,857

FASB ASC 820-10 (formerly SFAS No. 157, *Fair Value Measurements*), establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

3. FAIR VALUE MEASUREMENTS (continued)

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end. The fair values of common stock, corporate bonds, preferred stock are based on quoted market prices.

Level 3 Fair Value Measurements

Notes receivable from participants are not actively traded and significant other observable inputs are not available. Thus, the fair value of the notes receivable from participants is equal to the amortized cost of the loans because the loans are secured by each respective participant's account balance. The following table provides further details of the Level 3 fair value measurements.

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)

December 31, 2011	Partnership Interest	Note Receivable	Real Estate	Notes receivable from participants
Beginning balance	$467,893	$253,777	$904,546	$193,641
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	-	-	71,834	-
Purchases, sales, issuances, payments, and settlements (net)	16,995	(24,180)	-	7,594
Ending Balance	$484,888	$229,597	$976,380	$201,235

3. FAIR VALUE MEASUREMENTS (continued)

December 31, 2010	Partnership Interest	Note Receivable	Real Estate	Notes receivable from participants
Beginning balance	$195,903	$253,777	$904,546	$225,977
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	-	-	-	-
Purchases, sales, issuances, payments, and settlements (net)	271,990	-	-	(32,336)
Ending Balance	$467,893	$253,777	$904,546	$193,641

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2011 are reported in net appreciation in fair value of investments.

4. INVESTMENTS

The following investments represent 5% or more of the Plan's net assets available for benefits at December 31:

	2011	2010
Cash	$ 1,875,451	$ 1,283,076
Blackrock Global A	2,688,184	2,791,706
Wells Fargo – brokerage account	1,249,814	1,501,518

5. NONEXEMPT PARTY-IN-INTEREST TRANSACTIONS

During the year ended December 31, 2011 and 2010, the Company did not transmit participant contributions totaling $0 and $3,480, respectively, to the Plan within the time period prescribed in Section 2510.3-102 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

6. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan, subject to the provisions of ERISA and the IRC. In the event of Plan termination, Participants will become 100% vested in their accounts and the Plan assets will be distributed to the participants in accordance with the Plan's provisions.

7. TAX STATUS

The Company has adopted the nonstandardized 401(k) plan under the Lane Gorman Trubitt, L.L.P. Defined Contribution Prototype Plan and Trust (basic plan document #01). The Internal Revenue Service has issued an advisory letter dated March 31, 2008, stating that the Plan is acceptable under section 401(a) of the IRC. The Company is relying on the advisory letter (in accordance with Announcement 2008-23) that the Plan meets the qualification requirements of the IRC. Although the Plan has been amended since receiving the advisory letter, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

8. RELATED PARTY TRANSACTIONS

Certain Plan assets are managed by an investment advisor and are considered party in interest transactions.

9. 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 occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Investments at bank institutions are insured by the Federal Deposit Insurance Corporation up to $250,000. All deposits were not adequately insured at December 31, 2011. The Plan has not incurred losses related to its cash and believes it is not exposed to any significant credit risk on cash and cash equivalents.

10. NON-PARTICIPANT DIRECTED INVESTMENTS

Information about the net assets and the significant components of the changes in net assets relating to the non-participant directed investments is as follows:

	December 31,	
	2011	2010
Net assets:		
Interest bearing cash	$ 971,097	$ 393,342
Common stocks	5,856,850	6,170,355
Preferred stocks	598,200	507,100
Corporate bonds	677,583	715,632
Contributions receivable	408,176	316,696
Interest and dividends receivable	18,333	21,515
Total	$ 8,530,239	$ 8,124,640

10. NON-PARTICIPANT DIRECTED INVESTMENTS (Continued)

Changes in net assets:		
Contributions	$ 618,851	$ 405,907
Interest and dividends	149,588	155,031
Net gain (loss) in fair value of investments	(60,741)	685,425
Benefits paid to participants	(222,400)	(292,410)
Administrative expenses	(79,699)	(82,862)
Net transfers	-	(2,798,756)
Total	$ 405,599	$ (1,927,665)

11. SUBSEQUENT EVENTS

Effective January 1, 2012, the employer name will change to Urology Clinics of North Texas, PLLC, and the plan name will change to Urology Clinics of North Texas, PLLC 401(k) Profit Sharing Plan.

