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).

2040

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	Complete all entries in accor	dance witl	h the instructions to the Form 550	0-SF.		
Pa	art I Annual Report Ident	ification Information					
For	calendar plan year 2010 or fiscal pla	an year beginning 01/01/201	10	and ending 1	2/31/2	2010	
Α	This return/report is for:	ngle-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	ant plan
В	This return/report is for:	st return/report	final retur	n/report		_	
		n amended return/report	short plar	year return/report (less than 12 mor	nths)		
С	<u> </u>	orm 5558	automatic	extension		DFVC progr	am
	The state of the s	pecial extension (enter descripti	1			☐ p b 9.	
Dr		ion—enter all requested inform	,				
		ion—enter all requested inform	iation		1h	Three-digit	
	Name of plan OSLAV JOVANOVIC M.D., L.L.C. BI	ENEFIT PLAN			10	plan number	000
						(PN) ▶	003
					1c	Effective date of	
						01/01/	1989
	Plan sponsor's name and address (employer, if for single-employer	r plan)		2b	E 4 00-	ification Number
KAD	OSLAV JOVANOVIC, M.D., L.L.C.				20	(LIIV)	telephone number
	FIFTH AVENUE SUITE 3				20	212-24	19-6709
NEW	YORK, NY 10021				2d		(see instructions)
						62111	
RAD	Plan administrator's name and addr OSLAV JOVANOVIC, M.D., L.L.C.	930 FIFTH A	AVENUE SI	JITE 3	3b	Administrator's 54-207	
	, ,	NEW YORK	, NY 10021	-	3c	Administrator's	telephone number
					•		19-6709
	the name and/or EIN of the plan sp	S .		port filed for this plan, enter the	4b	EIN	
	name, EIN, and the plan number from	m the last return/report. Sponso	or's name		4c	DN	
5a	Total number of participants at the	heginning of the plan year			5a	FIN	8
	Total number of participants at the						8
					5b		
С	Total number of participants with a complete this item)			•	5с		
6a	•			(See instructions.)			X Yes No
	'			ndent qualified public accountant (IQI			
	•	• •		ons.)			Yes No
D-			orm 5500-	SF and must instead use Form 55	00.		
	rt III Financial Informatio	<u>n</u>		Г			
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	d of Year 2185168
	Total plan assets		7a				0
b	Total plan liabilities			2016259			2185168
<u>C</u>	Net plan assets (subtract line 7b fro	<u>, </u>	. 7с		,		
8	Income, Expenses, and Transfers f			(a) Amount		(b)	Total
а	Contributions received or receivable (1) Employers		8a(1)	150000)		
	(2) Participants				_		
	(3) Others (including rollovers)				_		
b	Other income (loss)			257648	3		
C	Total income (add lines 8a(1), 8a(2						407648
d	Benefits paid (including direct rollov		. 00				
-	to provide benefits)		8d	238739)		
е	Certain deemed and/or corrective of	distributions (see instructions)	8e				
f	Administrative service providers (sa	alaries, fees, commissions)	8f				
g	Other expenses		8g				
h	Total expenses (add lines 8d, 8e, 8	f, and 8g)	8h				238739
i	Net income (loss) (subtract line 8h	from line 8c)	8i				168909
i	Transfers to (from) the plan (see in						

Form 5500-SF 2010	Page 2-
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		•	
Part IV	Plan	(`hara	cteristics
ı aıtıv ı	ı ıaıı	Onal a	SIGH SHOS

SIGN HERE

Signature of employer/plan sponsor

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 3D

b	lf th	e plan provides welfare benefits, enter the applicable welfare featur	re codes from the L	_ist of Plan Charac	teristi	c Coc	les in	the instruc	tions:	
Part	٧	Compliance Questions								
10	Dui	ing the plan year:		_		Yes	No		Amoun	t
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	•		10a		X			
b		re there any nonexempt transactions with any party-in-interest? (Doine 10a.)			10b		Χ			
С	Wa	as the plan covered by a fidelity bond?			10c		X			
d		the plan have a loss, whether or not reimbursed by the plan's fideli			10d		X			
е			17829							
f	Has	s 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 y	year end.)		10g		X			
h		is is an individual account plan, was there a blackout period? (See 0.101-3.)) CFR	10h					
i		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3			10i					
Part '	VI	Pension Funding Compliance								
		nis a defined benefit plan subject to minimum funding requirements?							X Ye	es No
12		his a defined contribution plan subject to the minimum funding requ							Ye	es ^X No
	(If "	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.	.)							
		waiver of the minimum funding standard for a prior year is being an								
	-	nting the waivercomplete lines 3, 9, and 10 of Schedule MB			ı		Day		Year	
-		er the minimum required contribution for this plan year	•	•			12b			
		er the amount contributed by the employer to the plan for this plan y					12c			
d	Sub	tract the amount in line 12c from the amount in line 12b. Enter the rative amount)	result (enter a minu	us sign to the left of	fa		12d			
	_	the minimum funding amount reported on line 12d be met by the fu						Yes	No	N/A
Part \	VII	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted during the plan year	ear or any prior yea	r?		<u></u>			Υe	es X No
	lf "Y	es," enter the amount of any plan assets that reverted to the emplo	oyer this year				13a			
b		re all the plan assets distributed to participants or beneficiaries, tranne PBGC?	nsferred to another	plan, or brought ur	nder t	he co	ntrol 		Ye	es 🛚 No
		uring this plan year, any assets or liabilities were transferred from the ch assets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify the	e plan	(s) to				
13	3c(1) Name of plan(s):				130	(2) EI	N(s)	13c	(3) PN(s)
Cauti	on:	A penalty for the late or incomplete filing of this return/report v	will be assessed u	ınless reasonable	cau	se is	establ	ished.		
SB or	Sch	nalties of perjury and other penalties set forth in the instructions, I declude MB completed and signed by an enrolled actuary, as well as true, correct, and complete.								
SIGN	F	iled with authorized/valid electronic signature.	0/15/2011	DANIEL RICHARD)S					
HERE	- T	Signature of plan administrator	Date	Enter name of ind	dividu	al sigr	ning as	s plan adm	inistrator	

