Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

less than 100% vested.

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.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report the final return/report **B** This return/report is an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit KASSIMIR HAND THERAPY OT PLLC 401(K) PROFIT SHARING PLAN AND TRUST plan number (PN) ▶ 001 1c Effective date of plan 01/01/2004 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) **2b** Employer Identification Number KASSIMIR HAND THERAPY OT PLLC (EIN) 22-3877950 Sponsor's telephone number 631-421-9191 2375 B NEW YORK AVENUE **HUNTINGTON STATION, NY 11746** Business code (see instructions) 621340 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year 5a **b** Total number of participants at the end of the plan year..... 5b

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Number of participants with account balances as of the end of the plan year (defined benefit plans do not

complete this item) d(1) Total number of active participants at the beginning of the plan year.....

d(2) Total number of active participants at the end of the plan year.....

e Number of participants that terminated employment during the plan year with accrued benefits that were

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

belief, it is t	true, correct, and complete.							
SIGN	Filed with authorized/valid electronic signature.							
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN								
HERE	Signature of employer/plan sponsor	vidual signing as employer or plan sponsor						
Preparer's	name (including firm name, if applicable) and address (include r	r) (optional)	Preparer's telephone number (optional)					

5c

5d(1)

5d(2)

5e

2

0

	Form 5500-SF 2014		Page 2							
_	Were all of the plan's assets during the plan year invested in eligible. 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 line 6a or line 6b, the plan cannot be a second to the plan's assets during the plan year invested in eligible and the plan's assets during the plan year invested in eligible and the plan's assets during the plan year invested in eligible and the plan's assets during the plan year invested in eligible and the plan's assets during the plan year invested in eligible and the plan's assets during the plan year invested in eligible and the plan's assets during the plan year invested in eligible and the plan's asset as the plan year.	an indeper and condit	ndent qualified public accountations.)	nt (IC	(PA)			<u> </u>	Yes Yes	No.
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	program (see ERISA section 40)21)?		Yes	No	No	t deterr	mined
Pai	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) Er	nd of Y	/ear	
а	Total plan assets	. 7a	4313	361					4890	69
b	Total plan liabilities	. 7b		0						0
С	Net plan assets (subtract line 7b from line 7a)	. 7c	4313	361					4890	69
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	<u> </u>	
а	Contributions received or receivable from:		130	nne						
	(1) Employers	. 8a(1)	230							
-	(2) Participants	. 8a(2)	230	0						
	(3) Others (including rollovers)	1 '	219							
	Other income (loss)	. 8b	213	774					F70	00
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							579	52
	to provide benefits)	. 8d		0						
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		0						
f	Administrative service providers (salaries, fees, commissions)	. 8f	2	274						
g	Other expenses	. 8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							2	74
i	Net income (loss) (subtract line 8h from line 8c)	. 8i							577	08
j	Transfers to (from) the plan (see instructions)	. 8i		0						
Par	t IV Plan Characteristics									
9a b	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 3D 3B If the plan provides welfare benefits, enter the applicable welfare f									
Part					V	N-				
10	During the plan year: Was there a failure to transmit to the plan any participant contribu	ıtiana withi	n the time period described in	1	Yes	No		Am	nount	
а	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid			10a		X				
b	Were there any nonexempt transactions with any party-in-interes on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					37000
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 ot insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		X				
f	Has the plan failed to provide any benefit when due under the pla					X				
	· · · · · · · · · · · · · · · · · · ·			10f						
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a			10g		X				
h —	2520.101-3.) 10h					X				
	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 requiren 5500) and line 11a below)	,		•			•		Yes	X No
_11a	Enter the unpaid minimum required contribution for current year f	rom Sched	dule SB (Form 5500) line 39			11a				
12	Is this a defined contribution plan subject to the minimum funding	g 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									
а	If a waiver of the minimum funding standard for a prior year is bei	na amortiz	ad in this plan year see instru	ctions	and a	antar th	atch an	of the la	attar rui	lina

. Month

Day

Year

granting the waiver.

	Form 5500-SF 2014	Page 3 - 1					
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to lin	e 13.				
b	Enter the minimum required contribution for this plan year			12b			
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 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 the	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		•	ontrol		Yes	(No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	in to another plan(s), ide	ntify the plan(s) to)			
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)	13c(3) P	N(s)
			1			l	

