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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

2011

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

Pa	art I	Annual Report I	dentification Info	ormation					
For	calenda	ar plan year 2011 or fisc	cal plan year beginnin	g 01/01/2	2011	and ending	12/31/2	2011	
Α .	This ret	urn/report is for:	x a single-employer	plan	a multiple	-employer plan (not multiemployer)	a one-participant plan	
В .	This ret	:urn/report is:	the first return/rep	ort	the final re	eturn/report			
			an amended retur	n/report	a short pla	n year return/report (less than 12	months)		
C	Check b	box if filing under:	X Form 5558		automatic	extension		DFVC program	
	000	ooxg arraon	special extension	(enter descri	рtion)				
Pa	art II	Basic Plan Infor		,	· · ·				
	Name		mation cherain	<u> </u>	mation		1b	Three-digit	
		JOVANOVIC M.D., L.L	C. BENEFIT PLAN					plan number	
								(PN) • 003	
							1C	Effective date of plan 01/01/1989	
2a	Plan er	nonsor's name and add	ress: include room or	suita numba	r (employer if	for a single-employer plan)	2h	Employer Identification Number	
		JOVANOVIC, M.D., L.I		Suite Humber	(ciriployer, ii	ioi a single employer plan	20	(EIN) 54-2072799	
							2c	Sponsor's telephone number	
930 F	FIFTH A	AVENUE SUITE 3						212-249-6709	
		, NY 10021					2d	Business code (see instructions))
								621111	
		dministrator's name and JOVANOVIC, M.D., L.L			r, enter "Same I AVENUE SU		3b	Administrator's EIN 54-2072799	
0.00	JOLAN	00 V/ 11 VO V/O, MD., E			RK, NY 10021		3c	Administrator's telephone number	er
								212-249-6709	
4		name and/or EIN of the , EIN, and the plan num			ne last return/i	eport filed for this plan, enter the	4b	EIN	
а		, Lin, and the plan hum or's name	bei iloili tile last letui	плероп.			4c	PN	
	•		at the beginning of the	plan year			. 5a		8
b	Total r	number of participants a	at the end of the plan	/ear			. 5b		8
						defined benefit plans do not			
	compl	ete this item)					5c		
		•	. ,		•	(See instructions.)		X Yes	No
b						dent qualified public accountant (Ions.)		X Yes	No
			*	-	•	SF and must instead use Form !			
Pa	rt III	Financial Inform	nation						
7	Plan A	Assets and Liabilities				(a) Beginning of Year		(b) End of Year	
а	Total p	olan assets			7a	2185168		2147837	
b	Total p	olan liabilities			7b	0		0	
С	Net pla	an assets (subtract line	7b from line 7a)		7с	2185168		2147837	
8	Incom	e, Expenses, and Trans	sfers for this Plan Yea	r		(a) Amount		(b) Total	
а		butions received or rece	eivable from:						
	(1)				92/1)	200000			
	(2) Pa	articipants			8a(2)	200000			
b	(2) Pa	articipantsthers (including rollovers	s)		8a(2) 8a(3)	0			
_	(2) Pa (3) Ot Other	articipantsthers (including rollovers	s)		8a(2) 8a(3) 8b	0		220379	
b c d	(2) Pa (3) Ot Other	articipantsthers (including rollovers	, 8a(2), 8a(3), and 8b))	8a(2) 8a(3) 8b 8c	0 0 20379		220379	
C	(2) Pa (3) Ot Other Total in Benefi	articipantsthers (including rollovers income (loss)ncome (add lines 8a(1).	, 8a(2), 8a(3), and 8b) t rollovers and insuran)	8a(2) 8a(3) 8b 8c	0		220379	
c d	(2) Pa (3) Other Total in Benefit to prov	articipantsthers (including rollovers income (loss)ncome (add lines 8a(1), its paid (including direct	s) , 8a(2), 8a(3), and 8b) t rollovers and insuran) ce premiums	8a(2) 8a(3) 8b 8c 8c	0 0 20379 257710 0		220379	
c d	(2) Pa (3) Other Total in Benefit to provident Certain	articipants thers (including rollovers income (loss) ncome (add lines 8a(1) its paid (including direct vide benefits)	s), 8a(2), 8a(3), and 8b) t rollovers and insuran	ce premiums	8a(2) 8a(3) 8b 8c 8c 8d	20379 257710 0		220379	
c d	(2) Pa (3) Ot Other Total in Benefito prov Certain Admin	articipants thers (including rollovers income (loss) ncome (add lines 8a(1); its paid (including direct vide benefits) n deemed and/or correct	s), 8a(2), 8a(3), and 8b) trollovers and insuran ctive distributions (see ers (salaries, fees, cor	ce premiums instructions) mmissions)	8a(2) 8a(3) 8b 8c 8c 8d 8d	0 0 20379 257710 0			
c d e f	(2) Pa (3) Ot Other Total in Benefit to prov Certain Admin	articipants thers (including rollovers income (loss) ncome (add lines 8a(1). its paid (including direct vide benefits) n deemed and/or correct istrative service provide	s), 8a(2), 8a(3), and 8b) trollovers and insuran ctive distributions (see ers (salaries, fees, cor	ce premiums instructions) mmissions)	8a(2) 8a(3) 8b 8c 8c 8d 98e 8f 8g	20379 257710 0		257710	
c d e f g	(2) Pa (3) Other Total in Benefit to prov Certain Admin Other Total & Net ind	articipants thers (including rollovers income (loss) ncome (add lines 8a(1) its paid (including direct vide benefits) n deemed and/or correct istrative service provide expenses	s), 8a(2), 8a(3), and 8b) t rollovers and insuranctive distributions (see ers (salaries, fees, cor	instructions)	8a(2) 8a(3) 8b 8c 8c 8d 8e 8f 8e 8f	20379 257710 0			

