# Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

P	art I Annual Report Identification Information					
For	calendar plan year 2009 or fiscal plan year beginning 01/01/200	9	and ending 1	2/31/2	2009	
Α	This return/report is for: Single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan	
В	This return/report is for:	final retur	n/report		_	
	an amended return/report	short plan	year return/report (less than 12 mo	nths)		
C	Check box if filing under:	•	extension	ŕ	DFVC program	
	special extension (enter description					
D	art II Basic Plan Information—enter all requested information	,				
	Name of plan	alion		1h	Three-digit	
	OSLAV JOVANOVIC M.D., L.L.C. BENEFIT PLAN				plan number	
					(PN) • 003	
				1c	Effective date of plan	
20	Disconnection and address (appleaus if for single appleaus)	-1\		2h	01/01/1989	
	Plan sponsor's name and address (employer, if for single-employer OSLAV JOVANOVIC, M.D., L.L.C.	pian)		20	Employer Identification Number (EIN) 54-2072799	
				2c	Plan sponsor's telephone number	
	FIFTH AVENUE SUITE 3				212-249-6709	
INEV	V YORK, NY 10021			2d	Business code (see instructions) 621111	
3a	Plan administrator's name and address (if same as Plan sponsor, e	nter "Same	3")	3b	Administrator's EIN	
	OSLAV JOVANOVIC, M.D., L.L.C. 930 FIFTH A	VENUE SI	JÎTE 3		54-2072799	
	NEW YORK,	NY 10021		3с	Administrator's telephone number 212-249-6709	
4	If the name and/or EIN of the plan sponsor has changed since the las	st return/re	port filed for this plan, enter the	4h	EIN	
	name, EIN, and the plan number from the last return/report. Sponso		port med for this plan, enter the	70	LIIV	
				4c	PN	
5a	Total number of participants at the beginning of the plan year			5a	7	
b	Total number of participants at the end of the plan year			5b	7	
С	Total number of participants with account balances as of the end of			5c		
62	complete this item)  Were all of the plan's assets during the plan year invested in eligib				X Yes □ No	
6a b						
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility				X Yes No	
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 55	00.		
	art III Financial Information					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year	
a	•	. 7a	1862975		2016259	
b	Total plan liabilities	7b	(	)	0	
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	1862975	5	2016259	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total	
а	Contributions received or receivable from:  (1) Employers	8a(1)	150000			
	(2) Participants	8a(2)	(	)		
	(3) Others (including rollovers)	· · · · · · · · · · · · · · · · · · ·				
		8a(3)				
b	, , , , ,	` '		_		
b	Other income (loss)	8b	226600	_	376606	
c d	, , , , ,		226606	6	376606	
C	Other income (loss)	8b		6	376606	
C	Other income (loss)	. 8b 8c	226606	6	376606	
c d	Other income (loss)	8b 8c 8d	226606	2	376606	
c d e	Other income (loss)	8b 8c 8d 8e	226600	2	376606	
c d e f	Other income (loss)	8b 8c 8d 8e 8f 8g	226606	2	376606 223322	
c d e f g	Other income (loss)	8b 8c 8d 8e 8f 8g	226606	2		

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D ( IV/	DI	<b>O</b> L	
Part IV	Plan	Charact	eristics

SIGN HERE

Signature of employer/plan sponsor

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

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

	The plant provided from the control of the control	2.01 01 1 1011 01101 0							
art	t V Compliance Questions								
0	During the plan year:			Yes	No		Amo	unt	
а	Was there a failure to transmit to the plan any participant contributions within the time 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Pro		10a		Х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions in 10a.)	•	10b		X				
С	Was the plan covered by a fidelity bond?		10c		X				
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that w or dishonesty?		10d		Χ				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an in insurance service or other organization that provides some or all of the benefits under instructions.)	10e		X					
f	Has the plan failed to provide any benefit when due under the plan?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		10q		X				
h	If this is an individual account plan, was there a blackout period? (See instructions an 2520.101-3.)	d 29 CFR	10h						
i	If 10h was answered "Yes," check the box if you either provided the required notice of exceptions to providing the notice applied under 29 CFR 2520.101-3		10i						
art	VI Pension Funding Compliance								
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see 5500))						X	Yes	No
2	Is this a defined contribution plan subject to the minimum funding requirements of sec	ction 412 of the Code of	or sec	ction 3	802 of I	ERISA?		Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this granting the waiver.  you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500),	Month							
	Enter the minimum required contribution for this plan year				12b				
				• ⊢	12c				
	Enter the amount contributed by the employer to the plan for this plan year	minus sign to the left o	f a		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline			_		Yes	N	0	N/A
	VII Plan Terminations and Transfers of Assets								
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior	year?					П	Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year				13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to anot of the PBGC?				ntrol			Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to anot which assets or liabilities were transferred. (See instructions.)	her plan(s), identify the	e plar	n(s) to					
1	13c(1) Name of plan(s):			130	(2) EII	N(s)	1	3c(3)	PN(s)
auti	tion: A penalty for the late or incomplete filing of this return/report will be assess	ed unless reasonable	cau	se is	establ	ished.			
ВВ о	er penalties of perjury and other penalties set forth in the instructions, I declare that I ha or Schedule MB completed and signed by an enrolled actuary, as well as the electronic of, it is true, correct, and complete.								
SIGI	Filed with authorized/valid electronic signature. 10/15/2010	DANIEL RICHARD	os						
HER									