Date

Enter name of individual signing as employer or plan sponsor

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

Single-Employer Defined Benefit Plan Actuarial Information

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

File as an attachment to Form 5500 or 5500-SF

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

							an attachme	ent to Form	oouu or	5500-5			04/00	10		
			lan year 2010			ar beginning C	01/01/2010				and end	ling 12/	31/201	IU		
			amounts to													
<u> </u>	Cauti	on: A	penalty of \$1	,000 will be	asse	ssed for late filing	of this report	unless reas	onable ca	ause is	establish	ed.			T	
	Name									В	Three-di	git			002	
RA	OOSL	AV JO	OVANOVIC M	l.D., L.L.C. E	BENE	FIT PLAN					plan nun	ber (PN)	•	003	
											-				L	
					e 2a	of Form 5500 or 55	500-SF			D E	mployer	Identifica	ation N	lumber	(EIN)	
RAI	OOSL	AV JC	OVANOVIC, M	1.D., L.L.C.						54-2	072799					
Ε.	уре о	f plan	: X Single	Multiple	Α	Multiple-B	F	Prior year pla	an size:	100 0	or fewer	101-	500	More	than 500	
					<u> </u>	<u> </u>			<u>L</u>				<u> </u>			
	art I		asic Inforr													
1	Ente	er the	valuation dat	e:	М	onth <u>12</u>	Day <u>31</u>	Year <u>/</u>	2010	_			_			
2	Ass	ets:														
	а	Mark	et value									2a				1408468
	b	Actu	arial value									2b				1408468
3	Fun	ding t	arget/participa	ant count br	eakdo	own			(1) N	lumber	of partic	pants		(2)	Funding Tar	get
	а	For	retired particir	oants and be	nefic	iaries receiving pa	vment	3a	`,)			0
	b					g pa	•					()			0
					ants.		•••••									
	С		active particip					20/4)								2320
		(1)						_ ` '					_			
		(2)	Vested bene	fits				_ ` '								1656182
		(3)	Total active.					_ ` '				8				1658502
	d	Tota	ıl					3d				8	3			1658502
4	If th	e plar	n is at-risk, ch	eck the box	and c	complete items (a)	and (b)			[]						
	а	Func	ling target dis	regarding pi	escril	bed at-risk assump	otions					4a				
	b		0 0	0 0.		umptions, but disre										
	-					ve years and disre						4b				
5	Effe	ctive	interest rate									5				5.67 %
6	Tar	aet no	rmal cost									6				14980
Sta			Enrolled Acti													
	To the b	pest of r	my knowledge, the	information sup		this schedule and accor										
						pinion, each other assun ience under the plan.	nption is reasonab	ole (taking into a	ccount the e	experience	e of the plar	and reasor	nable ex	pectations	and such other	assumptions, in
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					· · · · · · · · · · · · · · · · · · ·										
	SIGN													10/14/2	0044	
F	ERE	=								_				10/14/2	2011	
				Si	gnatu	re of actuary								Date		
DAN	IIEL F	. RIC	HARDS							_				11-039	990	
				Type o	r prin	t name of actuary						Most	recent	enrollm	ent number	
P &	PSP (CO., II	NC.										6	646-524	-8707	
					Fir	m name				_	Т	elephone	numh	ner (incl	uding area co	nde)
75 E	ROAI	D STF	REET, RM 830	0								C.Op/10/10	, manik		anny arou o	
NEV	v YOF	KK, N	Y 10004													
			_	-	Addre	ss of the firm	_									
If the	actus	arv ha	is not fully refl	ected any re	Anulat	ion or ruling promu	ulaated under	the statute	in comple	etina th	is schad	ıle chec	k the h	nox and	SAA	П
	ıction		o not fally lell	Colou ally It	guiai	ion or runing profits	aigaica undei	ino statute	comple	curig ill	io soneu	aic, 011 0 0	K UIC L	JOA aliu	556	Ш

