

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 2014 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>TRI STATE UROLOGIC SERVICES P.S.C., INC. DEFINED BENEFIT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2002</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>01/01/2002</u>	
1b Three-digit plan number (PN) ▶	<u>003</u>				
1c Effective date of plan <u>01/01/2002</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>TRI STATE UROLOGIC SERVICES P.S.C., INC.</u> <u>2000 JOSEPH E. SANKER BOULEVARD</u> <u>CINCINNATI, OH 45212</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>61-1257391</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>513-366-4000</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>621111</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>61-1257391</u>	2c Plan Sponsor's telephone number <u>513-366-4000</u>	2d Business code (see instructions) <u>621111</u>	
2b Employer Identification Number (EIN) <u>61-1257391</u>					
2c Plan Sponsor's telephone number <u>513-366-4000</u>					
2d Business code (see instructions) <u>621111</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2015	EARL L. WALZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2015	EARL L. WALZ
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 280
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 244 6a(2) 226 6b 1 6c 23 6d 250 6e 0 6f 250 6g 6h 13
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 Characteristics Codes in the instructions: 1A 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III**Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014	
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 TRI STATE UROLOGIC SERVICES P.S.C., INC. DEFINED BENEFIT PLAN	B Three-digit plan number (PN) 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TRI STATE UROLOGIC SERVICES P.S.C., INC.	D Employer Identification Number (EIN) 61-1257391
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 01 Day 01 Year 2014			
2	Assets:			
	a Market value	2a	14178285	
	b Actuarial value	2b	14178285	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment	1	11531	11531
	b For terminated vested participants	35	156727	156727
	c For active participants	244	10210522	10262680
	d Total	280	10378780	10430938
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
	a Funding target disregarding prescribed at-risk assumptions	4a		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	6.29%	
6	Target normal cost	6	1381019	

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		06/23/2015
	Signature of actuary	Date
JESSICA A. BIRKLE	Type or print name of actuary	14-07693
		Most recent enrollment number
CUNI, RUST & STRENK, INC.	Firm name	513-891-0270
		Telephone number (including area code)
4555 LAKE FOREST DRIVE SUITE 620 CINCINNATI, OH 45242	Address of the firm	

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 (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>14.66</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		758115
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.10</u> %		46245
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		804360
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	135.92 %
15 Adjusted funding target attainment percentage	15	135.92 %
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	127.62 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/12/2014	42086		08/28/2014	18406	
03/12/2014	14802		09/26/2014	42086	
03/31/2014	42086		10/23/2014	42086	
04/29/2014	42086		12/01/2014	42086	
05/28/2014	42086		12/26/2014	42085	
06/30/2014	42086				
Totals ▶			18(b)	411981	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions 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	398285
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No		
c If line 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: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ 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 subject to 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 contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	1381019	
b Excess assets, if applicable, but not greater than line 31a	31b	1381019	
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 (lines 31a - 31b + 32a + 32b - 33) ..	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	398285	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	398285	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

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
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

JOHNSON INVESTMENT COUNSEL

31-1013029

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 51	NONE	58543	Yes ☒ No ☐	Yes ☒ No ☐	0	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 ☐

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

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 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>TRI STATE UROLOGIC SERVICES P.S.C., INC. DEFINED BENEFIT PLAN</u>		B Three-digit plan number (PN) ► <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRI STATE UROLOGIC SERVICES P.S.C., INC.</u>		D Employer Identification Number (EIN) <u>61-1257391</u>

Part I 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)	0	
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	45623	42143
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	263879	725874
(2) U.S. Government securities	1c(2)	1415278	977706
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	2434954	2851057
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	62686	65858
(B) Common.....	1c(4)(B)	4778141	4907100
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	4798627	5321305
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	379097	398663

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	14178285	15289706

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	14178285	15289706
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	411981	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		411981

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	25	
(B) U.S. Government securities	2b(1)(B)	27848	
(C) Corporate debt instruments	2b(1)(C)	106584	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	12615	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		147072
(2) Dividends: (A) Preferred stock	2b(2)(A)	3315	
(B) Common stock	2b(2)(B)	99916	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	174147	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		277378
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	1389340	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1278288	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		111052
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-510661	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-510661

		(a) Amount	(b) Total
(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)		948719
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1385541

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	215241	
(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)		215241
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	58879	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		58879
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		274120

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1111421
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☒ No

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

(1) Name: RUDLER & ASSOCIATES, INC.

(2) EIN: 31-1048275

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

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? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....
- 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.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
4d			
e Was this plan covered by a fidelity bond?	X		500000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m			
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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

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 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>02-0664221</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>39</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (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
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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.
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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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (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 line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____



INDEPENDENT AUDITORS' REPORT

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

We have audited the accompanying financial statements of the Tri-State Urologic Services, P.S.C., Inc., Defined Benefit Plan, which comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2014 and December 31, 2013, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

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 from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

CERTIFIED PUBLIC ACCOUNTANTS

p 859-331-1717 | f 859-331-4356

1881 Dixie Highway, Suite 200 | Fort Wright, KY 41011

www.rudler.com

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of the Tri-State Urologic Services, P.S.C., Inc., Defined Benefit Plan as of December 31, 2014 and December 31, 2013, and the changes in its financial status for the year ended December 31, 2014 in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) and schedule of assets acquired and disposed of within a year, referred to as "supplemental information," is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplemental 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 audit 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 financial statements as a whole.

A handwritten signature in cursive script that reads "Rudin, PSC".

