

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
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 If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan CHILDRENS COMMUNITY CARE, INC. DBA CHILDRENS COMMUNITY PEDIATRICS 401(K) AND PROFIT SHARING PLAN 2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) CHILDRENS COMMUNITY CARE, INC. DBA CHILDRENS COMMUNITY PEDIATRICS 11279 PERRY HIGHWAY PINE CENTER - SUITE 450 WEXFORD, PA 15090	1b Three-digit plan number (PN) ►	001	
	1c Effective date of plan	10/01/2002	
	2b Employer Identification Number (EIN)	25-1781887	
	2c Sponsor's telephone number	724-933-1100	
	2d Business code (see instructions)	621111	

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2011	MICHELLE SPRINGER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") CHILDRENS COMMUNITY CARE, INC. DBA CHILDRENS COMMUNITY PEDIATRICS 11279 PERRY HIGHWAY PINE CENTER - SUITE 450 WEXFORD, PA 15090	3b Administrator's EIN 25-1781887 3c Administrator's telephone number 724-933-1100
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4 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: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	526
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	446
b Retired or separated participants receiving benefits.....	6b	23
c Other retired or separated participants entitled to future benefits.....	6c	44
d Subtotal. Add lines 6a , 6b , and 6c	6d	513
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	513
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	513
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	10
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2G 2J 2K 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan CHILDRENS COMMUNITY CARE, INC. DBA CHILDRENS COMMUNITY PEDIATRICS 401(K) AND PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CHILDRENS COMMUNITY CARE, INC. DBA CHILDRENS COMMUNITY PEDIATRICS	D Employer Identification Number (EIN) 25-1781887	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CAPITAL RESEARCH & MANAGEMENT CO.
95-1411037

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

CAPITAL RESEARCH & MANAGEMENT CO.

95-1411037

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 52 60 62 25 49 72 37	RECORDKEEPER	1669	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan CHILDRENS COMMUNITY CARE, INC. DBA CHILDRENS COMMUNITY PEDIATRICS 401(K) AND PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 CHILDRENS COMMUNITY CARE, INC. DBA CHILDRENS COMMUNITY PEDIATRICS	D Employer Identification Number (EIN) 25-1781887	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	843277	863205
(2) U.S. Government securities.....	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	194542	288441
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	28898617	35860438
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	29936436	37012084

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	29936436	37012084
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1664230	
(B) Participants	2a(1)(B)	2047761	
(C) Others (including rollovers)	2a(1)(C)	71439	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3783430

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	10817	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		10817

(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	833062	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		833062

(3) Rents	2b(3)		0
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		3170318
c Other income.....	2c		3
d Total income. Add all income amounts in column (b) and enter total.....	2d		7797630

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	715522	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		715522
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		4791
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	1669	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1669
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		721982

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		7075648
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: ALPERN ROSENTHAL

(2) EIN: 25-1724342

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan <u>CHILDRENS COMMUNITY CARE, INC. DBA CHILDRENS COMMUNITY PEDIATRICS 401(K) AND PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CHILDRENS COMMUNITY CARE, INC. DBA CHILDRENS COMMUNITY PEDIATRICS</u>	D Employer Identification Number (EIN) <u>25-1781887</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>20-3691658</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2010
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**CHILDREN'S COMMUNITY CARE, INC.
(d/b/a Children's Community Pediatrics)
401(k) AND PROFIT SHARING PLAN**

**Financial Statements
and
Supplemental Information**

December 31, 2010 and 2009

CHILDREN'S COMMUNITY CARE, INC.
(d/b/a Children's Community Pediatrics)
401(k) AND PROFIT SHARING PLAN

**Financial Statements
and
Supplemental Information**

December 31, 2010 and 2009

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Independent Auditors' Report

To the Participants and Administrator
Children's Community Care, Inc.
(d/b/a Children's Community Pediatrics)
401(k) and Profit Sharing Plan
Wexford, Pennsylvania

We were engaged to audit the accompanying statements of net assets available for plan benefits of the Children's Community Care, Inc. (d/b/a Children's Community Pediatrics) 401(k) and Profit Sharing Plan as of December 31, 2010 and 2009, and the related statements of changes in net assets available for plan benefits for the years then ended and the supplemental schedule of assets (held at end of year) as of December 31, 2010. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Capital Bank and Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2010 and 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the Plan's financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



September 27, 2011

CHILDREN'S COMMUNITY CARE, INC.
(d/b/a Children's Community Pediatrics)
401(k) AND PROFIT SHARING PLAN

