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.

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Part I		Identification Informati	ion						
For calend	calendar plan year 2013 or fiscal plan year beginning 09/01/2013 and ending 08/31/2014								
A This ref	turn/report is for:	X a single-employer plan	a multiple-employer	plan (not multiemployer)	yer) a one-participant plan				
B This ref	turn/report is:	the first return/report	the final return/report	t					
		an amended return/report	a short plan year retu	rn/report (less than 12 mo	onths))			
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am		
	3 · · · ·	special extension (enter d							
Part II	Basic Plan Info	rmation—enter all requeste	· · ·						
1a Name		Titation onto an requeste	a mornidadir		1b	Three-digit			
	•	CAL PC PROFIT SHARING P	AN			plan number			
						(PN) •	001		
					1C	Effective date of 09/01/	•		
2a Plan s	nonsor's name and ad	dress; include room or suite nu	ımher (employer if for a single	e-employer plan)	2h	Employer Identif			
GLOBAL RE	EHABILITATION MEDI	ICAL PC	ambor (omployor, ir for a omgre	o omployor plany	20	(EIN) 11-36			
					2c	Sponsor's telep	hone number		
9701 66 AVI	ENUE					718-275			
REGO PAR	K, NY 11374				2d	Business code ((see instructions)		
			——————————————————————————————————————			62134			
3a Plan a	dministrator's name ar	nd address XSame as Plan S	ponsor Name Same as Pla	an Sponsor Address	3b	Administrator's I	EIN		
					3c	Administrator's t	telephone number		
1 16 11			H I	fantlija olan antantlar	41.				
		e plan sponsor has changed simber from the last return/repor	•	for this plan, enter the	4b	EIN			
	or's name	niber from the last return/repor	ι.		4c	PN			
a Spons	or's name	at the beginning of the plan ye			4c 5a	PN	22		
a Spons	or's name number of participants		ear	-	5a	PN	22		
a Spons5a Totalb Total	or's name number of participants number of participants	at the beginning of the plan ye	ear		5a 5b	PN			
a Spons5a Totalb Totalc Numb	or's name number of participants number of participants per of participants with	at the beginning of the plan year	eard of the plan year (defined ber	nefit plans do not	5a	PN	20		
a Spons5a Totalb Totalc Numbcomp6a Were	number of participants number of participants number of participants per of participants with lete this item)	at the beginning of the plan year at the end of the plan year	eard of the plan year (defined ber	nefit plans do not	5a 5b 5c		20		
 a Spons 5a Total b Total c Numb compi 6a Were b Are yo 	or's name number of participants number of participants per of participants with lete this item)	at the beginning of the plan year at the end of the plan year	eard of the plan year (defined ber	nefit plans do not	5a 5b 5c		20 20 X Yes No		
 a Spons 5a Total b Total c Numb comp 6a Were b Are younder 	number of participants number of participants per of participants with lete this item)	at the beginning of the plan year at the end of the plan year	d of the plan year (defined ber lin eligible assets? (See instru eport of an independent qualif	nefit plans do not nctions.)	5a 5b 5c •PA)		20		
a Spons 5a Total of b Total of c Numb comp 6a Were b Are you under of your	number of participants number of participants over of participants with lete this item)	at the beginning of the plan year at the end of the plan year	d of the plan year (defined ber l in eligible assets? (See instru eport of an independent qualif eligibility and conditions.)an cannot use Form 5500-Si	nefit plans do not lictions.)ied public accountant (IQF	5a 5b 5c 5A)	5500.	20 20 X Yes No Yes No		
a Spons 5a Total of the point o	number of participants number of participants number of participants with lete this item)	at the beginning of the plan year at the end of the plan year	d of the plan year (defined ber l in eligible assets? (See instru eport of an independent qualif eligibility and conditions.)	nefit plans do not sctions.) ied public accountant (IQF and must instead use I e ERISA section 4021)?	5a 5b 5c PA)	5500. Yes No	20 20 X Yes No		
a Spons 5a Total of C Numb comp 6a Were b Are you under if you C If the p Caution: A	number of participants number of participants number of participants with lete this item)	at the beginning of the plan year at the end of the plan year	d of the plan year (defined ber lin eligible assets? (See instru eport of an independent qualif eligibility and conditions.)	nefit plans do not notions.) ied public accountant (IQF F and must instead use I e ERISA section 4021)? I unless reasonable caus	5a 5b 5c PA) Form	5500. Yes No established.	20 X Yes No Yes No Not determined		