Fort Wright, Kentucky
October 1, 2015

2014 Schedule SB, line 22 -- Description of Weighted Average Retirement Age
Plan Name: Tri State Urologic Services P.S.C., Inc. Defined Benefit Plan
EIN: 61-1257391
PN: 003

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

Weighted Average Retirement Age

65.0

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

2014 Schedule SB, Part V – Summary of Plan Provisions

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

EIN: 61-1257391

PN: 003

1. Effective Date: January 1, 2002. Amended effective January 1, 2009 and again January 1, 2012.
2. Plan Year: January 1st through December 31st.
3. Covered Employees: All employees of Tri State Urologic Services P.S.C., Inc.
4. Eligibility: January 1st or July 1st following the attainment of age 21 and the completion of 1 year of service.
5. Average Monthly Earnings: Average annual earnings for the three highest consecutive years, divided by 12.
6. Vesting Service: One Year of Vesting Service is granted for at least 1,000 Hours of Service worked during the Plan Year. Vesting service includes service with predecessor employers.
7. Benefit Service: One Year of Benefit Service is granted for at least 1,000 Hours of Service worked during the Plan Year. No Benefit Service will be credited prior to an Employee's entry into the Plan as an Active Participant.

2014 Schedule SB, Part V – Summary of Plan Provisions

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

EIN: 61-1257391

PN: 003

8. Normal Retirement:

- | | |
|--------------------|---|
| a. Eligibility | Later of attainment of Age 65 and the fifth anniversary of Entry Date as a Plan Participant. |
| b. Monthly Benefit | For physicians, 3.5% of Average Monthly Earnings times Years of Benefit Service with a maximum of 10 Years of Benefit Service. For the Chief Operating Officer and Chief Financial Officer, 2% of Average Monthly Earnings times Years of Benefit Service with a maximum of 10 Years of Benefit Service. For all other participants, 0.5% of Average Monthly Earnings times Years of Benefit Service with a maximum of 10 Years of Benefit Service. Accrued benefit is the expected benefit at Normal Retirement Date times a fraction (not to exceed one) that is equal to the Participant's actual Years of Benefit Service as of the Participant's Normal Retirement Date or earlier Termination of Employment divided by the Participant's expected Years of Benefit Service as of Normal Retirement Date. Benefit accruals ceased effective January 1, 2009 and resumed effective January 1, 2012. |

9. Early Retirement:

- | | |
|--------------------|---|
| a. Eligibility | There is no Early Retirement Benefit under the Plan |
| b. Monthly Benefit | N/A |

2014 Schedule SB, Part V – Summary of Plan Provisions

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

EIN: 61-1257391

PN: 003

10. Vested Retirement:

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

11. Disability Retirement:

- | | |
|--------------------|---|
| a. Eligibility | Total and permanent disability. |
| b. Monthly Benefit | Actuarial Present Value of Accrued Benefit. |

12. Pre-Retirement Death:

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

2014 Schedule SB, Part V – Summary of Plan Provisions

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

EIN: 61-1257391

PN: 003

13. Payment Forms:

- | | |
|-------------|---|
| a. Normal | Life annuity for single participants and an Actuarially Equivalent 50% Joint & Survivor annuity for married participants. |
| b. Optional | Lump sum distribution. |

14. Actuarial Equivalency:

- | | |
|-------------------------|---|
| a. Other than Lump Sums | Pre-retirement: 1994 Group Annuity Mortality Table, gender neutral blended 50% male and 50% female and 6.00%. Post-retirement: No mortality and 6.00%. |
| b. Lump Sums | The Applicable Mortality Table for the Plan Year in which the distribution occurs and the Applicable Interest Rate for the second calendar month preceding the Plan Year in which the distribution occurs, as per IRC Section 417(e). |

15. Maximum Annual Benefit:

\$210,000 per year for participants retiring at age 62 and later during the 2014 Plan Year.

16. Changes Since Last Year:

None.

2014 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
Plan Name: Tri State Urologic Services P.S.C., Inc. Defined Benefit Plan
EIN: 61-1257391
PN: 003

1. Interest Rates:

Segment 1	4.99%
Segment 2	6.32%
Segment 3	6.99%
Post-retirement Lump Sum Rate	5.50%

2. Mortality Rates:

Pre-retirement: None.

Post-retirement: The Applicable Mortality Table for the 2014 Plan Year

3. Salary Scale: 0.00%.

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

2014 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
Plan Name: Tri State Urologic Services P.S.C., Inc. Defined Benefit Plan
EIN: 61-1257391
PN: 003

- | | |
|--|--|
| 5. <u>Assumed Form of Benefit Payment:</u> | Lump Sum Distribution |
| 6. <u>Termination Rates:</u> | None. |
| 7. <u>Disability Rates:</u> | None. |
| 8. <u>Plan Expenses:</u> | None. |
| 9. <u>Actuarial Cost Method:</u> | Unit Credit under PPA rules. |
| 10. <u>Asset Valuation Method:</u> | Market Value. |
| 11. <u>Changes Since Last Year:</u> | Interest rates updated as mandated by PPA. |

Active Participants as of January 1, 2014

<u>Age Group</u>	<u><i>Years of Plan Service</i></u>									<u>Total</u>
	<u>< 1</u>	<u>1-4</u>	<u>5-9</u>	<u>10-14</u>	<u>15-19</u>	<u>20-24</u>	<u>25-29</u>	<u>30-34</u>	<u>35 +</u>	
< 19	0	0	0	0	0	0	0	0	0	0
20-24	0	4	0	0	0	0	0	0	0	4
25-29	7	19	0	0	0	0	0	0	0	26
30-34	5	21	4	0	0	0	0	0	0	30
35-39	3	16	7	0	0	0	0	0	0	26
40-44	3	16	10	0	0	0	0	0	0	29
45-49	1	12	10	0	0	0	0	0	0	23
50-54	0	21	14	0	0	0	0	0	0	35
55-59	0	11	23	0	0	0	0	0	0	34
60-64	1	9	16	0	0	0	0	0	0	26
65-69	0	0	8	0	0	0	0	0	0	8
70 +	<u>0</u>	<u>0</u>	<u>3</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>3</u>
Total	20	129	95	0	0	0	0	0	0	244

