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

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 10/01/2010 and ending 09/30/2011

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
COMMUNITY CARE PHYSICIANS, P.C. PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/02/1985

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
COMMUNITY CARE PHYSICIANS, P.C.

CAPITAL REGION HEALTH PARK
711 TROY-SCHENECTADY ROAD
LATHAM, NY 12110

2b Employer Identification Number (EIN)
14-1660131

2c Sponsor's telephone number
518-782-3730

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.	06/29/2012	SHIRISH PARIKH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/29/2012	SHIRISH PARIKH
	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")
COMMUNITY CARE PHYSICIANS, P.C.

CAPITAL REGION HEALTH PARK
711 TROY-SCHENECTADY ROAD
LATHAM, NY 12110

3b Administrator's EIN
14-1660131

3c Administrator's telephone number
518-782-3730

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

5	Total number of participants at the beginning of the plan year	**5**	1337
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**	1092
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	130
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1222
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	1
f	Total. Add lines **6d** and **6e**	**6f**	1223
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1019
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	36
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:
2A 2E 2F 2G 2J 2K 2R 2T

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)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

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)	X	**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)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	X	1	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)	X		**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 10/01/2010 and ending 09/30/2011

A Name of plan
COMMUNITY CARE PHYSICIANS, P.C. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
COMMUNITY CARE PHYSICIANS, P.C.

D Employer Identification Number (EIN)
14-1660131

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
42-0127290	61271	425252	1223	10/01/2010	09/30/2011

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	34867279

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ FLEXIBLE INVESTMENT ANNUITY

b	Balance at the end of the previous year			7b	32819
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	
d	Total of balance and additions (add **b** and **c(6)**)			7d	32819
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	32819		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	32819
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 10/01/2010 and ending 09/30/2011

A Name of plan	**B** Three-digit plan number (PN) ▶	
COMMUNITY CARE PHYSICIANS, P.C. PROFIT SHARING PLAN		001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
COMMUNITY CARE PHYSICIANS, P.C.	14-1660131

Part I Service Provider Information (see instructions)

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

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 37 50 64	CONTRACT ADMINISTRATOR	62754	Yes [X] No [ ]	Yes [X] No [ ]	699	Yes [ ] No [X]

(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:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN;
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN;
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan 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 10/01/2010 and ending 09/30/2011

A Name of plan
COMMUNITY CARE PHYSICIANS, P.C. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
COMMUNITY CARE PHYSICIANS, P.C.

D Employer Identification Number (EIN)
14-1660131

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP VALUE III SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-022	P	2479374

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMCAP BLEND SEP ACCT-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-029	P	2772549

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP BLEND SEP ACCT-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-020	P	3089659

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMCAP GROWTH SEP ACCT-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-030	P	1676791

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN U.S. PROPERTY SEP ACCT-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-027	P	2068081

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN BOND AND MORTGAGE SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-005	P	6785170

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN DIVERSIFIED INTL SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-015	P	4060014

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LGCAP S&P 500 INDEX SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-016	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6828593

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN FIN GRP, INC. STOCK SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-086	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 129498

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSS LIFEPOINT GRWTH STR SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-081	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 985597

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSS LIFEPOINTS BAL STR SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-082	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2244395

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSS LIFEPOINTS CON STR SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-083	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 623124

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSS LFPT EQ GROWTH STR SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-084	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 700762

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSS LIFEPOINTS MOD STR SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN 42-0127290-085	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 423670

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 10/01/2010 and ending 09/30/2011

A Name of plan
COMMUNITY CARE PHYSICIANS, P.C. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COMMUNITY CARE PHYSICIANS, P.C.

D Employer Identification Number (EIN)
14-1660131

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4270530	4418498
(2) Participant contributions	1b(2)	131108	134350
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		201040
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	958225	1070197
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	33351557	34867277
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	33979387	37496175
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	32819	0
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	72723626	78187537
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	72723626	78187537

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) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	4423155	
(B) Participants	2a(1)(B)	3634592	
(C) Others (including rollovers)	2a(1)(C)	224366	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		8282113
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	32922	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		32922
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	1476	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	520789	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		522265
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-21035	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-21035
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-163516
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-458721
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		8194028
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2664055	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2664055
f Corrective distributions (see instructions)	2f		1608
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	64126	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	328	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		64454
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2730117
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		5463911
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

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) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: BOLLAM SHEEDY TORANI & CO LLP (2) EIN: 14-1442607

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.)	4a		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.)	4b		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.)	4c		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.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		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?	4g		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?	4h		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.)	4i	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.)	4j		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?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		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.	4n			

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.