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

Jul.21.2015 03:43 PM KASSIMIR HAND THERAPY, OT, 16314211979

Form 5500-SF

Department of the Treasury Internal Revenue Service Dopartment of Labor

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

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to

Employee Ber	afte Security Administration		Revenue Code (the Code)				ic inspection			
Pension Bon	efit Gueranty Corporation	Complete all entries in	accordance with the Instru	actions to the Form 5	500-SF.	1 451	ic maperion			
Part I	Annual Report I	dentification information								
	plan year 2014 or flat	cal plan year beginning 01/01	/2014	and ending	12/31/2014					
A This retu	m/report is for:	a single-employer plan a one-participant plan	a multiple-employer place of participating employ a foreign plan							
B This retur	n/report is	the first return/report	the final return/report							
an amended return/report a short plan year return/report (less than 12 months)										
C Check b	ox if filing under;			FVC progra	m					
		special extension (enter desc								
Part []	Basic Plan Infor	mation-enter all requested in	formation							
1a Name of plan KASSIMIR HAND THERAPY OT PLLC 401(K) PROFIT SHARING PLAN AND TRUST						ee-digit number	001			
					1c Effective date of plan 01/01/2004					
	onsor's name and add AND THERAPY OT PI	ress; include room or sulte numb LC	er (employer, if for a single-	employer plan)		oloyer Identif I) 22-38779	fication Number 50			
2077 D N.C.W.	VADIC AND AND IN				2c Spo	•	hone number 421-9191			
	YORK AVENUE				2d Business code (see instructions)					
	N STATION, NY 1174	d address X Same as Plan Spor	Sor		621340 3b Administrator's EIN					
					3C Adn	ninistrator's i	telephone number			
		plan sponsor has changed since ther from the last return/report.	the last return/report filed for	or this plan, enter the	4b EIN	l				
a Sponso					4C PN					
Sa Total n	umber of participants	et the beginning of the plan year			. 6a	2				
b Total n	umber of participants	at the end of the plan year		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 5b		2			
		occount balances as of the end o			5c		2			
		ticipants at the beginning of the p			5d(1)		2			
d(2) Tota	I number of active par	licipants at the end of the plan ye	ar		5d(2)		2			
		rminated employment during the			5e		0			
Caution: A	penalty for the late of	or incomplete filing of this retu	rn/report will be assessed	uniess reasonable ca	use is este	iblished.				
SB or Sche	Ities of perjury and oth dule MB completed and rue, correct, and comp	er penalties set forth in the instru d signed by an enrolled actuary, lete.	actions, I declare that I have as wall as the electronic ver	examined this return/re sion of this return/repo	sport, includent, and to the	ling, if applic e best of my	able, a Schedule knowledge and			
SIGN Joane 7an: 7/14/15 JOANNE KASSIMIF					AIR .					
HERE	Signature of plan as	iministrator	Date	Enter name of indivi	Enter name of individual signing as plan administrator					
SIGN HERE						,				
	Signature of employ		Date	Enter name of indivi	dual signing	as employe	er or plan sponsor			
riabaters i	reine finenand nitu v	ame, if applicable) and address (mindae innii oi eniie unupe	s / (opuonas)	Preparer	s telephone	number (optional)			

	Form 5500-SF 2014		Page 2								
b A u	Are you daiming a waiver of the annual examination and report of an Independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See Instructions on waiver eligibility and conditions.)									No	
	If the plan is a defined benefit plan, is it covered under the PBGC Insurance program (see ERISA section 4021)? Yes No Not determined										
Part	III Financial Information				1	-					
	lan Assets and Liabilities		(a) Beginning of Year	-	┿		(b) End				
	otal plan assets	7a	431361		+			4	89069		
	otal plan liabilities	7b	0	-	 				0		
	et plan assets (subtract line 7b from line 7a)	7c	431361	_	┼			4	89069		
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount		—-		(b) T	otzi		·	
	ontributions received or receivable from: 1) Employers	8a(1)	13008								
	2) Participants	89(2)	23000)							
	3) Others (including rollovers)	8a(3)	()	1			-			
	Other income (lass)	8ь	21974	}	1						
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			T-				57982		
d E	enefits paid (including direct rollovers and insurance premiums				T						
	provide benefits).	8d	0		+-			-			
	certain deemed and/or corrective distributions (see instructions)	8e	074		┿			-			
	dministrative service providers (salaries, fees, commissions)		274	-	-						
	Aher expenses	8g	C		┿						
	otal expenses (add lines 8d. 8e, 8f, and 8g)				-				274		
****	let income (loss) (subtract line 8h from line 8c)		+				57708	 .			
Part		· _ 8j									
\rightarrow											
10	V Compliance Questions During the plan year:				Yes	No Amount					
	Was there a fallure to transmit to the plan any participant contribu	tions with	n the time period described in					7	-		
	29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fld Were there any nonexempt transactions with any party-in-interes	uciary Con t? (Do not	rection Program)include transactions reported	10a		X					
	on line 10a.)		·	10b		X					
C	Was the plan covered by a fidelity bond?			10c	. X					37000	
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X					
e 	Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or all instructions,)	of the ben	refits under the plan? (See	10e		х					
f	Has the plan falled to provide any benefit when due under the plan	an?		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.)					х					
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										
Part	VI Pension Funding Compliance										
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)								X No		
11a	Enter the unpaid minimum required contribution for current year	from Sche	dule SB (Form 5500) line 39,		,	11a		-		-	
12	Is this a defined contribution plan subject to the minimum funding	g requirem	ents of section 412 of the Code	e or s	ection	302 of	ERISA?	\prod	Yes	X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below				-						
a	If a waiver of the minimum funding standard for a prior year is be					enter th Dav		the I Ye		ling	

	_ F	orm 5500-SF 2014		Page 3 - 1						
lf y	ou c	empleted line 12s, complete lines 3, 9, and 10	of Schedule MB (Forr	n 5500), and skip to line	13.					
b	Enter	the minimum required contribution for this plan	year			12b				
C	Ente	the amount contributed by the employer to the	plan for this plan year			12c				
ď	Subti	act the amount in line 12c from the amount in lin	ne 12b. Enter the result	enter a minus sign to the	left of a	12d				
e	Will t	ne minimum funding amount reported on line 12	d be met by the funding	deadline?			Ye	8 []	Νo	N/A
Part	VII	Plan Terminations and Transfers o	f Assets							
13a	Нав	resolution to terminate the plan been adopted in a	ny plan year?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Yes [X No		
		s," enter the amount of any plan assets that rev				13a	\top			
b		all the plan assets distributed to participants or	•					~-	Yes	X No
C		ing this plan year, any assets or liabilities were n assets or liabilities were transferred. (See Inst		n to another plan(s), iden	tify the plan(s)	to				
1	3c(1)	Name of plan(s):			1	3c(2) E	IN(s)		13c(3)	PN(s)
									_	
Part	VIII	Trust Information (optional)								
14a Name of trust					14b Trust's EIN					