a Spons 5a Total of C Numb comp 6a Were b Are you under If you C If the p Caution: A	number of participants number of participants number of participants with lete this item)	at the beginning of the plan year at the end of the plan year	d of the plan year (defined ber lin eligible assets? (See instru eport of an independent qualif eligibility and conditions.)	nefit plans do not nefit plans do not netions.) ied public accountant (IQF and must instead use I e ERISA section 4021)? I unless reasonable cause e examined this return/rep	5a 5b 5c PA) Form se is	5500. Yes No established. noluding, if applica	20 X Yes No Yes No Not determined able, a Schedule		
a Spons 5a Total of the process of t	number of participants number of participants number of participants with lete this item)	at the beginning of the plan year at the end of the plan year	d of the plan year (defined ber lin eligible assets? (See instru eport of an independent qualif eligibility and conditions.)	nefit plans do not nefit plans do not netions.) ied public accountant (IQF and must instead use I e ERISA section 4021)? I unless reasonable cause e examined this return/rep	5a 5b 5c PA) Form se is	5500. Yes No established. noluding, if applica	20 X Yes No Yes No Not determined able, a Schedule		
a Spons 5a Total of C Numb comp 6a Were b Are you under If you C If the p Caution: A Under pens SB or Schebelief, it is a	number of participants number of participants number of participants with lete this item)	at the beginning of the plan year at the end of the plan year	d of the plan year (defined ber lin eligible assets? (See instru eport of an independent qualif eligibility and conditions.)	nefit plans do not ictions.)	5a 5b 5c PA) Form se is	5500. Yes No established. noluding, if applica	20 X Yes No Yes No Not determined able, a Schedule		
a Spons 5a Total of the process of t	number of participants number of participants number of participants with lete this item)	at the beginning of the plan year at the end of the plan year	d of the plan year (defined ber lin eligible assets? (See instrueport of an independent qualifuligibility and conditions.)	nefit plans do not nections.) ied public accountant (IQF F and must instead use I e ERISA section 4021)? I unless reasonable cause e examined this return/rep ersion of this return/report,	5a 5b 5c PA) Form se is ort, irr, and	5500. Yes No established. Including, if applicate to the best of my	20 X Yes No X Yes No Not determined able, a Schedule knowledge and		
a Spons 5a Total of Dotal of Composition of Spons 6a Were b Are you under lif you composition of Spons School of Spons School of Signification	number of participants number of participants number of participants with lete this item)	at the beginning of the plan year at the end of the plan year	d of the plan year (defined ber lin eligible assets? (See instrueport of an independent qualifulgibility and conditions.)	nefit plans do not ictions.)	5a 5b 5c PA) Form se is ort, irr, and	5500. Yes No established. Including, if applicate to the best of my	20 X Yes No X Yes No Not determined able, a Schedule knowledge and		
a Spons 5a Total of Dotal of Composition 6a Were b Are you under if you c If the p Caution: A Under pens SB or Schebelief, it is: SIGN HERE SIGN	number of participants number of participants number of participants with lete this item)	at the beginning of the plan year at the end of the plan year	d of the plan year (defined ber l in eligible assets? (See instru eport of an independent qualif eligibility and conditions.) an cannot use Form 5500-Si PBGC insurance program (see eturn/report will be assessed structions, I declare that I have any, as well as the electronic ve	inefit plans do not inctions.)	5a 5b 5c PA) Form se is ort, ir, and	5500. Yes No established. Including, if applicate to the best of my	20 X Yes No X Yes No Not determined able, a Schedule knowledge and		