For calendar plan year 2010 or fiscal plan year beginning 10/01/2010 and ending 09/30/2011

A Name of plan
COMMUNITY CARE PHYSICIANS, P.C. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COMMUNITY CARE PHYSICIANS, P.C.

D Employer Identification Number (EIN)
14-1660131

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**

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): 42-0127290

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 of 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**

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):

---

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):

BOLLAM, SHEEDY, TORANI & CO. LLP
Certified Public Accountants
26 Computer Drive West
Albany, New York 12205
(518) 459-6700

INDEPENDENT AUDITOR'S REPORT

Pension Trustee Committee
Community Care Physicians, P.C. Profit Sharing Plan
Latham, New York

We were engaged to audit the accompanying statements of net assets available for benefits of the Community Care Physicians, P.C. Profit Sharing Plan (Plan) as of September 30, 2011 and 2010, and the related statements of changes in net assets available for benefits for the years then ended, and the related supplemental Schedule H, Line 4i, schedule of assets (held at end of year) as of September 30, 2011. 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 3, which was certified by Principal Life Insurance Company and Delaware Charter Guarantee & Trust Company, conducting business as Principal Trust Company (Custodians), the Custodians 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 Custodians hold the Plan's investment assets and execute investment transactions. As discussed in Note 3, the Plan Administrator has obtained certifications from the Custodians regarding the completeness and accuracy of the investment information provided to the Plan Administrator by the Custodians as of and for the years ended September 30, 2011 and 2010.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified or provided by the Custodians, 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.

Bollam, Sheedy, Torani & Co. LLP

Albany, New York
April 20, 2012

COMMUNITY CARE PHYSICIANS, P.C.
PROFIT SHARING PLAN

SUPPLEMENTAL SCHEDULES REQUIRED UNDER ERISA AND DEPARTMENT OF LABOR REGULATIONS
SCHEDULE H
September 30, 2011

LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

The following schedule presents the fair value of investments at September 30, 2011:

(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
*	Principal Bond and Mortgage Account	Pooled Separate Account	$ 6,785,170
*	Principal Large Cap S&P 500 Index Account	Pooled Separate Account	6,828,593
*	Principal Mid Cap Value III Account	Pooled Separate Account	2,479,374
*	Principal Mid Cap Blend Account	Pooled Separate Account	3,089,659
*	Principal Small Cap Blend Account	Pooled Separate Account	2,772,549
*	Principal Small Cap Growth Account	Pooled Separate Account	1,676,791
*	Principal Diversified International Account	Pooled Separate Account	4,060,014
*	Principal U.S. Property Account	Pooled Separate Account	2,068,081
*	Principal Life- Prin Fin Grp Inc Stock	Pooled Separate Account	129,498
	Russell LifePoints Balanced Strategy Account	Pooled Separate Account	2,244,395
	Russell LifePoints Conservative Strategy Account	Pooled Separate Account	623,124
	Russell LifePoints Moderate Strategy Account	Pooled Separate Account	423,670
	Russell LifePoints Equity Growth Strategy Account	Pooled Separate Account	700,762
	Russell LifePoints Growth Strategy Account	Pooled Separate Account	985,597
	Vanguard Windsor II Fund	Mutual Fund	5,350,067
	Vanguard Balanced Index Fund	Mutual Fund	5,053,135
	American Century Ultra Fund	Mutual Fund	2,298,560
	American Century Small Cap Value Fund	Mutual Fund	1,651,413
	Vanguard Equity Income Fund	Mutual Fund	2,930,367
	Vanguard Health Care Fund	Mutual Fund	3,224,353
	T. Rowe Price Growth Fund	Mutual Fund	3,176,428
	AIM Dynamics Investment Fund	Mutual Fund	2,054,055
	Putnam Global Utilities Fund	Mutual Fund	379,438
	Putnam Global Equity Fund	Mutual Fund	1,153,897
	Vanguard Short-Term Treasury Fund	Mutual Fund	7,437,595
	Vanguard Inflation Protection Fund	Mutual Fund	2,032,773
	Artio Total Return Bond Fund Class	Mutual Fund	19,886
	Doubleline Emerging Markets Fi	Mutual Fund	9,546
	Federated Capital Reserves	Mutual Fund	673,365
	FPA Crescent Portfolio	Mutual Fund	3,238
	Harbor Commodity Real Return	Mutual Fund	2,850
	Harbor Unconstrained Bond Fund	Mutual Fund	2,895
	Hussman Strategic Growth Funds	Mutual Fund	5,011
	Hussman Strategic International	Mutual Fund	3,106
	Hussman Strategic Total Return	Mutual Fund	3,304
	Janus Balanced Fund	Mutual Fund	3,497
	Manning and Napier Fund	Mutual Fund	1,963
	Mathews Asia Dividend Fund	Mutual Fund	3,118
	Merger Fund	Mutual Fund	3,907
	Payden and Rygel Emerging Markets	Mutual Fund	3,873
	Permanent Portfolio Fund	Mutual Fund	2,505
	PIMCO All Asset All Authority	Mutual Fund	3,427
	PIMCO Global Multi Asset Fund	Mutual Fund	3,621
	Vanguard GNMA Fund	Mutual Fund	4,982

See Independent Auditor's Report.

