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Form 990-EZ

EXTENDED TO NOVEMBER 15, 2017 Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2016

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at www.lrs.gov/form990. For the 2016 calendar year, or tax year beginning and ending Check if C Name of organization D Employer identification number CONNECTICUT PHYSICAL THERAPY Address change ASSOCIATION, INC. 22-3327237 Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Initial return Final return/ terminated PO BOX 459 860-246-4414 City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Application pending TOLLAND. 06084 Number > Accounting Method: Cash X Accrual Other (specify) H Check X if the organization is Website: ► WWW.CTPT.ORG not required to attach Schedule B Tax-exempt status (check only one) — 501(c)(3) ★ 501(c) (6) ◆ (insert no.) 4947(a)(1) or (Form 990, 990-EZ, or 990-PF). K Form of organization: X Corporation Trust Association Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 145,272. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part ! Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts 2 45,058. 2 Membership dues and assessments <u>81,190.</u> 3 Investment income SEE SCHEDULE O SEE SCHEDULE 4 3,024. Gross amount from sale of assets other than inventory 5a | 16,000. Less; cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 4,586. 5c Gaming and fundraising events a Gross income from paming (attach Schedule G it greater than \$15,000) ------6a b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances Less; cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Other revenue (describe in Schedule 0) 8 8 133.858 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Grants and similar amounts paid (list in Schedule O) 10 10 Benefits paid to or for members 11 11 12 12 13 13 Occupancy, rent, utilities, and maintenance 14 14 Printing, publications, postage, and shipping

Other eveness (describe in Schedule O) 1,387. 15 15 Other expenses (describe in Schedule O) 152,609. 16 17 Total expenses. Add lines 10 through 16 17 153,996. Excess or (delicit) for the year (Subtract line 17 from line 9) <20,138.> **Net Assets** Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 125,682. 713. Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O 20 Net assets or fund balances at end of year. Combine lines 18 through 20 106,257.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2016)

Form 990-EZ (2016) 22-3327237 Part | Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II \mathbf{X} (B) End of year (A) Beginning of year 22 Cash, savings, and investments 5,660. 22 4,995. Land and buildings 23 23 106,262. 24 Other assets (describe in Schedule O) SEE SCHEDULE O <u>120,022.</u> 24 25 Total assets 125,682. 111,257. 25 Total liabilities (describe in Schedule 0) SEE SCHEDULE O 5,000. 0. 26 125,682.27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 106,257. Part III Statement of Program Service Accomplishments (see the instructions for Part III) Expenses (Required for section Check if the organization used Schedule O to respond to any question in this Part III X 501(c)(3) and 501(c)(4) What is the organization's primary exempt purpose? SEE SCHEDULE O organizations; optional for others.) Describe the organization's program service accomplishments for each of its three largest program services as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title SEE SCHEDULE O (Grants \$) If this amount includes foreign grants, check here ightharpoonup28a 85,335. 29 (Grants \$) If this amount includes foreign grants, check here 29a 30 (Grants \$) If this amount includes foreign grants, check here 30a 31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here 31a Total program service expenses (add lines 28a through 31a) ▶ 32 85, 335. Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV \mathbf{x} (b) Average hours (d) Health benefits, (e) Estimated (C) Reportable compensation (Forms W-2/1099-MISC) contributions to per week devoted to (a) Name and title amount of other employee benefit plans, and deferred compensation position compensation (if not paid, enter -0-) MICHAEL GANS PRESIDENT 0.00 0. 0 0. KATHERINE HARRIS VICE-PRESIDENT 0.00 0 0 0. HEIDI ADAMSKI SECRETARY 0.00 0. 0 0. NANCY CRAVEN TREASURER 0.00 0. 0. 0 MARYCLAIRE SULLIVAN CAPETTA DIRECTOR 0. 0.00 0. 0 SUE GLENNEY DIRECTOR 0.00 0 0 0. DUANE SCOTTI DIRECTOR 0. 0.00 0. 0 KATHY PLUNKETT DIRECTOR 0.00 0. 0 0. STEFANIE BOURASSA DIRECTOR 0.00 0. 0 0. PAMELA ROBERTS DIRECTOR 0.00 0. 0 0. JAMES LEAHY DIRECTOR 0.00 0. 0 0. JOAN-ALICE TAYLOR

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Form **990-EZ** (2016)

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CONNECTICUT PHYSICAL THERAPY

INC.

