

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                         |
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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2011</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                           |
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| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                           |
| For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u> |                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                                                                                                                                                                                                  |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                 |

|                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                      | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                         |                                                                     |                                                             |                                                             |  |
| <b>1a</b> Name of plan<br>CHILDREN'S COMMUNITY CARE, INC. DBA CHILDRENS COMMUNITY PEDIATRICS 401(K) AND PROFIT SHARING PLAN                                                                                                                                         | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><b>001</b></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>10/01/2002</u></td> </tr> </table>                        | <b>1b</b> Three-digit plan number (PN) ▶                            | <b>001</b>                                                  | <b>1c</b> Effective date of plan<br><u>10/01/2002</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                            | <b>001</b>                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                             |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>10/01/2002</u>                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2a</b> Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)<br><br>CHILDREN'S COMMUNITY CARE, INC.<br>CHILDRENS COMMUNITY PEDIATRICS<br><br>11279 PERRY HIGHWAY<br>PINE CENTER SUITE 450<br>WEXFORD, PA 15090 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>25-1781887</u></td> </tr> <tr> <td><b>2c</b> Sponsor's telephone number<br/><u>724-933-1100</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>621111</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>25-1781887</u> | <b>2c</b> Sponsor's telephone number<br><u>724-933-1100</u> | <b>2d</b> Business code (see instructions)<br><u>621111</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>25-1781887</u>                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2c</b> Sponsor's telephone number<br><u>724-933-1100</u>                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>621111</u>                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |

**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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 09/26/2012 | MICHELLE SPRINGER                                            |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2011)  
v.012611

|                                                                                                                                                                                                     |                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>CHILDREN'S COMMUNITY CARE, INC.<br><br>11279 PERRY HIGHWAY<br>PINE CENTER SUITE 450<br>WEXFORD, PA 15090 | <b>3b</b> Administrator's EIN<br>25-1781887<br><br><b>3c</b> Administrator's telephone number<br>724-933-1100 |
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|                                                                                                                                                                                                                       |                                   |
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| <b>4</b> 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:<br><br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|

|                                                                         |          |     |
|-------------------------------------------------------------------------|----------|-----|
| <b>5</b> Total number of participants at the beginning of the plan year | <b>5</b> | 620 |
|-------------------------------------------------------------------------|----------|-----|

|                                                                                                                                                        |           |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |           |     |
| <b>a</b> Active participants.....                                                                                                                      | <b>6a</b> | 514 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                     | <b>6b</b> | 3   |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                      | <b>6c</b> | 80  |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                               | <b>6d</b> | 597 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                              | <b>6e</b> | 0   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                | <b>6f</b> | 597 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....         | <b>6g</b> | 596 |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....             | <b>6h</b> | 10  |

|                                                                                                                                      |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) ..... | <b>7</b> |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2J 2K 2T 3D

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

|                                                                                |                                                                                |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)                      | <b>9b</b> Plan benefit arrangement (check all that apply)                      |
| <b>(1)</b> <input type="checkbox"/> Insurance                                  | <b>(1)</b> <input type="checkbox"/> Insurance                                  |
| <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts | <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| <b>(3)</b> <input checked="" type="checkbox"/> Trust                           | <b>(3)</b> <input checked="" type="checkbox"/> Trust                           |
| <b>(4)</b> <input type="checkbox"/> General assets of the sponsor              | <b>(4)</b> <input type="checkbox"/> 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)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2011</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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

**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  
CAPITAL RESEARCH & MANAGEMENT CO.

95-1411037

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

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**(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

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

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

CAPITAL RESEARCH & MANAGEMENT CO.

95-1411037

| (b)<br>Service Code(s)     | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|----------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 64 52 60 62<br>25 49 72 37 | RECORDKEEPER                                                                                      | 1856                                                                   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