Form	5500	-SE	201	•

Page 2 -	1]	
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Part IV	Plan	Charact	aristics
railiv	ı Fiaii	Charact	ensucs

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

Part	V	Compliance Questions			ı					
10		ng the plan year:		Yes	No		Α	mount		
а		there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X					
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		X					
С	Was	the plan covered by a fidelity bond?	10c		X					
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X					
е	insur	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See actions.)	10e		X					
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X					
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year end.)	10q		X					
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10h							
i		h was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3	10i							
art	VI	Pension Funding Compliance				,1				
11	Is this	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						X Yes	; П	No
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X	No
	If a w	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruing the waiver.	th							_
		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	12b	T				
		the minimum required contribution for this plan year			12c	+				
	Subtr	r the amount contributed by the employer to the plan for this plan year	of a		12d	1				
_	·	he minimum funding amount reported on line 12d be met by the funding deadline?		<u></u>		П үе	es	No	Пи	/A
Part		Plan Terminations and Transfers of Assets				<u> </u>		110		
					П,	Yes	X No			
ısa		a resolution to terminate the plan been adopted in any plan year?				165	/ INO			
		es," enter the amount of any plan assets that reverted to the employer this year								
D		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?	unaer 	tne cc	ntroi			Yes	X	No
С	If dur	ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the hassets or liabilities were transferred. (See instructions.)	ne plai	n(s) to	1			_	_	
1	3c(1)	Name of plan(s):		13	c(2) E	IN(s)		13c(3	B) PN(s)
Cauti	on: A	penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	estab	lished	L			
		alties of perjury and other penalties set forth in the instructions, I declare that I have examined this retradule MB completed and signed by an enrolled actuary, as well as the electronic version of this return								÷

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/15/2012	DANILE RICHARDS
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Department of Labor

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-SE.

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

								▶ File as	an attachi	ment to	Form:	oouu or	5500-	SF.							
Fc	r calen	ndar p	lan ye	ear 2011	l or fi	scal plan y	ear beg	ginning	01/01/2011					and en	ding	12/31/	2011	1			
Þ	Roun	d off	amo	unts to	near	est dollar.															
•	Cauti	on: A	pena	alty of \$1	1,000	will be ass	sessed	for late filing	of this repo	ort unless	s reaso	nable ca	ause is	s establis	hed.						
	Name DOSL			IOVIC M	1.D., I	L.L.C. BEN	NEFIT P	LAN					В	Three-o	•	r (PN)	J	•		003	
С	Plan s	ponso	or's na	ame as	show	n on line 2	a of Fo	m 5500 or 5	500-SF				D	Employe	r Ide	ntificatio	n Nu	ımber	(EIN)		
RA	DOSL	AV JO	NAVC	IOVIC, N	И.D.,	L.L.C.							54	-2072799)						
E	Type o	f plan	: X	Single		Multiple-A	Mu	ltiple-B	F	Prior y	/ear pla	n size:	X 100	or fewer		101-500		More	than 50	0	
Р	art I	В	asic	Inforr	nati	on															
1				ation dat			Month _	12	Day31	,	Year 2	011									
2	Ass												_								
	а	Mark	et va	lue												2a					1376547
	b	Actu	arial v	/alue												2b					1376547
3	Fun					ount break						(1) N	Jumbe	er of parti	cipar			(2)	Fundin	g Targe	et
-	а	·	·					receiving pa	avment	3	За	(.,.		о. рала	o.p.a.	0		(-/		9 . 4. 90	(
	b				'				•		3b					2					10169
	C			particip																	
		(1)								30	:(1)										960
		(2)									:(2)					_					1828008
		(3)									:(3)					6					1828968
	d	` '									3d					8					1839137
4								nd complete					П								
-	а	•						t-risk assum	, ,	. ,						4a					
	_		•	ŭ	•	0.		ons, but disr							-						
	~							tive years ar								4b					
5	Effe	ctive	intere	st rate												5					5.07 %
6	Targ	get no	rmal	cost												6					15381
Sta	To the baccorda	pest of i	my knov th applic	cable law a	e inforn and reg		y opinion,	chedule and acco each other assur nder the plan.													
	SIGN IERE												_				1	10/13/2	2012		
D 41		. 510				Signa	ture of	actuary										Date			
DA	NIEL F	. RIC	HAKL	JS									_					11-03	990		
P &	PSP (CO., I	NC.			Type or pi	int nam	e of actuary								Most rec			ent nur 24-8707		
	BROAI W YOF			, RM 83 104	0	F	Firm nai	me					_		Tele	phone nu	umbe	er (incli	uding a	rea code	e)
						Add	ress of	the firm					_								
lf th	e actua	ary ha	s not	fully ref	lecte	d any regu	lation o	r ruling prom	ulgated und	der the s	tatute i	n compl	eting t	his sche	dule,	check th	ne bo	x and	see		
	uctions			-				~ .	-			•	-		-						ш

