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

2011

This Form is Open to Public Inspection

	Complete all entries in accord	aance witi	n the instructions to the Form 55	UU-5F.	
	art I Annual Report Identification Information				
For	calendar plan year 2011 or fiscal plan year beginning 09/01/201	1	and ending	08/31/2	012
A	This return/report is for: X a single-employer plan	a multiple	e-employer plan (not multiemployer)		a one-participant plan
В	This return/report is: the first return/report	the final re	eturn/report		
	an amended return/report	a short pla	an year return/report (less than 12 r	nonths)	
С	Check box if filing under: X Form 5558	automatic	extension	Ī	DFVC program
	special extension (enter descriptio	n)		L	
D	Irt II Basic Plan Information—enter all requested information	,			
	· · · · · · · · · · · · · · · · · · ·	ation		1h	Three-digit
	Name of plan BAL REHABILITATION MEDICAL PC PROFIT SHARING P AN				plan number
OLO.	SALE RELIABLE TAXABLE TO THE TAXABLE TO THE TAXABLE TAXABLE TAXABLE TAXABLE TAXABLE TAXABLE TO THE TAXABLE TO T				(PN) • 001
				1c	Effective date of plan
					09/01/2009
	Plan sponsor's name and address; include room or suite number (el BAL REHABILITATION MEDICAL PC	mployer, if	for a single-employer plan)		Employer Identification Number
GLO	BAL REHABILITATION MEDICAL PC			_	(EIN) 11-3627311
				2c	Sponsor's telephone number 718-275-5200
	66 AVENUE			24	
REG	D PARK, NY 11374			Zu	Business code (see instructions) 621340
32	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	,")	3h	Administrator's EIN
	BAL REHABILITATION MEDICAL PC 9701 66 AVE	NUE	,		11-3627311
	REGO PARK,	, NY 11374	4	3c	Administrator's telephone number
4	If the warre and/or FIN of the warrens were absorbed air or the la		war and file of familia in land and another	415	718-275-5200
4	If the name and/or EIN of the plan sponsor has changed since the laname, EIN, and the plan number from the last return/report.	ast return/i	report filed for this plan, enter the	4b	EIN
а	Sponsor's name			4c	PN
5a	Total number of participants at the beginning of the plan year			- 5a	19
b	Total number of participants at the end of the plan year				19
С	Number of participants with account balances as of the end of the p			30	
	complete this item)		·	. 5c	19
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		X Yes No
b	Are you claiming a waiver of the annual examination and report of a				V voo □ No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		,		X Yes No
Da	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 5	500.	
_ Fa			(a) Bandanda a a (Va a		(h) Ford of Mann
,	Plan Assets and Liabilities	_	(a) Beginning of Year 227713		(b) End of Year 367775
a	Total plan assets				0
b	Total plan liabilities	7b	227713		367775
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	73882		
	(2) Participants	8a(2)	53688		
	(3) Others (including rollovers)	8a(3)	0		
b	Other income (loss)		12492		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			140062
d	Benefits paid (including direct rollovers and insurance premiums	. 60			
u	to provide benefits)	. 8d	0		
е	Certain deemed and/or corrective distributions (see instructions)	8e	0		
f	Administrative service providers (salaries, fees, commissions)	8f	0		
g	Other expenses	. 8g	0		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h			0
i	Net income (loss) (subtract line 8h from line 8c)	. 8i			140062
j	Transfers to (from) the plan (see instructions)	8j			

F	5500-51	2011	

-	DI OI 4 1 41	
Part IV	I Plan Characteristi	റട

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

Page **2** - 1

2A 2E 2F 2G 2J 3D

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

	in the plan provides wellare benefits, effect the applicable wellare reading codes from the List of Fian Orland	otorioti	0 000	100 111 11	ic mondono	110.		
art	V Compliance Questions							
0	During the plan year:		Yes	No		Amoun	t	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c	X				3	30000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
е	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 instructions.)	10e	X					6152
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.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
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	10i						
art	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					∏ Y	es >	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Y	es >	No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver. Months of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and the waiver. Months of the minimum funding standard for a prior year is being amortized in this plan year, see instructions are the waiver.	th						
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Γ	12b				
	Enter the minimum required contribution for this plan year			12C				
	Enter the amount contributed by the employer to the plan for this plan year							
u	negative amount)		L	12d			-	
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No		N/A
art	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?			Y	'es X No	ı		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?					Y	es >	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ne plar	n(s) to)		•		
1	3c(1) Name of plan(s):		13	c(2) EI	N(s)	13c	(3) P	N(s)
	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab					No. 2 C	obod	ulo
SB o	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return, it is true, correct, and complete.							