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

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

**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)

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

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

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

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

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

**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<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2011</div><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

|                                                                                                                            |                                                                                                                                                                                                                                                                      |                                               |     |            |  |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----|------------|--|
| <b>A</b> Name of plan<br>CHILDREN'S COMMUNITY CARE, INC. DBA CHILDRENS COMMUNITY PEDIATRICS 401(K) AND PROFIT SHARING PLAN | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><b>B</b> Three-digit plan number (PN) ►</td> <td style="width:20%; text-align: center;">001</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table> | <b>B</b> Three-digit plan number (PN) ►       | 001 |            |  |
| <b>B</b> Three-digit plan number (PN) ►                                                                                    | 001                                                                                                                                                                                                                                                                  |                                               |     |            |  |
|                                                                                                                            |                                                                                                                                                                                                                                                                      |                                               |     |            |  |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>CHILDREN'S COMMUNITY CARE, INC.                           | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><b>D</b> Employer Identification Number (EIN)</td> <td style="width:20%;"></td> </tr> <tr> <td colspan="2" style="text-align: center;">25-1781887</td> </tr> </table>  | <b>D</b> Employer Identification Number (EIN) |     | 25-1781887 |  |
| <b>D</b> Employer Identification Number (EIN)                                                                              |                                                                                                                                                                                                                                                                      |                                               |     |            |  |
| 25-1781887                                                                                                                 |                                                                                                                                                                                                                                                                      |                                               |     |            |  |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                       |                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------|-----------------|
| 1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |          |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          | (a) Beginning of Year | (b) End of Year |
| a Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1a       | 0                     | 0               |
| b Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |                       |                 |
| (1) Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1b(1)    | 0                     | 0               |
| (2) Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1b(2)    | 0                     | 0               |
| (3) Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1b(3)    | 0                     | 0               |
| c General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |                       |                 |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1c(1)    | 863205                | 936237          |
| (2) U.S. Government securities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1c(2)    | 0                     | 0               |
| (3) Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |                       |                 |
| (A) Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1c(3)(A) | 0                     | 0               |
| (B) All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1c(3)(B) | 0                     | 0               |
| (4) Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |                       |                 |
| (A) Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1c(4)(A) | 0                     | 0               |
| (B) Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1c(4)(B) | 0                     | 0               |
| (5) Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1c(5)    | 0                     | 0               |
| (6) Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1c(6)    | 0                     | 0               |
| (7) Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1c(7)    | 0                     | 0               |
| (8) Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1c(8)    | 288441                | 272094          |
| (9) Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1c(9)    | 0                     | 0               |
| (10) Value of interest in pooled separate accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1c(10)   |                       |                 |
| (11) Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1c(11)   | 0                     | 0               |
| (12) Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1c(12)   | 0                     | 0               |
| (13) Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1c(13)   | 35860438              | 38300142        |
| (14) Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1c(14)   |                       |                 |
| (15) Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1c(15)   | 0                     | 0               |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> | 0                     | 0               |
| (2) Employer real property .....                                     | <b>1d(2)</b> | 0                     | 0               |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    | 0                     | 0               |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 37012084              | 39508473        |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> | 0 | 0 |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> | 0 | 0 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 0 | 0 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 37012084 | 39508473 |
|-----------------------------------------------------------|-----------|----------|----------|

**Part II Income and Expense Statement**

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

**Income****a Contributions:**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 1936815    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 2255661    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 284047     |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    | 0          | 4476523   |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            |           |

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

|                                                                                                      |                 |       |       |
|------------------------------------------------------------------------------------------------------|-----------------|-------|-------|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> | 0     |       |
| <b>(B)</b> U.S. Government securities .....                                                          | <b>2b(1)(B)</b> | 0     |       |
| <b>(C)</b> Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> | 0     |       |
| <b>(D)</b> Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> | 0     |       |
| <b>(E)</b> Participant loans .....                                                                   | <b>2b(1)(E)</b> | 12036 |       |
| <b>(F)</b> Other .....                                                                               | <b>2b(1)(F)</b> | 0     |       |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | <b>2b(1)(G)</b> |       | 12036 |

|                                                                                           |                 |        |        |
|-------------------------------------------------------------------------------------------|-----------------|--------|--------|
| (2) Dividends: <b>(A)</b> Preferred stock .....                                           | <b>2b(2)(A)</b> | 0      |        |
| <b>(B)</b> Common stock .....                                                             | <b>2b(2)(B)</b> | 0      |        |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                 | <b>2b(2)(C)</b> | 915181 |        |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> ..... | <b>2b(2)(D)</b> |        | 915181 |

|                 |              |  |   |
|-----------------|--------------|--|---|
| (3) Rents ..... | <b>2b(3)</b> |  | 0 |
|-----------------|--------------|--|---|

|                                                                                           |                 |   |   |
|-------------------------------------------------------------------------------------------|-----------------|---|---|
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                | <b>2b(4)(A)</b> | 0 |   |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                             | <b>2b(4)(B)</b> | 0 |   |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result ..... | <b>2b(4)(C)</b> |   | 0 |

|                                                                                                   |                 | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | <b>2b(5)(A)</b> | 0          |           |
| (B) Other .....                                                                                   | <b>2b(5)(B)</b> | 0          |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            | 0         |
| (6) Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            | 0         |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            | 0         |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            | 0         |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            | 0         |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            | -1728444  |
| <b>c</b> Other income.....                                                                        | <b>2c</b>       |            | 66        |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | <b>2d</b>       |            | 3675362   |