COMMUNITY CARE PHYSICIANS, P.C.
PROFIT SHARING PLAN

SUPPLEMENTAL SCHEDULES REQUIRED UNDER ERISA AND DEPARTMENT OF LABOR REGULATIONS
SCHEDULE H
September 30, 2011

LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - Continued

(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
	Apple Computer, Inc.	Corporate Stock	3,431
	Astrazeneca PLC Sponsored	Corporate Stock	22,180
	Boardwalk Pipeline Partners	Corporate Stock	12,820
	Duke Energy Corp	Corporate Stock	19,990
	Energy Transfer Partners	Corporate Stock	20,505
	Ishares Silver Tr	Corporate Stock	24,574
	Ishares TR S&P Midcap 400	Corporate Stock	50,310
	Rydex ETF TR S&P 500	Corporate Stock	41,400
	Windstream Corp Com	Corporate Stock	5,830
			72,564,492
*	Participant notes receivable	3.25% - 9.50%	1,070,197
			$ 73,634,689

* Represents a party-in-interest to the Plan, as defined by ERISA.

Column (d) represents cost information and may be omitted with respect to participant or beneficiary directed investments under an individual account plan.

See Independent Auditor's Report.

COMMUNITY CARE PHYSICIANS, P.C.
PROFIT SHARING PLAN

FINANCIAL STATEMENTS
and
INDEPENDENT AUDITOR'S REPORT

September 30, 2011 and 2010

COMMUNITY CARE PHYSICIANS, P.C.
PROFIT SHARING PLAN

FINANCIAL STATEMENTS
and
INDEPENDENT AUDITOR'S REPORT

September 30, 2011 and 2010

C O N T E N T S

	Page
INDEPENDENT AUDITOR'S REPORT	1
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	2
Statements of Changes in Net Assets Available for Benefits	3
Notes to Financial Statements	4-12
SUPPLEMENTAL INFORMATION	
Supplemental Schedule Required Under ERISA and Department of Labor Regulations - September 30, 2011	13-14

BOLLAM, SHEEDY, TORANI & CO. LLP
Certified Public Accountants
26 Computer Drive West
Albany, New York 12205
(518) 459-6700

INDEPENDENT AUDITOR'S REPORT

Pension Trustee Committee
Community Care Physicians, P.C. Profit Sharing Plan
Latham, New York

We were engaged to audit the accompanying statements of net assets available for benefits of the Community Care Physicians, P.C. Profit Sharing Plan (Plan) as of September 30, 2011 and 2010, and the related statements of changes in net assets available for benefits for the years then ended, and the related supplemental Schedule H, Line 4i, schedule of assets (held at end of year) as of September 30, 2011. 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 3, which was certified by Principal Life Insurance Company and Delaware Charter Guarantee & Trust Company, conducting business as Principal Trust Company (Custodians), the Custodians 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 Custodians hold the Plan's investment assets and execute investment transactions. As discussed in Note 3, the Plan Administrator has obtained certifications from the Custodians regarding the completeness and accuracy of the investment information provided to the Plan Administrator by the Custodians as of and for the years ended September 30, 2011 and 2010.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified or provided by the Custodians, 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.

Bollam, Sheedy, Torani & Co. LLP

Albany, New York
April 20, 2012

COMMUNITY CARE PHYSICIANS, P.C.
PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	September 30, 2011	September 30, 2010
ASSETS		
Investments, at fair value	$ 72,564,492	$ 67,363,763
Receivables		
Participants' contribution	134,350	131,108
Employer's contribution	4,418,498	4,270,530
Participant notes receivable	1,070,197	958,225
	5,623,045	5,359,863
Total assets	78,187,537	72,723,626
LIABILITIES		
Excess participant deferrals payable	-	17,997
NET ASSETS AVAILABLE FOR BENEFITS	**$ 78,187,537**	**$ 72,705,629**

See Independent Auditor's Report and accompanying Notes to Financial Statements.

