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

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Pension I	Benefit Guaranty Corporation	▶ Complete all entries in accord	dance with the instru	ctions to the Form 550	0-SF.	Ins	pection
Part I	Annual Report le	dentification Information				l	
For calen	dar plan year 2012 or fisc		2	and ending (08/31/2	2013	
	eturn/report is for:	a single-employer plan		lan (not multiemployer)		a one-particip	oant plan
B This re	eturn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retur	n/report (less than 12 m	onths)	_	
C Check	box if filing under:	X Form 5558	automatic extension			DFVC progra	m
		special extension (enter description	on)				
Part II	Basic Plan Infor	mation—enter all requested inform	ation				
1a Name					1b	Three-digit	
GLOBAL R	EHABILITATION MEDIC	AL PC PROFIT SHARING P AN				plan number	004
					10	(PN)	001
					10	Effective date of 09/01/	•
2a Plan	sponsor's name and add	ress; include room or suite number (e	mplover, if for a single	-employer plan)	2b	Employer Identif	fication Number
GLOBAL R	EHABILITATION MEDIC	AL PC	1 7 7	, , ,		(EIN) 11-36	
					2c	Sponsor's telep	
9701 66 A						718-27	
REGU PAI	RK, NY 11374				2d		see instructions)
3a Plan	administrator's name and	I address XSame as Plan Sponsor N	Jame Same as Pla	n Sponsor Address	3b	62134 Administrator's I	
				-,			
					3с	Administrator's t	elephone number
4 If the	name and/or EIN of the	plan sponsor has changed since the I	ast return/report filed f	or this plan, enter the	4b	FIN	
		ber from the last return/report.	·	, ,			
	sor's name				4c	PN	
_	• •	t the beginning of the plan year			5a		21
		t the end of the plan year			5b		20
		ccount balances as of the end of the p	• (•	5c		20
6a Wer	e all of the plan's assets	during the plan year invested in eligib	le assets? (See instruc	ctions.)			X Yes No
_	•	he annual examination and report of	•	,	PA)		
		(See instructions on waiver eligibility	,				X Yes No
		ner line 6a or line 6b, the plan cann					
		r incomplete filing of this return/rep					
		er penalties set forth in the instruction I signed by an enrolled actuary, as we					
	true, correct, and complete				t, and	to the best of my	Knowicage and
	Filed with outhorized/w	alid algetranic aigneture	04/45/2014	01 50 511747/1 07/			
SIGN HERE		alid electronic signature.	04/15/2014	OLEG FUZAYLOV			
	Signature of plan ad	ministrator	Date	Enter name of individ	lual sig	ning as plan adn	ninistrator
SIGN							
HERE	Signature of employ		Date	Enter name of individ			
Preparer's	s name (including firm na	me, if applicable) and address; includ	e room or suite numbe	er (optional)	Prep	arer's telephone	number (optional)

Form 5500-SF 2012 Page **2**

Do	t III Financial Information									
Pai	t III Financial Information									
	Plan Assets and Liabilities	_	(a) Beginning of Yea		-		(b) End of			
	Total plan assets	7a 	36777		-			50256		
	Total plan liabilities	7b		0	-				0	
	Net plan assets (subtract line 7b from line 7a)	7c	36777	5				50256	8	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tota	<u> </u>		
а	Contributions received or receivable from: (1) Employers	8a(1)	6782	20						
	(2) Participants	8a(2)	3950	00						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	2805							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						13537	2	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	58	15				10007	,	
	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		U				58	5	
-:	Net income (loss) (subtract line 8h from line 8c)	8i						13479		
÷	Transfers to (from) the plan (see instructions)							13478	<u>J</u>	
	t IV Plan Characteristics	8j								
	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instructio	ns:		
	2A 2E 2G 2J 3D	2041112 204	as from the List of Dian Chara	ata riati	. Car	daa in t	ha inatruation			
D	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	ciensi	ic Coc	ili es	ne instruction	5.		
Pari	Part V Compliance Questions									
10	During the plan year:				Yes	No	Aı	nount		
а				10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X				
					Χ					
				10c					300)00
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or	of the bene	efits under the plan? (See		X					
	instructions.)			10e	^				56	615
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Χ				
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										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes	X	No
112	,									
12	Enter the amount from Schedule SB line 39						No			
12				or se	cuon	JUZ 0Ī	EKIOA!	168	^	140
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling									
If	granting the waiveryou completed lines 3, 9, and 10 of Schedule			เท		Day	Y	ear		
	Enter the minimum required contribution for this plan year	•	•			12b				
IJ	Litter the minimum required continuation for this plan year				•••		I			

