## 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.

0045

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	Annual Report	i Identification Information								
For calenda	ar plan year 2015 or f	iscal plan year beginning 01/01/2	2015	and ending 12	/31/2015					
A This ret	turn/report is for:	a single-employer plan  a one-participant plan		r) (Filers checking this box must attach a accordance with the form instructions)						
<b>B</b> This retu	urn/report is	the first return/report an amended return/report	first return/report							
<b>C</b> 01 11										
C Check i	box if filing under:	X Form 5558	automatic extension		☐ DFVC program					
		special extension (enter desc								
Part II		ormation—enter all requested in	formation		41	<del> </del>				
1a Name NORTHPOF	•	APY, PC 401(K) PS PLAN			1b Three-dig plan numb (PN) ▶					
					1c Effective of	date of plan 01/01/2011				
Mailing	g address (include roo	over, if for a single-employer plan) om, apt., suite no. and street, or P.C		ructions)	<b>2b</b> Employer (EIN)	Identification Number 11-3319073				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  NORTHPORT PHYSICAL THERAPY, PC					<b>2c</b> Sponsor's telephone number 631-261-0444					
FODT 0	41 0NO 4 BO 4 B				2d Business code (see instructions)					
	ALONGA ROAD T, NY 11768				621340					
3a Plan a	dministrator's name a	nd address XSame as Plan Spon	sor.		<b>3b</b> Administra	<b>3b</b> Administrator's EIN				
					<b>3c</b> Administra	ator's telephone number				
		ne plan sponsor has changed since umber from the last return/report.	the last return/report filed f	or this plan, enter the	4b EIN					
<b>a</b> Spons	or's name				4c PN					
<b>5a</b> Total r	number of participant	s at the beginning of the plan year			5a	15				
<b>b</b> Total r	number of participants	s at the end of the plan year			5b	16				
		account balances as of the end of		•	5c	4				
<b>d(1)</b> Tota	al number of active pa	articipants at the beginning of the pl	an year		5d(1)	9				
<b>d(2)</b> Tota	al number of active pa	articipants at the end of the plan ye	ar		5d(2)	12				
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested					5e	0				
Under pena SB or Sche	alties of perjury and o	or incomplete filing of this return ther penalties set forth in the instru- and signed by an enrolled actuary, a aplete.	ctions, I declare that I have	examined this return/rep	ort, including, if	applicable, a Schedule				
SIGN	Filed with authorized	l/valid electronic signature.	08/01/2016	GREG FIVES						
HERE	Signature of plan		Date	Enter name of individu	ıal signing as pla	an administrator				
SIGN					· ·					
HERE	a		5.			<del>.</del> .				

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number )

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

Form 5500-SF 2015		Page <b>2</b>						
<ul> <li>Were all of the plan's assets during the plan year invested in eligib</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the your answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a secon</li></ul>	an independand condition to the condition of the conditio	dent qualified public a ons.) m 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.		X Yes N
C If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No N	Not determined
Part III   Financial Information	1 -							
7 Plan Assets and Liabilities		(a) Beginning					(b) End of	
a Total plan assets	7a		44	407				2265
b Total plan liabilities	7b		4.4	0				0
Net plan assets (subtract line 7b from line 7a)  Income. Expenses, and Transfers for this Plan Year	7c	(a) A		407			(I.) T.	2265
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) Tot	aı
(1) Employers	8a(1)			45				
(2) Participants	8a(2)		1	544				
(3) Others (including rollovers)	8a(3)			0				
<b>b</b> Other income (loss)	8b			47				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1636
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		31	784				
e Certain deemed and/or corrective distributions (see instructions)	8e		11	250				
f Administrative service providers (salaries, fees, commissions)	8f			744				
g Other expenses	8g			0				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							43778
i Net income (loss) (subtract line 8h from line 8c)	8i							-42142
j Transfers to (from) the plan (see instructions)	8j			0				
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D 3H	feature coo	des from the List of Pla	an Cha	racteris	stic Co	des in t	he instruction	ons:
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in th	e instruction	
— In the plant provides from the bollome, office the applicable from the	odiaio oodi	oo nom the Election had	T Onarc	20101101			o mondonor	10.
Part V Compliance Questions								
10 During the plan year:				Yes	No	N/A	Į.	Amount
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary Fi	duciary Correction	10a		X			
<b>b</b> Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X			
C Was the plan covered by a fidelity bond?			10c	X				2000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X			
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of t	he benefits under	10e		X			
f Has the plan failed to provide any benefit when due under the pla			10f		Χ			
g Did the plan have any participant loans? (If "Yes," enter amount a					X			
h If this is an individual account plan, was there a blackout period?	•	,	10g		^			
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	X				
j Did the plan trust incur unrelated business taxable income?			10j					
Part VI Pension Funding Compliance				•	-			
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes X N
11a Enter the unpaid minimum required contribution for all years from	Schedule S	SB (Form 5500) line 4	0			11a		
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ction 3	302 of E	RISA?	Yes X N