ASSOCIATION,

Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V \mathbf{X} Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each 33 Х activity in Schedule O Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended 34 34 X documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported 35a Х on lines 2, 6a, and 7a, among others)? N/A b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax 35c X requirements during the year? If "Yes," complete Schedule C, Part III Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," X 36 complete applicable parts of Schedule N 37a 0. 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-POL for this year? 37b Х 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made 38a X in a prior year and still outstanding at the end of the tax year covered by this return? 38b N/A b If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter: 39 39a N/A a Initiation fees and capital contributions included on line 9 39b N/A **b** Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A; section 4912 ► ____ N/A_ b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any 40b N/A of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on N/A organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed N/A by the organization e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed **NONE** Telephone no. 42 a The organization's books are in care of Located at > 1 b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial 42b X account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? 42c X If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here 43 N/Aand enter the amount of tax-exempt interest received or accrued during the tax year No Yes 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a X b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead 44b of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? 44c d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation ın Schedule O 44d X 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) Form 990-EZ (2016)

22-3327237

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Form 990-EZ (2016)

orm 990-EZ	(2016)	ASSOCI	CATION	I, IN	IC.						<u> 22-</u>	<u>33272</u>	<u> 237</u>		age 4
`,														Yes	No
16 Did the	organization	engage, direc	tly or indirec	tly, in po	litical campaig	jn activities oi	n behalf of o	r in oppositio	n to candida	tes for pi	ıblıc off	ice?			
	complete S	chedule C, Pari	11										46		<u>X</u>
Part VI	Section	n 501(c)(3)	organiz	ations	only										
	All sectio	n 501(c)(3) or	ganization	s must a	answer ques	tions 47-49b	and 52, a	and complet	te the tables	s for line	s 50 a	nd 51			
	Check if t	the organizat	ion used S	chedule	O to respon	nd to any qu	estion in th	ns Part VI							
												_		Yes	No
7 Did the	organization	engage in lob	bying activit	ies or hav	ve a section 50	01(h) election	ın effect du	ring the tax y	ear? If "Yes,"	complete	e Sch. C	, Part II 📙	47		
l8 Is the or	rganization a	a school as des	cribed in se	ction 170	(b)(1)(A)(ıı)?	If "Yes," comp	lete Schedi	ıle E				[48		
19a Did the	organization	ı make any trar	isfers to an e	exempt n	on-charitable	related organ	zation?					Ĺ	49a		
b If "Yes,"	was the rela	ated organizatio	n a section	527 orga	nızatıon?							L	49b		
50 Comple	te this table	for the organiz	ation's five h	nighest co	ompensated e	mployees (ot	her than off	cers, directoi	rs, trustees, a	nd key e	mploye	es) who e	ach re	ceived	more
than \$10	00,000 of co	ompensation fr	om <u>the orga</u>	nızatıon.	If there is non	ie, enter "None)."								
	(a) Name and to	tle of each er	mployee			(b) Avera		(C) Repo		(d) Hea	Ith benefits) Estim	
							per week d		compensation W-2/1099		emplo	butions to yee benefit		ount of	
				N/A	1		posi	tion		,		ind deferred bensation	co	mpens	ation
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organiza	ation If there	for the organiz e is none, enter ousiness addre	r "None."	N/A	<u> </u>) Type of serv					nsatioi	
															_
								· · · · · ·							
d Total nu	imber of oth	ier independen	t contractors	s each re	celving over \$	100 000		 	—	· -					
Did the	organization	complete Sch				-	ns must atta	ich a			_				
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Sign Here	Signature JAM	1	EXHY.	EXE	CUTIVE	ישמות י	 ЧОР				Date	V		· · · · · · · · · · · · · · · · · · ·	
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Preparer	ALAN	W LAP	ERRE	CPA	CPA			10/2	5/17			P001	<u>11</u> 3	<u>72</u> 7	
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May the IRS o	discuss this	return with the					1-17	(/-/			▶ □	Y	s	No

Form **990-EZ** (2016)