a Spons 5a Total of the policy of the polic	number of participants number of participants number of participants with lete this item)	at the beginning of the plan year at the end of the plan year	d of the plan year (defined ber l in eligible assets? (See instru eport of an independent qualif eligibility and conditions.) an cannot use Form 5500-Si PBGC insurance program (see eturn/report will be assessed structions, I declare that I have any, as well as the electronic ver 02/06/2015 Date Date	nefit plans do not ictions.) ied public accountant (IQF F and must instead use I e ERISA section 4021)? I unless reasonable cause e examined this return/report, OLEG FUZAYLOV Enter name of individu Enter name of individu	5a 5b 5c PA) Form se is oort, ir and	stablished. cluding, if applicate the best of my	20 X Yes No X Yes No Not determined able, a Schedule knowledge and ministrator		
a Spons 5a Total of the policy of the polic	number of participants number of participants number of participants with lete this item)	at the beginning of the plan year at the end of the plan year	d of the plan year (defined ber l in eligible assets? (See instru eport of an independent qualif eligibility and conditions.) an cannot use Form 5500-Si PBGC insurance program (see eturn/report will be assessed structions, I declare that I have any, as well as the electronic ver 02/06/2015 Date Date	nefit plans do not ictions.) ied public accountant (IQF F and must instead use I e ERISA section 4021)? I unless reasonable cause e examined this return/report, OLEG FUZAYLOV Enter name of individu Enter name of individu	5a 5b 5c PA) Form se is oort, ir and	stablished. cluding, if applicate the best of my	20 X Yes No X Yes No Not determined able, a Schedule knowledge and		
a Spons 5a Total of the policy of the polic	number of participants number of participants number of participants with lete this item)	at the beginning of the plan year at the end of the plan year	d of the plan year (defined ber l in eligible assets? (See instru eport of an independent qualif eligibility and conditions.) an cannot use Form 5500-Si PBGC insurance program (see eturn/report will be assessed structions, I declare that I have any, as well as the electronic ver 02/06/2015 Date Date	nefit plans do not ictions.) ied public accountant (IQF F and must instead use I e ERISA section 4021)? I unless reasonable cause e examined this return/report, OLEG FUZAYLOV Enter name of individu Enter name of individu	5a 5b 5c PA) Form se is oort, ir and	stablished. cluding, if applicate the best of my	20 X Yes No X Yes No Not determined able, a Schedule knowledge and ministrator		
a Spons 5a Total of the policy of the polic	number of participants number of participants number of participants with lete this item)	at the beginning of the plan year at the end of the plan year	d of the plan year (defined ber l in eligible assets? (See instru eport of an independent qualif eligibility and conditions.) an cannot use Form 5500-Si PBGC insurance program (see eturn/report will be assessed structions, I declare that I have any, as well as the electronic ver 02/06/2015 Date Date	nefit plans do not ictions.) ied public accountant (IQF F and must instead use I e ERISA section 4021)? I unless reasonable cause e examined this return/report, OLEG FUZAYLOV Enter name of individu Enter name of individu	5a 5b 5c PA) Form se is oort, ir and	stablished. cluding, if applicate the best of my	20 X Yes No X Yes No Not determined able, a Schedule knowledge and ministrator		
a Spons 5a Total of the policy of the polic	number of participants number of participants number of participants with lete this item)	at the beginning of the plan year at the end of the plan year	d of the plan year (defined ber l in eligible assets? (See instru eport of an independent qualif eligibility and conditions.) an cannot use Form 5500-Si PBGC insurance program (see eturn/report will be assessed structions, I declare that I have any, as well as the electronic ver 02/06/2015 Date Date	nefit plans do not ictions.) ied public accountant (IQF F and must instead use I e ERISA section 4021)? I unless reasonable cause e examined this return/report, OLEG FUZAYLOV Enter name of individu Enter name of individu	5a 5b 5c PA) Form se is oort, ir and	stablished. cluding, if applicate the best of my	20 X Yes No X Yes No Not determined able, a Schedule knowledge and ministrator		

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) En	d of Y	ear	
a	Total plan assets	7a	50256			(b) End of Year 607161			1	
	Total plan liabilities	7b		0					C)
	Net plan assets (subtract line 7b from line 7a)	7c	50256	8					607161	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total		