Page	2-	1

Pa	art II	Begin	ning of year	carryove	er and prefunding b	balances						
							(a) Carryover balance)	(b) F	Prefundi	ng balance
7		•	0 , ,		cable adjustments (Item	•			33464			83096
8	Portion (used to	offset prior year's	funding red	quirement (Item 35 from p	orior year)						
9	Amount	remainir	ng (Item 7 minus i	tem 8)					33464			83096
10	Interest	on item	9 using prior year	's actual re	turn of13.80 %				4618			11467
11					to prefunding balance:							
a Excess contributions (Item 38 from prior year)												92823
b Interest on (a) using prior year's effective rate of6.40 %												5941
C Total available at beginning of current plan year to add to prefunding balance												98764
d Portion of (c) to be added to prefunding balance												98764
12					emed elections				0			0
					+ item 10 + item 11d – ite		+		38082			193327
	art III		ding percenta	·		·····	<u>.1</u>					
14		1	<u> </u>								14	70.18 %
15					je						15	70.59 %
16					of determining whether				to reduce			
	-				when the control of the contro		_				16	82.97 %
17	If the cu	rrent val	ue of the assets o	f the plan i	s less than 70 percent of	the funding t	arget, ente	r such percentage			17	%
P	art IV	Con	tributions and	d liquidi	ty shortfalls							
18	Contribu	itions ma	ade to the plan for	the plan y	ear by employer(s) and e	employees:						
,-	(a) Date		(b) Amount p		(c) Amount paid by		Date	(b) Amount p		(0	-	nt paid by
	1M-DD-Y\ 0/15/2011	(YY)	employer	(s) 150000	employees	(MM-L	D-YYYY)	employer	(S)		empl	oyees
03	713/2011			130000								
							1		150000		1	0
						Totals	,	<u> </u>		18(c)		0
19					ructions for small plan w							
	a Contr	ibutions	allocated toward	unpaid min	imum required contribution	on from prior	years		19a			0
	b Contri	ibutions	made to avoid res	strictions ac	djusted to valuation date				19b			0
	C Contri	butions a	allocated toward mi	inimum requ	uired contribution for curre	nt year adjust	ed to valuati	on date	19c			142067
20	Quarterl	y contrib	outions and liquidit	ty shortfalls	:							
	a Did th	ne plan h	ave a "funding sh	ortfall" for t	he prior year?						X	Yes No
	b If 20a	is "Yes,	" were required qu	uarterly ins	tallments for the current y	year made in	a timely ma	anner?		<u></u>		Yes X No
	C If 20a	is "Yes,	" see instructions	and compl	ete the following table as	applicable:						
					Liquidity shortfall as o	f end of Quai	ter of this p	olan year	,			
		(1) 1s	st		(2) 2nd		(3)	3rd			(4) 4th	1
						1						

Pa	rt V Assumptio	ons used to determine t	funding target and tar	rget n	ormal cost							
21	Discount rate:											
	a Segment rates:	1st segment: 3.14%	2nd segment: 5.90 %		3rd segment: 6.45 %		N/A, full yield curve used					
	b Applicable month	(enter code)	·			21b						
22	Weighted average ret	tirement age				22	(65				
23	Mortality table(s) (see	e instructions)	escribed - combined	Pres	cribed - separate	Substitute	Э					
Pa	rt VI Miscellane	ous items										
	Has a change been m	nade in the non-prescribed act	·		•		· · · · · · · · · · · · · · · · · · ·	0				
25	Has a method change	e been made for the current pl	an year? If "Yes," see instru	ctions r	egarding required attac	hment	Yes N	0				
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see i	nstructi	ons regarding required	attachment.	Yes N	0				
27		or (and is using) alternative fu				27						
Pa	rt VII Reconcilia	ation of unpaid minimu	um required contribut	ions f	or prior years							
28		uired contribution for all prior y	•		-	28		0				
29	' '	contributions allocated toward			' '	29		0				
30	Remaining amount of	f unpaid minimum required cor	ntributions (item 28 minus ite	m 29)		30	0					
Pa	rt VIII Minimum	required contribution	for current year									
31		djusted, if applicable (see inst	<u> </u>			31	1498	30				
32	Amortization installme		,		Outstanding Bala	nce	Installment					
		tization installment				421422	7588	32				
	b Waiver amortization	on installment				0		0				
33		approved for this plan year, en				33						
34		ment before reflecting carryove				34	9086	32				
			Carryover balance		Prefunding balar	nce	Total balance					
35	Balances used to offs	set funding requirement		0		0		0				
36	Additional cash requir	rement (item 34 minus item 35	5)			36	9080	32				
37		ed toward minimum required co	•	•		37	1420	37				
38	Interest-adjusted exce	ess contributions for current ye	ear (see instructions)			38	5120)5				
39	Unpaid minimum requ	uired contribution for current y	ear (excess, if any, of item 30	6 over i	em 37)	39		0				
40	Unnaid minimum regu	uired contribution for all years				40		0				

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.