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

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 2014 This Form is Open to Public Inspection
---	--	---

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

► **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 Tri State Urologic Services P.S.C., Inc. Defined Benefit Plan	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Tri State Urologic Services P.S.C., Inc.	D Employer Identification Number (EIN) 61-1257391	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500		

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2014</u>			
2 Assets:			
a Market value	2a	14,178,285	
b Actuarial value	2b	14,178,285	
3 Funding target/participant count breakdown:	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1	11,531	11,531
b For terminated vested participants	35	156,727	156,727
c For active participants	244	10,210,522	10,262,680
d Total	280	10,378,780	10,430,938
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	6.29 %	
6 Target normal cost	6	1,381,019	

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	 Signature of actuary Jessica A. Birkle Type or print name of actuary Cuni, Rust & Strenk, Inc. Firm name 4555 Lake Forest Drive, Suite 620 US Cincinnati OH 45242 Address of the firm	<u>06/23/2015</u> Date <u>14-07693</u> Most recent enrollment number <u>(513) 891-0270</u> Telephone number (including area code)
------------------	--	--

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) 2014
v.140124

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 (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>14.66%</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		758,115
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.10</u> %....		46,245
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance .		804,360
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	135.92 %
15 Adjusted funding target attainment percentage	15	135.92 %
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	127.62 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/12/2014	42,086		10/23/2014	42,086	
03/12/2014	14,802		12/01/2014	42,086	
03/31/2014	42,086		12/26/2014	42,085	
04/29/2014	42,086				
05/28/2014	42,086				
06/30/2014	42,086				
08/28/2014	18,406				
09/26/2014	42,086				
Totals ▶			18(b)	411,981	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 contributions 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	398,285
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No	
c If line 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: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ 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 subject to 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 contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	1,381,019	
b Excess assets, if applicable, but not greater than line 31a	31b	1,381,019	
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 (lines 31a - 31b + 32a + 32b - 33)	34	0	
	Carryover balance	Prefunding Balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	398,285	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	398,285	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40		

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2009 ☐ 2010 ☐ 2011 ☐ 2012
42 Amount of acceleration adjustment	42
43 Excess installment acceleration amount to be carried over to future plan years	43

TRI-STATE UROLOGIC SERVICES P.S.C., INC.
DEFINED BENEFIT PLAN
SUPPLEMENTARY INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2014

(a) Related Party	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Fixed Income Securities			
	American Express Senior Notes	20,000 units	\$ 20,405	\$ 21,431
	Aon Corporation Senior Unsecured Notes	83,000 units	85,880	85,169
	BB&T Corporation Senior Unsecured Notes	50,000 units	49,180	59,316
	Branch Banking & Trust Subordinated Notes	35,000 units	34,971	37,510
	Equity Residential Properties Senior Unsecured	40,000 units	45,470	42,629
	Fifth Third Bancorp Subordinated Notes	50,000 units	49,409	53,656
	Huntington National Bank Senior Unsecured Notes	70,000 units	70,379	69,711
	JP Morgan Chase & Company Unsecured Notes	75,000 units	73,530	83,913
	Keycorp Senior Unsecured Notes	80,000 units	87,975	90,288
	Marsh & McLennan & Co. Senior Unsecured Notes	65,000 units	74,571	72,242
	Metlife Incorporated Senior Unsecured	85,000 units	96,081	91,639
	PNC Funding Corp Bank Guarantee Notes	75,000 units	70,955	77,730
	Prudential Financial Inc Senior Unsecured Notes	50,000 units	56,014	54,265
	Suntrust Banks Incorporated Senior Unsecured	80,000 units	84,215	82,512
	US Bancorp Subordinated Notes	40,000 units	39,579	39,431
	Wells Fargo & Company Subordinated Notes	100,000 units	94,852	101,349
	AllState Corp Subordinated Debentures	2,600 units	64,870	65,858
	Federal Farm Credit Bank	60,000 units	59,986	61,649
	Federal Farm Credit Bank	100,000 units	102,678	107,768
	Federal Home Loan Mortgage Corp Step-Up Coupon	175,000 units	175,000	175,182
	Federal Home Loan Bank	80,000 units	82,120	85,335
	Federal Home Loan Mortgage Corp Notes	70,000 units	68,429	72,721
	Becton Dickinson Senior Unsecured Notes	90,000 units	89,242	90,335
	Burlington Northern Sante Fe Senior Unsecured Notes	40,000 units	42,138	41,740
	Chevron Corp Senior Unsecured Notes	100,000 units	100,000	100,505
	Dover Corp Senior Unsecured Notes	75,000 units	83,034	83,493
	Eaton Corp Senior Unsecured Notes	55,000 units	55,078	54,032
	General Electric Cap Corp Senior Unsecured Notes	65,000 units	67,159	73,263
	General Mills Inc Senior Unsecured Notes	40,000 units	46,686	43,700
	IBM Corp Senior Unsecured Notes	50,000 units	50,363	55,722
	Johnson Controls Inc Senior Unsecured Notes	40,000 units	42,754	43,898
	Kellogg Company Senior Unsecured Notes	40,000 units	42,563	42,812
	Kroger Company Senior Unsecured Notes	65,000 units	66,015	66,034

See independent auditors' report

TRI-STATE UROLOGIC SERVICES P.S.C., INC.

