_	m 5500-SF	Short Form Annual Re	byee	OMB Nos. 1210-011 1210-008						
	ment of the Treasury al Revenue Service	This form is required to be filed under	This form is required to be filed under sections 104 and 4065 of the Employee R Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).							
Employee Be	partment of Labor nefits Security Administration									
	nefit Guaranty Corporation	Complete all entries in accord	ance with the instru	uctions to the Form 55	00-SF		olic Inspection			
Part I		dentification Information cal plan year beginning 09/01/2014		and ending 08/	31/20 ⁻	15				
			multiple-employer pl	an (not multiemployer) (ox must attach a list			
A This retu	urn/report is for: rn/report is	of a one-participant plan the first return/report	participating employ foreign plan e final return/report	ver information in accord	lance	-				
C Check b	ox if filing under:	Form 5558	tomatic extension		DFVC program					
		special extension (enter description)								
Part II	Basic Plan Info	mation—enter all requested information	מנ							
1a Name	of plan	CAL PC PROFIT SHARING P AN			1b	Three-digit plan number (PN) ▶	001			
					1c	Effective date	of plan 1/2009			
	oonsor's name and add	fress; include room or suite number (emp AL PC	loyer, if for a single-	employer plan)		Employer Iden	tification Number			
9701 66 AVE	NUE				2c		phone number 75-5200			
9701 66 AVENUE REGO PARK, NY 11374							siness code (see instructions) 621340			
3a Plan ad	ministrator's name an	d address XSame as Plan Sponsor.			3b	Administrator's	EIN			
		plan sponsor has changed since the last	return/report filed fo	or this plan, enter the	4b		telephone number			
name, a Sponso		nber from the last return/report.			4c	PN				
5a Total n	umber of participants	at the beginning of the plan year			58	a	20			
b Total n	umber of participants	at the end of the plan year			51	D I	0			
comple	te this item)	ccount balances as of the end of the plar			50	c	0			
.,		ticipants at the beginning of the plan year			5d(1)	16			
		ticipants at the end of the plan year			5d((2)	0			
		rminated employment during the plan yea			50	e				
		or incomplete filing of this return/repor			se is (established.				
SB or Sche		er penalties set forth in the instructions, I d signed by an enrolled actuary, as well a lete								
SIGN		valid electronic signature.	11/10/2015	OLEG FUZAYLOV						
HERE	Signature of plan ac	Iministrator	Date	Enter name of individu	ual sig	ning as plan ac	Iministrator			
SIGN										
HERE	Signature of employ		Date	Enter name of individu						
Preparer's i	name (including firm na	ame, if applicable) and address (include r	oom or suite numbe	r) (optional)	Prepa	arer's telephon	e number (optional)			

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)					Yes	No
b	Are you claiming a waiver of the annual examination and report of a	•		•	,		ſ	Yes	No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann						L	Tes	NO
•						-			
	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	rogram (see ERISA section 40)21)?		Yes		ot determi	nea
Pa	t III Financial Information	1							
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of `	(ear	
a	Total plan assets	7a	6071	61				0	
b	Total plan liabilities	7b		0				0	
С	Net plan assets (subtract line 7b from line 7a)	7c	6071	61				0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tota	I	
а	Contributions received or receivable from:	- (1)		0					
	(1) Employers	8a(1)		0					
	(2) Participants	8a(2)		0					
<u> </u>	(3) Others (including rollovers)	8a(3)	077	-					
-	Other income (loss)	8b	-277	49	_				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_			-27749)
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	5794	112					
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						579412	
i	Net income (loss) (subtract line 8h from line 8c)	8i						-607161	
j	Transfers to (from) the plan (see instructions)	8j							
Pa	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	acteris	stic Co	odes in	the instruction	s:	
	2A 2E 2G 2J 3D								
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	des in t	he instructions	:	
Par	V Compliance Questions								
					Yes	Na			
<u>10</u> a	During the plan year: Was there a failure to transmit to the plan any participant contribu	tione withi	a the time period described in		Tes	No	An	nount	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		x			
b	Were there any nonexempt transactions with any party-in-interest	? (Do not i	include transactions reported			X			
	on line 10a.)			10b		X			
C	Was the plan covered by a fidelity bond?			10c	Х			3	30000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х			
e	Were any fees or commissions paid to any brokers, agents, or oth								
	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See		V				10.10
f	instructions.) Has the plan failed to provide any benefit when due under the pla			10e 10f	Х	Х			1849
	· · · · ·			-					
b	If this is an individual account plan, was there a blackout period?			10g		Х			
	2520.101-3.)			10h		Х			
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							Yes	< No
11a	5500) and line 11a below) Enter the unpaid minimum required contribution for current year fr					11a	······ I 1	103	
12	Is this a defined contribution plan subject to the minimum funding						FRISA2	Yes	< No
14	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			, 01 36		002 UI			
а	If a waiver of the minimum funding standard for a prior year is beir			ctions	, and e	enter th	ne date of the	etter rulin	g
	granting the waiver.	-				Day			-