2010

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Information	, , , , , , , , , , , , , , , , , , , ,			
Fo		01/01/2	010 and ending		12/31/2010
Α	This return/report is for:	multiple-e	mployer plan (not multiemployer)		one-participant plan
В	This return/report is for: first return/report	final retur	n/report		
	an amended return/report	short plar	year return/report (less than 12 mor	nths)	
С	Check box if filing under:	automatio	extension		DFVC program
	special extension (enter description	on)			Land
P	art II Basic Plan Information—enter all requested inform				
L	Name of plan			1b	Three-digit
	Radoslav Jovanovic M.D., L.L.C.				plan number
	Benefit Plan				(PN) ▶ 003
				1c	Effective date of plan 01/01/1989
20	Dian anangar's name and address (ampleyor if for single ampleyor	· nlan\		2h	Employer Identification Number
20	Plan sponsor's name and address (employer, if for single-employer Radoslav Jovanovic, M.D., L.L.C.	piaii)		2.0	(EIN) 54 - 2072799
				2c	Plan sponsor's telephone number
	930 Fifth Avenue Suite 3				(212)249-6709
	NT Vincela		NIX 10021	2d	Business code (see instructions) 621111
3a	New York Plan administrator's name and address (if same as Plan sponsor, e	nter "Same	NY 10021	3b	Administrator's EIN
-	Same		()		
				3с	Administrator's telephone number
	If the many and/or FINI of the man anarous has about a disposition to	at ration/ra	next filed for this plan enter the	4b	rihi
4	If the name and/or EIN of the plan sponsor has changed since the la name, EIN, and the plan number from the last return/report. Sponso		port filed for this plan, enter the	40	EIN
	, , ,			4c	PN
5a	Total number of participants at the beginning of the plan year			5a	8
b	Total number of participants at the end of the plan year			5b	8
C	Total number of participants with account balances as of the end of	f the plan y	ear (defined benefit plans do not	_	
	complete this item)			5c	
_	Were all of the plan's assets during the plan year invested in eligib				X Yes No
b	Are you claiming a waiver of the annual examination and report of 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 F				
Pa	rt III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	7a	2,016,25	9	2,185,168
b	Total plan liabilities	7b		0	0
С	Net plan assets (subtract line 7b from line 7a)	7c	2,016,25	9	2,185,168
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from:		150 00		,
	(1) Employers	8a(1)	150,00	4	
	(2) Participants	8a(2)		-	
	(3) Others (including rollovers)	8a(3)		-	
b	Other income (loss)	8b	257,64	<u> </u>	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		+	407,648
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	238,739	9	
е	Certain deemed and/or corrective distributions (see instructions)	8e		1	
f	Administrative service providers (salaries, fees, commissions)	8f		1	
g	Other expenses	8g		1	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	**************************************	1	238,739
i	Net income (loss) (subtract line 8h from line 8c)			1	168,909
:	Transfers to (from) the plan (see instructions)	8j		-	
- 1	riansicis to (non) the plan (see instructions)	1 9: :		1	