**Expenses**

|                                                                                            |              |         |         |
|--------------------------------------------------------------------------------------------|--------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 1166401 |         |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b> | 0       |         |
| (3) Other .....                                                                            | <b>2e(3)</b> | 0       |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b> |         | 1166401 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |         | 0       |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |         | 10716   |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |         | 0       |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | <b>2i(1)</b> | 0       |         |
| (2) Contract administrator fees .....                                                      | <b>2i(2)</b> | 1856    |         |
| (3) Investment advisory and management fees .....                                          | <b>2i(3)</b> | 0       |         |
| (4) Other .....                                                                            | <b>2i(4)</b> | 0       |         |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |         | 1856    |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |         | 1178973 |

**Net Income and Reconciliation**

|                                                                               |              |  |         |
|-------------------------------------------------------------------------------|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 2496389 |
| <b>l</b> Transfers of assets:                                                 |              |  |         |
| (1) To this plan.....                                                         | <b>2l(1)</b> |  | 0       |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  | 0       |

**Part III Accountant's Opinion**

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

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

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

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

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

(1) Name: ALPERN ROSENTHAL

(2) EIN: 25-1724342

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

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

**5b(1)** Name of plan(s)

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2011</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>20-3691658</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> |          |

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

|                                                                                                                                                                                                                                                                                                                                                             |                              |                             |                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                              |                             |                              |
| <b>5</b> 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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                              | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                  | <b>6b</b>                    |                             |                              |
| <b>c</b> 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).....                                                                                                                                                                                                             | <b>6c</b>                    |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....                                                                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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. If no, check the "No" box..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                             |                              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> 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): \_\_\_\_\_

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

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

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

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

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

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

**a** Enter the percentage of plan assets held as:  
 Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the combined investment-grade and high-yield debt:  
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate item 19(b)?  
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

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

**Financial Statements  
and  
Supplementary Information**

**December 31, 2011 and 2010**

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

**Financial Statements  
and  
Supplementary Information**

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**December 31, 2011 and 2010**

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## Independent Auditors' Report

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

We were engaged to audit the accompanying statements of net assets available for plan benefits of the Children's Community Care, Inc. (d/b/a Children's Community Pediatrics) 401(k) and Profit Sharing Plan as of December 31, 2011 and 2010, and the related statements of changes in net assets available for plan benefits for the years then ended and the supplementary schedule of assets (held at end of year) as of December 31, 2011. These financial statements and supplementary schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Capital Bank and Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplementary schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2011 and 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

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

*Alpern Rosenthal*

September 20, 2012

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

**Statements of Net Assets Available for Plan Benefits**

| <b>December 31</b>                                         | <b>2011</b>                 | <b>2010</b>                 |
|------------------------------------------------------------|-----------------------------|-----------------------------|
| <b>ASSETS</b>                                              |                             |                             |
| <b>Investments</b> - Mutual funds - at fair value - Note 3 | <u>\$ 39,236,379</u>        | <u>\$ 36,723,643</u>        |
| <b>Receivables</b>                                         |                             |                             |
| Employer                                                   | 11,552                      | 15,311                      |
| Participants                                               | 8,500                       | 11,560                      |
| Notes receivable from participants                         | <u>272,094</u>              | <u>288,441</u>              |
| <b>Total Receivables</b>                                   | <u>292,146</u>              | <u>315,312</u>              |
| <b>Net Assets Available for Plan Benefits</b>              | <u><u>\$ 39,528,525</u></u> | <u><u>\$ 37,038,955</u></u> |