The plan administrator has evaluated subsequent events through October 9, 2012, the date the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

Urology Clinics of North Texas, P.A. 401(k) Profit Sharing Plan
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Form 5500, Schedule H, Line 4i
E.I.N. 75-2788839
December 31, 2011

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
		INTEREST BEARING CASH		
*	Neuberger Berman	State St Instl Liquid Resvs FD	926,369	$ 926,369
	Inwood Bank	Cash	**	-
	UBS	Cash	**	276,678
	Merrill Lynch	Cash	**	216,908
	Merrill Lynch	Cash	**	77,909
	Bank of Texas	Cash	**	44,728
	Bank of Texas	Cash	**	196,555
	Brown & Brown	Cash	**	5,956
*	Wells Fargo	Cash	**	113,807
	Vanguard	Prime Money Mkt Fund	**	16,541
		Total Cash		1,875,451
		MUTUAL FUNDS		
	American Growth Fund	2,184 Shares	**	60,490
	Blackrock Basic A	1,772 Shares	**	42,867
	Blackrock Basic B	0 Shares	**	-
	Blackrock Global A	148,027 Shares	**	2,688,184
	Blackrock Global B	1,224 Shares	**	21,740
	Blackrock Global C	860 Shares	**	14,585
	Blackrock HL SC OPP C	709 Shares	**	18,921
	Blackrock Large Cap	0 Shares	**	-
	Blackrock Low Duration	26,142 Shares	**	250,968
	Columbia Marsico B	0 Shares	**	-
	Columbia Marsico Focused	3,489 Shares	**	69,356
	Davis NY Venture	233 Shares	**	7,349
	First Eagle	2,145 Shares	**	95,319
	Ivy Asset Strategy	1,161 Shares	**	25,116
	Loomis Sayles Investment	1,890 Shares	**	23,022
	Munder Growth	63 Shares	**	1,436
	Pimco Global Multi Asset	4,480 Shares	**	47,401
	Pimco Total Return FD	1,770 Shares	**	19,244
	Thornburg International	2,315 Shares	**	52,334
	Wells Fargo Advantage	2,327 Shares	**	26,787
	Vanguard Balanced Index	4,963 Shares	**	108,086
	Vanguard Short Term Inv Grade	8,410 Shares	**	89,491
	Vanguard Total Intl Stock Index	1,338 Shares	**	17,479
	Vanguard Total Stock Mkt Index	392 Shares	**	12,275
	Vanguard MSCI Emerging Markets ETF	260 Shares	**	9,948
	Vanguard REIT ETF	213 Shares	**	12,380
	American Century Heritage R	Shares	**	1,662
	American Funds 2010 Target Date Fund R3	Shares	**	2,633
	American Funds 2015 Target Date Fund R3	Shares	**	523,736
	American Funds 2020 Target Date Fund R3	Shares	**	183,760
	American Funds 2025 Target Date Fund R3	Shares	**	721,344

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Urology Clinics of North Texas, P.A. 401(k) Profit Sharing Plan
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Form 5500, Schedule H, Line 4i
E.I.N. 75-2788839
December 31, 2011

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	American Funds 2030 Target Date Fund R3	Shares	**	298,419
	American Funds 2035 Target Date Fund R3	Shares	**	388,223
	American Funds 2040 Target Date Fund R3	Shares	**	359,210
	American Funds 2045 Target Date Fund R3	Shares	**	130,932
	American Funds 2050 Target Date Fund R3	Shares	**	63,158
	American Funds 2055 Target Date Fund R3	Shares	**	1,625
	American Funds American Balanced Fund R3	Shares	**	16,992
	American Funds American Mutual Fund R3	Shares	**	349,341
	American Funds Capital Income Builder R3	Shares	**	236,888
	American Funds Europacific Growth FD R3	Shares	**	113,465
	American Funds Fundamental Investors R3	Shares	**	85,983
	American Funds Growth Fund of America R3	Shares	**	182,771
	American Funds Money Market Fund R3	Shares	**	92,821
	American Funds US Govt Securities FD R3	Shares	**	5,822
	Lord Abbett Developing Growth R3	Shares	**	63,832
	Oppenheimer Small & Mid Cap Value N	Shares	**	102,954
	Pimco Total Return FD R	Shares	**	193,747
	SPDR S&P 500 ETF TR	2,000 Shares	**	251,000
	Federated Ultra Short Bond Fund Cl A	109,529 Shares	**	1,000,000
				9,085,096
		NOTE RECEIVABLE		
	Tail Waters NR	Loan	**	129,597
	PNP Petroleum, LP	Loan	**	100,000
				229,597
		PARTNERSHIP INTEREST		
	Linn Energy LLC	Limited Partnership Interest	**	7,722
	FREI Burkburnett Apartments LP	Limited Partnership Interest	**	20,000
	GELAI Houston, Lake, Ltd.	Limited Partnership Interest	**	50,000
	HW Waterstone Investors, LP	Limited Partnership Interest	**	40,083
	HW CGC Partners, LP	Limited Partnership Interest	**	102,492
	McKinney Surgical Investors, LLC	Limited Partnership Interest		59,000
	Salud Fund, LP	Limited Partnership Interest		100,000
	Presbyterian Plano Diagnostic and Surgical Center, LLP	Limited Partnership Interest	**	105,591
				484,888
		REAL ESTATE		
	3504 Greenbriar Drive, Dallas, TX	Real Estate	**	976,380
		COMMON STOCKS		
	Organ Transplant System	40,000 Shares	30,000	50,000
	Energy ARN Issuer SEK	5,000 Shares	**	45,035
	SP500 ARN Issuer RBC	7,245 Shares	**	69,863
	SP500 Stars Issuer RBC	5,484 Shares	**	53,195
	AT&T Inc	200 Shares	**	6,048
	Citigroup Inc	200 Shares	**	5,262
	Exxon Mobil Corp	150 Shares	**	12,714