DEFINED BENEFIT PLAN

SUPPLEMENTARY INFORMATION

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONT'D)

December 31, 2014

(a) Related Party	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value		(d) Cost	(e) Current Value
	Novartis AG Senior Unsecured Notes	75,000	units	76,146	84,212
	Oracle Corporation Senior Unsecured Notes	100000	units	99,888	100,714
	Praxair Inc Senior Unsecured Notes	85,000	units	87,883	92,311
	Target Corp Senior Unsecured Notes	85,000	units	98,947	95,779
	United Technologies Corp Senior Unsecured Notes	35,000	units	37,057	40,636
	Wal-Mart Stores Notes	15,000	units	14,166	15,296
	Williams Partners LP Senior Unsecured Notes	55,000	units	57,864	55,157
	JP Morgan Mortgage-Backed Securities Fund	46,535	units	533,296	527,712
	Hamilton County OH Health Care Facilities Revenue	50,000	units	55,619	56,970
	Kentucky State Asset Liability Commission	75,000	units	75,000	75,474
	State of OH Educational Facilities Commission	100,000	units	100,000	107,713
	State of OH Major New Infrastructure Revenue	75,000	units	85,151	84,008
	West Virginia University Board of Governors Revenue	75,000	units	75,000	74,498
	Treasury Inflation Protected Security	104,912	units	105,239	102,044
	United States Treasury Note	60,000	units	57,638	60,277
	United States Treasury Note	50,000	units	48,518	50,739
	United States Treasury Note	250,000	units	257,461	261,993
	AT&T Inc Senior Unsecured Notes	75,000	units	75,137	74,248
	Berkshire Hathaway Energy Company	60,000	units	70,895	67,239
	Duke Energy Corp	55,000	units	61,755	61,469
	Gulf Power Company Senior Unsecured Notes	80,000	units	90,662	88,530
	National Rural Utilities Corp	100,000	units	99,864	99,879
	NSTAR Senior Unsecured Notes	40,000	units	46,184	43,502
	Verizon Communications Senior Unsecured Notes	75,000	units	95,859	96,086
	XCEL Energy Inc Senior Unsecured Notes	70,000	units	78,185	77,675
	Common Equity				
	Nordstrom, Inc	1,590	shares	90,448	126,230
	Target Corp	1,840	shares	128,396	139,674
	TJX Companies	1,885	shares	100,989	129,273
	Coca Cola Company	2,000	shares	82,429	84,440
	CVS Corp	1,750	shares	84,458	168,543
	Hershey Foods Corporation	1,130	shares	103,374	117,441
	JM Smucker Company	1,430	shares	146,314	144,401
	Nestle S A Sponsored ADR	2,465	shares	158,952	179,822

See independent auditors' report

TRI-STATE UROLOGIC SERVICES P.S.C., INC.

DEFINED BENEFIT PLAN

SUPPLEMENTARY INFORMATION

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONT'D)

December 31, 2014

(a) Related Party	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Procter & Gamble Co	1,210 shares	69,638	110,219
	Unilever PLC	2,200 shares	88,835	89,056
	Baker Hughes, Inc	1,100 shares	59,039	61,677
	Chevron Corp	1,070 shares	74,862	120,033
	EOG Resources, Inc	1,300 shares	85,331	119,691
	Hess Corp	1,160 shares	93,096	85,631
	Royal Dutch Shell PLC - Class B	1,885 shares	128,737	131,121
	Schlumberger LTD	1,350 shares	82,789	115,304
	AON PLC	1,600 shares	73,886	151,728
	Everbank Financial Corp	8,170 shares	152,144	155,720
	Marsh & McLennan Companies, Inc	1,960 shares	71,226	112,190
	Partnerre Limited	920 shares	99,312	105,000
	Renaissancere Holdings Limited	1,045 shares	89,768	101,595
	Express Scripts Holdings Company	1,500 shares	82,456	127,005
	Owens & Minor Inc Holding Company	4,225 shares	135,331	148,340
	Zimmer Holdings Inc	1,395 shares	158,474	158,221
	Danaher Corp	2,250 shares	122,678	192,848
	Dover Corp	1,100 shares	68,642	78,892
	Eaton Corp, Inc	2,000 shares	102,994	135,920
	Emerson Electric Company	2,470 shares	111,605	152,473
	Norfolk Southern Corp	1,200 shares	91,679	131,532
	Accenture PLC	1,725 shares	133,421	154,060
	Apple Inc	1,625 shares	88,536	179,368
	Cognizant technology Solutions Corp	960 shares	33,499	50,554
	EMC Corporation	5,400 shares	133,557	160,596
	F5 Networks	825 shares	77,235	107,613
	Fortinet Inc	1,990 shares	42,670	61,013
	Linear Technology Corp	2,500 shares	87,517	114,000
	Microsoft Corp	2,965 shares	76,360	137,724
	Oracle Corp	2,635 shares	68,791	118,496
	Qualcomm, Inc	1,200 shares	75,383	89,196
	Mutual Funds			
	First Eagle Overseas Fund	8114 shares	200,000	180,044
	Harbor International Fund	4,215 shares	246,761	273,057

See independent auditors' report

TRI-STATE UROLOGIC SERVICES P.S.C., INC.