Statements of Net Assets Available for Plan Benefits

December 31	2010	2009
ASSETS		
Investments - Mutual funds - at fair value - Note 3	<u>\$ 36,723,643</u>	<u>\$ 29,741,894</u>
Receivables		
Employer	15,311	14,553
Participants	11,560	9,963
Notes receivable from participants	<u>288,441</u>	<u>194,542</u>
Total Receivables	<u>315,312</u>	<u>219,058</u>
Net Assets Available for Plan Benefits	<u><u>\$ 37,038,955</u></u>	<u><u>\$ 29,960,952</u></u>

The accompanying notes are an integral part of these financial statements.

CHILDREN'S COMMUNITY CARE, INC.
(d/b/a Children's Community Pediatrics)
401(k) AND PROFIT SHARING PLAN

Statements of Changes in Net Assets Available for Plan Benefits

For the Years Ended December 31	2010	2009
Additions		
Investment Income		
Net appreciation in fair value of investments - Note 3	\$ 3,170,318	\$ 5,457,545
Dividends and interest	833,062	667,883
Total Investment Income	4,003,380	6,125,428
Interest Income on Notes Receivable From Participants	10,817	11,438
Contributions		
Employer	1,664,988	1,611,081
Participants	2,049,358	1,976,952
Rollovers	71,439	57,984
Total Contributions	3,785,785	3,646,017
Other Income	-	1,659
Total Additions	7,799,982	9,784,542
Deductions		
Distribution of benefits to participants	720,313	511,637
Administrative fees	1,666	1,512
Total Deductions	721,979	513,149
Net Increase in Net Assets Available for Plan Benefits	7,078,003	9,271,393
Net Assets Available for Plan Benefits - Beginning of year	29,960,952	20,689,559
Net Assets Available for Plan Benefits - End of year	<u>\$ 37,038,955</u>	<u>\$ 29,960,952</u>

The accompanying notes are an integral part of these financial statements.

CHILDREN'S COMMUNITY CARE, INC.
(d/b/a Children's Community Pediatrics)
401(k) AND PROFIT SHARING PLAN

Notes to the Financial Statements

Note 1 - Description of the Plan

The following description of the Children's Community Care, Inc. (d/b/a Children's Community Pediatrics) 401(k) and Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a complete description of the Plan's provisions.

A. General

The Plan, as amended, is a defined contribution plan covering substantially all employees of Children's Community Care, Inc. (d/b/a Children's Community Pediatrics) (the Company) who have completed at least one year of service.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Entry dates are the earlier of the first day of the plan year or the first day of the seventh month of the plan year coinciding with or following the date on which an employee meets the eligibility requirements.

B. Contributions

Participants may direct contributions to the Plan from 1% up to 50% of their annual compensation on a pre-tax deferred basis, subject to certain limitations. The Plan was amended effective January 1, 2009 to allow participants to elect Roth deferrals. Roth deferrals are subject to Federal income tax in the year of deferral. In any calendar year in which a participant is age 50 or older, an additional "catch-up contribution" (limited to \$5,500 in 2010 and \$5,000 in 2009) may be made. Participants may also roll over balances into the Plan from other qualified retirement plans. The Company provides a qualified safe harbor non-elective contribution of 3% of each participant's eligible compensation. The Company may also make a matching contribution equal to a discretionary percentage of participants' salary deferrals. Forfeited amounts are allocated to all eligible participants and are used to reduce Company matching contributions. Forfeitures were approximately \$8,400 for the year ended December 31, 2010 and approximately \$5,400 for the year ended December 31, 2009. Company contributions for the years ended December 31, 2010 and 2009 consist of the following:

	<u>2010</u>	<u>2009</u>
Discretionary Company match	\$ 782,394	\$ 739,447
Qualified safe harbor non-elective contribution	<u>882,594</u>	<u>871,634</u>
	<u>\$1,664,988</u>	<u>\$1,611,081</u>

CHILDREN'S COMMUNITY CARE, INC.
(d/b/a Children's Community Pediatrics)
401(k) AND PROFIT SHARING PLAN

Notes to the Financial Statements (Continued)

Note 1 - Description of the Plan (Continued)

B. Contributions (Continued)

Employee contributions for the years ended December 31, 2010 and 2009 consist of the following:

	<u>2010</u>	<u>2009</u>
Pre-tax deferrals	\$1,912,672	\$1,868,581
Roth deferrals	<u>136,686</u>	<u>108,371</u>
	<u>\$2,049,358</u>	<u>\$1,976,952</u>

C. Participant Accounts

The plan administrator maintains separate accounts for each participant. Each participant's account is credited with their voluntary contribution and with an allocation of the Company's matching contributions and plan earnings. Allocations of the Company's contributions are based on employee contributions for the Company matching amount and on compensation for any qualified non-elective contributions. Allocations of fund investment income (loss) to the participants' accounts are based upon the ratio of the participant's account balance to the total balance of all participant account balances in the fund. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

D. Vesting

Participants are immediately vested in their contributions and all qualified non-elective contributions made by the Company, plus actual earnings thereon. A participant is 100% vested in the Company's discretionary matching contributions after three years of credited service.

E. Benefits

Upon early termination of employment or termination of service due to death, disability or retirement, a participant or their beneficiary may receive payment in a lump sum, or in installments equal to the value of the participant's vested interest in his or her account. If the participant's account balance is less than or equal to \$1,000, the Plan may make a lump-sum payment without the participant's consent.

CHILDREN'S COMMUNITY CARE, INC.
(d/b/a Children's Community Pediatrics)
401(k) AND PROFIT SHARING PLAN

Notes to the Financial Statements (Continued)

Note 1 - Description of the Plan (Continued)

F. Notes Receivable From Participants

Participants may request a loan from the Plan. The maximum amount that participants may borrow is equal to the lesser of \$50,000 or one-half of their vested account balance, reduced by the participant's highest outstanding loan balance during the prior 12 months. The minimum amount that participants may borrow is \$1,000. Loan repayment terms may not exceed 60 months unless the loan is granted for the purpose of acquiring the principal residence of the participant. In that case, repayment can be over a reasonable time period that may be longer than 60 months. Interest on loans is charged at the prime rate in effect at the date of the loan plus 1%.

In September 2010, the Financial Accounting Standards Board (FASB) issued guidance to address reporting for loans to participants in defined contribution plans. The guidance changes the classification of participant loans from investments to notes receivable. The guidance also exempts participant loans from fair value and credit quality disclosure requirements. This guidance is effective for the plan year ending December 31, 2010, and has been applied retrospectively.

G. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants become 100% vested in their accounts.

Note 2 - Summary of Significant Accounting Policies

A. Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

B. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

CHILDREN'S COMMUNITY CARE, INC.
(d/b/a Children's Community Pediatrics)
401(k) AND PROFIT SHARING PLAN

Notes to the Financial Statements (Continued)

Note 2 - Summary of Significant Accounting Policies (Continued)

C. Investment Valuation and Income Recognition

Fair value is defined as the price that would be received from selling an asset or paid to transfer a liability in an orderly transaction between market participants at a measurement date. When determining the fair value measurements for assets and liabilities required to be recorded at fair value, the Plan considers the principal or most advantageous market in which it would transact and considers the assumptions that market participants would use when pricing the asset or liability.

The three levels of inputs that may be used to measure fair value are as follows:

- Level 1 - Observable inputs such as quoted prices in active markets for identical investments that the Plan has the ability to access.
- Level 2 - Inputs include:
 - a. Quoted prices for similar assets or liabilities in active markets;
 - b. Quoted prices for identical or similar assets or liabilities in inactive markets;
 - c. Inputs, other than quoted prices in active markets, that are observable either directly or indirectly;
 - d. Inputs that are derived principally from, or corroborated by, observable market data by correlation or other means.
- Level 3 - Unobservable inputs in which there is little or no market activity for the asset or liability, which require the reporting entity to develop its own estimates and assumptions relating to the pricing of the asset or liability including assumptions regarding risk.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

The following is a description of the valuation methodologies used for the Plan's assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

Mutual funds are public investment vehicles valued using the net asset value (NAV) provided by the administrator of the fund on the last day of the Plan's year end. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is a quoted price in an active market and classified within Level 1 of the fair value hierarchy.

CHILDREN'S COMMUNITY CARE, INC.
(d/b/a Children's Community Pediatrics)
401(k) AND PROFIT SHARING PLAN

Notes to the Financial Statements (Continued)

Note 2 - Summary of Significant Accounting Policies (Continued)

C. Investment Valuation and Income Recognition (Continued)

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The cost of investments sold, distributed, or forfeited is determined using the specific identification method. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

The Plan's investments are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with these investments and the level of uncertainty related to changes in the value of these investments, it is at least reasonably possible that changes in the near term could materially affect the amounts reported in the statements of net assets available for plan benefits and the statements of changes in net assets available for plan benefits.

D. Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

E. Investment Management Fees and Operating Expenses

Investment management fees and operating expenses charged to the Plan for investments in the various funds are deducted from income earned on a daily basis and are reflected as a component of net appreciation in fair values of investments.

F. Administrative Expenses

Administrative expenses, other than the annual audit fee, which is paid by the Company, are paid by the Plan. The Company may elect, however, not to pay the annual audit fee, at which time it would be paid by the Plan.

CHILDREN'S COMMUNITY CARE, INC.
(d/b/a Children's Community Pediatrics)
401(k) AND PROFIT SHARING PLAN

Notes to the Financial Statements (Continued)

Note 2 - Summary of Significant Accounting Policies (Continued)

G. Benefit Payments

Benefits are recorded when paid.

H. Adoption of New Accounting Standard

In January 2010, the FASB issued additional guidance for disclosing fair value. This guidance requires new and revised disclosures for recurring or non-recurring fair value measurements related to significant transfers into and out of Levels 1 and 2, and for purchases, sales, issuances, and settlements in the roll forward of activity for Level 3 fair value measurements. The guidance also clarifies existing disclosures related to the level of disaggregation and the inputs and valuation techniques used for fair value measurements. The new disclosures and clarifications of existing disclosures about fair value measurements were effective for reporting periods beginning after December 15, 2009. However, the disclosures about purchases, sales, issuances, and settlements in the roll forward of activity for Level 3 fair value measurements are not effective until reporting periods beginning after December 15, 2010. The adoption of this guidance did not, and is not expected to, have a material impact on the Company's financial position, results of operations or cash flows.

I. Reclassifications

Certain reclassifications have been made to the 2009 financial statements to conform with the 2010 presentation.

J. Subsequent Events

The plan sponsor evaluated subsequent events and transactions for potential recognition or disclosure in the financial statements through September 27, 2011, the day the financial statements were approved and authorized for issue.

CHILDREN'S COMMUNITY CARE, INC.
(d/b/a Children's Community Pediatrics)
401(k) AND PROFIT SHARING PLAN

Notes to the Financial Statements (Continued)

Note 3 - Investments

The following tables set forth, by level, within the fair value hierarchy, the Plan's assets as described in Note 2.

<u>As of December 31, 2010</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds				
Allocation	\$ 7,049,760	\$ -	\$ -	\$ 7,049,760
Blend	7,440,404	-	-	7,440,404
Bond	3,297,311	-	-	3,297,311
Emerging market	2,246,304	-	-	2,246,304
Growth	6,342,098	-	-	6,342,098
Money market	863,208	-	-	863,208
Target date	2,540,569	-	-	2,540,569
Value	5,591,633	-	-	5,591,633
World stock	<u>1,352,356</u>	<u>-</u>	<u>-</u>	<u>1,352,356</u>
Total assets at fair value	<u>\$36,723,643</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$36,723,643</u>

<u>As of December 31, 2009</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds				
Allocation	\$ 5,758,323	\$ -	\$ -	\$ 5,758,323
Blend	6,320,518	-	-	6,320,518
Bond	2,616,163	-	-	2,616,163
Emerging market	1,852,964	-	-	1,852,964
Growth	5,168,811	-	-	5,168,811
Money market	843,277	-	-	843,277
Target date	1,625,373	-	-	1,625,373
Value	4,425,448	-	-	4,425,448
World stock	<u>1,131,017</u>	<u>-</u>	<u>-</u>	<u>1,131,017</u>
Total assets at fair value	<u>\$29,741,894</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$29,741,894</u>

CHILDREN'S COMMUNITY CARE, INC.
(d/b/a Children's Community Pediatrics)
401(k) AND PROFIT SHARING PLAN

Notes to the Financial Statements (Continued)

Note 3 - Investments (Continued)

The fair value of individual investments that represents 5% or more of the Plan's net assets is as follows:

	<u>2010</u>	<u>2009</u>
<u>American Funds</u>		
Balanced Fund	\$4,268,901	\$3,483,007
EuroPacific Growth Fund	\$3,602,181	\$3,047,991
New World Fund	\$2,246,304	\$1,852,964
The Growth Fund of America	\$5,033,917	\$4,177,635
The Income Fund of America	\$2,780,859	\$2,275,316
The Investment Company of America	\$2,411,280	\$2,109,667
Washington Mutual Investors Fund	\$3,422,658	\$2,740,865
<u>PIMCO</u>		
NFJ Small Cap Value Fund A	\$2,168,975	\$1,684,583
Total Return Fund A	\$3,287,615	\$2,606,999

During 2010 and 2009, the appreciation (depreciation) in the Plan's investments (including investments bought, sold and held during the year) was substantially all related to mutual funds.

