Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits 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 Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

Р	Pension Benefit Guaranty Corporation		▶ Complete all entries in accor	dance witl	h the instructions to the Form 55	00-SF.		spection	
Pa	art I Annual Report	Ide	entification Information				1		
For	calendar plan year 2010 or fi			0	and ending	08/31/	2011		
Α	This return/report is for:	X	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	int plan	
	This return/report is for:	Γ	first return/report	final retur	n/report				
	The return report to term	F	an amended return/report	short plan	n year return/report (less than 12 m	onths)			
_	Check box if filing under:	X	Form 5558	automatic extension			DFVC progra	am	
C	Check box if filing under:	F	special extension (enter description		Cexterision		☐ Di ve piogra	2111	
-	(II Deale Blee Inte		' '	,					
		orm	nation—enter all requested inform	ation		16	There is all all		
	Name of plan	NCΔ	L PC PROFIT SHARING P AN			ID	Three-digit plan number		
GLO	BAL KLITABILITATION WED	ЛСА	LFC FROFTI SHARING F AN				(PN) ▶	001	
						1c	Effective date of	f plan	
							09/01/2	2009	
			ss (employer, if for single-employer	plan)		2b	Employer Identi		ıber
GLO	BAL REHABILITATION MED	ICA	L PC			0-	(EIN) 11-362		
9701	66 AVENUE					2C	Plan sponsor's 718-27	telephone nu <mark>5-5200</mark>	ımber
REG	O PARK, NY 11374					2d	Business code	see instructi	ions)
							621340		/
3a	Plan administrator's name a BAL REHABILITATION MED	nd a	address (if same as Plan sponsor, e	nter "Same	∍")	3b	EIN		
GLO	BAL REHABILITATION WED	лСА	REGO PARI		' 4	20	11-3627311 3c Administrator's telephone		
						30	718-27	telepnone ni <mark>5-5200</mark>	ımber
4	If the name and/or EIN of the	plar	n sponsor has changed since the la	st return/re	port filed for this plan, enter the	4b	EIN		
			from the last return/report. Sponso			4-			
	—						PN T		18
			the beginning of the plan year			- Ou	a		
b			the end of the plan year			<u>5b</u>			17
С			h account balances as of the end o			5c			17
62	•		uring the plan year invested in eligib					X Yes	No
	•		e annual examination and report of		,				
			See instructions on waiver eligibility					X Yes	No
_			er 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 5	500.			
Pa	rt III Financial Infor	ma	tion		I	- 1			
7	Plan Assets and Liabilities				(a) Beginning of Year	0.4	(b) End	of Year	07740
а	Total plan assets			. 7a	1103	-		2	227713
b	•			. <u>7b</u>	4400	0			0
С			o from line 7a)	. 7с	1103	61	221		227713
8	Income, Expenses, and Tra				(a) Amount		(b) -	Γotal	
а	Contributions received or re		able from:	. 8a(1)	847	77			
				0.550			35596		
				, ,		0			
h	, ,	,		` `	-21	96			
d 2	` ,		(a/O) 0a/O) and 0b)		21			1	18177
q C	, ,	,	sa(2), 8a(3), and 8b)	. 8c				•	10111
d	. `		ollovers and insurance premiums	. 8d	8	25			
е			ve distributions (see instructions)			0			
f	Administrative service provi	ders	s (salaries, fees, commissions)			0			
g						0			
h	•		e, 8f, and 8g)						825
i			8h from line 8c)					1	17352
j			e instructions)						
				~)	<u>i</u>				

	F	Form 5500-SF 2010 Page 2-							
Par	t IV	Plan Characteristics							
Эа	If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char-	acteris	tic Co	des in	the instru	ctior	s:	
		2E 2G 2J 3D	oto rio	tia Car	ا ما مما	tha inates	ati o n		
b	n me	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	iciens	iic Coc	ies in i	ine instru	Juon	5.	
art	V	Compliance Questions							
0	Duri	ng the plan year:		Yes	No		An	ount	
а	Was	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	Wa	s the plan covered by a fidelity bond?	10c	X					30000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		X				
е	insu	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 ructions.)	10e	X					5350
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10q		X				
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		Χ				
i		th was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Yes	X No
2	Is th	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA?.		Yes	X No
	,	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver							
lf y		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			Day			ui	
b	Ente	r the minimum required contribution for this plan year			12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year		[12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative 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

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?....