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	2010		Page 2-				
Part IV Plan Cha	racteristics		The second secon		yr i region.	·	
	ension benefits, enter the applicable pen	ision feature codes from	the List of Plan Cha	racter	etic Co	ies in th	e instructions
ری بست	∪						
	olfare benefits, enter the applicable welfa	are feature codes from the	ne List of Plan Chai	acteris	tic Cod	os in the	e instructions:
Part V Compliance	Official Control of the Control of t				***************************************		
10 Ouring the plan year:		-material and a second a second a	and the second s		Yes	No	Amount
a Was there a failure to	transmit to the plan any participant cont	tributions within the time	period described in				
D Were there any none:	? (See Instructions and DOL's Voluntary xempt transactions with any party-in-inte	trast? (Do not include tras	reactions consider	10a		X	
	by a fidelity bond?			10b		X	
d Did the plan have a lo	ss, whether or not reimbursed by the pla	an's fidality hand, that we	n national but fracti	10c		X	TO 1. The property of the second seco
or dishonesty?	* *****	F 94 35 383 88 4892429 47 9 19 19 19 19		10d		Х	
insurance service or o	missions paid to any brokers, agents, or ther organization that provides some or	all of the henefits under t	ha niana /Gaa	40			
f Has the plan failed to p	provide any benefit when due under the	nlan?	First:	10e	X		1.7 , 8
	participant loans? (If "Yes." enter amoun			10f		X	
h If this is an individual a	ccount plan, was there a blackout period	it as of year end.)		10g		X L	
2520, 101-3]	>::::::::::::::::::::::::::::::::	*** *** **********		10h			No. of the contract of the con
exceptions to providing	res," check the box if you either provided the notice applied under 29 CFR 2520.	d the required notice or o	ne of the	101	and the second s	TO CONTRACT OF THE PERSON OF T	
Part VI Pension Fund	ling Compliance plan subject to minimum funding require			ر ښار کو په ده			
If you completed line 12a,	um funding standard for a prior year is be complete lines 3, 9, and 10 of Schedu	4 48-48 484 400 0400 0	year, see instruct	ons, a	nd ente	the dal	e of the letter ruling
 U Enter the minimum requi 		Jie MB (Form 5500), and	I skip to line 13.		U		Year
	ired contribution for this plan year	ле мв (Form 5500), and	I skip to line 13.		128		Year
C Enter the amount contrib	ired contribution for this plan year outed by the employer to the plan for this	Jie MB (Form 5500), and	I skip to line 13.				Year
d Subtract the amount in II negative amount)	ired contribution for this plan year	plan year.	skip to line 13,	 	12t		Year
d Subtract the amount contrib negative amount) Will the minimum funding	ired contribution for this plan year nuted by the employer to the plan for this ne 12c from the amount in line 12b. Ente	plan year.	skip to line 13,	 a	12t		Year
d Subtract the amount contributed Subtract the amount in II negative amount) e Will the minimum funding art VII Plan Terminal	ired contribution for this plan year buted by the employer to the plan for this ne 12c from the amount in line 12b. Ente amount reported on line 12d be met by tions and Transfers of Assets	plan year. The result (enter a minument) The funding deadline?	skip to line 13,	a	12t		Year
d Subtract the amount contributed Subtract the amount in II negative amount) e Will the minimum funding art VII Plan Terminat Has a resolution to terminate	ired contribution for this plan year. buted by the employer to the plan for this ne 12c from the amount in line 12b. Ente amount reported on line 12d be met by tions and Transfers of Assets nate the plan been adopted during the plan	plan year. The result (enter a minute funding deadline?	skip to line 13.	a	12t		Year
d Subtract the amount contributed Subtract the amount in II negative amount) e Will the minimum funding art VII Plan Terminat Has a resolution to terminate of the substitution of	ired contribution for this plan year. buted by the employer to the plan for this ne 12c from the amount in line 12b. Ente amount reported on line 12d be met by tions and Transfers of Assets nate the plan been adopted during the plan to f any plan assets that reverted to the se	plan year. the funding deadline? an year or any prior year	skip to line 13.	a	12t 12c 12d		Year
d Subtract the amount contributed Subtract the amount in linegative amount) e Will the minimum funding art VII Plan Terminal Has a resolution to terminal for "Yes," enter the amount b Were all the plan assets of	ired contribution for this plan year. buted by the employer to the plan for this ne 12c from the amount in line 12b. Enter amount reported on line 12d be met by tions and Transfers of Assets nate the plan been adopted during the plan of any plan assets that reverted to the edistributed to participants or hereficially	plan year. The result (enter a minumenthe funding deadline? In year or any prior year employer this year	skip to line 13.	a	12t 12c 12d		Year No N/A
d Subtract the amount contribution of Subtract the amount in linegative amount) e Will the minimum funding art VII Plan Terminat Ba Has a resolution to terminate if "Yes," enter the amount b Were all the plan assets cof the PBGC? If during this plan year, and	ired contribution for this plan year. Buted by the employer to the plan for this ne 12c from the amount in line 12b. Enter amount reported on line 12d be met by tions and Transfers of Assets nate the plan been adopted during the plan of any plan assets that reverted to the distributed to participants or beneficiaries.	plan year. The result (enter a minument the funding deadline? Ithe funding deadline?	s sign to the left of	a fer the	12b		Year
d Subtract the amount contribution of the minimum funding art VII Plan Terminat Has a resolution to terminate of the PAGC? If during this plan year, are	ired contribution for this plan year. buted by the employer to the plan for this ne 12c from the amount in line 12b. Enter amount reported on line 12d be met by tions and Transfers of Assets nate the plan been adopted during the plan of any plan assets that reverted to the edistributed to participants or beneficiarles	plan year. The result (enter a minument the funding deadline? Ithe funding deadline?	skip to line 13.	efer the	12b	Ye	Year No N/A
d Subtract the amount contrib d Subtract the amount in II negative amount) e Will the minimum funding art VII Plan Terminat 3a Has a resolution to termin If "Yes," enter the amount b Were all the plan assets of of the PBGC? C If during this plan year, ar which assets or liabilities:	ired contribution for this plan year. Buted by the employer to the plan for this ne 12c from the amount in line 12b. Enter amount reported on line 12d be met by tions and Transfers of Assets nate the plan been adopted during the plan of any plan assets that reverted to the distributed to participants or beneficiaries.	plan year. The result (enter a minument the funding deadline? Ithe funding deadline?	skip to line 13.	efer the	12t 12c 12d 13d 13d 13d 13d 13d 13d 13d 13d 13d 13	Ye	Year No N/A Yes X No
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d Subtract the amount contrib d Subtract the amount in II negative amount) e Will the minimum funding art VII Plan Terminat 3a Has a resolution to termin If "Yes," enter the amount b Were all the plan assets of of the PBGC? C if during this plan year, ar which assets or liabilities: 13c(1) Name of plan(s):	ired contribution for this plan year. Buted by the employer to the plan for this ne 12c from the amount in line 12b. Enter amount reported on line 12d be met by lions and Transfers of Assets nate the plan been adopted during the plan of any plan assets that reverted to the edistributed to participants or beneficiaries by assets or liabilities were transferred frowere transferred. (See Instructions.)	plan year. The result (enter a minuthe funding deadline? In year or any prior year employer this year Transferred to another pomethis plan to another p	s sign to the left of	er the	12td 12cd 12dd 12dd 12dd 12dd 12dd 12dd 12d	Ye	Year No N/A Yes X No
d Subtract the amount contribution of Subtract the amount in linegative amount) e Will the minimum funding art VII Plan Terminal 3a Has a resolution to terminal 1 "Yes," enter the amount b Were all the plan assets cof the PBGC? c If during this plan year, are which assets or liabilities: 13c(1) Name of plan(s):	ired contribution for this plan year. Buted by the employer to the plan for this ne 12c from the amount in line 12b. Enter amount reported on line 12d be met by lions and Transfers of Assets nate the plan been adopted during the plan of any plan assets that reverted to the distributed to participants or beneficiarles by assets or liabilities were transferred frowere transferred. (See Instructions.)	plan year. The result (enter a minumenthe funding deadline? In year or any prior year employer this year The funding deadline? The fund	rskip to line 13.	er the plan(s)	12d 12d 12d 13a control to 3e(2) E	Ye	Year No N/A Yes X No Yes X No 13c(3) PN(s)
d Subtract the amount contrib d Subtract the amount in II negative amount) e Will the minimum funding art VII Plan Terminat 3a Has a resolution to termin If "Yes," enter the amount b Were all the plan assets of of the PBGC? C If during this plan year, ar which assets or liabilities: 13c(1) Name of plan(s): ution: A penalty for the late der penalties of peniury and of	ired contribution for this plan year. Buted by the employer to the plan for this ne 12c from the amount in line 12b. Enter amount reported on line 12d be met by lions and Transfers of Assets nate the plan been adopted during the plan of any plan assets that reverted to the elistributed to participants or beneficiaries my assets or liabilities were transferred frowere transferred. (See Instructions.) or Incomplete filling of this return/reputer penalties set forth in the instructions and signed by an encolled actions, as well	plan year. In the result (enter a minuthe funding deadline? In year or any prior year employer this year In this plan to another point this plan to another point will be assessed united.	rskip to line 13. Is sign to the left of sign and sign to the left of sign and sign and sign are sign and sign and sign are sign and sign are sign and sign are sign and sign are sign are sign and sign are sign	er the vian(s)	12d 12d 12d 13a control to 3c(2) E	Ye IN(s)	Year No N/A Yes X No Yes X No 13c(3) PN(s)
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SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service Department of Labor