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Schedule SB (Form 5500) 2011

Pa	rt II	Begir	ning of year	carryove	er and prefunding bal	ances						
							(a) C	arryover balance	:	(b)	Prefundir	ng balance
7		Ū	0 , ,		cable adjustments (line 13 fr	•			38082			193327
8			•	-	unding requirement (line 35				0			0
9	Amount	t remainii	ng (line 7 minus lir	ne 8)					38082			193327
10	Interest	on line 9	using prior year's	s actual ret	urn of13.80 %				5255			26679
11	Prior ye	ar's exce	ess contributions t	o be added	to prefunding balance:							
	a Pres	sent valu	e of excess contri	butions (lin	e 38 from prior year)							51205
					rate of% excep							0
	C Tota	ıl availabl	e at beginning of co	urrent plan y	ear to add to prefunding bala	nce						51205
	d Port	tion of (c)	to be added to pr	efunding b	alance							51205
12	Other re	eductions	s in balances due	to elections	s or deemed elections			4	43337			271211
13	Balance	at begir	nning of current ye	ear (line 9 +	- line 10 + line 11d – line 12))			0			0
P	art III	Fun	ding percenta	ages								
14	Funding	g target a	attainment percent	age							14	74.84 %
15	Adjuste	d fundin	g target attainmen	t percentag	je						15	74.84 %
16			• •		of determining whether car		-	•			16	73.05 %
17	If the cu	urrent val	ue of the assets o	f the plan i	s less than 70 percent of the	funding targe	et, enter s	uch percentage			17	%
P	art IV	Con	tributions and	d liquidi	ty shortfalls							
18	Contrib	utions ma	ade to the plan for	the plan y	ear by employer(s) and emp	loyees:						
(N	(a) Dat IM-DD-Y		(b) Amount pa employer		(c) Amount paid by employees	(a) Da (MM-DD-Y		(b) Amount pa employer		(c) Amoui emplo	nt paid by oyees
04	/14/2012			200000								
											ı	
						Totals ►	18(b)		200000	18(c)		0
19	Discour	nted emp	loyer contributions	s – see inst	tructions for small plan with	a valuation da	ate after th	e beginning of the	e year:			
	a Conti	ributions	allocated toward	unpaid min	imum required contributions	from prior ye	ars		19a			0
	b Conti	ributions	made to avoid res	strictions ac	djusted to valuation date				19b			0
	C Contr	ributions a	allocated toward mi	nimum requ	uired contribution for current y	ear adjusted to	o valuation	date	19c			194625
20	Quarter	ly contrib	outions and liquidit	y shortfalls	:							
	a Did th	he plan h	nave a "funding sh	ortfall" for t	he prior year?						X	Yes No
	b If 20a	a is "Yes,	" were required qu	uarterly ins	tallments for the current yea	r made in a ti	mely manı	ner?	·····			Yes X No
	C If 20a	a is "Yes,	" see instructions	and compl	ete the following table as ap	plicable:						
	_				Liquidity shortfall as of er	nd of quarter o					(1)	
		(1) 19	st		(2) 2nd		(3)	3rd			(4) 4th	

