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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

			Complete all entries in ac	cordance with the instruc	tions to the Form 550	и- эг.		
	art I		Identification Information					
For	r calenda	ar plan year 2012 or fis	scal plan year beginning 01/01/	2012	and ending	12/31/2	2012	
Α	This retu	urn/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer)		a one-particip	oant plan
В	This retu	urn/report is:	the first return/report	the final return/report				
			an amended return/report	a short plan year return	/report (less than 12 m	onths)		
С	Check b	oox if filing under:	X Form 5558	automatic extension			DFVC progra	m
			special extension (enter descr	iption)				
P	art II	Basic Plan Info	rmation—enter all requested info	ormation				
1a	Name	of plan				1b	Three-digit	
RAD	OSLAV .	JOVANOVIC M.D., L.L	L.C. DEFINED BENEFIT PLAN				plan number	000
						4 -	(PN) •	003
						1C	Effective date of 01/01/	•
		oonsor's name and add	dress; include room or suite numbe	er (employer, if for a single-e	employer plan)	2b	Employer Identif	
						20	Sponsor's telep	
930	FIFTH A	VENUE				20	212-249	
SUIT		'H STREET				2d	Business code (see instructions)
3a	Plan ac	dministrator's name an	nd address XSame as Plan Spons	or Name Same as Plan	Sponsor Address	3b	Administrator's I	ΞIN
						3c	Administrator's t	elephone number
							, tarriirilotrator o t	olophono nambol
4			e plan sponsor has changed since t	he last return/report filed fo	r this plan, enter the	4b	EIN	
а		or's name	mber from the last return/report.			4c	PN	
	•		at the beginning of the plan year			5a		8
b	Total n	umber of participants	at the end of the plan year			5b		7
С			account balances as of the end of t					
	•	•				5c		0
			s during the plan year invested in el					X Yes No
b			the annual examination and report? (See instructions on waiver eligibi					X Yes No
			ther line 6a or line 6b, the plan c	•				<u></u>
Ca			or incomplete filing of this return					
			her penalties set forth in the instruc					able a Schodule
SB	or Sche	, , ,	nd signed by an enrolled actuary, a	•			O, 11	,
		Filed with authorized/	valid electronic signature.	10/14/2013	CURTIS BODDIOUS	7		
SIG	RE				CURTIS RODRIQUEZ			
		Signature of plan ac	aministrator	Date	Enter name of individ	iual sig	ning as plan adn	ninistrator
SIG								
		Signature of employ		Date	Enter name of individ	_		
Pre	parers i	iame (including firm n	ame, if applicable) and address; in	ciude room of suite number	(optional)	Prep	·	number (optional)
							999-999	-9999

Form 5500-SF 2012 Page **2**

D	A III Promotella Commence					
	t III Financial Information		· · · · · · · · · · · · · · · · · · ·		1	
	Plan Assets and Liabilities		(a) Beginning of Yea			(b) End of Year
-	Total plan assets	7a	214783			2115360
	Total plan liabilities	7b		0		0
_	Net plan assets (subtract line 7b from line 7a)	7c	214783	37		2115360
	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	20000	0		
	(2) Participants	8a(2)		0		
	(3) Others (including rollovers)	8a(3)		0		
	Other income (loss)	8b	3817			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	0017	<u> </u>		238178
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	27065	5		230170
	Certain deemed and/or corrective distributions (see instructions)	8e		0		
	Administrative service providers (salaries, fees, commissions)	8f		0		
	Other expenses	8g		0		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0		270655
-	Net income (loss) (subtract line 8h from line 8c)	8i				-32477
	Transfers to (from) the plan (see instructions)			^		-32411
	t IV Plan Characteristics	8j		0		
	If the plan provides pension benefits, enter the applicable pension 1A 3B 3D	feature co	odes from the List of Plan Chara	acteris	stic Codes	in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Charac	cteristi	ic Codes ir	n the instructions:
Part	V Compliance Questions					
10	During the plan year:				Yes No	Amount
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulation)			10a	X	0
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b	X	0
С	Was the plan covered by a fidelity bond?			10c	X	0
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d	Х	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	ner person of the bene	s by an insurance carrier, efits under the plan? (See	10e	X	0
f	Has the plan failed to provide any benefit when due under the plan	n?		10f	X	0
g					X	
h		(See instru	uctions and 29 CFR	10g 10h	X	0
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	d notice or one of the	10ii	X	
Part				.0.	I	
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	•		•		`
11a	Enter the amount from Schedule SB line 39				11a	
12	Is this a defined contribution plan subject to the minimum funding			or se		
14		-		, UI 3E	0.1011 302	OI LINION: 100 100
а	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instruc		and enter	
If	you completed line 12a, complete lines 3, 9, and 10 of Scheduk					
b	Enter the minimum required contribution for this plan year			<u>.</u>	12b	0