Date

Enter name of individual signing as employer or plan sponsor

# SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Single-Employer Defined Benefit Plan Actuarial Information

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

2009

OMB No. 1210-0110

2003

This Form is Open to Public Inspection

			File as	an attachme	ent to Form	5500 or 550	00-SF.			
For calendar p	lan year 2009	or fiscal pla	n year beginning 0	1/01/2009			and ending	<u>12/31</u>	/2009	
Round off	amounts to r	nearest doll	ar.							
Caution: A	penalty of \$1	,000 will be	assessed for late filing	of this report	unless reas	onable caus	e is established			
A Name of pla RADOSLAV JO		.D., L.L.C. B	ENEFIT PLAN			В	Three-digit plan numbe	er (PN)	•	003
			e 2a of Form 5500 or 55	500-SF		D	Employer Ide	entificatio	on Number	(EIN)
RADOSLAV JO	OVANOVIC, M	.D., L.L.C.					54-2072799			
E Type of plan:	: X Single	Multiple-	A Multiple-B	F	Prior year pla	an size: X 1	00 or fewer	101-50	0 More	than 500
Part I B	asic Inforn	nation	— — :			<u> </u>		l		
_			Month 12	Day 21	Voor	2000				
	valuation date	<del>)</del> .	Month	Day <u>31</u>	Year <u>1</u>	2009				
							Γ	2a		1255203
_							•			
						 I		2b		1255203
Ū	arget/participa					<b>(1)</b> Num	ber of participa		(2)	Funding Target
<b>a</b> For i	retired particip	ants and be	neficiaries receiving pay	yment				0		(
<b>b</b> Fort	terminated ves	sted participa	ants		3b			0		
<b>C</b> For a	active participa	ants:								
(1)	Non-vested b	enefits			3c(1)					1687
(2)	Vested benef	fits			3c(2)					140845
(3)	Total active				3c(3)			7		1410142
<b>d</b> Tota	ıl				. 3d			7		1410142
4 If the plan	n is at-risk, che	eck the box	and complete items (a)	and (b)						
<b>a</b> Fund	ling target disr	egarding pr	escribed at-risk assump	otions				4a		
<b>b</b> Fund	ling target refl	ecting at-risl	assumptions, but disrective years and disre	egarding trans	sition rule fo	r plans that	have been	4b		
					•			5		6.40 %
								6		12096
accordance wit	my knowledge, the h applicable law ar	information sup nd regulations. In								ribed assumption was applied in ) and such other assumptions, in
SIGN HERE									10/15/2	2010
DANIEL F. RICI	HARDS	Sig	gnature of actuary						Date 08-03	990
P & PSP CO., II	NC.	Type or	print name of actuary					Most re	cent enrollm 646-524	nent number -8707
75 BROAD STE NEW YORK, N		)	Firm name				Tele	phone n	umber (incl	uding area code)
		А	ddress of the firm							
If the actuary ha	o not fully roft	noted only to	gulation or ruling promu	ilantod undor	the statute	in completin	a thic cohodula	chook t	ho hov ond	П
instructions	is not fully relie	colou ally le	galation of ruling profit	aigated under	uic statute	iii compietii	g ans somedule	, oneon l	iic box ailu	