CONNECTICUT PHYSICAL THERAPY

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 **2016**Open to Public

Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	, ,	21/0\(\d\) (E) or (6) or gongo	tions, Complete Bort III			
	ne of orga	01(c)(4), (5), or (6) organiza	ICUT PHYSICAL TH	FRADY	Emp	loyer identification number
			TION, INC.	IBIONI I		22-3327237
Pa	art I-A	Complete if the ord	anization is exempt und	ler section 501(c)	or is a section 527 o	organization.
			•		<u>, </u>	
1	Provide :	description of the organiz	ation's direct and indirect politic	al campaign activities	ın Part IV	
		campaign activity expendit	•	ar campaign activities		S0.
		r hours for political campai				0.
Ŭ			g., 40		•	
Pa	art I-B	Complete if the org	anization is exempt und	ler section 501(c)(3).	
1	Enter the		incurred by the organization und		▶ \$	3
2	Enter the	amount of any excise tax	incurred by organization manag	ers under section 495	5 ▶ \$	S
3	If the org	anization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes No
48	Was a co	orrection made?				Yes No
		describe in Part IV	· · · · · · · · · · · · · · · · · · ·			
Pa	art I-C	Complete if the org	anization is exempt und	ler section 501(c	, except section 501	
1	Enter the	amount directly expended	l by the filing organization for se	ction 527 exempt fund	ction activities	S0.
2	Enter the	amount of the filing organ	ization's funds contributed to ot	her organizations for s	section 527	
	exempt f	unction activities			▶ 9	0.
3	Total exe	mpt function expenditures	Add lines 1 and 2 Enter here a	and on Form 1120-PO		
	line 17b				▶ \$	S
4	Did the f	ling organization file Form	1120-POL for this year?			└─ Yes └─ No
5			nployer identification number (El		-	
	•	,	tion listed, enter the amount pai	• -		•
			omptly and directly delivered to additional space is needed, prov			ate segregated fund or a
	Political	· · · · · · · · · · · · · · · · · · ·				
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political contributions received and
					filing organization's funds if none, enter 0-	promptly and directly
					, , , , , , , , , , , , , , , , , , , ,	delivered to a separate
						political organization If none, enter -0-
						ii riorie, eriter o
						
						
					-	
						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2016

CONNECTICUT PHYSICAL THERAPY

Part'II-A Complete if the organ	nization is exe	mpt under section	on 501(c)(3) and file	ed Form 5768 (e	election under
section 501(h)).					
expenses, and share	of excess lobbying	expenditures)	n Part IV each affiliated	group member's nai	ne, address, EIN,
B Check L if the filing organization	n checked box A a	and "limited control" pr	ovisions apply		0.3.4661.4.4.4.
	on Lobbying Expe ures" means amo	enditures unts paid or incurred)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	nce public opinion	(grass roots lobbying)			1
b Total lobbying expenditures to influe	nce a legislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add line	s 1a and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (add lines 1c and 1	d)			
f Lobbying nontaxable amount Enter	the amount from th	ne following table in bo	th columns		
If the amount on line 1e, column (a) or (b) is: The lob	obying nontaxable am	ount is:		
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000,0		00 plus 15% of the ex			
Over \$1,000,000 but not over \$1,500		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,00		00 plus 5% of the exce	ess over \$1,500,000		
Over \$17,000,000	\$1,000	,000			
g Grassroots nontaxable amount (ente	25% of line 1f)				
h Subtract line 1g from line 1a. If zero o	•				
i Subtract line 1f from line 1c If zero o					
i If there is an amount other than zero	•	line 1, did the organiz	ation file Form 4720		
reporting section 4911 tax for this ye	ar?				Yes No
		eraging Period Under	* *		
(Some organizations that		501(h) election do not rate instructions for li	·	f the five columns	below.
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures		l	<u> </u>		<u> </u>

CONNECTICUT PHYSICAL THERAPY

Schedule C (Form 990 or 990-EZ) 2016 ASSOCIATION, INC. 22-3327237 Page 3
Part JI-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