	Form 5500-SF 2012 Page 3 - 1							
			400					
<u> </u>	Enter the amount contributed by the employer to the plan for this plan year		12c					(
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 negative amount)		12d	I				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	X	V/A
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?		🔲	Ye	s X	10		
	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 another plan, or brought und of the PBGC?	er the	contro	ol			res X	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pwhich assets or liabilities were transferred. (See instructions.)	lan(s)	to					
1	3c(1) Name of plan(s):	1	13c(2)	EIN	(s)	13	c(3) PN	l(s)
Part	VIII Trust Information (optional)							
14a	Name of trust		14b	Trus	st's EIN			

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

File as an attachment to Form 5500 or 5500-SF

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

					F FIIE as	an attachme	III IO FOIIII	3300 01	3300-3F.					
Fo	r calendar	plan year 201	2 or fiscal	plan ye	ear beginning (1/01/2012			and er	nding	12/31/20	012		
		ff amounts to												
•	Caution:	A penalty of \$	1,000 will l	be asse	essed for late filing	of this report u	ınless reaso	onable ca	use is establis	shed.				
	Name of p		M.D., L.L.C	. DEFI	NED BENEFIT PLA	ιN			B Three-	digit umber (F	PN)	•	003	
		sor's name as JOVANOVIC,			of Form 5500 or 55	500-SF			D Employe 54-207279		fication	Number	(EIN)	
E	Type of pla	n: X Single	Multip	ole-A	Multiple-B	F	Prior year pla	n size: 🗴	100 or fewer	. 10)1-500	More	than 500	
Р	art I	Basic Infor	mation											
1		e valuation da		N/	lonth 01	Day <u>01</u>	Year 2	2012						
2	Assets:	c valuation da		IV	ionar <u>or</u>	Day								
_		at value								2	а			1559034
										2				1559034
3								(4) NI	bor of nort			(2)	Funding Tor	
J	•	target/particip			ries receiving paym	ont	3a	(1) N	umber of part	icipants	0	(2)	Funding Tar	gei 0
					nes receiving paym						4			
				anıs	•••••		30							6803
		ctive participa					3c(1)							1001
	(1)						3c(1)				-			
	(2)										6			1874968 1875969
	(3) d Tatal						30(3)				7			1882772
									П		/			1002/12
4	•				box and complete I	` ,	,							
		0 0	0 0.		ed at-risk assumptio					4	а			
					mptions, but disrega Insecutive years an									
5	Effective	e interest rate								5				5.87 %
6	Target i	normal cost								6	3			8963
Sta	To the best of accordance v	with applicable law	ne information and regulatior	ns. In my	in this schedule and accor opinion, each other assum rience under the plan.									
	SIGN HERE											10/11/2	2013	
				Signat	ure of actuary							Date		
RO	BERT P. N	MARKS			·							11-03	346	
			Туре	or pri	nt name of actuary				_	Мо	st recei		nent number	
MA	DISON PE	NSION SERV	ICES, INC		•							914-2	51-0099	
SU	ITE 106	CHESTER AVE	ENUE	Fi	rm name					Telepho	one num	nber (incl	uding area co	ode)
				Addre	ess of the firm				_					
If th	e actuary h	nas not fully re	flected any	/ reguls	ation or ruling promu	ılgated under	the statute	in comple	eting this sche	dule ch	eck the	hox and	see	П
	o actuary r	ias not fully 16	oiou arry	roguic	on or runing profits	anguitou uniuei	o statute	oompie	Janey and John	auio, oii	JON IIIC	JON GITU	550	\sqcup

Page 2	-	
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Schedule SB (Form 5500) 2012