SIGN	Filed with authorized/valid electronic signature.	06/07/2013	OLEG FUZAYLOV
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

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.
 Historian information

OMB Nos. 1210-0110 1210-0089

Form 6500-SF (2011)

2011

This Form is Open to Public Inspection

	Annual Report Identification information	TAYXTY	011 and and and an all and all all all all all all all all all al	08/31/2012
For	Vertical Picti (co. 2011 of the day programme)	9/01/2		
A	This return/report is for: 🛛 a single-employer plan	a multiple	employer plan (not multiemployer)	a one-participant plan
B	This return/report is: the first return/report	the final r	atum/report	
	an amended return/report	a short pla	n year return/report (less than 12 mo	nths)
C	Check box if filing under: 💢 Form 5558	autometic	extension	DFVC program
*	special extension (enter description)	on)	•	
	if it Basic Plan Information-enter all requested inform			
	Name of plan		:	1b Three-digit
10	Global Rehabilitation Medical PC Profit	Sharin	q P	plan number
			_	(PN) ▶ 001
	an			10 Effective date of plan 09/01/2009
			for a cinala ampianar alga)	2b Employer Identification Number
20	Plan sponsor's name and address; include room or suite number (c GLOBAL REHABILITATION MEDICAL PC	authioaet' n	ioi a attidis-cittihoàet highl	(EIN) 11-3627311
	CHODIN ICHINGENTITIES IN INCOME		:	2c Sponsor's telephone number
			,	(718) 275-5200
	9701 66 AVENUE		,	2d Business code (see instructions)
	REGO PARK		NY 11374	621340
За	Plan administrator's name and address (if same as plan sponsor, e	inter Same	")	3b Administrator's EIN
	SAME			3C Administrator's telephone number
				(718) 275-5200
4,	If the name and/or EIN of the plan sponsor has changed since the	last return/	report filed for this plan, enter the	4b ein
-	name, EtN, and the plan number from the last return/report.			.
a	Sponsor's name	A		4c PN
5a	• • •			5a 19
þ	• •		5b 19	
C	Number of participants with account balances as of the end of the	plan year (defined benefit plans do not	
	complete (his item)			<u>5ε 19</u>
6a	Were all of the plan's essets during the plan year invested in eligit	e assets?	(See instructions.)	Yes No
6a b	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of	ke assets? an indeper	(See instructions.)	Yes No
6a b	Were all of the plan's essets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-487 (See Instructions on waiver eligibility	e assets? an indeper and condi	(See instructions.)	Yes No
b	Were all of the plan's essets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-467 (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use F	e assets? an indeper and condi	(See instructions.)	Yes No
b Pe	Were all of the plan's essets during the plan year invested in eligit 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 6a or 6b, the plan cannot use Firt III. Financial information	e assets? an indeper and condi	(See instructions.) dent qualified public accountant (IGF ons.)	Yes No YA) Yes No O.
b 7	Were all of the plan's essets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-467 (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use firt [[] Financial Information Plan Assets and Liabilities	an Indeper and conditions 5500	(See instructions.)	Yes No No No (b) End of Year
b Pa 7 a	Were all of the plan's essets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-467 (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F int [[[::] Financial Information Plan Assets and Liabilities Total plan assets	ole assets? an indeper and condit form 5500-	(See instructions.) dent qualified public accountant (IGF ons.)	Yes No No No (b) End of Year
Pa 7 a b	Were all of the plan's essets during the plan year invested in eligit 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 6a or 6b, the plan cannot use f int III: Financial information Plan Assets and Liabilities Total plan assets	se assets? an indeper and condit form 5509-	(See instructions.) dent qualified public accountant (IGF ons.)	(b) End of Year 3 367,775
Pa 7 a b	Were all of the plan's essets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-487 (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F int III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	se assets? an indeper and condit form 5509-	(See instructions.) dent qualified public accountant (IGF ons.)	(b) End of Year 3 367,775
Pa 7 a b c	Were all of the plan's essets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-467 (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use f int III: Financial information Plan Assets and Liabilities Total plan essets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	ole assets? an indeper and condit form 5500- 7a 7b 7c	(See instructions.) dent qualified public accountant (IGF ons.) SF and must instead use Form 550 (a) Beginning of Year 227, 71 (a) Amount	(b) End of Year (b) End of Year 3 367,775 0 367,775 (b) Total
Pa 7 a b c	Were all of the plan's essets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-487 (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use f int III Financial information Plan Assets and Liabilities Total plan assets Total plan assets Net plan assets (subtract line 7b from line 7a)	oke assets? an indeper and condit form 5500- 7a 7b 7c 8a(1)	(See instructions.) dent qualified public accountant (IGF ons.) SF and must instead use Form 550 (a) Beginning of Year 227, 71 (a) Amount 73,88	(b) End of Year (b) End of Year 3 367,775 (b) Total