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	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?		Yes X No	
	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 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):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

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OMB Nov. 1210-0110 1210-0089

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Are you claiming a welver of the annual examination and report of an independent qualitied public accountant (IGPA) Wes Note that 29 CFR 2520, 104-467 (See instructions on waiver eligibility and conditions)	Day 185 and of	tha mun's seesit	vioring the plan year invested	in elicible a	esets? (See Instru	offoris.)		Yes No
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Padeolin Ad Natice and OME Central Numbers, see the instructions for Form 5500-SF. Form 5500-SF (201)								A. C.	
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Part (it Financial Information	y a a serie de la compansión de la compa	1000年1月1日 1月1日 1月1日 1日 1		ngiaeconiste	of the second of the second	
7 Plan Assets and Liabilities		(a) Beginning of Year		-		(b) End of Year
a Total plan asses	78	3.67	,775			502,568
o Total plan liabilities	7%		C	1	- Selvina Christian ann ann an	<u></u>
C Net plan assets (subtract line 7b, from line 7a)	70	367	, 775		dir	502,568
and the state of t		(a) Amount				(b) Total
Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	Continues suppositive distinuists print	No. Commercial State Control of State Co	~ ~ ~ /			
(1) Employers	88(1)		, 820 Fx			CONTRACTOR CARROLLY (CARROLLY CONTRACTOR CON
(2) Participants	8a(2)	J. G. And the contract of the	,500	, ng gamenta matalan		والمستعددة والمرافق المرافق المرافق المرافق المرافق المرافق المستعددة والمستعددة والمرافق المرافق المرافق المستعددة والمستعددة والمستعدة والمستعددة والمستعددة والمستعددة والمستعددة والمستعددة والمست
(3) Others (including rollovers).	88(3)	Contraction of the Contraction o]	Ounderson, bonds hybythesis.	بالمصف والزام ومارسان بالدور ويزودون والمواجعة والمستقد المستقدين والمراس والمراس والمستقد والمتحد والمستور والم والمستور والمستور والمستور والمستور والمستور والمستور والمستو
b Other Income (IOSS)	8b	V Z. minimization of the contract of the contr	,05	3 		
C Total Income (add lines 8a(1), 8e(2), Ba(3), and 8b)			yug.msush7009836	***************************************	nga 4 mas (arkaza	378 , 378 specimens
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	Si mananananananananananananananananananan	And the second s	58	5	umstarionistister	ad 1999 ang dipanagi ana di kanasir pagangi ni njenjangan pagangan paning kanasir 1800 ang dipanagi na paganga
e Certain deemed and/or corrective distributions (see instructions)	. Be		ipuquey areanina	ومعمد منسينية	novement and in the second	andenediale in inites quadrielemicisco arabanes de actual anticidad establicada establicad
f Administrative service providers (salaries, fees, commissions)	. Ef	Andrew Charles Commence of the	والمناول المناول المناول	0	***************************************	
Q COST BXCSTSCS	Same	Englisherintelekterigenengsakingterintennen in menningin och sing det sagan.	ensember in the second and	<u> </u>	***************************************	and the second s
h Total expenses (add lines 8c, Se, 8f, and 8g)			na anno anno anno anno anno anno anno a		icanoximistana	252 134,753
Ner income (loss) (subtract line 8n from line 8c)		a Constitution and the Constitution of the Con	yeardeis sadou	1		1.34,753
Transfers to (from) the pien (see instructions)			bendelsenhvissississenh		وسائيه ومستعملين والمرادي	niak wini parkingan panggangan kamakhini indopengan pangkan katilah distribut anta ina 1 km.
Part IV Plan Characteristics	Company and Company of the Company o	4400		upropa.		والمعارفة والمناولة والمناورة والمنا
9a It the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 3D	feeture co	odes from the List of Plan Chara	oteds	is Co	des in t	he instructions:
b if the plan provides welfare benefits, enter the applicable welfare	féalurs con	des from the List of Pian Charac	deristi	c Cod	es in th	e instructions:
Part V Compliance Questions	namen of surface of greek in the	والمساورة والمراورة والمرا	-commonweal	Yes	No I	and the second s
10 During the rien year	ingianimereigimi		makani endensin	Parties (1412	Amolet
a Was thore a failure to transmit to the plant any participant contrib 29 CFR 2510.3-1027 (See Instructions and DOL's Voluntary Fig.	tudiary Co	region riogrami	10a		X	
b Were there any nonexempt transactions with any party-in-nieres on line 10s.)	**************************************	eyn (a zwojna nv. 25 karzon rebija np. 145 to 14 zv. 4 Mahminiazogogodinyabanokanokanokanokanokanokanokanokanokanok	10b		X	
C Was he plan covered by a fidelity bond?		e Ciri ya ili ili ili ili ili ili ili ili ili il	100	. X		30,000
d Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?	e lidelity b	ond, that was caused by fraud	10d		X	
Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or at instructions.)	ither perso I of the ber	ns by an insurance carrier, nefits under the plan? (See	10e	Ж		, 9, 62:
f Has the plan failed to provide any benefit when due under the p	ian?	nd 12x 1000032 (3x 2x	101		Х	
			49 X 3.00	grijanananomor	e processor and a second	nggigg menung menghalan indikan penungan gal menungan belandigan period dipini ja semia demokratyon (1907-1900
g Did the plan have any participant loans? (If "Yes," enter amount in if this is an individual account plan, was there a blackout pence."	7 (See Inst	Audiona and 29 CFR	10g		Х	
25.25 101.31	(*** (***********	angus panikat ka	10h		***	paganandaja jajirmidi idisakurak promonent ni dijari igo jir yakuryoni berdina did
If 10h was answered "Yes," check the box if you either provided exceptions to providing the natice applied under 29 CFR 2520."	the requir	ed adjoe of che of the	101]		magadanangan paginangan galiga ti timan makabagan ng mang makabagan pakhan ti paga paga paga paga paga paga pa
Part Vi Pension Funding Compliance	nagai pir Garacca desta di 200			wasterman	posperiatories de serve	and a property of the second of the second being in much being in the passing time to the second th
11 Is this a defined benefit plan subject to minimum funding require 5500) and line 11s below)	ments? (II	"Yes," see instructions and cor	nolete	Sche Lyww	dule SE www.w	I (Form Yes No
11a Enter the amount from Schedule S5 line 35	4,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and the second s	41 44 4 1 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4		112	The second secon
And the Control of th	ng requirer	mente of section 412 of the Cod	e or o	eccon.	302 of	ERISA? . TYES MI
great the major to 400 million 100 100 100 and 100 best	w. as add	l.e/dspil				
a If a waiver of the minimum funding stendard for a prior year is b	eing amor	ized in this plan year, see insin Mo	() () () MagnituriesMag	s, and	enier ti Day	ne data of the letter ruling Year
If you completed line 12a, complete lines 3. 8, and 10 of Sched	ule MB (F	orm \$500), and skip to line 13	*			age, negazinen periodo anticipio de serio (se periodo al seguino de secuelo de serio se secuelo de serio se se
A STATE OF THE STA					12b	and the second