Page <b>2-</b>	1	
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Pa	art II	Begin	ning of year	carryove	er and prefunding ba	lances						
							(a) C	Carryover balance		(b) F	Prefundi	ng balance
7		-	0 ,		cable adjustments (Item 13	•		4	1882			0
8	Portion (	used to	offset prior year's	funding red	quirement (Item 35 from prio	r year)			0			0
9	Amount	remainir	ng (Item 7 minus i	tem 8)				4	1882			0
10	Interest	on item	9 using prior year	s actual re	turn of <del>-20.10</del> %			-	8418			
11	Prior yea	ar's exce	ess contributions to	o be added	d to prefunding balance:							
	<b>a</b> Exce	ss contr	ributions (Item 38	from prior	year)							78186
<b>b</b> Interest on (a) using prior year's effective rate of6.28 %												4910
					year to add to prefunding bala							83096
					palance							83096
12					emed elections				0			0
								3	3464			83096
	Part III Funding percentages 83096											
	14 Funding target attainment percentage										14	80.22 %
											15	80.22 %
16 Prior year's funding percentage for nurnoses of determining whether carryover/prefunding balances may be used to reduce										78.66 %		
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											
				•	ear by employer(s) and emp	Novece:						
10	(a) Date		(b) Amount pa		(c) Amount paid by	( <b>a)</b> Da	te	(b) Amount pai	d by	((	c) Amou	nt paid by
(N	IM-DD-YY		employer(		employees	(MM-DD-)		employer(s)		,		oyees
09	/15/2010			150000								
						Totals ▶	18(b)		150000	18(c)		0
19	Discount	ted emp	loyer contributions	s – see ins	tructions for small plan with	a valuation da	ate after th	e beginning of the	year:			
					imum required contribution				19a			
	<b>b</b> Contri	butions	made to avoid res	strictions ac	djusted to valuation date				19b			
					uired contribution for current y			<u> </u>	19c			141555
20			outions and liquidit			<u> </u>						
					the prior year?						X	Yes No
		•	-		tallments for the current yea						<u> </u>	Yes X No
	<b>C</b> If 20a	is "Yes,	" see instructions	and compl	ete the following table as ap	plicable:						
		(1)			Liquidity shortfall as of er	nd of Quarter					, n	
		(1) 1s	st		(2) 2nd		(3)	3rd	1		(4) 4th	1
									1			

Pa	rt V Assumption	ns used to determine f	unding target and tar	get no	rmal cost							
21	Discount rate:											
	a Segment rates:	1st segment: 5.28 %	2nd segment: 6.59 %		3rd segment: 6.65 %		N/A, full yie	d curve ι	used			
	<b>b</b> Applicable month	(enter code)				21b			0			
22	Weighted average ret	irement age				22			65			
23	Mortality table(s) (see	e instructions) X Pre	scribed - combined	Prescri	bed - separate	Substitut	е					
Pa	rt VI Miscellane	ous items										
24	Has a change been m	nade in the non-prescribed actu	•	•	•		· · · -	ed Yes	X No			
25		been made for the current pla						Yes	X No			
	6 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment											
		or (and is using) alternative fun	-			27	<u> </u>					
	regarding attachment											
Pa	rt VII Reconcilia	ation of unpaid minimu	m required contribut	ions fo	r prior years							
28	Unpaid minimum requ	uired contribution for all prior ye	ears			28						
29	' '	contributions allocated toward			' '	29						
30	Remaining amount of	unpaid minimum required con	tributions (item 28 minus ite	m 29)		30			0			
Pa	rt VIII Minimum	required contribution f	or current vear									
31		djusted, if applicable (see instr				31			12096			
32	Amortization installme	ents:	,		Outstanding Bala	ance	Installment					
	a Net shortfall amorti	zation installment			<del>-</del>	198082			36636			
	<b>b</b> Waiver amortizatio	n installment				0			0			
33	If a waiver has been a	approved for this plan year, ent	er the date of the ruling lette	er grantin		33						
34		nent before reflecting carryove	. •			34			48732			
			Carryover balance		Prefunding bala	nce	Total b	alance				
35	Balances used to offs	et funding requirement							0			
36	Additional cash requir	rement (item 34 minus item 35)	)			36			48732			
37		d toward minimum required co	,	,		37		1	41555			
38	Interest-adjusted exce	ess contributions for current ye	ar (see instructions)			38			92823			
39	Unpaid minimum requ	uired contribution for current ye	ear (excess, if any, of item 36	6 over ite	m 37)	39			0			
40	Unpaid minimum requ	uired contribution for all years.				40			0			