or each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		(a))	(b)		
the lobbying activity	Y	es	No	Am	ount	
During the year, did the filing organization attempt to influence foreign, national, state or						
local legislation, including any attempt to influence public opinion on a legislative matter						
or referendum, through the use of		İ				
a Volunteers?						
b Paid staff or management (include compensation in expenses reported on lines 1c through	1))?					
c Media advertisements?					·	
d Mailings to members, legislators, or the public?						
e Publications, or published or broadcast statements?						
f Grants to other organizations for lobbying purposes?						
g Direct contact with legislators, their staffs, government officials, or a legislative body?						
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
Other activities?						
j Total Add lines 1c through 1i						
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b If "Yes," enter the amount of any tax incurred under section 4912						
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
art III-A Complete if the organization is exempt under section 501(c)(4)	, section 5	01(c)(5), or se	ection		
501(c)(6).						
				V	No	
				Yes		
1 Were substantially all (90% or more) dues received nondeductible by members?			1	res	Х	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?			1 2	Х	Х	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditure art III-B Complete if the organization is exempt under section 501(c)(4)	, section 5	01(c)(2 3 5), or se	X X ection		
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditure art III-B Complete if the organization is exempt under section 501(c)(4) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are ans answered "Yes."	, section 5	01(c)(2 3 5), or se	X X ection t III-A, lir	ne 3, is	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditure art III-B Complete if the organization is exempt under section 501(c)(4) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are ans answered "Yes." Dues, assessments and similar amounts from members	, section 5 wered "No	01(c)(2 3 5), or se	X X ection t III-A, lir		
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditure (art III-B) Complete if the organization is exempt under section 501(c)(4) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are ans answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts)	, section 5 wered "No	01(c)(2 3 5), or se	X X ection t III-A, lir	ne 3, is	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditure (art III-B) Complete if the organization is exempt under section 501(c)(4) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are ans answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts expenses for which the section 527(f) tax was paid).	, section 5 wered "No	01(c)(2 3 5), or se (b) Part	X X ection t III-A, lir	ne 3, is	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures (art III-B) Complete if the organization is exempt under section 501(c)(4) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are ans answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts expenses for which the section 527(f) tax was paid). a Current year	, section 5 wered "No	01(c)(2 3 5), or se 1 (b) Part	X X ection t III-A, lin 8:	ne 3, is	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditure (art III-B) Complete if the organization is exempt under section 501(c)(4) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are ans answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts expenses for which the section 527(f) tax was paid). Current year b Carryover from last year	, section 5 wered "No	01(c)(2 3 5), or se 4 (b) Part	X X ection t III-A, lin 8:	ne 3, is 1,190 9,734 0,867	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditure art III-B Complete if the organization is exempt under section 501(c)(4) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are ansanswered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total	, section 5 wered "No of political	01(c)(2 3 5), or se (b) Part 1 2a 2b 2c	X X ection t III-A, lin 8: 49 50	ne 3, is 1,190 9,734 0,867 0,601	
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

CONNECTICUT PHYSICAL THERAPY ASSOCIATION, INC.

Employer identification number 22-3327237

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT IN	NCOME:	
DESCRIPTION OF PROPERTY:	·	AMOUNT:
DIVIDEND INCOME		3,024.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:		
DESCRIPTION OF OTHER EXPENSES:		AMOUNT:
MANAGEMENT FEE		47,000.
GOVERNMENTAL RELATIONS		49,734.
COMMITTEES		8,828.
ACCOUNTING FEES		3,350.
OFFICE SUPPLIES AND EXPENSES		8,665.
CONFERENCE FEES		964.
CONFERENCES, CONVENTIONS, AND MEETINGS		26,773.
PRESIDENT & EXECUTIVE DIRECTOR REIMBURSEMENTS		4,208.
SCHOLARSHIP		3,087.
TOTAL TO FORM 990-EZ, LINE 16		152,609.
FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASS	SETS:	
CHANGES IN NET ASSETS OR FUND BALANCES:		AMOUNT:
UNREALIZED GAIN ON INVESTMENTS		713.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:		
DESCRIPTION	BEG. OF YEAR	END OF YEAR
MUTUAL FUNDS	120,022.	102,345.
PREPAID EXPENSE	0.	3,917.
TOTAL TO FORM 990-EZ, LINE 24	120,022.	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (For	m 990 or 990-EZ) (2016)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

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Open to Public Inspection

Name of the organization

CONNECTICUT PHYSICAL THERAPY

Employer identification number 22-3327237

ASSOCIATION, INC.		4143	<u>′</u>
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:			
DESCRIPTION BEG. OF	YEAR	END	OF YEA
ACCRUED EXPENSES	0.		5,000
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - DEVELOP A	ND IMPR	OVE	
PHYSICAL THERAPY EDUCATION, PRACTICE AND RESEARCH.			
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLIS	HMENTS:		
EDUCATIONAL MEETINGS AND CONFERENCES FOR STATE PHYSICAL			
THERAPY ASSOCIATION MEMBERS - FELLOWSHIP PROGRAMS FOR THE	ı		
PROMOTION OF ETHICAL BEHAVIOR BY MEMBERS - COMMUNITY			
AWARENESS OF ASSOCIATION ACTIVITY.			
		···	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEF	IT CONT	'RACT	S:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FU	NDS, DI	RECT	LY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONT	RACT.		
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMI	UMS, DI	RECT	LY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.			

Schedule O (Form 990 or 990-EZ) CONNECTICUT PHYSICAL THERAPY **Employer identification number** Name of the organization ASSOCIATION, INC. 22-3327237

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV) 22-3327237 (d) Health benefits, contributions to employee benefit plans, and deferred (b) Average hours (e) Estimated (C) Reportable per week devoted to compensation (Forms W-2/1099-MISC) amount of other (a) Name and title position compensation (If not paid, enter -0-) compensation TAMARA PAOLANGELI 0. DIRECTOR 0.00 0. 0.