Page 3 - 1

If 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				
C 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 negative amount)	a 	12d				
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Ye	s	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?		XY	res 🗌	No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a				0
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought uno of the PBGC?	der the co	ontrol			X Yes	No
C 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.)	plan(s) to	D				
13c(1) Name of plan(s):	13	c(2) El	IN(s)		13c(3)	PN(s)
Part VIII Trust Information (optional)				I		
14a Name of trust	1	4b ⊺	rust's E	IN		

Dep	prim 5500-SF	Short Form Annu	ual Return/Report Benefit Plan	rt of Small Emp	loyee	CM8 Nos. 1210-0110 1210-0059			
	ternal Revenue Service	This form is required to be fli income Security Act of 1974	ed under sections 104 and	4065 of the Employee	Retirement	2014			
Encloyee	Benefit Security Administration Benefit Guaranty Corporation	<u> </u>	Revenue Code (the Co	de),	This Form is O				
No. They	Annual Report	Complete all entries in Identification Information	accordance with the ins	tructions to the Form	5500-SF.				
For calen	dar plan year 2014 or	fiscal plan year beginning	09/01/2014	and ending	007	21 /2015			
		🛛 a single-employer plan	,			31/2015			
A This re	elum/report is for:		or participating empl	over information in acco	rdance with th	ing this box must atlach a list a form instructions)			
B This rat	tum/report ie	the first return/report	a foreign plan						
The stand line	renseahour in	en amended return/report	the final return/repor						
			-	um/report (less than 12	months)				
C Check	box if filing under:	Form 6558	autometic extension			VC program			
10 19. W. W. W.		special extension (enter descr							
		ormation enter all requested int	omation						
13 Name	e of plan				1b Three	-digit			
Global	. Rehabilitati	on Medical PC Profit	Sharing P		pian n	umber			
an			~ -		(PN)	▶ 001 Ve dale of plan			
AA B1					09/0	1/2009			
GLOBAL	REHABILITATI	idress; include room of suite numbe ON MEDICAL PC	er (employer, if for a single	-employer plan)		ver identilication Number			
					2C Spons	1-3627311 or's telephone number			
9701 6	6 AVENUE					275-5200			
REGO P	ARK		XIV	11374		se code (see instructions)			
3a Plane	diministrator's name at	nd address XSame as Plan Spons	N1 Df.	11374	62134	strator's EIN			
4 If the r	name and/or EIN of the	s plan sponsor has changed since th	he last return/report filed i	or this plan, enter the		strator's telephone number			
I OCH E I SADA ¹	, cira, anu ura pala nur	s plan sponsor has changed since fi mber from the last return/report,	he last return/report filed in	or this plan, enter the	4b EIN	strator's telephone number			
a Spon	, ciri, and me plan nur Isor's name	TIGHT TO THE ISSU PERMITY REPORT.			4b EIN	strator's telephone number			
a Spon 6a Total r	, citt, and die plan fur isor's name number of participante	at the beginning of the plan year			4b EIN 4c PN 5a	strator's tolephone number			
a Spon 5a Totsin 5 Totsin 6 Numbe	, cirl, and the pain hur isor's name number of participants number of participants er of participants with a	at the beginning of the plan year at the end of the plan year at the end of the plan year			4b EIN 4c PN 5a	96 Mg age 2			
a Spon 68 Total r b Total r C Numbe comple	and the part of participants number of participants ar of participants with a ste this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of th	te plan year (defined bena	ix plans do not	4b EIN 4c PN 5a	20			
a Spon 68 Total r b Total r C Numbe comple d(1) Tota	isor's name number of participants number of participants er of participants with a ste this item)	at the beginning of the plan year at the end of the plan year account belances as of the end of th thopants at the beginning of the plan	të plan year (defined bene n year	M plans do not	4b EIN 4c PN 5a 5b	<u>20</u> 0			