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(1) Name of plan(s):
 13c(2) EIN(s)
 13c(3) PN(s)

Yes X

Yes X No

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.

SIGN HERE	Filed with authorized/valid electronic signature.	06/15/2012	AUTHORIZATION ON FILE
	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

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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OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

	-encion Contill Guaranty Corporation	Complete all entries in	i accordance wit	h the instructions to the Form 5500	-SF.				
e P	ant Annual Report	dentification information	on						
For	For calendar plan year 2010 or fiscal plan year beginning 09/01/2010 and ending 08/31/2011								
A	This return/report is for:	🛚 single-employer plan	multiple-e	smployer plan (not multiemployer)	r) one-participant plan				
₿	This return/report is for	_							
		an amended return/report	short plan	n year return/report (less than 12 mor	ths)				
C	Check box if filing under:	cextension	ŕ	DEVC progra	am				
				<u> </u>					
· P	artili Basic Plan Info	special extension (enter de mation—enter all requestes							
	Name of plan	things off curds But (oddobloc	F (F) (V) () (Q((V))		1b	Three-digit			
	Global Rehabilitat	ion Medical PC Pro	ofit Sharin	g P		plan number			
	an			ļ	, , ,	(PN) >	001		
					1c	Effective date o			
2a	Plan sponsor's name and add	Irone (amployer N for electe en	nnloves olos)		26		ification Number		
	GLOBAL RENABILITAT	ress (employer, if for single-en TON MEDICAL PC	iipioyer piari)	*		(EIN) 11-362			
					THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	Plan sponsor's	telephone number		
	9701 66 AVENUE			,		(718)275-			
	REGO PARK			NY 11374	20	Business code (621340	(şeş instruction≤)		
Зa		d address (if some as Plan spo	ensor, enter "Same			Administrator's	EIN		
	SAME	,	·	·					
					3C Administrator's telephone number (718) 275-3200				
4	f the name and/or EtN of the p	ian aponsor has changed since	e the last return/re	port filed for this plan, enter the	4b	7200			
	name, EIN, and the plan numb	or from the lest return/report.	Sponsor's name	, ,			, and the second		
	Tatal was been dead to be a	- A A b - B - a A B - a - A A B - a - A			4c	PN	18		
5а ь					5a				
b -					5b		17		
Ç	complete this item)	with account balances as of the	ena of the plan y	rear (defined benefit plans do not	5c		17		
6a				(See instructions.)			X Yes No		
þ	Are you claiming a waiver of	the annual examination and re	port of an indepe	ndent qualified public accountant (IQI	PA)				
	under 29 CFR 2520.104-48?	(See instructions on waiver eli	gibility and conditi	ons.)	<i>-</i>	***************************************	X Yes No		
ه وا	rt III. Financial Inform	ner ea or eo, me pian canno: Istion	t nae Folm 2200-	SF and must instead use Form 550	D				
7	Plan Assets and Liabilities	101101	S. P. P. S. Prof.	(a) Postusias at Vana	Т	/b) 5-4	-4 V		
a			Name and Address of the Party o	(a) Beginning of Year 110, 36	·	(b) End	227,713		
					5	IN M. W. AND	0		
	*	7b from line 7a)		110,36			227,713		
8	Income, Expenses, and Trans		2 * 5 * 6 * 6 * 6 * 6 * 6 * 6 * 6 * 6 * 6	(a) Amount	1	(b) T			
a	Contributions received or received		. Na je in dan maga maga mag						
			annima maker fu	84,77	-12:30				
				35,590	5		#56.040 1042 1503 2 A		
		s)					-7:53 -6164 		
þ				(2,196)	7.00				
C		, 8a(2), 8a(3), and 8b)			2020	98	118,177		
d	benefits paid (including direct to provide benefits)	rollovers and insurance premi	ums 8d	825			William Street		
8		ctive distributions (see instructi	ons) Be	(S				
f		ers (salaries, fees, commission	THE RESIDENCE OF THE PERSON NAMED IN COLUMN 1	*III					
g				()				
ħ	Total expenses (add lines 8d,	8s, 8f, and 8g)					825		
Ī	Net income (loss) (subtract fir	ne 8h from line 8c)	1				117,352		
j		see instructions)			0637	arana (mir di di	- 1812/1821/1940/- 4		

Form	EEM	ĊE	2046
r om	2200	-35	2011

Pece	2.	