# 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).

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

, Grotor Borton Guaranty Corporation	File as an a	attachme	ent to Form	5500 or 5	500-SF.			
For calendar plan year 2009 or fiscal pl	an year beginning	01/0	1/2009		and end	ding	12/	31/2009
Round off amounts to nearest do								
Caution: A penalty of \$1,000 will be	assessed for late filing of thi	is report	unless reaso	onable cau	se is establish	ied.		
A Name of plan					B Three-di	git		
				_	plan nun	nber (PN)	<u> </u>	003
Radoslav Jovanovic, M.D	. LLC Defined Ben	efit.	Plan					
C Plan sponsor's name as shown on lir					D Employer	Identificat	ion Number (	FIN)
a construction of the second o		·		-	2111010101	, ao minoai	ion rannor (	
Radoslav Jovanovic M.D.					54-2072	2799		
E Type of plan: ☒ Single ☐ Multiple	-A Multiple-B	F	Prior year pla	an size: X	100 or fewer	101-50	00 More t	han 500
Part I Basic Information							<u> </u>	
1 Enter the valuation date:	Month 12 Day	31	Year	2009				
2 Assets:			, , , , , , , , , , , , , , , , , , , ,					
a Market value						2a		1,255,203
<b>b</b> Actuarial value						2b		1,255,203
3 Funding target/participant count br				<del></del>	nber of partici		(2) (	Funding Target
a For retired participants and be		nt	3a	(1) (10)	noor or partion	0	· · · · · · · · · · · · · · · · · · ·	O
<b>b</b> For terminated vested particip	•		3b			0		0
<b>C</b> For active participants:			L		<del>,</del>		***************************************	
(1) Non-vested benefits			3c(1)			f		1,687
(2) Vested benefits		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- :-:			ŀ		1,408,455
(3) Total active				***************************************		7		1,410,142
<b>d</b> Total			3d			7		1,410,142
4 If the plan is at-risk, check the box	and complete items (a) and (	(b)			1			
a Funding target disregarding pr					ł	4a		
<b>b</b> Funding target reflecting at-ris	•							
at-risk for fewer than five cons						. 4b		
5 Effective interest rate					<	5		6.40 %
6 Target normal cost			************		****************	6		12,096
Statement by Enrolled Actuary								
To the best of my knowledge, the information sup accordance with applicable law and regulations. I	n my opinion, each other assumption/1							
combination, offer my best estimate of anticipated	experience under the plan.	1/	<del>}                                    </del>					
SIGN	11 11 11		1					
HERE \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	W T V	W	= $L$	***************************************	***************************************	Water to the transmission of the transmission	10/15/20	010
•	gnature of actuary		•				Date	
Daniel F. Richards	·····						08-0399	0
Type or	print name of actuary (					Most red	cent enrollme	nt number
P & PSP Co., Inc.							46)524-	***************************************
75 Broad Street, Rm 830	Firm name				Te	lephone n	umber (includ	fing area code)
New York	NY	7 1000	04					
A	ddress of the firm							
the actuary has not fully reflected any re-	gulation or ruling promulgated	d under t	he statute ir	completin	g this schedul	e, check th	ne box and se	эе [

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Pá	art II	Begir	ning of vear	carryov	er and prefunding ba	lances							
							(a) (	Carryover balance		(b)	Prefund	ing balance	
7					icable adjustments (Item 13			41	.,882			0	
8	Portion (	ised to	offset prior year's	funding re	quirement (Item 35 from pric	or year)			0			0	
9	Amount	remaini	ng (Item 7 minus	item 8)	***************************************			41	,882			0	
10	Interest	on item	9 using prior year	r's actual re	eturn of <u>(20.10)</u> %			(8,	418)				
11	Prior yea	r's exce	ess contributions	to be adde	d to prefunding balance:								
	<b>a</b> Exce	ss cont	ributions (Item 38	from prior	year)					78,186			
	<b>b</b> Interest on (a) using prior year's effective rate of 6.28%											4,910	
	C Total available at beginning of current plan year to add to prefunding balance											83,096	
	<b>d</b> Portio	on of (c	) to be added to p	refunding t	palance	,,,,,,,,						83,096	
12	Reduction	n in ba	lances due to elec	ctions or de	emed elections				0			0	
13	Balance	at begi	nning of current ye	ear (item 9	+ item 10 + item 11d - item	12)		33	,464			83,096	
	art III		ding percent			<u></u>							
											14	80.22 %	
											15	80.22 %	
15 Adjusted funding target attainment percentage										9	16	78.66 %	
current year's funding requirement											17	%	
						J landing targ	jot, ornor c	Juan pordoritago	************			,,	
	art IV		tributions an			1			***************************************		·····		
18	(a) Date		(b) Amount p		ear by employer(s) and emp (c) Amount paid by	oloyees: (a) Da	ıte T	(b) Amount pa	aid by	T 7	c) Amou	nt paid by	
(M	M-DD-YY		employer		employees	(MM-DD-		employer(	•	,	-	oyees	
0.9	7/15/20	010	1	50,000									
***************************************													
										<b>†</b>			
						***************************************			***************************************				
	······································				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Totals ▶	18(b)	1:	50,000	18(c)		0	
19	Discounte	ed emp	lover contribution	s - see ins	tructions for small plan with	a valuation d	ate after th			4	<u> </u>		
		•	•		mum required contribution f			- Т	19a				
				•	djusted to valuation date			t	19b		***************************************		
					uired contribution for current y			t	19c			141,555	
20			utions and liquidit			car adjusted t	o valuation	dato		<u></u>		111,333	
~~	,		,	•	he prior year?				L		X	Yes No	
		•			tallments for the current yea						-	Yes X No	
	<b>c</b> If 20a i	s "Yes,	see instructions	and comple	ete the following table as ap	plicable:			<u></u>		**************************************		
					Liquidity shortfall as of er	nd of Quarter	of this pla	n year					
		(1) 1s	t		(2) 2nd		(3)	3rd			(4) 4th		