a Spon 5a Total r b Total r c Numbe comple d(1) Tota d(2) Tota	isor's name number of participants number of participants ar of participants with a ste this item)	at the beginning of the plan year at the end of the plan year at the end of the plan year account belances as of the end of the ticipants at the beginning of the plan ticipants at the end of the plan year	hè pian year (defined bene n year	R plans do not	4b EIN 4c PN 5a 5b 5c	<u>20</u> 0 0 16			
a Spon 58 Total r 5 Total r 6 Number comple d(1) Tota d(2) Tota 8 Number	, cit, and the pain hu isof's name number of participants ar of participants with a ste this item)	at the beginning of the plan year at the end of the plan year at the end of the plan year at the end of the plan year scoount belances as of the end of the tiolpants at the beginning of the plan tiolpants at the end of the plan year rubinated employment during the plan	he plan year (defined bene n year	Na plana do not	4b EIN 4c PN 5a 5b 5c 5d(1)	<u>20</u> 0			
a Spon 58 Total r b Total r c Number comple d(1) Tota d(2) Tota 8 Number less the Caution: A	a city, end the pain hur isor's name number of participants ar of participants with a ste this item)	at the beginning of the plan year at the end of the plan year at the end of the plan year account belances as of the end of the ticipants at the beginning of the plan ticipants at the end of the plan year rminated employment during the plan or incomplete filling of this return.	n year (defined bene n year	Ra that were	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e	20 0 0 16 0			
a Spon 58 Total r b Total r c Number comple d(1) Tota d(2) Tota 6 Number less the Caution: A Under pena	Isor's name number of participants number of participants ar of participants with a ste this item) at number of active par al number of active par of participants that te an 100% vected penalty for the fate o lities of participant and oth	at the beginning of the plan year, at the end of the plan year, at the end of the plan year account balances as of the end of the tiolpants at the beginning of the plan year minated employment during the plan w incomplete filling of this return.	hè pian year (defined bene n year an year with accrued bene report will be assessed i	IR plans do not IR plans do not IR has were IR has were	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 50 rse is establis	20 0 0 16 0			
a Spon 5a Total r b Total r c Number comple d(1) Tota d(2) Tota 6 Number less the Caution: A Under pena SB or Sched bellef. It is tr	Isor's name number of participants number of participants ar of participants with a ste this item) at number of active par al number of active par of participants that te an 100% vected penalty for the fate o lities of participant and oth	at the beginning of the plan year at the end of the plan year at the end of the plan year account belances as of the end of the ticipants at the beginning of the plan year rminated employment during the plan rminated employment during the plan r incomplete filling of this return/ er penalties set forth in the instruction of signed by an encoded actuary as	hè pian year (defined bene n year an year with accrued bene report will be assessed i	IR plans do not IR plans do not IR has were IR has were	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 50 rse is establis	20 0 0 16 0			
a Spon 5a Total r b Total r c Number comple d(1) Tota d(2) Tota 6 Number less the Caution: A Under pena SB or Sched bellef. It is tr	a city, end the pain hur isor's name number of participants ar of participants with a ste this item)	at the beginning of the plan year at the end of the plan year at the end of the plan year account belances as of the end of the ticipants at the beginning of the plan year rminated employment during the plan rminated employment during the plan r incomplete filling of this return/ er penalties set forth in the instruction of signed by an encoded actuary as	hè pian year (defined bene n year an year with accrued bene report will be assessed i	IR plans do not IR plans do not IR has were IR has were	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 50 rse is establis	20 0 0 16 0			