Pa	rt II	Begin	ning of Year	Carryov	er Prefunding Balan	ces						
							(a) (Carryover balance		(b) F	Prefundi	ng balance
7		Ū	0 , ,		cable adjustments (line 13 f	•			0			0
8			•	-	funding requirement (line 35				0			0
9									0			0
10	Interest	on line 9	using prior year's	actual ret	turn of0.93%				0			0
11	Prior ye	ar's exce	ess contributions to	o be added	d to prefunding balance:							
	a Prese	ent value	of excess contribu	utions (line	38a from prior year)							88777
					interest rate of5.07%							0
	C Total	available	at beginning of cur	rent plan ye	ear to add to prefunding balar	nce						88777
	d Portion	on of (c)	to be added to pre	funding ba	alance							88777
12	2 Other reductions in balances due to elections or deemed elections					0						
13	13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)							88777				
Pa	art III	Fun	ding Percenta	ages								
14	Funding	g target a	ttainment percent	age							14	77.81 %
15	Adjuste	d funding	g target attainmen	t percentaç	ge						15	82.97 %
16					s of determining whether car						16	74.85 %
17	If the cu	urrent val	ue of the assets o	f the plan i	is less than 70 percent of the	e funding ta	rget, enter s	such percentage			17	0.00 %
Pá	art IV	Con	tributions and	d Liquid	lity Shortfalls							
18	Contrib	utions ma	ade to the plan for	the plan y	vear by employer(s) and em	ployees:						
(M	(a) Dat M-DD-Y		(b) Amount pa employer((c) Amount paid by employees		Date D-YYYY)	(b) Amount pa employer(s		(0		int paid by oyees
02	/28/2013	3		200000	0							
							40(1)			40()	1	
						Totals ▶	1(1)		200000	18(c)		(
19			-		tructions for small plan with			Ī				
	_			•	nimum required contributions	•	•	l l	19a			0
					djusted to valuation date				19b			0
20					uired contribution for current y	year adjuste	d to valuation	n date	19c			195977
20			outions and liquidit									L Vaa □ Na
			_		the prior year?y installments for the curren						<u> </u>	Yes No
			•		omplete the following table a	•	•	ailitei :	Γ			Yes X No
	U II III IE	20d 15	ies, see iiisiiucii	oris ariu CC	Liquidity shortfall as of e			an year				
		(1) 19	st		(2) 2nd		(3)	3rd			(4) 4th	1
			0			0			0			0

Da	wt \/ A a a	umntions	Lload to Dotormino	Funding Torget and Torge	t Normal Coat				
21		-	Used to Determine	Funding Target and Targe	et Normai Cost				
41	a Segment		1st segment:	2nd segment:	3rd segment:		N/A, full yield	d curve	used
	h Applicable	month (ent	5.54%	6.85%	7.52 %	21b			0
22		,				22			
23				escribed - combined Pre	scribed - separate	Substitut	9		67
				Escribed - combined Pre	scribed - separate	Substitut	-		
		cellaneou						_	
24	· · · · · · · · · · · · · · · · · · ·		·	uarial assumptions for the current	•		· · · -	d Yes	X No
25	Has a meth	od change b	een made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment		Yes	X No
26	Is the plan r	equired to pr	rovide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment.		Yes	X No
27		•	•	er applicable code and see instruc		27			_
Pa	rt VII Re	conciliati	on of Unpaid Minimu	ım Required Contribution	s For Prior Years	l			
28			•	years		28			0
29				I unpaid minimum required contrib					
	(line 19a)					29			0
30	Remaining a	amount of ur	npaid minimum required cor	atributions (line 28 minus line 29)		. 30			0
Pa	rt VIII Mi	nimum Re	equired Contribution	For Current Year					
31			excess assets (see instruct	•		1 1			
	a Target nor	mal cost (lin	e 6)			. 31a			8963
				line 31a	 I	. 31b			0
32	Amortization	installment	s:		Outstanding Bala	ance	Installr	nent	
						417726			99392
	b Waiver ar	nortization in	nstallment			0			0
33	If a waiver h			ter the date of the ruling letter grar) and the waived amount		33			
34	Total fundin	g requireme	nt before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	. 34			108355
				Carryover balance	Prefunding bala	nce	Total ba	lance	
35			e to offset funding	C		0			0
36	Additional c	ash requiren	nent (line 34 minus line 35)			36			108355
37	Contribution	s allocated t	oward minimum required c	ontribution for current year adjuste	d to valuation date	37			195977
38	Present valu	e of excess	contributions for current ye	ar (see instructions)					
			•	,		38a			87622
				orefunding and funding standard c		38b			0
39				ear (excess, if any, of line 36 over		39			0
40						40			0
Pa	rt IX Pe	nsion Fu	nding Relief Under F	Pension Relief Act of 2010	(See Instructions)			
41			to use PRA 2010 funding re		-	:			
	a Schedule	elected					2 plus 7 years	15 y	ears
	b Eligible pl	an year(s) fo	or which the election in line	41a was made		2008	3 2009 201	0 7 2	2011
42						42	<u> </u>		
			-	d over to future plan years		43			