Pa	rt V	Assumptio	ns used to determ	ine f	unding target and tar	get ı	normal cost		
21	Disco	ount rate:							
	a S	egment rates:	1st segment: 1.99%		2nd segment: 5.12%		3rd segment: 6.24 %		N/A, full yield curve used
	b Ai	policable month	(enter code)					21b	0
22								22	65
23		ality table(s) (see			escribed - combined	7	scribed - separate	Substitut	
		1	_				oomood coparate		
		Miscellane							
		J	·		uarial assumptions for the co				· · ·
25	Has a	a method change	e been made for the cur	rent pla	an year? If "Yes," see instru	ctions	regarding required attac	hment	Yes X No
26	Is the	plan required to	provide a Schedule of	Active	Participants? If "Yes," see i	nstruc	tions regarding required	attachment.	X Yes No
27			,		nding rules, enter applicable			27	
	rt VII				ım required contribut				
					years			28	0
<u>29</u>					I unpaid minimum required o		· · ·	29	0
30	Rema	aining amount of	funpaid minimum requir	ed cor	ntributions (line 28 minus line	29)		30	0
Pa	rt VIII	Minimum	required contribu	tion f	for current year				
31	Targe	et normal cost a	nd excess assets (see ir	nstruct	ions):				
	a Tai	rget normal cost	(line 6)					31a	15381
	b Ex	cess assets, if a	applicable, but not greate	er than	31a			31b	
32	Amor	tization installme	ents:				Outstanding Bala	ince	Installment
	a Ne	et shortfall amort	ization installment					462590	90467
	b W	aiver amortizatio	on installment					0	0
33					ter the date of the ruling lette			33	
34	Total	funding requirer	ment before reflecting ca	arryove	er/prefunding balances (lines	31a -	31b + 32a + 32b - 33)	34	105848
		<u> </u>			Carryover balance		Prefunding bala	nce	Total balance
35	Ralan	ocas elected for i	use to offset funding		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3		
00						0		0	0
36	Additi	ional cash requir	rement (line 34 minus lir	ne 35).				36	105848
37	Contr	ributions allocate	ed toward minimum requ	ired co	ontribution for current year a	djuste	d to valuation date	37	194625
38			ess contributions for curr						
								38a	88777
			•		prefunding and funding star			38b	0
39					ear (excess, if any, of line 36			39	0
40		·			5		· · · · · · · · · · · · · · · · · · ·	40	0
	rt IX				ension Relief Act of 20			1 - 1	
					ursuant to an alternative amo		•		
			-						2 plus 7 years 15 years
					41a was made				
42		, , , ,	,					42	
					d over to fisture plen veers			-	
43	∟xces	ss installment ac	celeration amount to be	carrie	d over to future plan years			43	

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

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).

2011

OMB No. 1210-0110

This Form is Open to Public

Pension Benefit Guaranty Corporation	internal Reven	·				Ins	spection
	▶ File as an attachme		5500 or 550			10/0	1/0011
For calendar plan year 2011 or fiscal p		1/2011		and endi	ng	12/3.	1/2011
Round off amounts to nearest do		.			1		
	be assessed for late filing of this report to	uniess reas			*******		
A Name of plan			В	•	•		003
			<u></u>	plan num	iber (PN)		
Radoslav Jovanovic, M.	D. LLC Defined Benefit	Plan					
C Plan sponsor's name as shown on l	line 2a of Form 5500 or 5500-SF		D	Employer	Identification	on Number (E	IN)
·							
Radoslav Jovanovic M.D	•			54-2072	799		
E Type of plan: X Single Multip	le-A Multiple-B	Prior year pla	an size: X 1	00 or fewer	101-500	0 More tha	an 500
Part I Basic Information							
	Month 12 Day 31	Year	2011				
1 Enter the valuation date: 2 Assets:	World Day	ICAI		**************************************			ayang ayang ang mang mang mang mang malina kang kadi malayan kamalan na mahalang manakalan manakalan manakalan M
					2a	***************************************	1,376,547
•					2b	***************************************	1,376,547
				ber of partici		(2) E	unding Target
	beneficiaries receiving payment	3a	(1) 190111	bei oi particij	0	(2)10	(
	sipants	3b			2		10,169
	ipants						
		3c(1)			-		960
		3c(1)			-		1,828,008
(• / • • • • • • • • • • • • • • • • • • •		3c(2)			6		1,828,968
		3d	***************************************		8		1,839,137
	ck the box and complete lines (a) and (l	П				1,000,10
			Lacar		4-		
	prescribed at-risk assumptions				4a	#*************************************	
	isk assumptions, but disregarding trans five consecutive years and disregarding				4b		
	nvo consecutivo years and disregarding		***************************************		5		5.07 %
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				6		15,381
Statement by Enrolled Actuary				944)-48-9-1			
To the best of my knowledge, the information s accordance with applicable law and regulations	upplied in this schedule and accompanying schedules. In my opinion, each other assumption is reasonable	es, statements e (taking into a	and attachments ccount the exper	, if any, is comple ience of the plan	te and accurat and reasonabl	e. Each prescribed le expectations) ar	d assumption was applied in nd such other assumptions, in
combination, offer my best estimate of anticipa	ted experience under the plan.	/	on an annual section of the section			TABLES AND THE PROPERTY OF THE	
SIGN	(14 FTX)				: /\	12.15	
HERE / June	1 1 www	J			10-1	216	
	Signature of actuary					Date	
Daniel F. Richards				VIII AMERICANI III AMERICANI III AMERICANI III AMERICANI III AMERICANI II AMERICANI		11-0399	0
Туре	or print name of actuary				Most rec	ent enrollmen	nt number
P & PSP Co., Inc.		p	BANKARAN KANIFERITTI TITTI TITTI		(64	46) 524-8	8707
75 Broad Street, Rm 830	Firm name			T€	lephone nu	ımber (includi	ng area code)
New York	NY 100	04					
	Address of the firm						
If the actuary has not fully reflected any	regulation or ruling promulgated under	the etatute	n completing	this schedu	le check th	ne hox and so	е П
I HIS AUDIOUS HOS HOLIUMY TORROUGH ALLY	regereen or rening prominingerou wilder.	ection analytically b	or www.rigurealist	g was now what share with the	and an expensive py		- 11