COMMUNITY CARE PHYSICIANS, P.C.
PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Years Ended September 30, 2011	2010
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment income		
Net appreciation in fair value of investments	$ -	$ 5,581,500
Interest and dividends	30,040	26,206
	30,040	5,607,706
Contributions		
Employer	4,423,155	4,282,304
Participant	3,652,589	3,608,087
Rollover	224,366	110,160
	8,300,110	8,000,551
Total additions	8,330,150	13,608,257
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Net depreciation in fair value of investments	118,125	-
Benefits paid to participants	2,665,663	2,097,618
Administrative expenses	64,454	61,923
Total deductions	2,848,242	2,159,541
Assets transferred related to the Washington Avenue office	-	43,212
Total deductions	2,848,242	2,202,753
Net increase in net assets available for benefits	**5,481,908**	**11,405,504**
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	72,705,629	61,300,125
NET ASSETS AVAILABLE FOR BENEFITS, end of year	**$ 78,187,537**	**$ 72,705,629**

See Independent Auditor's Report and accompanying Notes to Financial Statements.

NOTE 1 - DESCRIPTION OF PLAN

The Community Care Physicians, P.C. Profit Sharing Plan (Plan) was formed effective January 2, 1985. The Plan is sponsored by Community Care Physicians, P.C. (Company). The following description of the Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

a. General

The Plan is a Profit Sharing Plan with a 401(k) feature, covering all eligible full-time and part-time employees of the Company. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan document was restated effective October 1, 2009, for compliance with the Economic Growth and Tax Relief Reconciliation Act 2011 (EGTRRA) and other legislative and regulatory changes.

Effective August 25, 2010, the Plan was amended to name Delaware Charter Guarantee & Trust Company, conducting business as Principal Trust Company, as Custodians of the Plan.

Effective November 1, 2010, the Plan was amended to add OB/GYN Health Center Associates, LLP, with grandfathered hire dates for determining eligibility.

During the year ended September 30, 2010, $43,212 of Plan assets were spun off from the Plan to Oldendorf Medical Services, PLLC Savings Plus Plan.

b. Contributions

Each year, participants may contribute a percentage of their annual wages on a pre-tax basis to the Plan. Contributions are subject to certain limitations as defined by the Plan. The maximum participant deferral for each of the years ended September 30, 2011 and 2010, was $16,500. Participants age 50 and over are also permitted to make additional "catch-up" contributions. In addition, participants may roll over amounts representing distributions from other qualified retirement plans.

Participants receive a profit sharing contribution from the Company based on a class allocation formula. Classes for the profit sharing contribution are currently as follows:

Class 1	Physicians who own 30 or more shares of Company stock
Class 2	Physicians who own at least one, but less than 30 shares of Company stock
Class 3	Non-owner physicians and top management
Class 4	Non-physician providers
Class 5	All other employees
Class 6 and 7	Physicians who own 30 or more shares of Company stock who would otherwise cause the employer contribution for the employee class to exceed 5%

Contributions allocated to each class are discretionary and determined annually by the Board of Directors. The contributions were determined to be nondiscriminatory under the Internal Revenue Code. Contributions allocated by class were as follows:

	Years Ended September 30,	
	2011	2010
Class 1	$ 25,150	$ 25,150
Class 2	7% (a)	7% (a)
Class 3	4% (a)	4% (a)
Class 4	4.2% (a)	4.2% (a)
Class 5	2% (a)	2% (a)
Class 6	$ 25,150	$ 22,650
Class 7	$ 25,150	$ -

(a) % is applied to participant salary, up to a maximum salary of $245,000 for the each of the years ended September 30, 2011 and 2010.

NOTE 1 - DESCRIPTION OF PLAN - Continued

b. Contributions - Continued

The Company also makes a 3%, nonelective contribution, pursuant to a safe harbor election. The Company's nonelective contribution is based on the employees' compensation for the Plan year up to a maximum of $245,000 for the each of the years ended September 30, 2011 and 2010. As defined, a nonelective safe harbor contribution is a minimum contribution made by the Company that allows the Plan to be exempt from nondiscrimination tests.

Participants direct their elective deferral amounts and Company contributions to any of several investment options, which are held and administered by The Principal Life Insurance Company and the Delaware Charter Guarantee & Trust Company, conducting business as Principal Trust Company, the Custodians of the Plan.