Note 4 - Certification of Financial Information

Capital Bank and Trust Company, the plan trustee, has certified all investment information summarized in the statements of net assets available for plan benefits and the statements of changes in net assets available for plan benefits as of and for the years ended December 31, 2010 and 2009 is complete and accurate.

Note 5 - Tax Status

The plan sponsor has adopted a modified prototype plan of American Funds Distributors, Inc. (AFD). AFD obtained a letter dated May 28, 2002, in which the Internal Revenue Service stated its opinion that the form of the prototype plan of AFD is acceptable under Section 401 of the Internal Revenue Code (IRC) for use by employers for the benefit of their employees. The Plan has since been amended. The plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

CHILDREN'S COMMUNITY CARE, INC.
(d/b/a Children's Community Pediatrics)
401(k) AND PROFIT SHARING PLAN

Notes to the Financial Statements (Continued)

Note 6 - Exempt Party-in-interest Transactions

Certain administrative functions are performed by officers or employees of the Company at no cost to the Plan.

Certain plan investments are shares of registered investment companies (mutual funds) managed by an affiliate of Capital Bank and Trust Company. Capital Bank and Trust Company is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. The total market value of investments in the registered investment companies (mutual funds) managed by Capital Bank and Trust Company was \$28,522,233 at December 31, 2010 and \$23,287,089 at December 31, 2009. Fees paid by the Plan to Capital Bank and Trust Company for the investment management services were not significant for the years ended December 31, 2010 and 2009.

Certain plan assets are invested in notes receivable from participants.

Note 7 - Reconciliation of Financial Statements to Schedule H of Form 5500

Contributions receivable are not recorded on Schedule H of Form 5500, which was prepared on the cash basis. The following is a reconciliation of net assets available for plan benefits per the financial statements as of December 31, 2010 and 2009 to Schedule H of Form 5500:

	<u>2010</u>	<u>2009</u>
Net assets available for plan benefits per the financial statements	\$37,038,955	\$29,960,952
Contributions receivable from		
Employer	(15,311)	(14,553)
Participants	(11,560)	(9,963)
Net assets available for plan benefits per Schedule H of Form 5500	<u>\$37,012,084</u>	<u>\$29,936,436</u>

CHILDREN'S COMMUNITY CARE, INC.
(d/b/a Children's Community Pediatrics)
401(k) AND PROFIT SHARING PLAN

Notes to the Financial Statements (Continued)

Note 7 - Reconciliation of Financial Statements to Schedule H of Form 5500 (Continued)

The following is a reconciliation of total contributions per the financial statements for the years ended December 31, 2010 and 2009 to Schedule H of Form 5500:

	<u>2010</u>	<u>2009</u>
Total contributions per the financial statements	\$3,785,785	\$3,646,017
Contributions receivable - beginning of year		
Employer	14,553	19,725
Participants	9,963	14,536
Contributions receivable - end of year		
Employer	(15,311)	(14,553)
Participants	(<u>11,560</u>)	(<u>9,963</u>)
Contributions per Schedule H of Form 5500	<u>\$3,783,430</u>	<u>\$3,655,762</u>

SUPPLEMENTAL INFORMATION

CHILDREN'S COMMUNITY CARE, INC.
(d/b/a Children's Community Pediatrics)
401(k) AND PROFIT SHARING PLAN

EIN: 25-1781887 Plan #001

Schedule of Assets (Held at End of Year) (Schedule H - Line 4i)