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	2 -

Pa	art II	Begi	nning of year	carryov	er and prefunding b	alances				***************************************			
	and the state of t	***************************************					(a)	Carryover balanc	е	(b)	Prefund	ing balance	8
7		_			licable adjustments (line 13			3	8,082			193	,327
8				,	funding requirement (line 3				0				0
9								3	8,082			193	,327
10	Interest	on line	9 using príor year	's actual re	eturn of <u>13.80</u> %				5,255			26	,679
11	Prior ye	ar's exc	ess contributions	to be adde	ed to prefunding balance:								
	a Pres	sent valu	ie of excess cont	ributions (lí	ne 38 from prior year)		,					51	,205
		*	, , ,		e rate of0.00% exce				TO POST OF THE POS	···			0
	C Tota	l availabl	le at beginning of	current plan	year to add to prefunding ba	lance	,					51	,205
	d Port	ion of (c) to be added to	orefunding	balance	************						51	,205
12	Other re	eductions	s in balances due	to election	s or deemed elections			4:	3,337			271	,211
13	Balance	at begin	nning of current y	ear (line 9	+ line 10 + line 11d – line 12	2)			0				0
P	art III	Fun	ding percent	ages									
14	Funding	target a	attainment percer	ntage		*****	*************	**<7<2<+434********************	*****	************	14	74.8	4 %
15	Adjuste	d fundin	g target attainme	nt percenta	ge	********					15	74.8	4 %
16					s of determining whether ca					9	16	73.0	5 %
17	If the cu	rrent val	ue of the assets	of the plan	is less than 70 percent of th	e funding ta	rget, enter :	such percentage.			17		%
Pa	art IV	Con	tributions ar	d liquid	ity shortfalls				3 3 H 1000, 3 4				
18	Contribu	itions ma	ade to the plan fo	r the plan y	rear by employer(s) and em	ployees:	**************************************		***************************************				41-0-4440
(M	(a) Date M-DD-Y		(b) Amount p employe		(c) Amount paid by employees	(a) [(MM-DD		(b) Amount p employer		(6	,	nt paid by oyees	
04	/14/2	012	2	200,000									
	······································												
····	antan kista an								Ni fina kara anin'i makaini akai kata ana ankaini				naninissaninissansussa
													MATERIAL COLON
											TO 10 TO		******************
**************************************			e standard og standard for standard og				vitra na na nagrama na						
						Totals •	18(b)	2	00,000	18(c)			0
19		•	•		tructions for small plan with				e year:				
	a Contr	ibutions	allocated toward	unpaid min	imum required contribution	s from prior y	/ears	**********************	19a				0
	b Contri	ibutions	made to avoid re	strictions a	djusted to valuation date	***************		*****************	19b				0
***************************************	C Contri	butions a	illocated toward m	inimum req	uired contribution for current	year adjusted	to valuation	ı date	19c		***************	194,	625
20	Quarterl	y contrib	utions and liquidi	ty shortfalls	3:				er Anna de Santa de S			-	-
	a Did th	e plan h	ave a "funding sh	ortfall" for t	the prior year?	***************		*************			X	Yes	No
	b If 20a	is "Yes,	" were required q	uarterly ins	tallments for the current yea	ar made in a	timely man	ner?				Yes X	No
	c If 20a	is "Yes,"	" see instructions	and compl	ete the following table as ap	oplicable:							
					Liquidity shortfall as of e	nd of quarte							
		(1) 1s	t		(2) 2nd		(3)	3rd			(4) 4th	***************************************	
				Management of the Control of the Con	· · · · · · · · · · · · · · · · · · ·					***************************************			