RADOSLAV JOVANOVIC, MD, LLC DEFINED BENEFIT PLAN Schedule SB, Part V - Statement of Actuarial Assumptions/Methods Plan Name: RADOSLAV JOVANOVIC, MD, LLC DEFINED BENEFIT PLAN

Normal Retirement Benefit

Actuarial Cost Method: PPA06 Funding Rules

IRC430 Funding Yield Curve Segmented Rates

First Segment:

5.54%

Second Segment:

6.85%

Third Segment:

7.52%

IRC404 Funding Yield Curve Segmented Rates

First Segment:

1.66%

Second Segment:

4.47%

Third Segment:

5.52%

Pre-Retirement Valuation Assumptions

Retirement Valuation Assumptions

Mortality Table

2012 430(h)(3)(A)-Optional combined

Mortality table applied on a static basis

IRC417(e)(3) Interest Assumption

Segment Rate

same as Funding Yield Curve Segmented Rates

IRC417(e)(3) Pre-retirement Mortality

Mortality Table

None

IRC417(e)(3) Retirement Mortality

Mortality Table

2012 417(e)(3) Applicable Mortality Table

Optional Forms Assumption

0% of participants will elect the Plan Normal Form

0% of participants will elect a 50% Joint & Contingent annuity

100% of participants will elect a Lump Sum (single payment)

Pre-Retirement Actuarial Equivalence Assumptions

Investment Earnings

6% Effective annual rate

Retirement Actuarial Equivalence Assumptions

Investment Earnings

5% Effective annual rate

Mortality Table

1983 IAM MALE

3 Year Setback for Males

3 Year Setback for Females

RADOSLAV JOVANOVIO, MD, LLO DEFINED BENEFIT RLAN Schedule SE, Rati V - Statement of Actuarial Assumptions Methods Radoslav Jovanovio, MD, LLO DEFINED BENEFIT RLAN

Assumptions for IRC415 Maximum Benefit Actuarial Adjustments

Investment Earnings

5% Effective annual rate

Mortality Table

2012 417(e)(3) Applicable Mortality Table

Retirement Protection Act of 1994 Interest Rate for non-life annuities

Investment Earnings

5.5% Effective annual rate

RADOSLAV JOVANOVIC, MD, LLC DEFINED BENEFIT PLAN

Schedule SB, Part V - Summary of Plan Provisions

Plan Name: RADOSLAV JOVANOVIC, MD, LLC DEFINED BENEFIT PLAN

Plan Effective Date January 1, 1989

Plan Anniversary Date January 1, 2012

Participation Eligibility Minimum age: 21 and

Minimum months of service: 12

Plan Entry Date Plan anniversary nearest the satisfaction of the participation requirements

Normal Retirement Date 65th birthday and the completion of 5 years of participation

Normal Form of Benefit Single Life Annuity

(Qualified Joint and Survivor annuity is the required standard option)

Retirement Benefit Optional Forms 50% Monthly Joint and Contingent Annuity

Lump Sum (single payment)

Normal Retirement Benefit 34.51% of compensation plus 26.25% of compensation in excess of the

integration level:

Table: I - Maximum: \$110100 - Year: 2012

Excess portion of benefit reduced by 1/35 for each year of accrual service less

than 35

IRC415 maximum annual benefit: \$200,000
Actuarially adjusted under IRC415(b) for benefit

commencement age and benefit form
Plan maximum annual benefit: \$110,400
Benefit limited to 100% of compensation

Minimum benefit: 2% of compensation per year of topheavy plan participation

up to 10

Compensation Definition Highest consecutive 3 year average salary over all service

Annual salary up to \$250,000 considered

Vested Retirement Benefit Vesting Schedule:

20% a year after 2 years (100% after 6 years)

Computation Period: Plan Years

Based on periods of service rounded to nearest year

Accrued Retirement Benefit Pro-rated on service up to 25 years

RADOSLAV JOVANOVIC, MD, LLC DEFINED BENEFIT PLAN Schedule SB, line 32 - Schedule of Amortization Bases Plan Name: RADOSLAV JOVANOVIC, MD, LLC DEFINED BENEFIT PLAN