For the year ended September 30, 2010, certain participants unintentionally made contributions in excess of their maximum deferral amounts. This amount is reported as a Plan liability in these financial statements and will be refunded to these participants in subsequent periods. There were no excess participant contributions for the year ended September 30, 2011.

c. Plan Eligibility

In general, employees are eligible to participate in the Plan after attaining age 21, completing 12 months of service, and having been credited with 1,000 hours of service during the eligibility computation period. The "eligibility computation period" is defined as the twelve-month period that begins with the date the employee was hired. If the employee does not meet the service requirements during the first year following the date of hire, the eligibility period becomes the Plan year. The requirements may then be met during the Plan year. Eligibility requirements are waived for full-time employees. A full-time employee is defined as having a regular work schedule of at least 30 hours per week. Full-time employees are eligible to participate after completion of one month of service. Terminated employees are eligible for employer contributions during the year of termination when credited with at least 500 hours of service during the period. The entry dates of the Plan are April 1 and October 1.

d. Participant Accounts

Each participant's account is credited with their own voluntary contribution plus the participant's allocable share of (a) the Company's profit sharing and non-elective safe harbor contributions; (b) forfeitures of terminated participants' nonvested accounts in excess of administrative expenses paid by the Plan; (c) Plan earnings or losses, and charged with an allocation of administrative expenses.

e. Vesting

Participants are immediately vested in their voluntary contributions, nonelective contributions, rollover amounts, and actual earnings thereon. Vesting in the profit sharing contribution portion of a participant's account is based on years of continuous service. A participant is 100% vested upon: (1) attaining six years of credited service; (2) disability; (3) death; (4) normal retirement at age 59½ and five years of service; or (5) termination of the Plan. If a participant's employment with the Company is terminated before age 59½ for any reason other than disability or death, the participant shall be entitled to an amount equal to the "vested percentage" of his or her account balance.

NOTE 1 - DESCRIPTION OF PLAN - Continued

A participant shall have a vested and nonforfeitable interest in his or her account balance determined by the number of years of service as follows:

Years of Service	Vesting %
Less than 1	0
1 but less than 2	0
2 but less than 3	20
3 but less than 4	40
4 but less than 5	60
5 but less than 6	80
6 or more	100

f. Participant Notes Receivable

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000, or 50% of their vested account balance. Loan terms range from one to five years, are secured by the balance in the participant's account, and bear interest at a rate commensurate with rates of commercial lending institutions for loans which would be made under similar circumstances. The interest rates in effect during the years ended September 30, 2011 and 2010, ranged from 3.25% to 9.50%. Principal and interest are paid ratably through payroll deductions.

g. Payment of Benefits

On termination of service due to death, disability, retirement, or other reasons, a participant may elect to receive an amount equal to the value of the participant's vested interest in their account as a lump sum distribution or as an annuity.

h. Forfeitures

Forfeitures may be first used to pay administrative expenses under the Plan. Forfeitures not used to pay administrative expenses shall be added to any employer discretionary contribution. The Company used $50,273 and $33,704 of forfeitures to pay administrative expenses during the years ended September 30, 2011 and 2010, respectively. The remaining forfeitures as of September 30, 2011, will be allocated accordingly to the employer discretionary contribution in the year in which they occur.

i. Administrative Costs

Administrative expenses are paid by the Plan and the Company.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A summary of the significant accounting policies consistently applied in the preparation of the accompanying financial statements follows.

a. Use of Estimates

In preparing financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP), management is required to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

b. Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is defined as an exchange price that would be received for an asset or paid to transfer a liability (an "exit" price) in the principal or most advantageous market for the asset or liability between market participants on the measurement date.

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

c. Participant Notes Receivable

Participant notes receivable are recorded at their unpaid principal balance plus accrued interest, if any.

d. Payment of Benefits

Benefits are recorded when paid.

e. Risk and Uncertainties

The Plan is comprised of investments in a combination of mutual funds and other investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the accompanying statements of net assets available for benefits.

f Subsequent Events

The Plan has evaluated subsequent events that provide additional evidence about conditions that existed at the financial statement date through April 20, 2012, the date the financial statements were available to be issued

NOTE 3 - INFORMATION CERTIFIED AND PROVIDED BY CUSTODIAN (UNAUDITED)

The following is a summary of the investment information as of September 30, 2011 and 2010, and for the years then ended that is included throughout the Plan's financial statements and supplemental schedule and that was prepared by or derived from information provided by Principal Life Insurance Company and Delaware Charter Guarantee & Trust Company, conducting business as Principal Trust Company, the Custodians of the Plan, for the years ended September 30, 2011 and 2010, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the Custodians that information provided to the Plan Administrator by the Custodians as listed below is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures which appear throughout the financial statements and supplemental schedule related to the following:

	September 30,	
	2011	2010
Investments, at fair value, end of year	$ 72,564,492	$ 67,363,763
Interest and dividends	30,040	26,206
Net appreciation (depreciation) in fair value of investments	(118,125)	5,581,500

NOTE 4 - INVESTMENTS AND FAIR VALUE MEASUREMENTS

The following table presents separately those assets that represent five percent or more of Plan's assets:

	September 30, 2011	September 30, 2010
Pooled Separate Accounts		
Principal Bond and Mortgage Account	$ 6,785,170	$ 6,777,667
Principal Large Cap S&P 500 Index Account	6,828,593	6,525,383
Principal Diversified International Account	4,060,014	4,270,126
Mutual Funds		
Vanguard Windsor II Fund	5,350,067	4,539,752
Vanguard Balanced Index Fund	5,053,135	4,488,252
Vanguard Short-Term Treasury Fund	7,437,595	9,517,679

The Plan's investments, including gains and losses on investments bought and sold, as well as held during the year is as follows:

	September 30, 2011	September 30, 2010
Pooled Separate Accounts	$ (163,516)	$ 3,274,469
Mutual Funds	84,023	2,276,402
Common and Collective Trusts	-	29,412
Guaranteed Interest Contracts	-	1,217
Self Directed Accounts	(38,632)	-
	$ (118,125)	$ 5,581,500

GAAP provides a framework for measuring fair value. That framework includes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The 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. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following three levels of inputs that may be used to measure fair value:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability, and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

NOTE 4 - INVESTMENTS AND FAIR VALUE MEASUREMENTS - Continued

Following is a description of the valuation methodologies used for assets measured at fair value at September 30, 2011. The determination of which of the three fair value levels is applicable to the various investment options available is based on guidelines provided by the Custodians and the judgment of management.

Pooled Separate Accounts: The pooled separate accounts invest in securities that have observable Level 2 pricing inputs, including quoted prices for similar assets in active or nonactive markets.

Mutual Funds: Valued at the net asset value (NAV) of shares held by the Plan.

Guaranteed Interest Contracts: Fair value is estimated based on the estimated amount Plan participants would receive currently if they were to withdraw or transfer funds within the Plan prior to maturity.

Corporate Stock: Valued at the quoted market value of shares held by the Plan.

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 following tables set forth by level within the fair value hierarchy, the major categories of Plan's assets measured at fair value:

	September 30, 2011			
	Level 1	Level 2	Level 3	Total
Mutual Funds				
US Large Equity	$ 13,755,422	$ -	$ -	$ 13,755,422
Small/Mid US Equity	3,705,468	-	-	3,705,468
International Equity	1,153,897	-	-	1,153,897
Balanced/Asset Allocation	5,053,135	-	-	5,053,135
Short Term Fixed Income	7,437,595	-	-	7,437,595
Fixed Income	2,032,773	-	-	2,032,773
Other	4,357,885	-	-	4,357,885
	37,496,175	-	-	37,496,175
Pooled Separate Accounts				
US Large Equity	-	6,828,593	-	6,828,593
Small/Mid US Equity	-	10,018,373	-	10,018,373
International Equity	-	4,060,014	-	4,060,014
Balanced/Asset Allocation	-	4,977,548	-	4,977,548
Short Term Fixed Income	-	-	-	-
Fixed Income	-	8,853,251	-	8,853,251
Other	-	129,498	-	129,498
	-	34,867,277	-	34,867,277
Corporate Stock				
Other	201,040	-	-	201,040
	$ 37,697,215	$ 34,867,277	$ -	$ 72,564,492

See Independent Auditor's Report.

NOTE 4 - INVESTMENTS AND FAIR VALUE MEASUREMENTS - Continued

	September 30, 2010			
	Level 1	Level 2	Level 3	Total
Mutual Funds				
US Large Equity	$ 11,291,315	$ -	$ -	$ 11,291,315
Small/Mid US Equity	3,039,941	-	-	3,039,941
International Equity	1,040,901	-	-	1,040,901
Balanced/Asset Allocation	4,488,252	-	-	4,488,252
Short Term Fixed Income	9,517,679	-	-	9,517,679
Fixed Income	1,647,299			1,647,299
Other	2,954,000	-	-	2,954,000
	33,979,387	-	-	33,979,387
Pooled Separate Accounts				
US Large Equity	-	6,525,383	-	6,525,383
Small/Mid US Equity	-	9,619,201	-	9,619,201
International Equity	-	4,270,126	-	4,270,126
Balanced/Asset Allocation	-	4,411,097	-	4,411,097
Short Term Fixed Income	-	-	-	-
Fixed Income	-	6,777,667	1,596,059	8,373,726
Other	-	152,024	-	152,024
	-	31,755,498	1,596,059	33,351,557
Guaranteed Interest Contracts				
* Guaranteed Interest Account	-	-	32,819	32,819
	$ 33,979,387	$ 31,755,498	$ 1,628,878	$ 67,363,763

* Represents a party-in-interest as defined by ERISA.