	F	orm 5500-SF 2015 Page <b>3</b> - 1						
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in ng the waiver		enter the Day	e date of	the letter ru Year	ling	
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Toal		
b	Enter th	ne minimum required contribution for this plan year		12b				
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c				
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d				
		ve amount)			Yes	No	N/A	
Part		e minimum funding amount reported on line 12d be met by the funding deadline?  Plan Terminations and Transfers of Assets			163	NO	IN/A	
		resolution to terminate the plan been adopted in any plan year?			X Ye	s $\square$ No		
		," enter the amount of any plan assets that reverted to the employer this year		13a		<u> П</u>	(	
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou	ght under the co			Yes X	No	
С	If durin	PBGC?  ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi				<u> </u>		
		assets or liabilities were transferred. (See instructions.)  lame of plan(s):	13c(2)	FIN(e)		13c(3) F	PN(e)	
	100(1)	uno oi piuntoj.	130(2)	L114(3)		130(3)	· <b>V</b> (3)	
Dant		Turnet hafe amount on						
Part	Name o	Trust Information		14h 1	Γrust's Ell	N		
ı <del>T</del> a	Name 0	ii iiust		140	TUSES EII	14		
14c	Name	of trustee or custodian				s or custodia e number	an's	
					tolophon	o mambon		
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		Ye	s	No		
					esign-			
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			ased safe arbor	∐ ADF test	P/ACP	
450					ethod			
150		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(k)-2(a)(2)(ii) and 1.401(k)-2(a)(b) and 1.401(k)		Ye	S	No		
	2(a)(2)	(ii))?		□ Ra	atio			
16a	a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):				I I I AVER			
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comin with any other plans under the permissive aggregation rules?		Ye	s	No		
17a		e plan been timely amended for all required tax law changes?		Ye	s	No	N/A	
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions	
17c	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	RS opinion	or	
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fa	vorable		
18	Is the I	Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	\$	No		
19	Were in	n-service distributions made during the plan year?		Ye	s	No		
	If "Yes	" enter amount		19				
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w ), as required under section 401(a)(9)?		Ye	S	No	N/A	

## 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.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

	t Identification Information							
For calendar plan year 2015 or	fiscal plan year beginning  a single-employer plan	1/1/2015	and ending	12/31/201				
A This return/report is for:	(not multiemployer) byer information in ac	h : 임진중요인 (120 소리전)() [[[전하다] []]						
	a one-participant plan	a foreign plan						
B This return/report is	the first return/report	the final return/report	. N 507 100 11 100027	arr a				
	an amended return/report	a short plan year return/re	eport (less than 12 m	onths)				
C Check box if filing under:	Form 5558	automatic extension		☐ DFVC p	rogram			
Post III Posis Plan Int	special extension (enter descormation—enter all requested in							
Part II Basic Plan Inf	offiation—enter all requested i	normation		1b Three-digit				
\$250,000 A 100,000 B C 300 A 200 A 200 A 300 A 3	nerapy, PC 401(k) PS Plan			plan number	002			
				1c Effective dat	e of plan 1/2011			
	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O. Box)		2b Employer Ide	entification Number 11-3319073			
City or town, state or proving Northport Physical The	nce, country, and ZIP or foreign pos rapy, PC	tal code (if foreign, see instruc	tions)	2c Sponsor's telephone number 631-261-0444				
389 Fort Salonga Road					de (see instructions)			
Northport 11768	NY			6	321340			
	and address Same as Plan Spor	nsor.		3b Administrato	r's EIN			
				3c Administrato	r's telephone number			
	he plan sponsor has changed since umber from the last return/report.	the last return/report filed for t	his plan, enter the	4b EIN				
a Sponsor's name				4c PN	4.5			
5a Total number of participan	ts at the beginning of the plan year			5a	15 16			
WERE THE STATE OF	ts at the end of the plan year			5b				
	h account balances as of the end o			5c	4			
d(1) Total number of active p	articipants at the beginning of the p	lan year		5d(1)	9			
	participants at the end of the plan ye			5d(2)	12			
than 100% vested	at terminated employment during th			5e	0			
Under penalties of perjury and	e or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary,	ctions, I declare that I have ex-	amined this return/rep	port, including, if ap	plicable, a Schedule			
SIGN X		7 67 Lans			AND THE RESERVE OF THE PERSON			
HERE Signature of plan	aeministrator		Enter name of individ	ual signing as plan	administrator			
SIGN HERE		709/2016						
Signature of emp	eyer/plan sponsor name, if applicable) and address (i		Enter name of individe	ual signing as emple Preparer's telepho				
				en otos Monderstand (2016) destro Printello	annual and a second			