P	art V Assumptio	ns used to determine	funding target and targ	et normal cost				
	Discount rate:		turing target and targ	jot normal coot				
	a Segment rates:	1st segment: 5 . 28 %	2nd segment: 6.59 %	3rd segmen	t: %	N/A, full yield curve used		
	<b>b</b> Applicable month	(enter code)	,		. 21b	(		
22	Weighted average ret	irement age	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	22	65		
23	Mortality table(s) (see	e instructions) X Pre	escribed - combined	Prescribed - separate	Substitu	te		
Pa	rt VI Miscellane	ous items						
24			tuarial assumptions for the cur					
25	Has a method change	been made for the current pl	an year? If "Yes," see instruct	ions regarding required atta	chment	Yes X No		
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see ins	structions regarding required	l attachment	X Yes No		
27			nding rules, enter applicable c		27			
Pa	rt VII Reconcilia	ation of unpaid minimu	ım required contribution	ons for prior years				
28	Unpaid minimum requ	ired contribution for all prior y	ears		28			
29			d unpaid minimum required cor		29			
30	Remaining amount of	unpaid minimum required cor	ntributions (item 28 minus item	29)	30	(		
Pa	rt VIII Minimum i	required contribution 1	for current year					
31	Target normal cost, ac	djusted, if applicable (see instr	ructions)	*********************	. 31	12,096		
32	Amortization installme			Outstanding Bal	ance	Installment		
	a Net shortfall amortiz	zation installment	***************************************		198,082	36,636		
	<b>b</b> Waiver amortization	n installment	***************************************		0	(		
33			ter the date of the ruling letter) and the waived amoun		33			
34			er/prefunding balances (item 3		34	48,732		
			Carryover balance	Prefunding bala	nce	Total balance		
35	Balances used to offse	et funding requirement				C		
36	Additional cash require	ement (item 34 minus item 35)	)	********************************	36	48,732		
37	Contributions allocated	d toward minimum required co	ontribution for current year adju	sted to valuation date	37	141,555		
38	Interest-adjusted exces	ss contributions for current ye	ar (see instructions)	*****************************	38	92,823		
39	Unpaid minimum requi	ired contribution for current ye	ear (excess,i f any, of item 36 c	ver item 37)	39			
		red contribution for all years	······································		40	^		

#### Schedule SB, Part V - Statement of Actuarial Assumptions

**Options:** 

**Target Assumptions:** 

Male Nonannuitant:

2009 Nonannuitant Male

<u>1st</u>

4.71

6.42

5.28

0.00

Female Nonannuitant:

2009 Nonannuitant Female Use discount rate transition:

Male Annuitant: 2009 Annuitant Male

Female Annuitant: 2009 Annuitant Female

Applicable months from valuation month:

Probability of lump sum: 0.00%

Use pre-retirement mortality:

2nd

6.67

6.42

6.59

0.00

No

3rd

6.77

6.42

6.65

0.00

Nonannuitant:

Annuitant:

Stability period:

Lookback months:

1st 4.41

Lump sums use proposed regulations:

**Actuarial Equivalent Floor** 

<u>2nd</u> 4.57

Use optional combined mortality table for small plans:

<u>3rd</u> 4.27

2009 Applicable

plan year

1

None

**Current:** Override:

0.00

0.00

0.00

Salary Scale

Final rates:

Override:

Segment rates:

Male: 0.00%

0.00%Female:

**High Quality Bond rates:** 

Withdrawal

Male: None Female: None

Withdrawal-Select

Male: None

Female: None

**Early Retirement Rates** 

Male:

None

Female:

None

**Subsidized Early Retirement Rates** 

Male:

None

Female:

None

Name of Plan:

Plan Number:

Radoslav Jovanovic, M.D. LLC D

Plan Sponsor's EIN:

003

54-2072799

Plan Sponsor's Name: Radoslav Jovanovic, M.D. LLC

Late Retirement Rates

Male:

None

Female: None

Marriage Probability

Male:

Female:

0.00% 0.00%

Expense loading:

0.00%

**Disability Rates** 

Male:

None

Female:

None

**Mortality** 

None

Male: Female:

None

**Setback** 

Setback

0

0

0

Yes

Yes

Yes

#### Schedule SB, Part V - Summary of Plan Provisions

**Eligibility Requirements** Service/Participation Requirements

**Definition of years:** Age (yrs): 21 Hours worked

**Continuing hours:** Age (months): 1,000

**Excluded classes:** Wait (months): 12

Two year eligibility: No

**Earnings** 

Total compensation excluding: 403(b)