a Spon 5a Totai n b Totai n c Number comple d(1) Tota d(2) Tota d(2) Tota e Number less the Caution: A Under pena SB or Sched HERE	a city, end the pain hur isor's name number of participants ar of participants with a ste this item)	at the beginning of the plan year at the end of the plan year the plants at the beginning of the plan the plants at the end of the plan year. minated employment during the plan or incomplete filling of this return/ her penalties set forth in the instruction of signed by an encoded actuary, as interplated by an encoded actuary, as	hè pian year (defined bene n year an year with accrued bene report will be assessed i	All plane do not All plane do not All that were Alless reasonable cau examined this return/report OLEG FUZAYLOV	4b EIN 4c PN 5a 5b 5c 5d(1) 5c(2) 5e rev is establia port, including, , and to the be	20 0 0 16 0 thed. if applicable, a Schedule set of my knowledge and			
a Spon 5a Totai r b Totai r c Number comple d(1) Tota d(2) Tota 6 Number less the Caution: A Under pena SB or Sched belief. It is to Number	Isor's name number of participants number of participants ar of participants with a ste this item) at number of active par al number of active par al number of active par al number of active par al number of active par at number of active par n 100% vected <u>penalty for the fate of</u> litics of perjury and oth dute MB completed an rue, correct, and comp	at the beginning of the plan year at the end of the plan year thopants at the beginning of the plan thopants at the end of the plan year. minated employment during the plan year interpreter filling of this return/ her penalties set forth in the instruction of signed by an encoded actuary, as interpreter filling of the seturn, as	an year with accrued bene report will be assessed ons, I declare that I have well as the electronic year	It plans do not Alla that were miless reasonable cau examined this return/report	4b EIN 4c PN 5a 5b 5c 5d(1) 5c(2) 5e rev is establia port, including, , and to the be	20 0 0 16 0 thed. if applicable, a Schedule set of my knowledge and			
a Spon 5a Total n 5 Total n C Number comple d(1) Tota d(2) Tota d(2) Tota Caution: A Under pena SB or Sched bellef. It is tr GION HERE	sor's name number of participants number of participants ar of participants with a ste this item)	at the beginning of the plan year at the end of the plan year at the end of the plan year account belances as of the end of the tioipants at the beginning of the plan tioipants at the end of the plan year minated employment during the plan riminated employment during the plan riminated employment during the plan riminated by an end of this return/ er penalities set forth in the instruction d signed by an end end actuary, as interference of the plan seconsor	the plan year (defined bene in year	It plane do not It pla	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e real signing as	20 0 0 16 0 ihed. if applicable, a Schedule set of my knowledge and plan administrator			
a Spon 5a Total r b Total r c Number comple d(1) Tota d(2) Tota d(2) Tota e Number less the Caution: A Under pena SB or Schet belief. It is tr dick HERE SIGN HERE SIGN HERE	sor's name number of participants number of participants ar of participants with a ste this item)	at the beginning of the plan year at the end of the plan year secount belances as of the end of the thopants at the end of the plan year minated employment during the plan thopants at the end of the plan year minated employment during the plan <u>re incomplete filing of this return/</u> for penalties set forth in the instruction of signed by an emplete actuary, as intertator	the plan year (defined benefits) an year with accrued benefits report will be assessed ons, I declare that I have well as the electronic year (// S//S Date Date Ude room or suite number	Ata that were Ata that the that were Ata that the that were Ata that the that the that the that the that Ata that the the the that the the the the the the the the the th	4b EIN 4c PN 5a 5b 5c 5d(1) 5d(2) 5e ree is establish port, including, and to the be sel signing as preparer's tables	20 0 0 16 0 thed. if applicable, a Schedule set of my knowledge and			