December 31, 2010

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
Mutual Funds			
*	American Funds	Balanced Fund	\$ 4,268,901
		Cap World Growth and Income	1,352,356
		EuroPacific Growth Fund	3,602,181
		New World Fund	2,246,304
		Money Market Fund	863,208
		The Growth Fund of America	5,033,917
		The Income Fund of America	2,780,859
		The Investment Company of America	2,411,280
		Washington Mutual Investors Fund	3,422,658
		2010 Target Date Fund	91,144
		2015 Target Date Fund	649,301
		2020 Target Date Fund	272,774
		2025 Target Date Fund	528,140
		2030 Target Date Fund	468,326
		2035 Target Date Fund	302,117
		2040 Target Date Fund	64,642
		2045 Target Date Fund	87,041
		2050 Target Date Fund	76,429
		2055 Target Date Fund	655
	Federated PIMCO	Max Cap Index Fund SS	1,426,943
		Low Duration Fund A	9,696
		NFJ Small Cap Value Fund A	2,168,975
		Total Return Fund A	3,287,615
	Van Kampen	Mid Cap Growth Fund A	1,308,181
Notes Receivable From Participants			
*	Participant loans	4.25% - 9.25%	288,441
			<u><u>\$ 37,012,084</u></u>
* Party-in-interest			

See independent auditors' report.

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name CHILDRENS COMMUNITY CARE, INC. DBA CHILDRENS COMMUNITY PEDIATRICS 151781887
Plan Sponsor's Name CHILDRENS COMMUNITY CARE, INC. DBA CHILDRENS COMMUNITY PEDIATRICS

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	AMERICAN FUNDS WASHINGTON MUTUAL FU	N/A	3,170,496	3,422,658
	FEDERATED MAX CAP INDEX FUND SS	N/A	1,730,455	1,426,943
	AMERICAN FUNDS INCOME FUND OF AMERI	N/A	2,784,493	2,780,859
	AMERICAN FUNDS AMERICAN BALANCED FU	N/A	3,921,826	4,268,901
	PIMCO LOW DURATION FUND - A	N/A	9,350	9,696
	PIMCO TOTAL RETURN - A	N/A	3,236,027	3,287,615
	AMERICAN FUNDS MONEY MARKET FUND RB	N/A	861,434	861,434

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name CHILDRENS COMMUNITY CARE, INC. DBA CHILDRENS COMMUNITY PEDIATRICS 151781887
Plan Sponsor's Name CHILDRENS COMMUNITY CARE, INC. DBA CHILDRENS COMMUNITY PEDIATRICS

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	AMERICAN FUNDS WASHINGTON MUTUAL FU	N/A	3,170,496	3,422,658
	FEDERATED MAX CAP INDEX FUND SS	N/A	1,730,455	1,426,943
	AMERICAN FUNDS INCOME FUND OF AMERI	N/A	2,784,493	2,780,859
	AMERICAN FUNDS AMERICAN BALANCED FU	N/A	3,921,826	4,268,901
	PIMCO LOW DURATION FUND - A	N/A	9,350	9,696
	PIMCO TOTAL RETURN - A	N/A	3,236,027	3,287,615
	AMERICAN FUNDS MONEY MARKET FUND RB	N/A	861,434	861,434

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name CHILDRENS COMMUNITY CARE, INC. DBA CHILDRENS COMMUNITY PEDIATRICS PLAN 2651781887
Plan Sponsor's Name CHILDRENS COMMUNITY CARE, INC. DBA CHILDRENS COMMUNITY PEDIATRICS

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	AMERICAN FUNDS 2010 TARGET DATE FUN	N/A	85,067	91,144
	AMERICAN FUNDS 2015 TARGET DATE FUN	N/A	526,391	649,301
	AMERICAN FUNDS 2020 TARGET DATE FUN	N/A	242,684	272,774
	AMERICAN FUNDS 2025 TARGET DATE FUN	N/A	387,976	528,140
	AMERICAN FUNDS 2030 TARGET DATE FUN	N/A	445,773	468,326
	AMERICAN FUNDS 2035 TARGET DATE FUN	N/A	245,185	302,117
	AMERICAN FUNDS 2040 TARGET DATE FUN	N/A	57,000	64,642

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name CHILDRENS COMMUNITY CARE, INC. DBA CHILDRENS COMMUNITY PEDIATRICS 1781887
Plan Sponsor's Name CHILDRENS COMMUNITY CARE, INC. DBA CHILDRENS COMMUNITY PEDIATRICS

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	AMERICAN FUNDS 2045 TARGET DATE FUN	N/A	78,468	87,041
	AMERICAN FUNDS 2050 TARGET DATE FUN	N/A	68,822	76,429
	AMERICAN FUNDS 2055 TARGET DATE FUN	N/A	609	655
	PARTICIPANT LOANS	Interest Rate - 4.250-9.250 Maturity Date - VARIOUS	288,393	288,440
	FORFEITURES	N/A	1,774	1,774