Cafeteria Other

Prior to participation 415 prior to participation

Retirement **Normal Early Subsidized Early** Disability Death

65 Age: 0 Service: Participation:

Plan year start Defined:

nearest

Benefit Reduction / Mortality table & setback

Male: Actuarial Equivalence Actuarial Equivalence None 0 Actuarial Equivalence Actuarial Equivalence Female: None 0

None None Rates - Male: None Rates - Female: None None None

Use Social Security Retirement Age: No **REACT Benefits Percentage:** 50.00%

**Vesting Schedule:** 2/20 Pre-retirement death benefit

Hours Worked Percentage of accrued benefit: **Vesting Definition:** 100.00%

Death Benefit Payment method: PVAB

**Annuity Percent Years** Normal: Life only 0.00% 0 QJSA: 0 Joint and contingent 50.00%

Significant Changes in Plan Provisions Since Last Valuation

Name of Plan: Radoslav Jovanovic, M.D. LLC Defined Benefit Plan

Plan Sponsor's EIN: 54-2072799

003 Plan Number:

Plan Sponsor's Name: Radoslav Jovanovic, M.D. LLC

#### Schedule SB, Part V - Summary of Plan Provisions

**Benefits** 

Pension Formula: Benefit formula
Type of Formula: Step rate
Effective Date: 01/01/1989

<u>Formula</u>

Simplified Reduction table limit <u>%</u> Adjust % 0 34.51% Base: Yes **Excess:** 26.75% 35 No No Reduction based on: Service

**Integration level** 

**Covered compensation table:** Dynamic **Rounding:** \$600 intervals

Uniform dollar amount: None

**Averaging** 

Projection method:Current CompensationApply exclusion to accrued benefit:NoBased on:Final AverageAnnualize short compensation years:NoHighest:3Annualize short plan years:No

In the last: 0 Include compensations based

**Excluding:** 0 on years of: Accrual

Accrual

Frozen: No

Definition of years: Hours worked Fractions based on: N/A

Accrual credit: Continuing Died Disabled Retired Terminated 1000 1000 1000 1000 Precision: N/A Limit current credit

to: N/A

Years based on:ServiceCap/floor years:25Maximum past accrual years:0.0000Cap or floor:CapMethod:FractionalAccrual % per year:0.00%Apply 415 before accrual:No

Name of Plan: Radoslav Jovanovic, M.D. LLC Defined Benefit Plan

Plan Sponsor's EIN: 54-2072799

Plan Number: 003

Plan Sponsor's Name: Radoslav Jovanovic, M.D. LLC

# Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan** 

This form is required to be filed under sections 104 and 4065 of the Employee Internal Revenue Code (the Code).