Employee Benefits Security Administration

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).

2010

OMB No. 1210-0110

This Form is Open to Public Inspection

File as an attachme	nt to Form	5500 or 5500-SF.		
For calendar plan year 2010 or fiscal plan year beginning 01/0	1/2010	and ending	1:	2/31/2010
Round off amounts to nearest dollar.				
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report u	ınless reas	onable cause is established.		
A Name of plan		B Three-digit		
		plan number	(PN) •	003
Radoslav Jovanovic, M.D. LLC Defined Benefit N	Dlan			
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer ide	ntification Numb	er (FIN)
Plan sponsors name as snown on line 2a of Form 3300 of 3300-31		Limployer ide	THICATION INGINE	Cr (Liv)
Radoslav Jovanovic M.D.		54-207279	9	
E Type of plan: X Single Multiple-A Multiple-B F F	rior year pla	an size: 🛛 100 or fewer 📗	101-500 Mc	ore than 500
Part I Basic Information				
1 Enter the valuation date: Month 12 Day 31	Year_	2010		
2 Assets:				
a Market value			2a	1,408,46
b Actuarial value			2b	1,408,468
3 Funding target/participant count breakdown		(1) Number of participan	ts	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a		0	
b For terminated vested participants	3b		0	(
C For active participants:				
(1) Non-vested benefits	3c(1)			2,320
(2) Vested benefits	3c(2)			1,656,182
(3) Total active	3c(3)		8	1,658,502
d Total	3d		8	1,658,502
4 If the plan is at-risk, check the box and complete items (a) and (b)				
a Funding target disregarding prescribed at-risk assumptions			4a	
b Funding target reflecting at-risk assumptions, but disregarding transi			41-	
at-risk for fewer than five consecutive years and disregarding loadin			4b	
5 Effective interest rate			5	5.67 %
6 Target normal cost			6	14,980
Statement by Enrolled Actuary				
To the best of my knowledge, the information supplied in this schedule and accompanying schedule accordance with applicable law and regulations. In my opinion, each other assumption is reasonable				
combination, offer my best estimate of anticipated experience under the plan.				
SIGN				
HERE Wand + July	<u>ک</u>		10/14	/2011
Signature of actuary			Dat	е
Daniel F. Richards			11-0	3990
Type or print name of actuary		N	Most recent enro	Ilment number
P & PSP Co., Inc.			(646)52	4-8707
75 Broad Street, Rm 830 Firm name		Telep	hone number (ir	ncluding area code)
New York NY 1000	04			
Address of the firm	***************************************			
f the actuary has not fully reflected any regulation or ruling promulgated under t	he statute	in completing this schedule.	check the box ar	nd see