	Form 5500-SF 2612	Page 3 -	/					
	Enter the amount contributed by the entrioys	w to the plan for this plan year	126	<u> </u>	ر چه چه در د در د			
d	Subtract the amount in line 12c from the amount in line 12c from the amount.	ount in line 12t. Enter the result (anter a minus sign to the left of a	120		entre likeling i statistisch i der statisch i voor voor voor voor voor voor voor vo			
G.	Deltoger Inuoma golboul muminim ert IIIW	n line 12d be met by the funding deadline?		T Yes I	No N/A			
Part	VII Plan Terminations and Trans	sfers of Assets		a pagagana	ر د سرد د د د در در د د در در در در در در در			
13a	Has a resolution to terminate the plan been add	pled in any plan year?	Particular Company	Yes X No) 			
.europ.yeury.mrkki	if "Yes," antia the amount of any plan assets	that reverted to the employer this year	13a	A CONTRACTOR OF THE STATE OF TH				
b		pants or beneficiaries, transferred to another plan, or brought und		adventurendad destruiture (virine) qui an missione	L. Yes K. No.			
C	If during this plan year, any assets or liabilities which assets or liabilities were transferred. (as were transferred from this plan to snother plan(s), klentify the p See instructions.)	lan(s) to	المالة والمستود والمالة	P Program no sum instituto de comunició de Section de Program no comunicación de Companyo de Casa de C			
4	3o(1) Name of plan(s):		13c(2) E	IN(s)	13c(3) PN(s)			
996	THE TWO AS A STATE OF THE PARTY		erenne arenigma (i) (yestema na kinak a aska kina na	na, nadiana na ana ina mpa na islam manak kapitan				
Part VIII Trust Information (optional)					14h Trust's FIN			
148	Name of Fust		1 1000	amma o france				