## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**HERE** 

SIGN **HERE** 

## **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

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

Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

**Annual Report Identification Information** For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report the final return/report **B** This return/report is an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit RADOMIR D STEVANOVIC MD PC 401(K) PROFIT SHARING PLAN TRUST plan number (PN) ▶ 001 1c Effective date of plan 01/01/2011 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number RADOMIR D STEVANOVIC, MD, PC (EIN) 27-3017065 Sponsor's telephone number 607-266-9100 2343 N TRIPHAMMER ITHACA, NY 14850 Business code (see instructions) 453990 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN Total number of participants at the beginning of the plan year ..... 5a 10 **b** Total number of participants at the end of the plan year..... 5b 10 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 2 complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 10 d(2) Total number of active participants at the end of the plan year..... 5d(2) 10 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested. 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 Filed with authorized/valid electronic signature **SIGN** 

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number ) (optional)

Signature of plan administrator

Signature of employer/plan sponsor

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number (optional)

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b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an independ and conditio	lent qualified public accounta	nt (IQ	PA)				□ .	′es 🗌	No.
C	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	gram (see ERISA section 40	21)? .		Yes	No	1	Not de	termin	ed
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) E	nd o	f Year		
	Total plan assets	. 7a	106							7032	
	Total plan liabilities	. 7b	106	0						7032	
	Net plan assets (subtract line 7b from line 7a)	. 7с		191	-					7032	
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(k	o) To	tai		
	(1) Employers	. 8a(1)		0							
	(2) Participants	. 8a(2)	10	29							
	(3) Others (including rollovers)	. 8a(3)		0							
b	Other income (loss)	. 8b	3	42							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								1371	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	50	30							
	Certain deemed and/or corrective distributions (see instructions)	. 8e		0							
f	Administrative service providers (salaries, fees, commissions)			0							
	Other expenses			0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								5030	
i	Net income (loss) (subtract line 8h from line 8c)	. 8i								-3659	
j	Transfers to (from) the plan (see instructions)	8j		0							
b Part	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature codes	s from the List of Plan Charad	cterist	ic Cod	des in t	he instr	uctio	ns:		
10	During the plan year:				Yes	No		Α	mou	nt	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Corre	ction Program)	10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	<u></u>		10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					20	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	·······		10d		X					
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the benef	its under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year en	d.)	10g		X					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X					
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			10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									′es X	No
11a	Enter the unpaid minimum required contribution for current year for	rom Schedul	e SB (Form 5500) line 39			11a		-			
12	Is this a defined contribution plan subject to the minimum funding	g requiremen	ts of section 412 of the Code	or se	ction	302 of	ERISA′	?	١	′es X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below						<u> </u>				
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	•			, and 6 	_	ne date		e lette ′ear _	r ruling	

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lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year	12b			
С	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			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	Yes N	lo	
	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 under the of the PBGC?	control		Yes	s X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)	) to			
1	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3	<b>B)</b> PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## 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

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

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Part I		t Identification Information	14.6	and andta - 433	34,2011	
For calend	аг рал уеаг 2014 ог	fiscal plan year beginning 01/01/20  a single-employer plan			31/2014	. Santa managarah ang santa
A This re	tum/report is for:		a multiple-employer pla of participating employe			
		a one-participant plan	a foreign plan			
B This ret	um/report is	the first return/report	the final return/report			
	•	an amended return/report	a short plan year return	report (less than 12 mo	ntus)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC pro	gram
	-	special extension (enter descri	iption)			
Part II	Basic Plan Inf	ormation—enter all requested inf	ormation			
1a Name RADOMIR (		PC 401(K) PROFIT SHARING PLAN	I TRUST		1b Three-digit plan number (PN)	001
					1c Effective da	e of plan i/01/2011
	ponsor's name and a STEVANOVIC, MD	address; include room or suite number $P\mathbb{C}$	er (employer, if for a single-e	mployer plan)		entification Number 2-3017065
2343 N TRIF	PHAMMER					-266-9100
THACA, NY					45	de (see instructions) 53990
3a Plan a	idministrator's name	and address Same as Plan Spons	or.		3b Administrate	r's EIN
4 If the	name and/or EIN of e, EIN, and the plan r	the plan sponsor has changed since number from the last return/report.	the last return/report filed fo	r this plan, enter the	4b EIN	
a Spons	sor's name				4c PN	
		its at the beginning of the plan year			5a	1
		its at the end of the plan year			5b	1
comp	lete this item)	th account balances as of the end of		**************************	5c	
<b>d(1)</b> To	lal number of active	participants at the beginning of the pl	an year	4405592247##*#5244#PP	5d(1)	
		participants at the end of the plan ye			5d(2)	
less t	han 100% vested		*****************************	*******************	5 <del>0</del>	
Under per SB or Sch	101	te or incomplete filing of this retur other penalties set forth in the instru I and signed by an enrolled actuary, in prolete	Miana i deciere instil nave:	evammen mes iemaviei	BUIL HIGHWING, H AI	Wildspie, a constant
SIGN		tevanerie MD, PC		Susan C. P.	2014	
HERE	Signature of pla		Date 10/2/15	Enter name of individ		administrator
01041	Radomir K		2		2004	
SIGN HERE		ployer/plan sponsor	Date /0/21/5		lual signing as emp	oloyer or plan sponsor
	s name (including fin	n name, if applicable) and address (i		r ) (optional)	Preparer's telept	none number (optional)
	, ,					

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 6500-SF.