Pa	rt II	Begin	ning of year	carryov	er and prefunding b	alances							
				——————————————————————————————————————			(a) (Carryover balance)	(b) P	refundi	ng bala	nce
7		•	•		cable adjustments (Item 13			33	3,464		-i		83,096
8	Portion	used to o	ffset prior year's	funding red	quirement (Item 35 from pr	ior year)							
9	Amount	remainin	g (Item 7 minus	item 8)				33	3,464				33,096
10	Interest	on item 9	using prior yea	r's actual re	turn of <u>13.80</u> %			2	1,618				11,467
11	Prior yea	ar's exces	ss contributions	to be added	to prefunding balance:								
	a Exce	ess contri	butions (Item 38	from prior	year)							9	92,823
	b Inter-	est on (a)	using prior year	's effective	rate of6.40 %								5,941
					year to add to prefunding ba	1						9	98,764
	d Porti	on of (c)	to be added to p	refunding b	alance							(98,764
12	Reduction	on in bala	inces due to ele	ctions or de	emed elections				0				0
13	Balance	at beginn	ning of current y	ear (item 9	+ item 10 + item 11d - item	12)		38	3,082			19	93,327
Pa	Part III Funding percentages												
14	Funding	*									14	70	.18 %
15	 14 Funding target attainment percentage 15 Adjusted funding target attainment percentage 										15	70	.59 %
											16		.97 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage										17		%	
Pa	rt IV	Cont	ributions an	d liquidi	ty shortfalls	***************************************				······································			
				··········	ear by employer(s) and em	plovees:						***************************************	
	(a) Date		(b) Amount p	aid by	(c) Amount paid by employees	(a) Da (MM-DD-		(b) Amount p employer		(c		nt paid	by
09	/15/2	011		50,000					`				
	<u></u>				<u> </u>								

						Totals ▶	18(b)	1	50,000	18(c)			0
19	Discount	ed emplo	ver contribution	s - see inst	ructions for small plan with	a valuation d	ate after th						
		·	•		mum required contribution				19a				0
	_			•	justed to valuation date				19b				0
					ired contribution for current				19c			14	2,067
		******************	tions and liquidit			,					·····		_,
	_		•	•	he prior year?						X	Yes	No
	_	•	J		allments for the current year						,		X No
	C If 20a i	is "Yes," :	see instructions	and comple	ete the following table as a	pplicable:							
					Liquidity shortfall as of e	nd of Quarter							
	(1) 1st (2) 2nd (3) 3rd (4) 4th											***************************************	

Pa	art V Assumptio	ons used to determine f	unding target and targ	et normal cost				
21	Discount rate:							
	a Segment rates: 1st segment: 2nd segment: 3rd segment:			N/A, full yield curve used				
		3.14 %	5.90 %	6.45	%	Lands -		
	b Applicable month	(enter code)	***************************************	********	21b	0		
22	Weighted average ret	tirement age			22	65		
23	Mortality table(s) (see	e instructions) X Pre	scribed - combined	Prescribed - separate	Substitu	te		
Pa	rt VI Miscellane	ous items						
24		nade in the non-prescribed act				, , , , , , , , , , , , , , , , , , ,		
25	Has a method change	e been made for the current pla	ın year? If "Yes," see instructi	ons regarding required a	ttachment	Yes X No		
26		provide a Schedule of Active						
		or (and is using) alternative fun	······································			<u> </u>		
	, ,	or (and is using) alternative fun	27					
Pa	rt VII Reconcilia	ation of unpaid minimu	m required contributio	ns for prior years				
28	Unpaid minimum requ	uired contribution for all prior ye	28	C				
29		contributions allocated toward	1 23 1					
30	item 19a)							
f	T i			23)	30			
Pa	rt VIII Minimum	required contribution f	or current year					
31	Target normal cost, ac	djusted, if applicable (see instr	uctions)	7		14,980		
32	Amortization installme	ents:		Outstanding I	Balance	Installment		
	a Net shortfall amorti	ization installment			421,422	75,882		
	b Waiver amortization	n installment	***************************************		0			
33		approved for this plan year, ent Day Year			33			
34		nent before reflecting carryove	· ·		J-+ :	90,862		
			Carryover balance	Prefunding b	alance	Total balance		
35	Balances used to offse	et funding requirement		0	0	0		
36	Additional cash require	ement (item 34 minus item 35)	***************************************	,,	36	90,862		
37		d toward minimum required co	• • •		37	142,067		
38		ess contributions for current year				51,205		
39		ired contribution for current ye	<u> </u>			0		
40		ired contribution for all years				0		
	paia iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	= = 50				<u> </u>		