	Present	Date	Years	Amount of
Type of Base	Value	Established	Remaining	Installment
Shortfall Base	181,801	12/31/2010	. 5	40,383
Shortfall Base	76,133	12/31/2011	6	14,585
Shortfall Base	26,947	12/31/2009	4	7,291
Shortfall Base	80,260	12/31/2008	3	28,208
Shortfall Base	52,585	12/31/2012	7	8,925

RADOSLAV JOVANOVIC, MD, LLC DEFINED BENEFIT PLAN Schedule SB, line 19 - Discounted Employer Contributions Plan Name: RADOSLAV JOVANOVIC, MD,LLC DEFINED BENEFIT PLAN

			Effective		Penalty	Additional	Value
		Plan	Rate of	Discounted	Rate of	Discounted	As of
Date	Amount	Year	Interest	Amount	Interest	Amount	Valuation Date
02/28/2013	200000.00	2012	5.87%	198164.00	10.87%	-2187.04	195976.96
Total for Minimum Required Contribution	200000.00			198164.00		-2187.04	195976.96

RADOSLAV JOVANOVIC, MD, LLC DEFINED BENEFIT PLAN Schedule SB, line 22 - Description of Weighted Average Retirement Age Plan Name: RADOSLAV JOVANOVIC, MD, LLC DEFINED BENEFIT PLAN

The weighted average retirement age of 67 is the average of the assumed retirement ages for all active participants as of the valuation date rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

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).

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

File as an attachm	ent to Form	5500 or 5			1 10 5 : =	
For calendar plan year 2012 or fiscal plan year beginning 1/1/2012			and endin	ig 12/3	1/2012	2
Round off amounts to nearest dollar.		61.	:	لد		
Caution: A penalty of \$1,000 will be assessed for late filing of this report	t unless reaso					
A Name of plan			B Three-dig			003
Radoslav Jovanovic M.D., L.L.C. Defined Benefit Plan			plan numb	per (PIN)		
			-			
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	-		D Employer I	dentificati	on N uml	ber (EIN)
Radoslav Jovanovic, M.D., L.L.C.				5	42072	2799
Time I						
E Type of plan: x Single Multiple-A Multiple-B F	Prior year pla	n size: 🗙	100 or fewer	101-50	0 ∐ M	lore than 500
Part I Basic Information						
1 Enter the valuation date: 1/1/2012		· · · · ·				
2 Assets:						
a Market value				2a		1559034
b Actuarial value				. 2b		1559034
3 Funding target/participant count breakdown:		(1) N	umber of particip	pants		(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a		0			0
b For terminated vested participants			1			6803
C For active participants:				 		
(1) Non-vested benefits	3c(1)			-		1001
(2) Vested benefits	1 1					1874968
(3) Total active	3c(3)		6			1875969
d Total	3d		7			1882772
4 If the plan is in at-risk status, check the box and complete lines (a) and	d (b)(d) b					
a Funding target disregarding prescribed at-risk assumptions				4a		
h Funding target reflecting at-risk assumptions, but disregarding tra	nsition rule fo	r plans th	at have been in	4b		
at-risk status for fewer than five consecutive years and disregard	ing loading fa	ctor		5		5.87 %
5 Effective interest rate				6		8963
6 Target normal cost						0903
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying sche accordance with applicable law and regulations. In my opinion, each other assumption is reason	dules, statements hable (taking into a	and attachm ccount the e	ents, if any, is complexperience of the plan	ete and accur and reasona	ate. Each ble expect	prescribed assumption was applied in ations) and such other assumptions, ir
combination, offer my best estimate of anticipated experience under the plan.			······································			
SIGN DDV					10/11	1/2013
HERE Singeture of cotupy)ate
Signature of actuary						3346
Robert P. Marks Type or print name of actuary				Most re	ecent er	rollment number
-, ,					9142	510099
Madison Pension Services, Inc.			- т	elephone	number	(including area code)
2500 Westchester Avenue						
Suite 106						
Purchase NY 105	77		_			
Address of the firm					11 1	
If the actuary has not fully reflected any regulation or ruling promulgated unclinetructions	der the statute	in compl	eting this sched	uie, check	the box	and see