DEFINED BENEFIT PLAN

SUPPLEMENTARY INFORMATION

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONT'D)

December 31, 2014

(a) Related Party	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Ishares MSCI EAFE Index Fund	1,900 shares	117,360	115,596
	WCM Focused International Growth I	21,331 shares	253,200	249,360
	Lazard Emerging Mks Port-IN	13,475 shares	253,200	231,640
	Ishares Morningstar Large Growth Index	3,300 shares	227,169	373,454
	Ishares Russell 1000 Growth Index Fund	5,500 shares	263,657	525,853
	Ishares Russell 1000 Growth Index Fund	3,900 shares	234,786	407,160
	Vanguard Windsor II Fund	1,573 shares	50,000	58,682
	Ishares Russell Midcap Index	2,600 shares	236,511	434,304
	Ishares Russell Midcap Value Index Fund	2,265 shares	87,180	167,066
	Ishares Core S&P Small-Cap ETF	1,200 shares	48,865	136,872
	Thomson Horstmann & Bryant Microcap Fund	8,333 shares	100,000	115,417
	Ishares Russell 2000 Value	1,050 shares	49,206	106,764
	AT&T, Inc.	1,800 shares	64,224	60,462
	Other Investments			
	Eaton Vance Income Fund of Boston	43,143 units	250,000	253,250
	Central Gold Trust	1,500 units	98,195	60,975
	Eagle MLP Strategy Fund I	22,599 units	289,432	289,039
	Tortoise MLP & Pipeline Fund	23,056 units	345,900	380,429
	Strategies Fund-Class I	39,765 units	441,100	434,630
	Cash & Equivalents			
	Accrued Interest and Dividends	42,142 units	42,142	42,142
	Cash and Equivalents	725,874 units	725,874	725,874
TOTAL ASSETS HELD FOR INVESTMENT PURPOSES			\$ 13,134,608	\$ 15,289,709

See independent auditors' report

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

**FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION**

**For the Years Ended
December 31, 2014 and December 31, 2013**

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INDEPENDENT AUDITORS' REPORT

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

We have audited the accompanying financial statements of the Tri-State Urologic Services, P.S.C., Inc., Defined Benefit Plan, which comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2014 and December 31, 2013, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

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 from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

CERTIFIED PUBLIC ACCOUNTANTS

p 859-331-1717 | f 859-331-4356

1881 Dixie Highway, Suite 200 | Fort Wright, KY 41011

www.rudler.com

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of the Tri-State Urologic Services, P.S.C., Inc., Defined Benefit Plan as of December 31, 2014 and December 31, 2013, and the changes in its financial status for the year ended December 31, 2014 in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) and schedule of assets acquired and disposed of within a year, referred to as "supplemental information," is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplemental 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 audit 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 financial statements as a whole.



Fort Wright, Kentucky
October 1, 2015

TRI-STATE UROLOGIC SERVICES P.S.C., INC.
DEFINED BENEFIT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2014 and December 31, 2013

	<u>December 31,</u> <u>2014</u>	<u>December 31,</u> <u>2013</u>
ASSETS		
Investments - at fair value:		
Fixed income securities	\$ 4,293,284	\$ 4,292,013
Mutual funds	5,321,306	4,798,627
Equity securities	4,907,100	4,778,141
	<u>14,521,690</u>	<u>13,868,781</u>
Receivables:		
Accrued interest and dividends	42,143	45,623
	<u>42,143</u>	<u>45,623</u>
Cash and cash equivalents	<u>725,876</u>	<u>263,879</u>
Total Assets	<u>15,289,709</u>	<u>14,178,283</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 15,289,709</u></u>	<u><u>\$ 14,178,283</u></u>

The accompanying notes are an integral part of this statement.

TRI-STATE UROLOGIC SERVICES P.S.C., INC.
DEFINED BENEFIT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the year ended December 31, 2014

ADDITIONS

Additions to net assets attributed to:

Investment income

Net appreciation in fair value of investments \$ 549,110

Interest income 147,073

Dividend income 277,382

Total Investment Income 973,565

Contributions

Employer's contribution 411,981

Total Additions 1,385,546

DEDUCTIONS

Deductions from net assets attributed to:

Benefits paid to participants 215,241

Investment expenses 58,879

Total Deductions 274,120

Net Increase 1,111,426

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of Year 14,178,283

End of Year \$ 15,289,709

The accompanying notes are an integral part of this statement.

TRI-STATE UROLOGIC SERVICES P.S.C., INC.
DEFINED BENEFIT PLAN
STATEMENTS OF ACCUMULATED PLAN BENEFITS
December 31, 2014 and December 31, 2013

	<u>December 31, 2014</u>	<u>December 31, 2013</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS		
Vested benefits:		
Participants currently receiving payments	\$ 11,749,807	\$ 10,250,908
Other participants	<u>92,947</u>	<u>185,436</u>
	11,842,754	10,436,344
Nonvested benefits	<u>55,339</u>	<u>60,539</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 11,898,093</u>	<u>\$ 10,496,883</u>

The accompanying notes are an integral part of this statement.

TRI-STATE UROLOGIC SERVICES P.S.C., INC.
DEFINED BENEFIT PLAN
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
For the year ended December 31, 2014

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT BEGINNING OF YEAR	<u>\$ 10,496,883</u>
Increase/(Decrease) during the year attributable to:	
Decrease in discount period	577,329
Benefits paid	(215,241)
Benefits accumulated	<u>1,039,122</u>
NET INCREASE	<u>1,401,210</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR	<u><u>\$ 11,898,093</u></u>

The accompanying notes are an integral part of this statement.

TRI-STATE UROLOGIC SERVICES P.S.C., INC.

DEFINED BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2014 and December 31, 2013

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements of the Tri-State Urologic Services, P.S.C., Inc., Defined Benefit Plan have been prepared in accordance with U.S. generally accepted accounting principles as applied to savings plans, and in accordance with the terms of the Plan agreement.

A summary of the Plan's significant accounting policies consistently applied in the preparation of the accompanying financial statements follows.