Pa	t V Plan Characteristics					4		
9a	If the plan provides pension benefits, enter the applicable pension for	ature codes from the List of P	lan Characteri	stic Co	des in	the instruc	rions:	
þ	2A 2E 2G 2J 3D If the plan provides welfare benefits, enter the applicable welfare fea							
Par	Compliance Questions				~	write the same of		
10	During the plan year:	THE PARTY OF THE P	i iii	Yes	No	T		
	Was there a failure to transmit to the plan any participant contributio 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci.	ons within the time period desc ary Correction Program)	ribed in 10a	104	Х	<u></u>	Amount	
d		(Do not include transactions re	ported		X		<u> </u>	
c	Was the plan covered by a fidelity bond?			х			20.	
d	Did the plan have a loss, whether or not reimbursed by the plan's fid or dishenesty?	ielity bond, that was caused b	v fraud		х	***************************************	30,0	70
е		persons by an insurance carr the benefits under the plan? (8	ier.	х			5,3	3.50
f	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 o	of year end.)			Х		****	
h	If this is an individual account plan, was there a blackout period? (Sa 2520, 101-3.)				х	Carentary Programme	on the second	X (g)
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or one of the						
Part	VI Pension Funding Compliance	T	A CONTRACTOR OF THE PERSON NAMED OF THE PERSON			2.33 12.43	######################################	i (grija ila) Marija
11	ts this a defined benefit plan subject to minimum funding requirement 5500))	te? (If "Yes," see instructions :	and complete :	Sched	ile SB	(Form	Yes 🗓 1	
if y	If a walver of the minimum funding standard for a prior year is being a granting the walver. From completed line 12a, complete lines 3, 9, and 10 of Schedule M. Enter the minimum required contribution for this plan year	IB (Form 6500), and skip to I	Month line 13.	***************************************	Day_		Year	·
	Enter the amount contributed by the employer to the plan for this plan				2c	TO THE RESIDENCE OF THE PARTY O		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	e result (anter a minus sign to	the left of a		2d	- Tankshamman a. s. s.		programme and
9	Will the minimum funding amount reported on line 12d be met by the	funding deadline?			<u></u>	Yes	No NV	Α_
Part:	VII Plan Terminations and Transfers of Assets						I	
13a	Has a resolution to terminate the plan been adopted during the plan y				F. V		Yes X N	Vσ
	If "Yes," enter the amount of any plan assets that reverted to the emp	loyer this year	* ***********		3a	***************************************		i i i i i i i i i i i i i i i i i i i
	Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?				troi 		Yes 🔀 N	Vο
	which assets or liabilities were transferred. (See Instructions.)	this pish to shother pish(s), id	enury ine pien	(a) to				
1;	3c(1) Name of plan(s):	1.00 in the second seco		13c(2) EIN	(B)	13c(3) PN(s	,)
		00000000000000000000000000000000000000						
					T CONTRACTOR		· ·	BOOKEN,
Cauti	on: A penalty for the late or incomplete filing of this return/report	will be assessed unless rea	sonable çaus	e is e	tablis	heď.		
5B 01	penalties of perjury and other penalties set forth in the instructions, I described by an enrolled actuary, as well as it is true, correct, and completed	declare that I have examined I s the electronic version of this	this return/report, return/report,	ort, incl and to	uding, the be	If applicablest of my kn	o, a Schedule owledge and	IL-POMPAUS.
SIGN		6/13/14 OLEG F	UZAYLOV	***************************************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Control of the Contro	-
HERE		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	ne of individua	l signi	1 <u>88 p</u>	olan admini	strator	
SIGN	700							
HERE	Signature of employer/plan sponsor	Date Enter nar	ne of individue	l signl	ng as e	imployer or	rplan sponsor	