Page 2	? - 🗀
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Schedule SB (Form 55	00) 2012

	rt II Begin	ning of vear c	arryover	and prefunding bala	nces							
						(a) Ca	rryover balance		(b) Pre	efundir	ng balance	
7	Balance at begir	nning of prior year a	after applicat	ole adjustments (line 13 from	n prior		0			0		
8	Portion elected f	for use to offset price	or year's fund	ding requirement (line 35 fr	om		0			0		
9					4		0			0		
10				of <u>0.93</u> %			0			0		
				prefunding balance:		-			e de la companya de La companya de la co	/1.23		
11	•			38 from prior year)		Age 1				8877	7	
	b Interest on (a	a) using prior vear's	s effective ra	te of5.07% except a	as					0		
				ar to add to prefunding balan				(244) 927		8877	7	
				ance				a a E Bas		8877	7	
12				r deemed elections			0			0		
				ne 10 + line 11d – line 12) .			0			8877	7	
	20,00°	ding percenta		<u> </u>								
the street	Comment of the Comment									14	77.81	%
										15	82.97	%
	Adjusted funding	g target attainment	percentage	f determining whether carry	over/prefi	ınding balanc	es may be used to re	educe		16		
16	current year's fu	unding requirement								17	74.85	<u>%</u> %
17	If the current va	lue of the assets of	the plan is l	ess than 70 percent of the	funding ta	rget, enter su	ch percentage		····	''	<u> </u>	70
P	art IV Cor	ntributions and	l liquidity	shortfalls								
18	Contributions m	ade to the plan for	the plan yea	r by employer(s) and empl						A	4	
(N	(a) Date MM-DD-YYYY)	(b) Amount pa employer((c) Amount paid by employees		Date D-YYYY)	(b) Amount paid t employer(s)	ру	(c)		int paid by oyees	
	2/28/2013		200000	0								
	ACCORDING SALEDBARDS STREET				Totals ▶	· 18(b)	200	ഹവ I	18(c)		 	0
				CONTRACTOR OF THE PROPERTY OF	TOTAL S	.0(2)		000				
19	Discounted em	ployer contributions	s – see instru	uctions for small plan with a								
19	Discounted em	ployer contributions	s – see instru unpaid minin	uctions for small plan with a num required contributions	valuation	date after the	e beginning of the ye			C		
19	a Contributions	s allocated toward u	unpaid minin	num required contributions	valuation	date after the	e beginning of the ye	ar:		()	
19	a Contributionsb Contributions	s allocated toward เ s made to avoid res	unpaid minin strictions adj	num required contributions usted to valuation date	valuation	date after the	e beginning of the ye	9a)	
	a Contributionsb Contributionsc Contributions	s allocated toward us made to avoid res allocated toward mi	unpaid minin strictions adj inimum requi	num required contributions	valuation	date after the	e beginning of the ye	ear: 9a 9b		(195	977	
	a Contributions b Contributions c Contributions Quarterly contri	s allocated toward us made to avoid res allocated toward mitibutions and liquidit	unpaid minin strictions adji inimum requir sy shortfalls:	num required contributions usted to valuation date	valuation from prior ear adjuste	date after the yearsd to valuation	2 beginning of the year 19 19 19 19 19 19 19 19 19 19 19 19 19	9a 9b 9c		195)	No
	 a Contributions b Contributions c Contributions Quarterly contributions a Did the plan 	s allocated toward us s made to avoid rest allocated toward mit ibutions and liquidithave a "funding sh	unpaid minin strictions adji inimum requi iy shortfalls: ortfall" for th	num required contributions usted to valuation datered contribution for current year?	valuation from prior 	date after the yearsd to valuation	e beginning of the ye	9a 9b 9c		195	977	No No
	 a Contributions b Contributions c Contributions Quarterly contributions a Did the plan b If 20a is "Yes 	s allocated toward us made to avoid restallocated toward mitibutions and liquidithave a "funding show," were required quited toward quited qui	unpaid minin strictions adjuinimum requinity sy shortfalls: ortfall" for thuurterly insta	num required contributions usted to valuation datered contribution for current year?	valuation from prior ear adjuste	date after the yearsd to valuation	e beginning of the ye	9a 9b 9c		195	977 Yes	
	 a Contributions b Contributions c Contributions Quarterly contributions a Did the plan b If 20a is "Yes 	s allocated toward us made to avoid restallocated toward mitibutions and liquidithave a "funding show," were required quited toward quited qui	unpaid minin strictions adjuinimum requinity sy shortfalls: ortfall" for thuurterly insta	num required contributions usted to valuation datered contribution for current year?	valuation from prior ear adjuste made in	date after the yearsd to valuation	date 19	9a 9b 9c		195 [977 Yes Yes Yes	
	 a Contributions b Contributions c Contributions Quarterly contributions a Did the plan b If 20a is "Yes 	s allocated toward us made to avoid restallocated toward mitibutions and liquidithave a "funding shes," were required ques," see instructions	unpaid minin strictions adjuinimum requinity sy shortfalls: ortfall" for thuurterly insta	num required contributions usted to valuation datered contribution for current year?	r made in oblicable:	date after the yearsd to valuation a timely manner of this plan	date 19	9a 9b 9c		195	977 Yes Yes Yes	