Pa 7 a b c	Were all of the plan's essets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-467 (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use f int III: Financial information Plan Assets and Liabilities Total plan essets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	oke assets? an indeper and condit form 5500- 7a 7b 7c 8a(1)	(See instructions.) dent qualified public accountant (IGF ons.) SF and must instead use Form 550 (a) Beginning of Year 227, 71 (a) Amount	(b) End of Year (b) End of Year 3 367,775 (b) Total
Pa 7 a b c	Were all of the plan's essets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-487 (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use f int III Financial information Plan Assets and Liabilities Total plan assets Total plan assets Net plan assets (subtract line 7b from line 7a)	ole assets? an indeper and condit form 5500- 7a 7b 7c 8a(1) 8a(2)	(See instructions.) dent qualified public accountant (IGF ons.). SF and must instead use Form 550 (a) Beginning of Year 227,71 227,71 (a) Amount 73,88 53,68	(b) End of Year 3 367,775 (b) Total
Pa 7 a b c	Were all of the plan's essets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-467 (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F int III: Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7s)	20 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(See instructions.) dent qualified public accountant (IGF ons.) SF and must instead use Form 550 (a) Beginning of Year 227,71 (a) Amount 73,88 53,68	(b) End of Year 3 367,775 (b) Total
Pa 7 a b c 8 a	Were all of the plan's essets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-467 (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use f int III: Financial information Plan Assets and Liabilities Total plan assets Total plan assets Net plan assets (subtract line 7b from line 7a)	20 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(See instructions.) dent qualified public accountant (IGF ons.). SF and must instead use Form 550 (a) Beginning of Year 227,71 227,71 (a) Amount 73,88 53,68	(b) End of Year 3 367,775 (b) Total 2 140,062
b Pe 7 a b c 8 a	Were all of the plan's essets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-467 (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use firt III: Financial information Plan Assets and Liabilities Total plan assets Total plan isabilities Net plan assets (subtract line 7b from line 7a)	20 assets? 20 an indeper and condition 5500- 20 7a 7b 7c 24 24 25 26 26 26 26 26 26 26 26 26 26 26 26 26	(See instructions.) dent qualified public accountant (IGF ons.) SF and must instead use Form 550 (a) Beginning of Year 227,71 (a) Amount 73,88 53,68	(b) End of Year 3 367,775 (b) Total
Part Part Part Part Part Part Part Part	Were all of the plan's essets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-467 (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use firt III: Financial information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	20 assets? 20 and condition 5500 72 75 76 76 8a(1) 8a(2) 8a(3) 8c 8d	(See instructions.) dent qualified public accountant (IGF ons.) SF and must instead use Form 550 (a) Beginning of Year 227,71 (a) Amount 73,88 53,68	(b) End of Year 3 367,775 (b) Total 2 140,062
Per 7 a b c c b c d	Were all of the plan's essets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-467 (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use firt III: Financial information Plan Assets and Liabilities Total plan assets Total plan isabilities Net plan assets (subtract line 7b from line 7a)	20 assets? 20 and condition 5500 72 75 76 76 8a(1) 8a(2) 8a(3) 8c 8d	(See instructions.) dent qualified public accountant (IGF ons.) SF and must instead use Form 550 (a) Beginning of Year 227,71 (a) Amount 73,88 53,68	(b) End of Year 3 367,775 (b) Total 2 140,062
Pa P	Were all of the plan's essets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-467 (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use firt III: Financial information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	20 assets? 20 an indeper and condition 5500- 21 75 75 76 26 26 26 26 26 26 26 26 26 26 26 26 26	(See instructions.) dent qualified public accountant (IGF ons.) SF and must instead use Form 550 (a) Beginning of Year 227,71 (a) Amount 73,88 53,68	(b) End of Year 3 367,775 0 33775 (b) Total
Pa to c 8 a b c d e f	Were all of the plan's essets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-467 (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Firt III. Financial information Plan Assets and Liabilities Total plan assets. Total plan liabilities Net plan assets (subtract line 7b from line 7a). Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits). Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions)	20 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(See instructions.) dent qualified public accountant (IQFons.) SF and must instead use Form 550 (a) Beginning of Year 227, 71 227, 71 (a) Amount 73, 88 53, 68	(b) End of Year 3 367,775 0 367,775 (b) Total
Pa to c 8 a b c d e f	Were all of the plan's essets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-467 (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F Int III: Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7s)	20 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(See instructions.) dent qualified public accountant (IGF ons.) SF and must instead use Form 550 (a) Beginning of Year 227,71 (a) Amount 73,88 53,68	(b) End of Year 3 367,775 0 33775 (b) Total

For Paperwork Reduction Act Hodge and OMB Control Numbers, see the instructions for Form \$500-3F.