The following sets forth a summary of changes in the fair value of the Plan's unobservable (Level 3) assets measured for the year ended September 30, 2011:

	U.S. Property Separate Account	Guaranteed Interest Contracts	Total
Balance, beginning of year, October 1, 2009	$ 1,876,813	$ 153,802	$ 2,030,615
Investment income, net of depreciation	86,303	1,217	87,520
Purchases, sales, issuances, and settlements, net	(367,057)	(122,200)	(489,257)
Balance, beginning of year, October 1, 2010	1,596,059	32,819	1,628,878
Contributions	186,560	-	186,560
Earnings	296,453		296,453
Transfers in - net	70,532		70,532
Distributions/terminations	(69,720)	(32,819)	(102,539)
Loan activity - net	(9,322)		(9,322)
Fees/other	(2,480)		(2,480)
Transfer to Level 2	(2,068,082)	-	(2,068,082)
Balance, end of year, September 30, 2011	$ -	$ -	$ -

See Independent Auditor's Report.

NOTE 5 - INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan is entered into a benefit-responsive investment contract with Principal Life Insurance Company. Principal Life Insurance Company maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed interest account is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

NOTE 6 - PLAN TERMINATION

In the event that the Plan terminates, participants will become 100% vested in their accounts, and the remaining net assets of the Plan will be allocated as prescribed by ERISA and its related regulations. Upon termination of the Plan, the Custodians will continue to hold the Plan assets and will make distributions of the Plan benefits in accordance with the instructions of the Plan Administrator and the Plan provisions. The Company has no intentions of terminating the Plan at the present time.

NOTE 7 - TAX STATUS

The Internal Revenue Service (IRS) has ruled that the Volume Submitter Profit Sharing Plan with CODA offered by the Plan Trustee and adopted by the Plan on September 30, 2010, constitutes a qualified plan under Section 401(a) of the IRC and is, therefore, exempt from federal income taxes under the provisions of Section 501(a). The volume submitter plan has received an opinion letter dated March 31, 2008, from the IRS as to the Plan's qualified status. The Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

NOTE 8 - ADMINISTRATION OF PLAN ASSETS

The Plan assets are held by Principal Life Insurance Company and Delaware Charter Guarantee & Trust Company, conducting business as Principal Trust Company, the Custodians of the Plan. Company contributions, participant elective deferrals, and participant accounts are held and administered by the Custodians, who invest cash received in accordance with participant instructions and make distributions to participants.

Certain administrative functions are performed by officers or employees of the Company. No such officers or employees receive compensation for such functions from the Plan.

NOTE 9 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

Certain accounts of the Form 5500 were reported on the cash basis of accounting for the years ended September 30, 2011 and 2010.

The following is a reconciliation of net assets available for benefits per the accompanying financial statements, which were prepared under GAAP, to Form 5500:

	September 30,	
	2011	2010
Net asset available for benefits at fair value per financial statements	$ 78,187,537	$ 72,705,629
Plus: Excess participant deferrals payable	-	17,997
Net assets available for benefits per the Form 5500	$ 78,187,537	$ 72,723,626

See Independent Auditor's Report.

NOTE 9 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 - Continued

The following is a reconciliation of participant contributions in the accompanying statements of changes in net assets available for benefits to the Form 5500:

	Years Ended September 30,	
	2011	2010
Participant contributions per the financial statements	$ 3,652,589	$ 3,608,087
Plus: Change in excess participant deferrals payable	(17,997)	9,705
Participant contributions per the Form 5500	$ 3,634,592	$ 3,617,792
Net appreciation (depreciation) on investments per the financial statements	$ (118,125)	$ 5,581,500
Plus: Change in adjustment from fair value to contract value	-	(25,415)
Net appreciation (depreciation) on investments per the Form 5500	$ (118,125)	$ 5,556,085

NOTE 10 - RELATED PARTY TRANSACTIONS

The Company's contributions to the Plan were $4,423,155 and $4,282,304 for the years ended September 30, 2011 and 2010, respectively, of which $4,418,498 and $4,270,530 were due to the Plan at September 30, 2011 and 2010, respectively.

Administrative costs of $45,527 and $39,974 were paid by the Company for the Plan years ended September 30, 2011 and 2010, respectively.

The Plan had notes receivable from participants of $1,070,197 and $958,225 at September 30, 2011 and 2010, respectively.

Several of the Pooled Separate Accounts offered as investment options are managed by Principal Life Insurance Company, a Custodian of the Plan.