Basis of Accounting

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

Estimates

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

Administrative Expenses

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

Investment Valuation and Income Recognition

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

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Actuarial Present Value of Accumulated Plan Benefits

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

TRI-STATE UROLOGIC SERVICES P.S.C., INC.
DEFINED BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS (Continued)
December 31, 2014 and December 31, 2013

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

The actuarial present value of accumulated plan benefits was determined by Cuni, Rust & Strenk Inc., consulting actuaries and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of December 31, 2014 and 2013 were (a) life expectancy of participants (1994 Group Annuity Reserve Table 50% male and 50% female), (b) normal retirement age (65), and (c) investment return. The 2014 and 2013 valuation included assumed average rates of return of 6%. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Payment of Benefits

Benefit payments to participants are recorded upon distributions.

NOTE 2 – PLAN DESCRIPTION

The following brief description of the Tri-State Urologic Services, P.S.C., Inc., Defined Benefit Plan is provided for general information purposes only. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Participants should refer to the Plan agreement for more complete information.

General

The Plan is a defined benefit pension plan that was established January 1, 2002. The plan covers substantially all employees of Tri-State Urologic Services, P.S.C., Inc. who have reached age 21 and have completed one year of service.

Pension Benefits

Employees are entitled to their vested annual pension benefits beginning at normal retirement age (65) equal to less than 1.0%, 2.0% or 3.5% (depending on rank of service) of their average annual compensation over the three highest consecutive Plan years multiplied by number of years of benefit service (10 years maximum). Employees may elect to receive their pension benefits in the form of a single life annuity or joint and 50% survivor annuity. Employees may elect to receive the value of their accumulated plan benefits as a lump-sum distribution upon retirement or termination.

Vesting

Vesting in pension benefits is based on years of continuous service. A participant is 100% vested after six years of service, starting at 20% after two years of service and 20% additional for each year of service thereafter.

Death and Disability Benefits

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

TRI-STATE UROLOGIC SERVICES P.S.C., INC.

DEFINED BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS (Continued)

December 31, 2014 and December 31, 2013

NOTE 3 - INVESTMENTS

During 2014, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value as follows:

Investments at Fair Value as Determined

by Quoted Market Price:

Fixed Income	13,303
Mutual Funds	935,416
Equity Securities	(399,609)
Total	<u>\$ 549,110</u>

NOTE 4 - FUNDING POLICY AND FROZEN PLAN STATUS

The Company's funding policy is to make annual contributions to the Plan in amounts that are estimated to be sufficient so that all employees' benefits will be fully provided for by the time they retire. The Company's contributions for 2014 and 2013 met the minimum funding requirements of ERISA.

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. Effective May 16, 2009, the Plan elected to be frozen and no additional benefits accrued after such date. As of November 26, 2012, the Plan elected to be unfrozen retroactively to January 1, 2012. As of this date, benefit accruals commenced based on the formula in the Plan as communicated in the Summary Plan Description booklet.

NOTE 5 - PLAN TERMINATION

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

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

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

TRI-STATE UROLOGIC SERVICES P.S.C., INC.
DEFINED BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS (Continued)
December 31, 2014 and December 31, 2013

NOTE 6 – INCOME TAX STATUS

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

The Plan administrator believes it is no longer subject to income tax examinations for the year prior to 2011. There are currently no audits for any periods in progress.

NOTE 7 – PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Johnson Investment Counsel, Inc. Johnson Investment Counsel is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest. Fees paid by the Plan for the investment management services amounted to \$58,207 for the year ending December 31, 2014.

NOTE 8 – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

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

NOTE 9 – FAIR VALUE MEASUREMENT

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurement accounting literature 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, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and 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 or Level 3 inputs were available to the Plan.

TRI-STATE UROLOGIC SERVICES P.S.C., INC.
DEFINED BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS (Continued)
December 31, 2014 and December 31, 2013

NOTE 9 - FAIR VALUE MEASUREMENT (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 value of common stocks, corporate bonds, and U.S. government securities are based on the closing price reported on the active market where the individual securities are traded.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014 and December 31, 2013.

	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)
<u>December 31, 2014</u>		
Common stocks:		
Consumer goods	\$ 1,289,099	\$ 1,289,099
Energy	633,456	633,456
Financials	626,233	626,233
Healthcare	433,566	433,566
Industrials	691,665	691,665
Information technology	1,172,619	1,172,619
Telecommunication services	60,462	60,462
Total common stocks	<u>4,907,100</u>	<u>4,907,100</u>
Mutual funds:		
Blend funds	1,164,747	1,164,747
International funds	1,049,697	1,049,697
Growth funds	1,839,479	1,839,479
Value funds	739,672	739,672
Total mutual funds	<u>4,793,595</u>	<u>4,793,595</u>
Fixed income securities	4,345,944	4,345,944
U.S. government securities	<u>475,051</u>	<u>475,051</u>
Total assets at fair value	<u>\$ 14,521,690</u>	<u>\$ 14,521,690</u>

TRI-STATE UROLOGIC SERVICES P.S.C., INC.
DEFINED BENEFIT PLAN
NOTES TO FINANCIAL STATEMENTS (Continued)
December 31, 2014 and December 31, 2013

NOTE 9 - FAIR VALUE MEASUREMENT (Continued)

	<u>Fair Value</u>	<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>
<u>December 31, 2013</u>		
Common stocks:		
Consumer goods	\$ 1,068,866	\$ 1,068,866
Energy	761,593	761,593
Financials	583,549	583,549
Healthcare	364,011	364,011
Industrials	856,423	856,423
Information technology	1,012,844	1,012,844
Materials	67,568	67,568
Telecommunication services	63,288	63,288
Total common stocks	<u>4,778,142</u>	<u>4,778,142</u>
Mutual funds:		
Blend funds	1,176,054	1,176,054
International funds	1,211,540	1,211,540
Growth funds	1,732,629	1,732,629
Value funds	678,404	678,404
Total mutual funds	<u>4,798,627</u>	<u>4,798,627</u>
Fixed income securities	3,910,402	3,910,402
U.S. government securities	<u>381,610</u>	<u>381,610</u>
Total assets at fair value	<u>\$ 13,868,781</u>	<u>\$ 13,868,781</u>

NOTE 10- SUBSEQUENT EVENTS

The Plan has evaluated all subsequent events through October 1, 2015, the date the financial statements were available to be issued.