	Form 5500-SF 2011 Pa	ge 2 -			764-68-W-b					
Par	Plan Characteristics	*************************************								*****
	if the plan provides pension benefits, enter the applicable pension feature codes for	rom the	Listo	f Plan Cha	racteri	stic Co	des in	the instruc	ions:	
b	2Å 2Ë 2F 2G 2J 3D If the plan provides welfare benefits, enter the applicable welfare feature codes fro	m the L	ist of	Plan Char	ecterisi	ic Cod	ies in t	he instructi	ons:	
Pari	Compliance Questions	,	* · * · · · · · · · · · · · · · · · · ·			****			<u> </u>	
10	During the plan year:	***		··· ··································	-	Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contributions within the 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction	n Progra	am)	********	10a		х			
þ	Were there any nonexempt transactions with any party-in-interest? (Do not included in 10a.)				10b		х			
C	Was the plan covered by a fidelity bond?		41 1745156	****	10¢	Х				30,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, the or dishonesty?	*********	******	******	10d		х			
0	Were any fees or commissions paid to any brokers, agents, or other persons by a insurance service or other organization that provides some or all of the benefits u instructions.)	nder the	plen:	? (See	10e	х				6,152
f	Has the plan failed to provide any benefit when due under the plan?	1107400379427	*********	******	10f		×			
g	Did the plan have any participant loans? (if "Yes," enter amount as of year end.),	*17417814*11	******	* *****	10g		Х			
h	If this is an individual account plan, was there a blackout period? (See instruction 2520.101-3.)	**********	149>) 6886.	186844 19442	10h		х		i i i i i i i i i	
	If 10h was enswered "Yes," check the box if you either provided the required notice exceptions to providing the notice applied under 29 CFR 2520.101-3				101					
Part	VI Pension Funding Compliance					***************************************			***************************************	
11	le this a defined benefit plan subject to minimum funding requirements? (If "Yes," 5500))								Yes	X No
12	is this a defined contribution plan subject to the minimum funding requirements of			***************************************				***************************************		No No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)									_
а	If a waiver of the minimum funding standard for a prior year is being amortized in a granting the waiver.	his pier	year,	. see instru	ictions, ath	and e	nter th	e date of th	e letter ru Vaar	iling
lf 3	you completed line 12s, complete lines 3, 9, and 10 of Schedule MB (Form 55)								1901	············
b	Enter the minimum required contribution for this plan year	***********	****	*****		<u>[</u>	12b			
	Enter the amount contributed by the employer to the plan for this pien year					L	12c	-		
	Subtract the amount in line 12¢ from the amount in line 12b. Enter the result (enter negative amount)	*********	*****		hitarens###	L	12d		NEWWAY JOSCOPHICA Management of the Control of the	
	Will the minimum funding amount reported on line 12d be met by the funding deed	line?		***********	P14 P713 8 2 1 1	*****		Yes	No	N/A
	YII Plan Terminations and Transfers of Assets									
13a	Has a resolution to terminate the plan been adopted in any plan year?					*****	Υ	es X No	;	VIII
	If "Yes," enter the amount of any plan assets that reverted to the employer this yes						·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Were all the plan assets distributed to participents or beneficiaries, transferred to a of the PBGC?	*********	*******		*********	*******	ntrol		Yes	No No
C	If during this plan year, any assets or liabilities were transferred from this plan to a which assets or liabilities were transferred. (See instructions.)	nomer p	a)nek	, identify t	ho plan	(s) to				
13	Ic(1) Name of plan(s):					130	(2) EIN	l(s)	13c(3)	PN(s)
Cautio	on; A penalty for the late or incomplete filing of this return/report will be asse	asad w	nless	ressanch	lo carr	oa te e	einfill	ehad		-
Under SB or	penallies of perjury and other penalties set forth in the instructions, I declare that i Schedule MB completed and algoric by an enrolled actuary, as well as the electror it is true, correct, and complete.	have ex	xamin	ed this ret	uniran	ort ice	ludina	if analicat	ie, a Sche rowledge	edule and
SIGN		/3 0	OLEG	FUZAY	TOA					
HERE						si sign	ing as	plan admin	strator	
SIGN					· · · · · · · · · · · · · · · · · · ·					
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