Pai	rt V Assumption	ns used to determine fu	unding target and tar	get normal	cost		
21	Discount rate:						_
	a Segment rates:	1st segment: 5.54 %	2nd segment: 6.85 %		3rd segment: 7.52 %		N/A, full yield curve used
	h Applicable month	(enter code)				21b	0
22		tirement age				22	67
	Mortality table(s) (see		scribed - combined	Prescribed	separate	Substitut	e
Pai	rt VI Miscellane	nade in the non-prescribed act	uarial assumptions for the o	urrent plan vea	r? If "Yes," see	instructions	regarding required
	attachment						
25	Has a method change	e been made for the current pla	an year? If "Yes," see instru	uctions regardi	ng required attac	nment	—————
26	Is the plan required to	o provide a Schedule of Active	Participants? If "Yes," see	instructions re	garding required	attachment	Yes X No
27	If the plan is eligible f	for (and is using) alternative fur t	nding rules, enter applicable	code and see	instructions	27	
Pa	rt VII Reconcili	ation of unpaid minimu	ım required contribu	tions for pr	ior years		
28		uired contributions for all prior				28	0
29	Discounted employer	r contributions allocated toward	l unpaid minimum required	contributions fi	om prior years	29	0
30	Remaining amount o	f unpaid minimum required cor	ntributions (line 28 minus lin	e 29)		30	0
		required contribution					<u> </u>
<u> 7a</u>	 	and excess assets (see instruction					
	· · · · · · · · · · · · · · · · · · ·	t (line 6)				31a	8963
		applicable, but not greater than				31b	0
22	Amortization installm				Outstanding Bala	ince	Installment
32		rtization installment				417726	99392
		ion installment				0	0
-22		approved for this plan year, er			e approval	22	
	() and the waived an	nount	······	33	108355
34	Total funding require	ement before reflecting carryov	er/prefunding balances (line	s 31a - 31b +		34	
			Carryover balance		Prefunding bala	nce	Total balance
35	Balances elected for	r use to offset funding		o		0	0
						36	108355
		uirement (line 34 minus line 35)		adjusted to va	uation date		
	(line 19c)	ted toward minimum required o		aujusteu to va		37	195977
_38		cess contributions for current ye				200	97600
		any, of line 37 over line 36)				38a	87622 0
		in line 38a attributable to use o				38b	0
39		quired contribution for current y				39	0
40		quired contributions for all year				40	U
Pa	rt IX Pension	funding relief under Po	ension Relief Act of 2	2010 (see ii	nstructions)		
41	If a shortfall amortiza	ation base is being amortized p	ursuant to an alternative ar	nortization sch	edule:		
	a Schedule elected						2 plus 7 years 15 years
_	b Eligible plan year((s) for which the election in line	41a was made			200	08 2009 2010 2011
42		ion adjustment				42	
		acceleration amount to be carri				43	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 100 and 4065 of the Employee