COMMUNITY CARE PHYSICIANS, P.C.
PROFIT SHARING PLAN

SUPPLEMENTAL SCHEDULES REQUIRED UNDER ERISA AND DEPARTMENT OF LABOR REGULATIONS
SCHEDULE H
September 30, 2011

LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

The following schedule presents the fair value of investments at September 30, 2011:

(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
*	Principal Bond and Mortgage Account	Pooled Separate Account	$ 6,785,170
*	Principal Large Cap S&P 500 Index Account	Pooled Separate Account	6,828,593
*	Principal Mid Cap Value III Account	Pooled Separate Account	2,479,374
*	Principal Mid Cap Blend Account	Pooled Separate Account	3,089,659
*	Principal Small Cap Blend Account	Pooled Separate Account	2,772,549
*	Principal Small Cap Growth Account	Pooled Separate Account	1,676,791
*	Principal Diversified International Account	Pooled Separate Account	4,060,014
*	Principal U.S. Property Account	Pooled Separate Account	2,068,081
*	Principal Life- Prin Fin Grp Inc Stock	Pooled Separate Account	129,498
	Russell LifePoints Balanced Strategy Account	Pooled Separate Account	2,244,395
	Russell LifePoints Conservative Strategy Account	Pooled Separate Account	623,124
	Russell LifePoints Moderate Strategy Account	Pooled Separate Account	423,670
	Russell LifePoints Equity Growth Strategy Account	Pooled Separate Account	700,762
	Russell LifePoints Growth Strategy Account	Pooled Separate Account	985,597
	Vanguard Windsor II Fund	Mutual Fund	5,350,067
	Vanguard Balanced Index Fund	Mutual Fund	5,053,135
	American Century Ultra Fund	Mutual Fund	2,298,560
	American Century Small Cap Value Fund	Mutual Fund	1,651,413
	Vanguard Equity Income Fund	Mutual Fund	2,930,367
	Vanguard Health Care Fund	Mutual Fund	3,224,353
	T. Rowe Price Growth Fund	Mutual Fund	3,176,428
	AIM Dynamics Investment Fund	Mutual Fund	2,054,055
	Putnam Global Utilities Fund	Mutual Fund	379,438
	Putnam Global Equity Fund	Mutual Fund	1,153,897
	Vanguard Short-Term Treasury Fund	Mutual Fund	7,437,595
	Vanguard Inflation Protection Fund	Mutual Fund	2,032,773
	Artio Total Return Bond Fund Class	Mutual Fund	19,886
	Doubleline Emerging Markets Fi	Mutual Fund	9,546
	Federated Capital Reserves	Mutual Fund	673,365
	FPA Crescent Portfolio	Mutual Fund	3,238
	Harbor Commodity Real Return	Mutual Fund	2,850
	Harbor Unconstrained Bond Fund	Mutual Fund	2,895
	Hussman Strategic Growth Funds	Mutual Fund	5,011
	Hussman Strategic International	Mutual Fund	3,106
	Hussman Strategic Total Return	Mutual Fund	3,304
	Janus Balanced Fund	Mutual Fund	3,497
	Manning and Napier Fund	Mutual Fund	1,963
	Mathews Asia Dividend Fund	Mutual Fund	3,118
	Merger Fund	Mutual Fund	3,907
	Payden and Rygel Emerging Markets	Mutual Fund	3,873
	Permanent Portfolio Fund	Mutual Fund	2,505
	PIMCO All Asset All Authority	Mutual Fund	3,427
	PIMCO Global Multi Asset Fund	Mutual Fund	3,621
	Vanguard GNMA Fund	Mutual Fund	4,982

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COMMUNITY CARE PHYSICIANS, P.C.
PROFIT SHARING PLAN

SUPPLEMENTAL SCHEDULES REQUIRED UNDER ERISA AND DEPARTMENT OF LABOR REGULATIONS
SCHEDULE H
September 30, 2011

LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) - Continued

(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
	Apple Computer, Inc.	Corporate Stock	3,431
	Astrazeneca PLC Sponsored	Corporate Stock	22,180
	Boardwalk Pipeline Partners	Corporate Stock	12,820
	Duke Energy Corp	Corporate Stock	19,990
	Energy Transfer Partners	Corporate Stock	20,505
	Ishares Silver Tr	Corporate Stock	24,574
	Ishares TR S&P Midcap 400	Corporate Stock	50,310
	Rydex ETF TR S&P 500	Corporate Stock	41,400
	Windstream Corp Com	Corporate Stock	5,830
			72,564,492
*	Participant notes receivable	3.25% - 9.50%	1,070,197
			$ 73,634,689

* Represents a party-in-interest to the Plan, as defined by ERISA.

Column (d) represents cost information and may be omitted with respect to participant or beneficiary directed investments under an individual account plan.

See Independent Auditor's Report.