Schedule SB, Part V - Statement of Actuarial Assumptions

Target Assumptions:

Male Annuitant:

Options:

Male Nonannuitant: 2010 Nonannuitant Male

No Use discount rate transition:

Yes

Use optional combined mortality table for small plans:

Female Nonannuitant: 2010 Nonannuitant Female

Lump sums use proposed regulations: Yes

Female Annuitant: 2010 Annuitant Female

Actuarial Equivalent Floor

Applicable months from valuation month:

Stability period: plan year

Probability of lump sum: 100.00%

2010 Annuitant Male

Lookback months: 1

Use pre-retirement mortality: No Nonannuitant: None

2011 Applicable Annuitant:

<u> 3rd</u> <u>1st</u> 2nd 5.90 6.45 **Segment rates:** 3.14 **High Quality Bond rates:** N/A N/A N/A 6.45 Final rates: 3.14 5.90 0.00 0.00 Override: 0.00

1st <u>2nd</u> <u>3rd</u> 3.21 **Current:** 5.19 5.67 Override: 2.47 5.07 6.10

Salary Scale

Late Retirement Rates

Male: 0.00% Female: 0.00%

None Male: Female: None

Withdrawal

Marriage Probability Setback Male: 0 0.00%

Male: None Female: None

Female: 0.00% **Expense loading:** 0.00%

Withdrawal-Select

Disability Rates

Male: None Female: None

Male: None

Early Retirement Rates

Female: None

Male: None Female: None

Mortality Setback 0 Male: None 0 None Female:

Subsidized Early Retirement Rates

Male: None Female: None

Name of Plan: Radoslav Jovanovic, M.D. LLC Defin

54-2072799 Plan Sponsor's EIN:

Plan Number: 003

Schedule SB, Part V - Summary of Plan Provisions

Eligibility Requirements Service/Participation Requirements

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

Age (months): 0 Continuing hours: 1,000

Wait (months): 12 Excluded classes:

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

Age: 65 Service: 0 Participation: 5

Defined: Plan year start nearest

Benefit Reduction / Mortality table & setback

Male:Actuarial EquivalenceActuarial EquivalenceNone0Female:Actuarial EquivalenceActuarial EquivalenceNone0

Rates - Male:NoneNoneNoneRates - Female:NoneNoneNone

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

Vesting Schedule: 2/20 Pre-retirement death benefit

Vesting Definition:Hours WorkedPercentage of accrued benefit:100.00%Death Benefit Payment method:PVAB

AnnuityPercentYearsNormal:Life only0.00%0QJSA:Joint and contingent50.00%0

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

Plan Number: 003

Schedule SB, Part V - Summary of Plan Provisions

Benefits

Pension Formula:Benefit formulaType of Formula:Step rateEffective Date:01/01/1989

Formula

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

Integration level

Covered compensation table:DynamicRounding:\$600 intervalsUniform dollar amount:None

Averaging

Projection method:Current CompensationApply exclusion to accrued benefit:NoBased on:Final AverageAnnualize short compensation years:NoHighest:3Annualize short plan years:NoIn the last:0Include compensations based

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

Accrual

Frozen: No

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

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

Attachment to 2010 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

Data of	T	Veer		Interest Adimeted
Date of	A	Year	Effective Interest Rate	Interest Adjusted Contribution:
Contributon 09/15/2011	Amount	Applied 2010	10.67	Contribution.
09/15/2011	150,000	2010	10.67	142,067
				1

Attachment to 2010 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

9

Attachment to 2010 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	Average				Average			Ave	erage
	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.
Under 25			-			-			-
25 to 29							2		
30 to 34							3		
35 to 39				1					
40 to 44									
45 to 49									
50 to 54									
55 to 59									
60 to 64									
65 to 69									
70 & up									

				YEAR	S OF CREDITED	SERVICE					
Attained		10 to 14			15 to 19			20 to 24			
Age		Average			Ave	erage		Average			
	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							1				
60 to 64											
65 to 69											
70 & up											

	YEARS OF CRED						ITED SERVICE					
Attained	Attained 25 to 29		30 to 34		35 to 39			40 & up				
Age		Ave	rage		Ave	rage		Average			Average	
	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 2010 Form 5500 Schedule SB, line 32 - Schedule of Amortization Bases

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

Type of Base	Present Value of Any Remaining Installments	Valuation Date	Years Remaining	Amortization Installment
Shortfall	132,710	12/31/2008	5	28,208
Shortfall	39,776	12/31/2009	6	7,291
Shortfall	248,936	12/31/2010	7	40,383