## 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).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

	rt I		Identification Information scal plan year beginning 01/01/			and ending 12	/31/20	11.1	
	For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014								
Вт	B This return/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 t	pox if filing under:	X Form 5558  special extension (enter description)	LI	automatic extension			DFVC progra	ım
Pa	rt II	Basic Plan Info	rmation—enter all requested in	nforma	tion				
	Name INTO	of plan	HERAPY PC 401K PLAN				1b	Three-digit plan number (PN)	001
							1c	Effective date o	f plan /2011
2a STEP	Plan sp	oonsor's name and ad STRIDE PHYSICAL T	dress; include room or suite num HERAPY PC	ber (en	nployer, if for a single-e	employer plan)	2b	Employer Identii (EIN) 20-22	fication Number 250570
7725 5	TH AV	ENUE					2c	Sponsor's telep	
		NY 11209-0000					2d	Business code (	
3a	Plan a	dministrator's name ar	nd address XSame as Plan Spor	nsor.			3b	Administrator's	EIN
	name,		e plan sponsor has changed sincomber from the last return/report.	e the la	ast return/report filed fo	r this plan, enter the		EIN PN	
5a	Total r	number of participants	at the beginning of the plan year				+	а	2
b	Total r	number of participants	at the end of the plan year				5	b	2
	comple	ete this item)	account balances as of the end o				5	c	2
d(	<b>1)</b> Tota	al number of active pa	rticipants at the beginning of the p	olan ye	ar		5d	(1)	2
d(	<b>2)</b> Tota	al number of active pa	rticipants at the end of the plan ye	ear			5d	(2)	2
			erminated employment during the				5	e	0
Unde SB c	er pena or Sche	alties of perjury and ot	or incomplete filing of this retu her penalties set forth in the instri nd signed by an enrolled actuary, plete.	uctions	, I declare that I have e	examined this return/rep	port, ii	ncluding, if applic	
SIGI		Filed with authorized/	valid electronic signature.						
HER	ĽΕ	Signature of plan a	dministrator		Date	Enter name of individu		gning as plan adn	ninistrator
SIGI									
		Signature of emplo	yer/plan sponsor name, if applicable) and address (	include	Date room or suite number	Enter name of individ	•		er or plan sponsor number (optional)
1100		name (modamy mm)	iaino, ii applicable) and address (	, i i o i di di	y teem of dance named.	, (optional)		out of total priorite	Tambol (optional)

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b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a 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	an indeper and condit ot use Fo	ndent qualified public accounta ions.)rm 5500-SF and must instead	nt (IQ d use	PA) Form	5500.		X	Yes Yes	No No
	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	)21)?		Yes	No	Not	deterr	nined
Par					1					
	Plan Assets and Liabilities	7-	(a) Beginning of Yea				(b) End	of Ye	ar 12339	99
	Total plan assets Total plan liabilities	7a 7b	1100	0					105	
	Net plan assets (subtract line 7b from line 7a)	70 7c	1168	384	122349					
	icome, Expenses, and Transfers for this Plan Year  (a) Amount						(b) Total			
	Contributions received or receivable from:		(u) Amount				(5)	Otal		
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)		170						
	Other income (loss)	8b	64	178					0.41	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							647	78
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	10	)13						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							101	13
<u>i</u>	t income (loss) (subtract line 8h from line 8c)								546	65
<u>j</u>	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
b		eature cod	les from the List of Plan Charac	cterist			he instruct	ons:		
10	During the plan year:				Yes	No		Amo	unt	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Cor	rection Program)	10a		X				
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	·····		10b		X				
c	Was the plan covered by a fidelity bond?			10c	X					20000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ				
e	Were any fees or commissions paid to any brokers, agents, or oth 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 plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	X					44678
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	VI Pension Funding Compliance									
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	lule SB (Form 5500) line 39			11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day		he let Yea		ing 

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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)	<b>13c(3)</b> P	N(s)
			1			l	

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## 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 section 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.