a	Contributions received or receivable from:		(a) Amount				(10)	Total		
	(1) Employers	8a(1)	3430	2						
	(2) Participants	8a(2)	2300	0						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	5180	9						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							109111	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	451	8						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	. 8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							4518	3
i	Net income (loss) (subtract line 8h from line 8c)	8i							104593	3
j	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics									
9a		feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instr	uction	S:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Chara	cterist	ic Cod	des in t	he instru	ctions	:	
Par	t V Compliance Questions									
	•				Vaa	N ₂	I			
10	During the plan year:	tiono withir	a the time period described in	Г	Yes	No		Am	ount	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure 1997).	iciary Corr	ection Program)	10a		X				
K.	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		X				
					X					00000
				10c						30000
	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 instructions.)		. ,	10e	X					3400
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Χ				
	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	and \			Χ				
— s	If this is an individual account plan, was there a blackout period? ((See instru	ictions and 29 CFR	10g		X				
i	2520.101-3.)	ne required	I notice or one of the	10h						
_	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i						
Part	<u> </u>									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							[Yes	X No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
2	If a waiver of the minimum funding standard for a prior year is beir	ng amortize	ed in this plan year, see instru	ctions	and e	enter th	ne date o	f the le	etter rul	ling
a	granting the waiver.				,	Day		Ye	ar	
			Mon			_			ar	

Page	3 -	1
------	-----	---

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?	Y	es 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 coof the PBGC?	ontrol		Yes X No				
С	C 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.)							
1	3c(1) Name of plan(s): 13	c(2) Ell	V(s)	13c(3) PN(s)				
Part	VIII Trust Information (optional)							
14a	Name of trust	14b Trust's EIN						

OMB Nos. 1210-0110 Short Form Annual Return/Report of Small Employee 1210-0089 Porm 5500 SF Benefit Plan in parimeter to free ally line year the Standar 2013 This farm is required to be flied index sections 104 and 4065 of this Employee Ratirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6055(e) of the internal Revenue Code (the Code). This Form to Open to Public Inapegtion Paradon Garant Cupirary Corporation Complete all entries to appared mot with the Instructions to the Form 6509-SF. TEGERAL ANDUM Report Leanur Gallers information Recognition Sent Sent Sent Sent Sent Description 08/31/2014 09/01/2013 and ending a one-participent plan a sing employer plen a multiple-amployer plan (not multiemployer) A. This return to post is for: the first return/report the first returniteport B This returniteport is: a short pien year return/report (less than 12 months) an emended return/report DFVC program automatic extension Form 5558 C Check box if filing under: special extension (enter description) Burdli Basic Pan information and succeeds stormation 1b Three-cigit 12 Name of gan pign number. Global Rehabilitation Medical PC Profit Sharing P gol. (BPI) Effective date of plan 09/01/2009 2a Parlandina i rama and admiss (fictude room or sake number (employer, Mitor a single-employer plan) GEORGIT PRESENT FOR THE PC 2h Employer danification Number (EN) 11-3627344 Sponsor's telephone number (714) 275-5200 9701 66 AVENUE Bus ress cods (see Instructions) **62134**D RESO PARK NY 11374 35 Administrators EN Sa Plan admislatere name and address MSame as Plan Spensor Name | Same ta Plan Spensor Address 36 Administrator's telephone number I the pants and the tipe plan appropriate changed since the last return/report fied for this plan, enter the fixing, EIN, sith the plan sunter the fixing, EIN, sith the plan sunter the fixing. 