OMB Nos. 1210-0110 1210-0089

2012

Employee Besself Des Labor	Retirement income S	acurity Act of 19	74 (ERISA) and Be	tions 6057(b) and 605	(04-)	LUIL		
Employee Benefits Security Administration Pension Benefit Gueranty Corporation	▶ Complete all ente	ies in accordan	evenue Code (the	cde). tions to the Form 65	.1	his Form is Open to Publi		
Part Annual Report lo	RELITICATION INTON	nation		DOIS TO DIE FORM 65	UU-SF.			
For calendar plan year 2012 or fisc	al plan year beginning	1/1/2	012	and ending	12/31/	2012		
A This return/report is for:	a single-employer pla				D			
B This return/report is:	the first return/report	the	final return/report	p an (not multiemployer) a one-participant plan				
C Check box if filing under:	Form 5558 special extension (en	an	tornatic extension	report (less than 12 n	-	VC program		
Partill Basic Plan Inform					*			
1a Name of plan		asteo intornatio			1b Three	effett		
Radoslav Jovanovic M.C	., L.L.C. Defined B	enefit Plan				number 003		
					1¢ Effect	ive date of plan		
2a Plan sponsor's name and addre	an Inglista alami as a la				0h 1	1/1/1989		
Radoslav Jovanovic, M.D., I		e number (empi	oyar, ii idr a shige	mpipyer plan)	(EIN)	Employer Identification Number (EIN) 542072799 C Sponsor's telephone number		
					ze Spon	2122496709		
930 Fifth Avenue			1		2d Busin	ess code (see instructions)		
Suite 3 74th Street								
NYC	NY					621111		
10021								
3a Plan administrator's name and	address / Same as Pla	n Sponsor Nam	e Same as Pan	Sponsor Address .	3b Admir	nistrator's EIN		
					2	istrator's telephone numbe		
If the name and/or EIN of the p name, EIN, and the plan numb	lan sponsor has change er from the last returning	d since the last port.	return/report filed fo	this plan, enter the	4b EIN			
a Sponsor's name	No. 5				5a	8 .		
Total number of participants at						7		
b Total number of participants at					5b			
C Number of participants with accomplete this item)		end of the plan	year (denned beve	pians do not	5c	0		
Ba Were all of the plan's assets d	uring the plan year inve	sted in eligible a	ssets? (See instruc	ons.)		Yes 1		
b are you claiming a waiver of th	e annual examination a	hd report of an i	ndependent qualifiq	public accountant (19	IPA)	7 Yes []		
under 29 CFR 2520.104-46? (If you answered "No" to sith	See instructions on walk	er eligibility and	conditions.)L.					
If you answered "No" to sith	er line 62 or line 60, th	a pran carrier s	Se Porm 3300-ar	plan seemsnehis sa	upo le establ	lichad		
Caution: A penalty for the late or	incomplete filing of th	s return/report	Will Da assesses	ness reasonable ca	ned including	a if applicable a Schedule		
Under penalties of perjury and othe SB or Schedule MB completed and belief, it is true, correct, and complete	signed by an enrolled a te.	cluary, as well a	s the electronic ven	on of this return/repor	t, and to the	best of my knowledge and		
A I Charles	Recardo		10/14/1	Vador lav	Tour	NOVIC M.D.		
HERE Signature of plan adm			Date	Enter name of individ				
HERE	riplan sponsor		Date	Enter name of indivis	tual signing a	s employer or plan sponso		
Preparer's name (including firm name	ne, If applicable) and ad	dress; include ro	om or suite numbe	(optional)	Preparer's	telephone number (options		
					1.6			
For Paperwork Reduction Act Notice	end CMB Control Number	s, see the instruc	tions for Form 55 0	4		Form 5500-SF (201 V. 1201		

Filing Authorization for the 2012 Form 5500-SF

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

EIN/PIN: 54-2072799

Plan Year Ending: 12/31/2012

PART ! Authorization of Practitioner to Electronically Sign and File

hereby authorize Madison Pension Services, Inc. to electronically sign and file the above-named return/report through EFAST2.

I understand that in granting this authority

- I must manually sign and date page 3 of the Form5500-SF and mail back a copy of the signed Form 5500-SF to Madison Pension Services, Inc. before the electronic filing can be initiated;
- Madison Pension Services, Inc. will retain a copy of this written authorization in its records;
- Madison Pension Services, Inc. will notify the individual(s) signing below as plan administrator about any
 inquiries and information it receives from EFAST2, DOL, IRS, or PEGG regarding this annual return;
- A copy of my signature, as it appears on page 3 of the Form 5500-SF, will be included with the return posted by the Department of Labor on the Internet for public disclosure.
- Madison Pension Services, Inc. shall not be deemed an administrator or other fiduciary with respect to any Plan solely on account of the services performed under this authorization.

This authorization is applicable only to the filing for the above-named with and applies only for the Plan year end stated

PART II Acknowledgement of Receipt of Authorization

On behalf of Madison Pension Services, Inc., hereby certify that the firm will use the authority granted only for the express purposes described above; that the firm will not disclose conficential information to any parties other than the DOL, as required for EFAST filing; and that the firm will take reasonable steps to assure that confidential information provided by the Plan Administrator or Plan Sponsor is protected from una uthorized disclosure.

For Madison Pension Services, Inc.: Tankis Kaling ve 2 Date: 10/14/13

(Signature of Pension Administrator, litle)