Р	art V Assumptions used to dete	rmine fu	unding target and ta	rget i	normal cost		
21	Discount rate:						
	a Segment rates: 1st segmen 1.99	t: %	2nd segment: 5.12 %		3rd segment 6.24 %	. 1	N/A, full yield curve used
	b Applicable month (enter code)					21b	(
22	Weighted average retirement age				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	22	65
***************************************	Mortality table(s) (see instructions)		scribed - combined		scribed - separate	Substitu	
-		<u> </u>	scribed - combined		octibed - Separate		
	art VI Miscellaneous items	· · · · · · · · · · · · · · · · · · ·					taki dalah serinda kan salah salah salah serinda kata kalah salah salah salah salah salah salah salah salah sa
24	Has a change been made in the non-preso attachment						
25	Has a method change been made for the c	current plan	n year? If "Yes," see instru	ctions	regarding required attac	hment	Yes X No
	Is the plan required to provide a Schedule	·····					
27	If the plan is eligible for (and is using) alter regarding attachment					27	
Pi	art VII Reconciliation of unpaid i	ninimur	n required contribut	ions	for prior years		
28	Unpaid minimum required contributions for	all prior ye	ears		**********************	28	(
29	Discounted employer contributions allocate (line 19a)		•		• •	29	(
30	Remaining amount of unpaid minimum req	uired contr	ributions (line 28 minus line	29)	····	30	(
Pa	art VIII Minimum required contrib	ution fo	or current year				
31	Target normal cost and excess assets (see	e instructio	ns):				
	a Target normal cost (line 6)		****			31a	15,383
	b Excess assets, if applicable, but not great	ater than 3	31a		**********************	31b	
32	Amortization installments:	***************************************			Outstanding Bala	nce	Installment
	a Net shortfall amortization installment				4	162,590	90,467
	b Waiver amortization installment	*******				d	(
33			r the date of the ruling lette) and the waived amo	-		33	
34	Total funding requirement before reflecting	carrvover/	prefunding balances (lines	31a -	31b + 32a + 32b - 33)	34	105,848
		Ī	Carryover balance		Prefunding balar		Total balance
35	Balances elected for use to offset funding						
manamustania	requirement	**********		0		q	C
36	Additional cash requirement (line 34 minus	line 35)				36	105,848
37	Contributions allocated toward minimum red (line 19c)	*	· ·			37	194,625
38	Present value of excess contributions for cu	ırrent year	(see instructions)				
	a Total (excess, if any, of line 37 over line	36)	*************************	********	3945494888933444354444359668764445318	38a	88,777
	b Portion included in line 38a attributable t	o use of pr	refunding and funding stan	dard c	arryover balances	38b	0
39	Unpaid minimum required contribution for c	urrent year	r (excess, if any, of line 36	over li	ne 37)	39	
40	Unpaid minimum required contributions for	all years	**************************************		> < d > Y × L d < 2 × 3 + Y + • • • + × × × × × × × × × × × × × × ×	40	
Pa	rt IX Pension funding relief un	der Pen	sion Relief Act of 20	10 (s	ee instructions)		NACONIO INTO INTERNACIONALI INTERNAC
41	If a shortfall amortization base is being amortization	rtized purs	uant to an alternative amo	rtizatio	n schedule:	**************************************	ini dalam mendilipendia-samula populgo dan kasasa dan pendangan pangan kasaman dan dalam bahan dan dan dalam p
************	a Schedule elected		******				2 plus 7 years 15 years
	b Eligible plan year(s) for which the election	in line 41a	a was made		*****************************	2008	2009 2010 2011
42	Amount of acceleration adjustment	**********	**************************************		******************************	42	
	Excess installment acceleration amount to b			-		43	ann kille did die stied een seelemme peka aan) voor meen almoken jaar voor die myksiske oor held toe meen bisk did mist de de fan een did blie vy gegen ja
			, , , , , , , , , , , , , , , , , , , ,	***************************************			

Schedule SB, Part V - Statement of Actuarial Assumptions

Target Assumptions:

Options:

2011 Nonannuitant Male Male Nonannuitant:

Use discount rate transition: No

Use optional combined mortality table for small plans:

2011 Nonannuitant Female Female Nonannuitant: 2011 Annuitant Male Male Annuitant:

Lump sums use proposed regulations: Yes

None

2011 Annuitant Female Female Annuitant:

Actuarial Equivalent Floor

Applicable months from valuation month:

Stability period: plan year

100.00% Probability of lump sum:

1 Lookback months:

Use pre-retirement mortality: No Nonannuitant:

Annuitant:

2011 Applicable

Yes

Setback

2nd <u>3rd</u> 1st 1.99 5.12 6.24 Segment rates: N/A N/A N/A **High Quality Bond rates:** 1.99 5.12 6.24 Final rates: 0.00 0.00 0.00 Override:

<u>2nd</u> 3rd <u>1st</u> 2.47 5.07 6.10 **Current:** 0.00 0.00 0.00 Override:

Salary Scale

Late Retirement Rates

None Male: Male: 0.00% None Female: 0.00%Female:

Marriage Probability Withdrawal

0 Male: Male: 0.00% None

Female: 0.00% Female: None Expense loading: 0.00%

Withdrawal-Select Male: **Disability Rates** None

Female: None Male: None

None **Early Retirement Rates** Female:

Male: **Setback** None **Mortality** Female: None None Male:

Subsidized Early Retirement Rates 0 None Female:

Male: None

Female: None

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

54-2072799 Plan Sponsor's EIN:

003 Plan Number:

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:NoneNone

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

Vesting Schedule: 2/20 Pre-retirement death benefit

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

Death Benefit Payment method: PVAB

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

Formula

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

Integration level

Dynamic Covered compensation table: \$600 intervals Rounding:

Uniform dollar amount: None

Averaging

Current Compensation Apply exclusion to accrued benefit: **Projection method:** No Final Average Annualize short compensation years: No Based on: Annualize short plan years: 3 No Highest: 0

In the last: Include compensations based

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

Accrual

Frozen: No

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

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

to: N/A

25 Years based on: Service Cap/floor years: 0.0000 Maximum past accrual years: Cap or floor: Cap Fractional Method: Accrual % per year: 0.00% Apply 415 before accrual: No

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

54-2072799 Plan Sponsor's EIN:

003 Plan Number:

Form 5500-SF

Ur. Jovanovic LLC

Department of the Treasury Internal Revanue Service

Department of Leber Emotoyee Genetis Security Administration

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 Retrement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos 1210-0119 1210-0089

2011

This Form is Open to Public Inspection

g		ordanc e y	with the instructions to the Form 55	00-SF		
	Part I Annual Report Identification Information					
_ F	or calendar plan year 2011 or fiscal plan year beginning	01/01			12/31/20	Market Control of Control Section of Market Section Control of Con
Д	This return/report is for:	a multi	ple-employer plan (not multiemployer)	1	a one-partic	pant plan
В	This return/report is: the first return/report	the fine	al return/report			
	an amended return/report	a short	plan year return/report (less than 12 n	nonths	:)	
С	Check box if filing under: Y Form 5558	automa	atic extension		DFVC progra	am
***************************************	special extension (enter descrip					
F	Part II Basic Plan Information—enter all requested infor	mation				
1 8	Name of plan			16	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; include room or suite number (employer	if for a single-employer plan)	2b	Employer identif	fication Number
	Radoslav Jovanovic, M.D., L.L.C.			<u> </u>	(EIN) 54-207	
				2c	Sponsor's telep (212) 249-	
	930 Fifth Avenue Suite 3			24		see instructions)
	New York		NY 10021	20	621111	see insudctions)
3a	Plan administrator's name and address (if same as plan sponsor, e	enter "San		3b	Administrator's	EIN
	Same					
				3с	Administrator's :	elephone number
4	If the name and/or EIN of the plan sponsor has changed since the	last return	Vregori filed for this plan, enter the	4b	FIN	
	name, EIN, and the plan number from the last return/report.		, , , , , , , , , , , , , , , , , , , ,	-12	The second second second	<u> </u>
	Sponsor's name			4c	PN	
5a	Total number of participants at the beginning of the plan year			5a		£
	Total number of participants at the end of the plan year			5b		E
С	Number of participants with account balances as of the end of the complete this item).			5c		
6a	Were all of the plan's assets during the plan year invested in eligib	le assets'	? (See instructions.)			Yes No
b	Are you claiming a waiver of the annual examination and report of					☑ 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		,		20/00444401766444	В тез П те
Pa	rt III Financial Information	DITH SOCO	Or Brid most motore out 1 or 1: out	×	*****	
7	Plan Assets and Liabilities		(a) Beginning of Year	T	(b) End c	f Year
а	Total plan assets	7a	2,185,16	8	and the state of t	2,147,837
b	Total plan liabilities	7b		0		0
С	Net plan assets (subtract line 7b from line 7a)	7c	2,185,16	3		2,147,637
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T o	tal
а	Contributions received or receivable from:	0-421	200,000			
	(1) Employers	8a(1)	200,000	1		
	(2) Participants	Ba(2)		1		
6	(3) Others (including rollovers)	8a(3)	20,379	1		
	Total income (add ines 8ai1), 8a(2), 8a(3), and 8b)	8b		-	in a de la companya d	220,379
	Benefits paid (including direct rollovers and insurance premiums	8 c				
	to provide benefits)	8 d	257,710	- Contraction of the Contraction		
e	Certain deemed and/or corrective distributions (see instructions)	8e	0	Action of the contrast of the		
£ .	Administrative service providers (salaries, fees, commissions)	81	0			
g	Other expenses	89	0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				257,710
į.	Net income (loss) (subtract line 8h from line 8c)	81				(37,331)
j	Transfers to (from) the plan (see instructions)	8j	٥			
				- Company of the Comp		The second secon