Form 5500-SF 2015		Page 2								
<ul> <li>6a Were all of the plan's assets during the plan year invested in eligit</li> <li>b 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 c If the plan is a defined benefit plan, is it covered under the PBGC in</li> </ul>	an indeper and conditi not use Fo	ndent qualified public a ions.) rm 5500-SF and mus	accoun st inste	tant (IC	QPA) • Form	า 5500.	250	Ø 4	es [	-
Part III Financial Information										
7 Plan Assets and Liabilities	Title (b)	(a) Beginnin	g of Ye	ar	3 (32 1/1)	(b)	End o	f Year		
a Total plan assets	. 7a			4440	)7				226	5
b Total plan liabilities	. 7b '			(1)/4/19/20/	0					0
C Net plan assets (subtract line 7b from line 7a)	. 7c			4440	)7				226	5
8 Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt				(b) To	tal		1
a Contributions received or receivable from:         (1) Employers	. 8a(1)				1.5					
(2) Participants	. 8a(2)			154	15	- 130019				
(3) Others (including rollovers)	. 8a(3)		-	104	n		and Section			
b Other income (loss)	8b	Anne y aprepare an		4	7	713 494.875	(12.7%)			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		Fideli			uu, Tandasheel Migaer do do		and the control of	163	6
d Benefits paid (including direct rollovers and insurance premiums							weg av	days".	n sin	nertis
to provide benefits)	. 8d			3178	-					
e Certain deemed and/or corrective distributions (see instructions)	8e			1125 74	-					erio.
f Administrative service providers (salaries, fees, commissions)	8f				0	12.5		401	1015 J	
g Other expenses (add lines 2d, 2a, 2f, and 2a)	. 8g	225201 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	4.J1517333	115572	U				43778	8
h Total expenses (add lines 8d, 8e, 8f, and 8g)  i Net income (loss) (subtract line 8h from line 8c)	8h 8i								12142	
j Transfers to (from) the plan (see instructions)	8j		an and a particular	ar a raina	0		11,6 × 32,4		12 142	
B If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the plan provides welfare for the plan provides welfare	eature code	es from the List of Pla	n Char	acteris	tic Cod	des in the in	structio	ns:		
10 During the plan year:				Yes	No	N/A		A	-4	
a Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram).      b Were there any nonexempt transactions with any party-in-interest	oluntary Fi	duciary Correction	10a	163	√	I N/A		Amou	it.	
reported on line 10a.)  C Was the plan covered by a fidelity bond?			10b		· ·					
Remarks Company Compan			10c	<b>✓</b>					2	20000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bon	id, that was caused	10d		1					
e Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner persons ne or all of t	by an insurance he benefits under	10e		1					
f Has the plan failed to provide any benefit when due under the plan			10f		1		-			
g Did the plan have any participant loans? (If "Yes," enter amount a	s of vear er	nd.)	10g		1					
h If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	ctions and 29 CFR	10g	1						
i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10	ne required	notice or one of the	10i	1						
j Did the plan trust incur unrelated business taxable income?			10j			1				
Part VI Pension Funding Compliance			,			11				
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "Y	es," see instructions a	and cor	nplete	Sched	dule SB (For	m	Y	es 🛭	No
11a Enter the unpaid minimum required contribution for all years from						11a				
12 Is this a defined contribution plan subject to the minimum funding	requiremen	nts of section 412 of the	he Cod	e or se	ction 3	302 of ERIS	A?	Y	es 🛭	No

	Form 5500-SF 2015 Page <b>3</b> -						
	(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 ins granting the waiver		enter tl Day		he letter ru Year	ling	
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 lengative amount)		12d				
633592362925	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	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 broug of the PBGC?				Yes 🛛	No	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif which assets or liabilities were transferred. (See instructions.)	y the plan(s) to					
	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)	
Parl	VIII Trust Information						
14a	Name of trust		14b	Trust's EIN	I		
140	Name of trustee or custodian	14d Trustee's or custodian's telephone number					
Par	IRS Compliance Questions						
15a	Is the plan a 401(k) plan?		_ Y	es	No		
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		l b	Design- lased safe larbor nethod	ADP/ACP test		
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cutesting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.402(a)(2)(iii))?	01(m)-	_ Y	es	No	10	
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section	n 410(b):	Ratio percentage test		Average benefit test		
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	oining	_ Y	es	No		
17a	Has the plan been timely amended for all required tax law changes?		_ Y	es	No	□ N/A	
	Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	Enter the ap	•	NATION AND ADDRESS OF THE PARTY		tructions	
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter planadvisory letter, enter the date of that favorable letter and the letter's serial number of the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter planadvisory letter, enter the date of that favorable letter.	ımber				or	
17d	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, endetermination letter	ter the date of	the pla	an's last fav	orable		
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes				
19	Were in-service distributions made during the plan year?		_ Y	es	No		
	If "Yes," enter amount		19				
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wh retired), as required under section 401(a)(9)?	ether or not	Y	es	No	□ N/A	