OMB Nos, 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

THE PERSON	and Annual Report calendar plan year 2014 or fi	t Identification Information	01/01/2014	and ending	12/31/2	2014				
-01	cateridal plan year 2014 of h	x a single-employer plan				this box must attach a list				
A	This return/report is for:		of participating emplo	yer information in accord		=				
В	This return/report is:	a one-participant plan the first return/report	a foreign plan the final return/report							
_	mis retainmeport to.	an amended return/report		m/report (less than 12 m	onthe)					
			_ a short plan year retu	minoport (1655 than 12 m	_					
С	Check box If filing under:	X Form 5558	automatic extension		∐ DFV	C program				
		special extension (enter descr	iption)							
	Basic Plan Inf	ormation enter all requested	information			1				
1a	Name of plan				1b Three-o					
	STEP INTO STRIDE E	HYSICAL THERAPY PC 401K	PLAN		(PN) ▶	001				
						1c Effective date of plan 01/01/2011				
2a	Plan sponsor's name and a	ddress; include room or suite numb	er (employer, if for a single	-employer plan)		er Identification Number				
	STEP INTO STRIDE B	HYSICAL THERAPY PC			1 . ' '	20-2250570				
						r's telephone number 921-6780				
	7725 5TH AVENUE					ss code (see Instructions)				
	UB BROOKLYN NY 11209-00	100			62134					
3a		and address 🗓 Same as Plan Spo	onsor Name		3b Admini:	strator's EIN				
					3c Admini:	trator's telephone number				
_										
4		ne plan sponsor has changed since to imber from the last return/report.	the last return/report filed f	or this plan, enter the	4b EIN					
9	Sponsor's name	imber from the last returnineport.			4c PN					
_		s at the beginning of the plan year			5a	2				
b		s at the end of the plan year			5b	2				
C	Number of participants with	account balances as of the end of	the plan year (defined ben	efit plans do not	5c	2				
d(	(1) Total number of active pa	articipants at the beginning of the pla	an year		5d(1)	2				
dí	(2) Total number of active of	articipants at the end of the plan yea	т		5d(2)	2				
٠.,		terminated employment during the								
8					5e	0				
Ca	aution: A penalty for the lat	e or incomplete filing of this retur	n/report will be assessed	l uniess reasonable car	use is establis	shed.				
SE	3 or Schedule MB completed	other penaltiles set forth in the instru and signed by an enrolled actuary,	ctions, I declare that I have as well as the electronic ve	examined this return/re ersion of this return/repor	port, including t, and to the be	, if applicable, a Schedule est of my knowledge and				
DE	elief, it is true, correct, and co	uprote.	1, 100	<del> </del>						
	IN 65 Alan	Mary-	10/15/16							
	Signature of plan ad	ministrator	Date /	Enter name of individua	al signing as <u>p</u>	lan administrator				
	- 6 Marie -	-/N/4	10/13/15							
10000000	ERE Signature of employ		Date '			mployer or plan sponsor				
Pr	reparer's name (including firm	name, if applicable) and address; it	nclude room or suite numb	er (optional)	Preparer's te	stephone number (optional)				
					İ					
				•						
					ELECTRONIA S SOMEONIA DE LA SERVICIO DEL SERVICIO DE LA SERVICIO DEL SERVICIO DE LA SERVICIO DE LA SERVICIO DE LA SERVICIO DEL SERVICIO D	A SECURE OF THE				

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500-8F.

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (	See Instructions.)				******	X Yes No		
þ	Are you claiming 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.)							XYes No		
ċ	If you answered "No" to either line 6a or line 6b, the plan cannot	t use For	m 5500-SF and must instead t							
JH977-H435	If the plan is a defined benefit plan, is it covered under the PBGC Ins	surance pr	ogram (see ERISA section 402)	1)?	******	Yes	No	Not determined		
7	Financial Information									
<u>'</u>	Plan Assets and Liabilities Total plan senses	-	(a) Beginning of Year		<u> </u>		(b) End (			
- b	Total plan liabilities	7a	116,80		+			123,399		
c	Net plan assets (subtract line 7b from line 7a)	7b 7c	115 0	0			1,050			
8	Income, Expenses, and Transfers for this Plan Year		116,80 (a) Amount	34	+		/b) T	122,349		
а	Contributions received or receivable from:	utions received or receivable from:								
	(1) Employers	8a(1)	1==				100			
	(2) Participants	8a(2)	,			1))) 1(				
b	(3) Others (including rollovers) Other income (loss)	8a(3) 8b	6,4	70						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	8,4	/ B				6.478		
ď	Benefits paid (including direct rollovers and insurance premiums						Company of the Compan	6,478		
	to provide benefits)	8d			34450	7.5				
	Certain deemed and/or corrective distributions (see instructions)	89			V////					
	Administrative service providers (salaries, fees, commissions)	8f	1,01	.3						
	Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g)	8g				****		1 013		
	Net income (loss) (subtract line 8h from tine 8c)	8h 8l						1,013 5,465		
_	Transfers to (from) the plan (see instructions)	8]	**************************************	/_v/.		midle, make		5,400		
100000000000000000000000000000000000000	Plan Characteristics		11-11-11-11-11-11-11-11-11-11-11-11-11-		73793470707	turaliturus.	(m))K7_3000000000000000000000000000000000000			
	If the plan provides pension benefits, enter the applicable pension fea	ature code	s from the List of Plan Characte	eristic	Code	s in the	instructio	ns:		
	2A 2E 2G 2J 2K 2R 3D									
b	If the plan provides welfare benefits, enter the applicable welfare feat	ture codes	from the List of Plan Character	istic (	Codes	in the id	nstruction	s:		
1.6	Page Value Compliance Questions									
10	During the plan year:				Yes	No		Amount		
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiducions)	ary Correc	ction Program)	10a		x				
	Were there any nonexempt transactions with any party-in-interest?	(Do not in	nclude transactions reported	10b		х				
Ç	Was the plan covered by a fidelity bond?		***************************************	10c	x			20,000		
ď	pier or necronibaleda by the plant of the	idelity bon	d, that was caused by fraud							
e	or dishonesty?			10d		×				
-	insurance service, or other organization that provides some or all of	f the bene	fits under the plan? (See							
	Instructions.)			10e		х				
f	Has the plan falled to provide any benefit when due under the plan	?	***************************************	10 <b>f</b>		х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year er	nd.)	10g	х			44,678		
h	If this is an individual account plan, was there a blackout period? (\$ 2520.101-3.)	See instruc	ctions and 29 CFR	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 2520.101-	e required	notice or one of the	10i						
e i	Pension Funding Compliance					1900				
11	Is this a defined benefit plan subject to minimum funding requireme	ents? (If "Y	'es," see instructions and compl	ete S	chedu	le SB (f	orm	Yes X No		
11:	5500) and line 11a below)  Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39									
12	Is this a defined contribution plan subject to the minimum funding re					2 of ER	ISA?	Yes X No		
	(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 granting the waiver	g amortize	d in this plan year, see instruction	ons, a			date of th			
	1013									