Dr. Jovanovic LLC

Form 5500-SF 2011 Page 2 Part IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions 9a 1A 3B 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V **Compliance Questions** Yes No 10 During the plan year: Amount Was there a failure to transmit to the plan any participant contributions within the time period described in Х 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported Х on line 10a.) 10b X Was the plan covered by a fidelity bond? 10c Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud X 10d Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See X 10e Instructions.) Х Has the plan failed to provide any benefit when due under the plan? 10f Х g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)...... 10g If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3..... 10 Part VI Pension Funding Compliance is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form X Yes No 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.. (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a. If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b b Enter the minimum required contribution for this plan year...... 12c C Enter the amount contributed by the employer to the plan for this plan year..... d. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 124 No NI/A Yes e. Will the minimum funding amount reported on line 12d be met by the funding deadline?... Part VII Plan Terminations and Transfers of Assets X No 13a Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control Yes X No of the PBGC? C. If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 13c(3) PN(s) 13c(1) Name of plan(s): 13c(2) EIN(s) Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete 10.1/. /2 Radoslav Jovanovic SIGN HERE Tr 1 Date 10.11.12 Enter name of individual signing as plan administrator Signature of plan administrate Radoslav Jovanovic SIGN HERE 10-11-12 Date Enter name of individual signing as employer or plan sponsor Signature of employer/dian sponsor

Attachment to 2011 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 2011	Interest Rate	Contribution:
04/14/2012	200,000	2011	10.07	194,625
	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
				

Attachment to 2011 Form 5500 Schedule SB, line 22 - Description of Weighted Average Retirement Age

Plan Name Radoslav J	Tovanovic, M.D. LLC Defined Benefit Plan	EIN:	54-2072799
Plan Sponsor's Name	Radoslav Jovanovic M.D.	PN:	003
The weighted average reti	frement age is equal to the normal retirement age of $\frac{65}{}$.		
retirement age, including a	at each age and describe the methodology used to compute the adescription of the weight applied at each potential retirement expected to retire at the plan's normal retireter.	age.	· ·

Attachment to 2011 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											
30 to 34							2				
35 to 39											
40 to 44							1				
45 to 49											
50 to 54											
55 to 59											
60 to 64											
65 to 69											
70 & up											

				YEA	RS OF CREDITED	SERVICE						
Attained	d 10 to 14				15 to 19			20 to 24				
Age		Ave	rage		Ave	rage		Ave	rage			
	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.			
Under 25												
25 to 29												
30 to 34	1											
35 to 39												
40 to 44												
45 to 49												
50 to 54												
55 to 59												
60 to 64												
65 to 69												
70 & up												

				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	1												
60 to 64													
65 to 69													
70 & up										1			

Attachment to 2011 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

	Present Value of Any Remaining		Years	Amortization
Type of Base	Installments	Valuation Date	Remaining	Installment
Type of Base Shortfall	109,572	12/31/2008	4	28,208
Shortfall	35,060	12/31/2009	5	7,291
Shortfall	225,649	12/31/2010	6	40,383
Shortfall	92,309	12/31/2011	7	14,585
51101 010111	22,333	12, 31, 2011	<u> </u>	11,000
			1	
			1	
			1	
			+ +	
	+		+	
			+ +	
			+ +	
			+	
	+		+	
			 	
			+	