SUPPLEMENTARY INFORMATION

TRI-STATE UROLOGIC SERVICES P.S.C., INC.
DEFINED BENEFIT PLAN
SUPPLEMENTARY INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2014

(a) Related Party	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Fixed Income Securities			
	American Express Senior Notes	20,000 units	\$ 20,405	\$ 21,431
	Aon Corporation Senior Unsecured Notes	83,000 units	85,880	85,169
	BB&T Corporation Senior Unsecured Notes	50,000 units	49,180	59,316
	Branch Banking & Trust Subordinated Notes	35,000 units	34,971	37,510
	Equity Residential Properties Senior Unsecured	40,000 units	45,470	42,629
	Fifth Third Bancorp Subordinated Notes	50,000 units	49,409	53,656
	Huntington National Bank Senior Unsecured Notes	70,000 units	70,379	69,711
	JP Morgan Chase & Company Unsecured Notes	75,000 units	73,530	83,913
	Keycorp Senior Unsecured Notes	80,000 units	87,975	90,288
	Marsh & McLennan & Co. Senior Unsecured Notes	65,000 units	74,571	72,242
	Metlife Incorporated Senior Unsecured	85,000 units	96,081	91,639
	PNC Funding Corp Bank Guarantee Notes	75,000 units	70,955	77,730
	Prudential Financial Inc Senior Unsecured Notes	50,000 units	56,014	54,265
	Suntrust Banks Incorporated Senior Unsecured	80,000 units	84,215	82,512
	US Bancorp Subordinated Notes	40,000 units	39,579	39,431
	Wells Fargo & Company Subordinated Notes	100,000 units	94,852	101,349
	AllState Corp Subordinated Debentures	2,600 units	64,870	65,858
	Federal Farm Credit Bank	60,000 units	59,986	61,649
	Federal Farm Credit Bank	100,000 units	102,678	107,768
	Federal Home Loan Mortgage Corp Step-Up Coupon	175,000 units	175,000	175,182
	Federal Home Loan Bank	80,000 units	82,120	85,335
	Federal Home Loan Mortgage Corp Notes	70,000 units	68,429	72,721
	Becton Dickinson Senior Unsecured Notes	90,000 units	89,242	90,335
	Burlington Northern Sante Fe Senior Unsecured Notes	40,000 units	42,138	41,740
	Chevron Corp Senior Unsecured Notes	100,000 units	100,000	100,505
	Dover Corp Senior Unsecured Notes	75,000 units	83,034	83,493
	Eaton Corp Senior Unsecured Notes	55,000 units	55,078	54,032
	General Electric Cap Corp Senior Unsecured Notes	65,000 units	67,159	73,263
	General Mills Inc Senior Unsecured Notes	40,000 units	46,686	43,700
	IBM Corp Senior Unsecured Notes	50,000 units	50,363	55,722
	Johnson Controls Inc Senior Unsecured Notes	40,000 units	42,754	43,898
	Kellogg Company Senior Unsecured Notes	40,000 units	42,563	42,812
	Kroger Company Senior Unsecured Notes	65,000 units	66,015	66,034

See independent auditors' report

TRI-STATE UROLOGIC SERVICES P.S.C., INC.

DEFINED BENEFIT PLAN

SUPPLEMENTARY INFORMATION

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONT'D)

December 31, 2014

(a) Related Party	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Novartis AG Senior Unsecured Notes	75,000 units	76,146	84,212
	Oracle Corporation Senior Unsecured Notes	100,000 units	99,888	100,714
	Praxair Inc Senior Unsecured Notes	85,000 units	87,883	92,311
	Target Corp Senior Unsecured Notes	85,000 units	98,947	95,779
	United Technologies Corp Senior Unsecured Notes	35,000 units	37,057	40,636
	Wal-Mart Stores Notes	15,000 units	14,166	15,296
	Williams Partners LP Senior Unsecured Notes	55,000 units	57,864	55,157
	JP Morgan Mortgage-Backed Securities Fund	46,535 units	533,296	527,712
	Hamilton County OH Health Care Facilities Revenue	50,000 units	55,619	56,970
	Kentucky State Asset Liability Commission	75,000 units	75,000	75,474
	State of OH Educational Facilities Commission	100,000 units	100,000	107,713
	State of OH Major New Infrastructure Revenue	75,000 units	85,151	84,008
	West Virginia University Board of Governors Revenue	75,000 units	75,000	74,498
	Treasury Inflation Protected Security	104,912 units	105,239	102,044
	United States Treasury Note	60,000 units	57,638	60,277
	United States Treasury Note	50,000 units	48,518	50,739
	United States Treasury Note	250,000 units	257,461	261,993
	AT&T Inc Senior Unsecured Notes	75,000 units	75,137	74,248
	Berkshire Hathaway Energy Company	60,000 units	70,895	67,239
	Duke Energy Corp	55,000 units	61,755	61,469
	Gulf Power Company Senior Unsecured Notes	80,000 units	90,662	88,530
	National Rural Utilities Corp	100,000 units	99,864	99,879
	NSTAR Senior Unsecured Notes	40,000 units	46,184	43,502
	Verizon Communications Senior Unsecured Notes	75,000 units	95,859	96,086
	XCEL Energy Inc Senior Unsecured Notes	70,000 units	78,185	77,675
	Common Equity			
	Nordstrom, Inc	1,590 shares	90,448	126,230
	Target Corp	1,840 shares	128,396	139,674
	TJX Companies	1,885 shares	100,989	129,273
	Coca Cola Company	2,000 shares	82,429	84,440
	CVS Corp	1,750 shares	84,458	168,543
	Hershey Foods Corporation	1,130 shares	103,374	117,441
	JM Smucker Company	1,430 shares	146,314	144,401
	Nestle S A Sponsored ADR	2,465 shares	158,952	179,822