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6a b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an independent	dent qualified public accounta	int (IC	(PA)	,,,,,,,,,,,	*******		s No
C	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA section 40	21)?		Yes	□No □	Not dete	rmined
Pa	rt III Financial Information						- <del>,</del>		
7	Plan Assets and Liabilities		(a) Beginning of Yes	lf.			(b) End o	of Year	
a	Total plan assets	7a	108	591				7	032
	Total plan liabilities	7b		0					0
	Net plan assets (subtract line 7b from line 7a)	7c	106	391				7	032
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	)tal	
a	Contributions received or receivable from: (1) Employers	8a(1)		0					
	(2) Participants	8a(2)	10	)29	_			·····	
	(3) Others (including rollovers)	8a(3)	· · · · · · · · · · · · · · · · · · ·	0				· · · · · · · · · · · · · · · · · · ·	
b	Other income (loss)	8b	3	42	$\top$	*,		<del></del>	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			1		·····	1	371
d	Benefits paid (including direct rollovers and insurance premiums	0.4	Fi	30	7				
	to provide benefits)	8d		0	-				~
f	Administrative service providers (salaries, fees, commissions)	8e 8f		0					<del> </del>
<u>.</u>		† · · · · · · · · · · · · · · · · · · ·		0	-				
***************************************	Total expenses (add lines 8d, 8e, 8f, and 8g)	8g 8h		<u> </u>	+		<del></del>	-5	030
<del>-</del> <u>i</u>	Net income (loss) (subtract line 8h from line 8c)								659
Ī	Transfers to (from) the plan (see instructions)	8j		0					
	rt IV Plan Characteristics	**************************************		-					
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2G$ $2J$ $2T$ $3D$	feature cod	les from the List of Plan Chan	acteni	stic Co	des in	the instruct	ions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Plan Charac	cterist	ic Cod	es in t	he instructio	ns:	
			<u></u>						
Par	t V   Compliance Questions								
10	Ouring the plan year:				Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Corre	ction Program)	10a	- ; .	Х	,		
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х			····
				10c	Х				20000
C	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х			
€	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the bene	fils under the plan? (See	10e		Х			
f	Has the plan failed to provide any benefit when due under the pla			10f		Х			
	Did the plan have any participant loans? (If "Yes," enter amount a	s of year er	xf.)	10g		Х			
<del>-</del>	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х			
	If 10h was enswered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he required	notice or one of the	101					
Par					<u> </u>	····	<u></u>		
	Is this a defined benefit plan subject to minimum funding requirem	nents? (If "Y						∏ Ye	s 🛚 No
11		**************	**************************************	******	******	********			
11	5500) and line 11a below)		***-			11a			
11	5500) and line 11a below)	rom Schedu	ile SB (Form 5500) line 39	••••		11a	<u> </u>	Ye	s 🛛 No
11 11: 12	5500) and line 11a below)	rom Schedu requiremen , as applica	tle SB (Form 5500) line 39 nts of section 412 of the Code ble.)	or 86	ction	11a 302 of	ERISA?		

If you completed line 12a, complete lines 3, 9, and 10 of S  b Enter the minimum required contribution for this plan year.	chedule MB (Form 5500), and s	skip to line 13.	,			
b Enter the minimum required contribution for this plan year.						
		******************	12b			
					<del></del>	
c Enter the amount contributed by the employer to the plan f	or this plan year	************	12c			
d Subtract the amount in line 12c from the amount in line 12t negative amount)			12d	. "		
e Will the minimum funding amount reported on line 12d be a	met by the funding deadline?			Yes	No	N/A
art VII Plan Terminations and Transfers of As	sets					
3a Has a resolution to terminate the plan been adopted in any plan	n year?	*************************	/ X \	′es  N	0	
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 bene of the PBGC?					Yes	No
C If during this plan year, any assets or liabilities were transf which assets or liabilities were transferred. (See instruction	erred from this plan to another pl					·
13c(1) Name of plan(s):			13c(2) Ei	N(s)	13c(3)	PN(s)
					ĺ	
art VIII Trust Information (optional)					<u>.l</u>	
			14b Trust's EIN			

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