2009

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the

		dance wit	h the instructions to the Form 550	0-SF.		
	art I Annual Report Identification Information	- 1 1-		ga maning personal security of the second	10/27/000	
For		01/01/2			12/31/200	
A	This return/report is for:	multiple-	employer plan (not multiemployer)		one-participa	ınt plan
В	This return/report is for:	final retu	rn/report			
	an amended return/report	short pla	n year return/report (less than 12 mo	nths)		
C	Check box if filing under: X Form 5558	automati	c extension		DFVC progra	am
	special extension (enter descripti	on)				
Pa	art II Basic Plan Information—enter all requested inform	ation				
	Name of plan			1b	Three-digit	
	Radoslav Jovanovic M.D., L.L.C.				plan number (PN) ▶	003
	Benefit Plan			1c	Effective date of	L
					01/01/198	
2a	Plan sponsor's name and address (employer, if for single-employer Radoslav Jovanovic, M.D., L.L.C.	plan)		2b	Employer Identi	
	Radoslav Jovanovic, M.D., L.L.C.				(EIN) 54-207	
				2C	Plan sponsor's t	telephone number 6709
	930 Fifth Avenue Suite 3			2d		see instructions)
	New York		NY 10021		621111	
3a	Plan administrator's name and address (if same as Plan sponsor, $\varepsilon_{\text{Same}}$	enter "Sam	e")	3b	Administrator's I	EIN
				3c	Administrator's 1	telephone number
					, idiiotiato. o i	
	f the name and/or EIN of the plan sponsor has changed since the la		eport filed for this plan, enter the	4b	EIN	
ľ	name, EIN, and the plan number from the last return/report. Sponso	or's name		4c	PN	
5a	Total number of participants at the beginning of the plan year			5a	1	
	Total number of participants at the end of the plan year			5b		
	Total number of participants with account balances as of the end o			30		,
	complete this item)			5c		
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)		***************************************	X Yes No
b	Are you claiming a waiver of the annual examination and report of					X Yes ☐ No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F				********	Ed Les [] 140
Pa	rt III Financial Information	01111 0000	or and made motical door own out			
7	Plan Assets and Liabilities		T T T T T T T T T T T T T T T T T T T			
а			(a) Beginning of Year		(b) End	of Year
h	Total plan assets	7a	(a) Beginning of Year 1,862,97	5	(b) End	of Year 2,016,259
D	Total plan liabilities	7a 7b	1,862,97	5	(b) End	
			1,862,97		(b) End	
	Total plan liabilities	7b	1,862,97		(b) End	2,016,259 0 2,016,259
с 8	Total plan liabilities	7b 7c	1,862,97 1,862,97 (a) Amount	5		2,016,259 0 2,016,259
с 8	Total plan liabilities	7b 7c 8a(1)	1,862,97 1,862,97	5		2,016,259 0 2,016,259
с 8	Total plan liabilities	7b 7c 8a(1) 8a(2)	1,862,97 1,862,97 (a) Amount	5		2,016,259 0 2,016,259
8 a	Total plan liabilities  Net plan assets (subtract line 7b from line 7a).  Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers).	7b 7c 8a(1) 8a(2) 8a(3)	1,862,97 1,862,97 (a) Amount	0 0 0 0 0		2,016,259 0 2,016,259
8 a	Total plan liabilities	7b 7c 8a(1) 8a(2) 8a(3) 8b	1,862,97 1,862,97 (a) Amount	0 0 0 0 0		2,016,259 0 2,016,259 otal
c 8 a b	Total plan liabilities	7b 7c 8a(1) 8a(2) 8a(3)	1,862,97 1,862,97 (a) Amount	0 0 0 0 0		2,016,259 2,016,259
c 8 a b	Total plan liabilities	7b 7c 8a(1) 8a(2) 8a(3) 8b	1,862,97 1,862,97 (a) Amount	0 0 0 0 0 6		2,016,259 0 2,016,259 otal
8 a b c	Total plan liabilities	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	1,862,97 1,862,97 (a) Amount 150,00	0 0 0 0 0 6		2,016,259 0 2,016,259 otal
8 a b c	Total plan liabilities	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	1,862,97 1,862,97 (a) Amount 150,00	0 0 0 0 0 6		2,016,259 0 2,016,259 otal
c 8 a b c d	Total plan liabilities	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	1,862,97 1,862,97 (a) Amount 150,00	0 0 0 0 0 6		2,016,259 0 2,016,259 otal
c 8 a b c d e f g	Total plan liabilities	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	1,862,97 1,862,97 (a) Amount 150,00	0 0 0 0 0 6		2,016,259 0 2,016,259 otal
c 8 a b c d e f g	Total plan liabilities	7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	1,862,97 1,862,97 (a) Amount 150,00	0 0 0 0 0 6		2,016,259 0 2,016,259 otal