Form 5500-SF 2014

Pace	2

under 29 CFR 2520.104 if you answered "No" to	sets during the plan year invested in elig r of the annual examination and report of 46? (See instructions on waiver eligibilit > elther line 6a or line 6b, the plan can nefit plan, is it covered under the PBGC	if an Indepe y and cond inof use Fo	indent qualified public accourt itions.)	ntærnt, (i 	IQPA)	n ##A	
Part III Financial Inf	mation	el loutor sug	Program (see Enclost section	4021)	ſ	Yea	
7 Plan Assets and Liabilitie					1		
	***	1 - 25 - 48st	(a) Beginning of Y				(b) End of Year
b Total plan fieblities			61	07,1	61 0		
C Net plan assets (subtract	line 7b from line 7a)	. 7c	61	1 7 1			(
	ransfers for this Plan Year			07,1	01		(
a Contributions received or	receivable from:		(a) Amount				(b) Total
					0 %	10 4 1	
	Vers) 220-4-00-00-01-00-0-0-0-0-0-0-0-0-0-0-0-0-					ارد. الانتخاب	
b Other income (loss)		85		· · ·		a south	
C Total income (add lines 8)	(1), 8a(2), 8a(3), and 8b)		FILL A SAULT			3. 64	
d Benefits paid (including di	ect rollovers and insurance premiums			9,4	fast.		-27,749
e Certain deemed and/or co	metive distributions (see instructions)	. 8e				ari arish Ari arish	
	videra (salaries, fees, commissions)	8f			12.50		
g Other expenses	****	89		·	2 (da 23 (da	1 7 - 1	
h Total expenses (add lines	8d, 8e, 8f, and 8g)			C. and Martin	Setua	S. Mary S. M.	579,412
Net income (loss) (subtrac	l line 8h from line 8c)				2.18		-607,161
j Transfers to (from) the pla	n (see instructions)	8)		- 14 million feat.	20 20 20 20 20 20 20 20 20 20 20 20 20 2	the surface	
b If the plan provides welfan Part V - Compliance Qu	n benefits, enter the applicable pension a banefits, enter the applicable welfare for estions						
10 During the plan year:					Yes	No	Amount
a Was there a failure to train 29 CFR 2510.3-1027 (Set	smit to the plan any participant contribute instructions and DOL's Voluntary Fidu	lions within Iciary Com	the time period described in clion Program)	10a	-	x	Amount
 O Were there any nonexem 	pl transactions with any party-in-Interest	7 (Do not in	ciuda transactione mondod	105		x	
C Was the plan covered by	a fidelity bond?			10c	X		30,000
d Did the plan have a loss,	whether or not reimbursed by the plan's	ficially han	that was conserved by frequent	104		x	50,000
8 Were any fees or commis insurance service, or other	sions paid to any brokers, agents, or oth r organization that provides some or all (er persons	by an insurance carrier,	10e	x		1,849
f Has the plan failed to prov	ide any benefit when due under the plar	17				X	
				10f 10g			
Q Did the plan have any part	icipant loans? /if "Yes " onlor amount or	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)				X	
h If this is an individual accor	unt plan, was there a blackout period? (See instruc	tions and 29 CFR				
h If this is an individual acco 2520.101-3.) i If 10h was answered "Yes	unt plan, was there a blackout period? (See instruc		10h		X	
h If this is an individual acco 2520.101-3.) i If 10h was answered "Yes exceptions to providing the art VIT Pension Funding is this a defined benefit p	unt plan, was there a blackout period? ("check the box if you either provided the notice applied under 29 CFR 2520.101 g Compliance an subject to minimum funding requirement	See instruc e required a -3	notice or one of the	101	ichedu		
h If this is an individual acco 2520.101-3.) i If 10h was answered "Yes exceptions to providing the art VI" Pension Fundin i Is this a defined benefit pl 5500 and line 11a below).	unt plan, was there a blackout period? (," check the box if you sither provided the s notice applied under 29 CFR 2520.101 g Compliance an subject to minimum funding requireme	See instruc e required a -3	notice or one of the	101 piete S		ie SB	(Form
h If this is an individual acco 2520.101-3.) i If 10h was answered "Yes exceptions to providing the art VI Pension Fundin is this a defined benefit pl 6500 and line 11s below). 11a Enter the unpaid minimum	unt plan, was there a blackout period? ("check the box if you either provided the notice applied under 29 CFR 2520.101 g Compliance an subject to minimum funding requirement	See instruc e required a .3 	notice or one of the rs," see instructions and com e SB (Form 5500) line 39	101		le SB 11a	Yes X No

Ferm 5500-SF 2014		Page 3 -						
If you completed line 12a, complete li	nes 3, 9, and 10 of Schedule MB (F	orm 5500), and skip to line 1:	1					
b Enter the minimum required contribu	tion for this plan year			126	1			
C Enter the amount contributed by the	employer to the plan for this plan yea	******		12c	T			
d Subtract the amount in line 12c from the set of the s	the amount in line 12b. Enter the resu	it (enter a minus sign to the lat	t of a	12d				
e Will the minimum funding amount rep	orted on line 12d be mot by the fund	ng deadline?			h.	Yee [No	
Part VIL Plan Terminations and	Transfers of Assets							
13a Has a resolution to terminate the plan b	een adopted in any plan year?			X	Yes		ά.	
If "Yes," enter the amount of any plan	assets that reverted to the employer	this year		13a	1	<u> </u>	-	
b Were all the plan assets distributed to	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under th of the PBGC?.						X Ye	
C If during this plan year, any assets or Which assets or liabilities were transie	Nacimales were transferrad from this n	an to another plan(s), identify	ihe plan(s) t	0	<u> </u>		P().	
13c(1) Name of plan(s);			13	ic(2) E	N/e		13.01	DAI/->
			·····	ofail C	14(3)		19619) PN(s)
Part VIII Trust Information (optio	nai)							-
a and indian of D filst			1	46 Ti	r.ist's	EIN		

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