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Urology Clinics of North Texas, P.A. 401(k) Profit Sharing Plan
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Form 5500, Schedule H, Line 4i
E.I.N. 75-2788839
December 31, 2011

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Oracle Corp	200 Shares	**	5,130
*	Amphenol Corp.- Class A	10,000 Shares	147,263	453,900
*	AON Corp	5,000 Shares	245,363	234,000
*	Arbitron, Inc.	9,000 Shares	186,407	309,690
*	Boeing Co	7,000 Shares	397,950	513,450
*	CME Group Inc.	2,000 Shares	870,770	487,340
*	Moody's Corporation	12,000 Shares	327,626	404,160
*	MSCI Inc Class A	14,000 Shares	247,872	461,020
*	Neustar Inc Class A	14,000 Shares	375,002	478,380
*	Sapient Corp	12,000 Shares	141,705	151,200
*	Sigma-Aldritch Corporation	6,000 Shares	83,671	374,760
*	SVB Financial Group	8,000 Shares	13,250	381,520
*	United Parcel SVC Inc CL B	5,000 Shares	333,650	365,950
*	Verisk Analytics Inc Class A	12,000 Shares	327,384	481,560
*	Wright Express Corp	14,000 Shares	228,032	759,920
	Vanguard - brokerage account	Various common stocks	**	160,098
*	Wells Fargo - brokerage account	Various common stocks	**	1,249,814
				7,514,009
		PREFERRED STOCK		
*	Citigroup CAP XII TR PFD SECS Fixed	15,000 Shares	389,470	377,400
*	JPMORGAN CHASE & CO 8.625% Non-Cum	8,000 Shares	223,737	220,800
				598,200
		FIXED INCOME		
*	Bank America Corp	8%, maturing 12/29/2049	335,875	358,176
*	JPMORGAN CHASE & CO	7.9%, maturing 04/29/2049	284,000	319,407
*	Wells Fargo - brokerage account	Various bonds	**	197,239
				874,822
		NOTES RECEIVABLE FROM PARTICIPANT		
*	Notes Receivable from Participants	Interest rates range:3.25% to 5.00%	-0-	201,235
			$ 6,115,396	$ 21,839,678

* Column (a) indicates each identified entity known to be party-in-interest

** Column (d) amounts have not been included, as it is not necessary to disclose the cost of participant directed investments

See accountants' report

Urology Clinics of North Texas, P.A. 401(k) Profit Sharing Plan
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
Form 5500, Schedule H, Part IV, Line 4a
EIN 75-2788839
For the Year Ended December 31, 2011

Participant Contribution Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			
Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
3,840		3,840		

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Urology Clinics of North Texas, P.A. 401(k) Profit Sharing Plan
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Form 5500, Schedule H, Part IV, Line 4a
EIN 75-2788839
For the Year Ended December 31, 2011

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Urology Clinics of North Texas, P.A. 401(k) Profit Sharing Plan
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	Inwood Bank	Cash	**	-
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* Column (a) indicates each identified entity known to be party-in-interest

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