Form	5500-	SF	2009

Page	2-	

Dart I	V	Dian	Chara	otori	ation
raiti	V	rian	Cnara:	cteri	Sucs

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

1.A 3D

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

	—т									***************************************
Part \	<u>/</u>	Compliance Questions				T				North Carlotte Commence of the
		ng the plan year:				Yes	No		Amount	
	29 C	there a failure to transmit to the plan any participant contribution CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ry Correction Prog	ram)	10a		Х			
		e there any nonexempt transactions with any party-in-interest? (Ine 10a.)			10b		х			
С	Was	the plan covered by a fidelity bond?		***************************************	10c		Х			
		he plan have a loss, whether or not reimbursed by the plan's fide			10d		х		***************************************	
i	nsur	e any fees or commissions paid to any brokers, agents, or other pance service or other organization that provides some or all of the actions.)	ne benefits under th	ne plan? (See	10e		Х			
f +	las t	he plan failed to provide any benefit when due under the plan? .			10f		х		***************************************	
g [	Did th	ne plan have any participant loans? (If "Yes," enter amount as of	year end.)	***************************************	10a		Х			
h I	f this	is an individual account plan, was there a blackout period? (See 101-3.)	e instructions and	29 CFR	10h		11			<del></del>
i t	f 10h	was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3.	equired notice or o	ne of the	10i					
art V	1 1	Pension Funding Compliance			L			<u> </u>		
<b>1</b>  s	this	a defined benefit plan subject to minimum funding requirements	s? (If "Yes," see ins	structions and com	plete S	Sched	ule SE	3 (Form	X Yes	∏ No
		s a defined contribution plan subject to the minimum funding req							Yes	<del>-  </del>
b E	u co nter nter	mpleted line 12a, complete lines 3, 9, and 10 of Schedule ME the minimum required contribution for this plan year the amount contributed by the employer to the plan for this plan	B (Form 5500), an year	d skip to line 13.	********	[	12b 12c		Year	
ne	egati	act the amount in line 12c from the amount in line 12b. Enter the ve amount)	***************************************	***************************************		L	12d	<b>1</b>		
		e minimum funding amount reported on line 12d be met by the form	unding deadline?		******	********		Yes	No	N/A
art V		Plan Terminations and Transfers of Assets		~~~~			·			
		resolution to terminate the plan been adopted during the plan ye				_	1		Yes	X No
		s," enter the amount of any plan assets that reverted to the emplo					13a		m	
of	the	all the plan assets distributed to participants or beneficiaries, trait PBGC?  ng this plan year, any assets or liabilities were transferred from the			********		ntrol		Yes	X No
w	hich	assets or liabilities were transferred. (See instructions.)		p.a.,(0), .ao,,	о р.ш	(0) (0				
13c	(1) N	lame of plan(s):				13c	(2) EII	V(s)	13c(3)	) PN(s)
***************************************							-			
					of the state of th	***************************************			<u></u>	
		penalty for the late or incomplete filing of this return/report v			*************	-	*****			
B or So	ched	ies of perjury and other penalties set forth in the instructions, I dule MB completed and signed by an enrolled actuary, as well as ue, correct, and complete,	leclare that I have on the electronic vers	examined this return/resion of this return/re	n/repo eport,	ort, inc and to	luding the b	, if applicat est of my k	ole, a Sche nowledge	edule and
ign		& R 70 V annual		Radoslav Jo	vano	ovic		***************************************		***************************************
ERE	Sig	gnature of plan administrator	Date	Enter name of inc				plan admir	nistrator	
IGN	D	RR 16 Varia		Radoslav Jo						
ERE	Sic	anature of employer/plan sponsor	Cata	Enter name of ind	lis dela -	l ain-				

## Attachment to 2009 Form 5500 Schedule SB, line 19 - Discounted Employer Contributions

Plan NameRadoslav Jovanovic, M.D. LLC Defined Benefit PlanEIN: 54-2072799Plan Sponsor's NameRadoslav Jovanovic M.D.PN: 003

Date of		Year	Effective	Interest Adjusted
Contributon	Amount	Applied	Interest Rate	Contribution:
09/15/2010	150,000	2009	11.46	141,555
	·			·
+				

## Attachment to 2009 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name Radoslav	Jovanovic, M.D. LLC Defined Benefit Plan	EIN:	54-2072799
Plan Sponsor's Name	Radoslav Jovanovic M.D.	PN:	003
The weighted average re	tirement age is equal to the normal retirement age of		
retirement age, including	at each age and describe the methodology used to compute the a description of the weight applied at each potential retirement	t age.	· ·

## Attachment to 2009 Form 5500 Schedule SB, line 26 - Schedule of Active Participant Data

Plan NameRadoslav Jovanovic, M.D. LLC Defined Benefit PlanEIN:54-2072799Plan Sponsor's NameRadoslav Jovanovic M.D.PN:003

				YEAR	S OF CREDITED	SERVICE			
Attained		Under 1			1 to 4			5 to 9	)
Age		Ave	erage		Ave	erage		Ave	erage
	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.
Under 25			-			•			
25 to 29				2			1		
30 to 34							2		
35 to 39									
40 to 44									
45 to 49									
50 to 54									
55 to 59									
60 to 64									
65 to 69									
70 & up									

Attained		10 to 14			15 to 19			20 to 2	24
Age		Ave	rage		Ave	rage		Ave	erage
	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.
Under 25			-			<del>-</del>			-
25 to 29									
30 to 34									
35 to 39									
40 to 44									
45 to 49									
50 to 54									
55 to 59							1		
60 to 64									
65 to 69									
70 & up									

			YEARS	OF CREDIT	ED SE	RVICE						
Attained		25 to 29	9	30 to 34				35 to	39		40 & up	
Age		Ave	rage		Ave	rage		Av	erage		Av	erage
	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.
Under 25												
25 to 29												
30 to 34												
35 to 39												
40 to 44												
45 to 49												
50 to 54												
55 to 59												
60 to 64												
65 to 69												
70 & up										1		

## Attachment to 2009 Form 5500 Schedule SB, line 32 - Schedule of Amortization Bases

Plan NameRadoslavJovanovicM.D.LLCDefinedBenefitPlan54-2072799Plan Sponsor's NameRadoslavJovanovicM.D.PN:003

	Present Value of		1	
	Any Remaining		Years	Amortization
Type of Base	Installments	Valuation Date	Remaining	Installment
Type of Base Shortfall	148,087		6 6	
		12/31/2008		28,208
Shortfall	49,995	12/31/2009	7	8,428
			+	
	+		+	
			-	
			+	
			1	
			<b> </b>	