40 EN 4c PN Sperious draws Su Total number of portenance a the baganing of the plan year an annum property 5a 22 5b Trade number of participants at the and of the plan year 50 Number destructions. Will stress to be send of the sign year (defined benefit plans do not 20 5c Weng all of the plants disappearing the plan year invested in all plan as por the plants and the plants are the plants and the plants are the West Alex Are you deliging, a maker of the engue, exemplation, and report of an independent qualified guidle accountant (ICPA) under the CER 25.01 (c) 162 (the instructions on water alignality and conditions) Yes No if you answered "Not to other line Se ordine 4b, the plant carinot use Form 5590-8F and must instead use Form 5590. E (118 p. clat) a d'entré la contrat de la c Caution: A penulty for he late or incomplete filing of frie returnire port will be sessed unless ressonable on its in substillation. Underparable of perjust and other characters set forth in the matricions, declare that I have examined this return/report, including if applicable, a Schedule OB or Schedule (1) or Schedule (1) or including the characters of the return/report, and to the beginning knowledge and belief, it is true, defred and complete. DLEG FUZAYLOV Enter name of individual signing as plan administrator Date Stor Mura of plan admi Emer name of individual signing as employer or bait sponsor Signature of amplementing apprison Dele epararie name (majuding timi reme: if eparable) and address; include rount or suite number (optional) Preparer a belephone number (optional)

EST PAGE NOT REMIES STATE MOTION CONTONER TOTAL PROPERTY THE WALLOCKETS (OF SOME ASDESS.

Pa	rt III Financial Information	_	·				
7	Plan Assets and Liabilities	1 421	(a) Beginning of Ye	ar			(b) End of Year
а	Total plan assets	7a		2,5	68		607,161
b	Total plan liabilities	7b			0		0
С	Net plan assets (subtract line 7b from line 7a)	7c	50	2,5	68		607,161
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		\top		(b) Total
а	Contributions received or receivable from:						(b) Total
-	(1) Employers			4,3	_		
	(2) Participants			3,0	00	art e s	
	(3) Others (including rollovers)			7 0	0	_	
	Other income (loss)		5	1,8	09		
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					109,111
	to provide benefits)	8d		4,5	18		
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		1 207-01	11 5		-	A E10
$\frac{1}{1}$	Net income (loss) (subtract line 8h from line 8c)	81	and a company of the		-		4,518
Ť	Transfers to (from) the plan (see instructions)					_	104,593
Por	t IV Plan Characteristics	8j			20	-	KI OHELL III
b	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 3D If the plan provides welfare benefits, enter the applicable welfare fe						
Part							
10	During the plan year:				Yes	No	Amount
a 	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corre	ction Program)	10a		х	
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	? (Do not in	clude transactions reported	10b		х	
C				10c	X		30,000
d		fidelity bond	I, that was caused by fraud	10d		Х	30,000
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all or instructions.)	er persons I	by an insurance carrier,	10a	х		3,400
f				10f		х	
g	Did the plan have any participant loans? (If "Yes," enter amount as			10g			
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See instruct	ions and 29 CFR	10g		x	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required r	otice or one of the	10ii			BILLIEW SERVICE
Part		· · · · · · · · · · · · · · · · · · ·		101			
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	ents? (If "Ye	s," see instructions and com	plete (Sched	ule St	3 (Form Yes X No
11a	Enter the unpaid minimum required contribution for current year fro	m Schedul	e SB (Form 5500) line 39			11a	Yes X No
12	Is this a defined contribution plan subject to the minimum funding r			or se	ction 3	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a	as applicab	le.)				
	If a waiver of the minimum funding standard for a prior year is being granting the waiver.		Mont	tions, h	and e	nter th Day	ne date of the letter ruling Year
	ou 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	

	Form 5500-SF 2013 130118 Page 3 -			
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		
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part			<u> </u>	
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 ☒ 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):	3c(2) El	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a Name of trust				-
			_	