See independent auditors' report

TRI-STATE UROLOGIC SERVICES P.S.C., INC.

DEFINED BENEFIT PLAN

SUPPLEMENTARY INFORMATION

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONT'D)

December 31, 2014

(a) Related Party	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Procter & Gamble Co	1,210 shares	69,638	110,219
	Unilever PLC	2,200 shares	88,835	89,056
	Baker Hughes, Inc	1,100 shares	59,039	61,677
	Chevron Corp	1,070 shares	74,862	120,033
	EOG Resources, Inc	1,300 shares	85,331	119,691
	Hess Corp	1,160 shares	93,096	85,631
	Royal Dutch Shell PLC - Class B	1,885 shares	128,737	131,121
	Schlumberger LTD	1,350 shares	82,789	115,304
	AON PLC	1,600 shares	73,886	151,728
	Everbank Financial Corp	8,170 shares	152,144	155,720
	Marsh & McLennan Companies, Inc	1,960 shares	71,226	112,190
	Partnerre Limited	920 shares	99,312	105,000
	Renaissancere Holdings Limited	1,045 shares	89,768	101,595
	Express Scripts Holdings Company	1,500 shares	82,456	127,005
	Owens & Minor Inc Holding Company	4,225 shares	135,331	148,340
	Zimmer Holdings Inc	1,395 shares	158,474	158,221
	Danaher Corp	2,250 shares	122,678	192,848
	Dover Corp	1,100 shares	68,642	78,892
	Eaton Corp, Inc	2,000 shares	102,994	135,920
	Emerson Electric Company	2,470 shares	111,605	152,473
	Norfolk Southern Corp	1,200 shares	91,679	131,532
	Accenture PLC	1,725 shares	133,421	154,060
	Apple Inc	1,625 shares	88,536	179,368
	Cognizant technology Solutions Corp	960 shares	33,499	50,554
	EMC Corporation	5,400 shares	133,557	160,596
	F5 Networks	825 shares	77,235	107,613
	Fortinet Inc	1,990 shares	42,670	61,013
	Linear Technology Corp	2,500 shares	87,517	114,000
	Microsoft Corp	2,965 shares	76,360	137,724
	Oracle Corp	2,635 shares	68,791	118,496
	Qualcomm, Inc	1,200 shares	75,383	89,196
	Mutual Funds			
	First Eagle Overseas Fund	8114 shares	200,000	180,044
	Harbor International Fund	4,215 shares	246,761	273,057

See independent auditors' report

TRI-STATE UROLOGIC SERVICES P.S.C., INC.

DEFINED BENEFIT PLAN

SUPPLEMENTARY INFORMATION

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONT'D)

December 31, 2014

(a) Related Party	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Ishares MSCI EAFE Index Fund	1,900 shares	117,360	115,596
	WCM Focused International Growth I	21,331 shares	253,200	249,360
	Lazard Emerging Mks Port-IN	13,475 shares	253,200	231,640
	Ishares Morningstar Large Growth Index	3,300 shares	227,169	373,454
	Ishares Russell 1000 Growth Index Fund	5,500 shares	263,657	525,853
	Ishares Russell 1000 Growth Index Fund	3,900 shares	234,786	407,160
	Vanguard Windsor II Fund	1,573 shares	50,000	58,682
	Ishares Russell Midcap Index	2,600 shares	236,511	434,304
	Ishares Russell Midcap Value Index Fund	2,265 shares	87,180	167,066
	Ishares Core S&P Small-Cap ETF	1,200 shares	48,865	136,872
	Thomson Horstmann & Bryant Microcap Fund	8,333 shares	100,000	115,417
	Ishares Russell 2000 Value	1,050 shares	49,206	106,764
	AT&T, Inc.	1,800 shares	64,224	60,462
	Other Investments			
	Eaton Vance Income Fund of Boston	43,143 units	250,000	253,250
	Central Gold Trust	1,500 units	98,195	60,975
	Eagle MLP Strategy Fund I	22,599 units	289,432	289,039
	Tortoise MLP & Pipeline Fund	23,056 units	345,900	380,429
	Strategies Fund-Class I	39,765 units	441,100	434,630
	Cash & Equivalents			
	Accrued Interest and Dividends	42,142 units	42,142	42,142
	Cash and Equivalents	725,874 units	725,874	725,874
TOTAL ASSETS HELD FOR INVESTMENT PURPOSES			\$ 13,134,608	\$ 15,289,709

See independent auditors' report

TRI-STATE UROLOGIC SERVICES P.S.C., INC.**DEFINED BENEFIT PLAN****SUPPLEMENTARY INFORMATION****SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)**

For the year ended December 31, 2014

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(c) Costs of Acquisitions	(d) Proceeds of Dispositions
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No reportable transactions for current year.

See independent auditors' report