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

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

**Statements of Changes in Net Assets Available for Plan Benefits**

| <b>For the Years Ended December 31</b>                            | <b>2011</b>          | <b>2010</b>          |
|-------------------------------------------------------------------|----------------------|----------------------|
| <b>Additions</b>                                                  |                      |                      |
| <b>Investment Income</b>                                          |                      |                      |
| Net appreciation in fair value of investments - Note 3            | \$ -                 | \$ 3,170,318         |
| Dividends and interest                                            | 915,181              | 833,062              |
| <b>Total Investment Income</b>                                    | 915,181              | 4,003,380            |
| <b>Interest Income on Notes Receivable From Participants</b>      | 12,036               | 10,817               |
| <b>Contributions</b>                                              |                      |                      |
| Employer                                                          | 1,933,129            | 1,664,988            |
| Participants                                                      | 2,252,596            | 2,049,358            |
| Rollovers                                                         | 284,047              | 71,439               |
| <b>Total Contributions</b>                                        | 4,469,772            | 3,785,785            |
| <b>Total Additions</b>                                            | 5,396,989            | 7,799,982            |
| <b>Deductions</b>                                                 |                      |                      |
| Net depreciation in fair value of investments - Note 3            | 1,728,446            | -                    |
| Distribution of benefits to participants                          | 1,177,117            | 720,313              |
| Administrative fees                                               | 1,856                | 1,666                |
| <b>Total Deductions</b>                                           | 2,907,419            | 721,979              |
| <b>Net Increase in Net Assets Available for Plan Benefits</b>     | 2,489,570            | 7,078,003            |
| <b>Net Assets Available for Plan Benefits - Beginning of year</b> | 37,038,955           | 29,960,952           |
| <b>Net Assets Available for Plan Benefits - End of year</b>       | <u>\$ 39,528,525</u> | <u>\$ 37,038,955</u> |

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

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

**Notes to the Financial Statements**

**Note 1 - Description of the Plan**

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

**A. General**

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

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

**B. Contributions**

Participants may direct contributions to the Plan from 1% up to 50% of their annual compensation on a pre-tax deferred basis, subject to certain limitations. The Plan was amended effective January 1, 2009 to allow participants to elect Roth deferrals. Roth deferrals are subject to Federal income tax in the year of deferral. In any calendar year in which a participant is age 50 or older, an additional "catch-up contribution" (limited to \$5,500 in 2011 and 2010) may be made. Participants may also roll over balances into the Plan from other qualified retirement plans. The Company provides a qualified safe harbor non-elective contribution of 3% of each participant's eligible compensation. The Company may also make a matching contribution equal to a discretionary percentage of participants' salary deferrals. Forfeited amounts are allocated to all eligible participants and are used to reduce Company matching contributions. Forfeitures were approximately \$4,400 for the year ended December 31, 2011 and approximately \$8,400 for the year ended December 31, 2010. Company contributions for the years ended December 31, 2011 and 2010 consist of the following:

|                                                 | <u>2011</u>        | <u>2010</u>        |
|-------------------------------------------------|--------------------|--------------------|
| Discretionary Company match                     | \$ 920,433         | \$ 782,394         |
| Qualified safe harbor non-elective contribution | <u>1,012,612</u>   | <u>882,594</u>     |
|                                                 | <u>\$1,933,045</u> | <u>\$1,664,988</u> |

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

**Notes to the Financial Statements (Continued)**

**Note 1 - Description of the Plan (Continued)**

**B. Contributions (Continued)**

Employee contributions for the years ended December 31, 2011 and 2010 consist of the following:

|                   | <u>2011</u>        | <u>2010</u>        |
|-------------------|--------------------|--------------------|
| Pre-tax deferrals | \$2,042,677        | \$1,912,672        |
| Roth deferrals    | <u>209,919</u>     | <u>136,686</u>     |
|                   | <u>\$2,252,596</u> | <u>\$2,049,358</u> |

**C. Participant Accounts**

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

**D. Vesting**

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

**E. Benefits**

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

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

**Notes to the Financial Statements (Continued)**

**Note 1 - Description of the Plan (Continued)**

**F. Notes Receivable From Participants**

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

**G. Plan Termination**

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

**Note 2 - Summary of Significant Accounting Policies**

**A. Basis of Accounting**

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

**B. Use of Estimates**

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

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

**Notes to the Financial Statements (Continued)**

**Note 2 - Summary of Significant Accounting Policies (Continued)**

**C. Investment Valuation and Income Recognition**

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

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

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

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

The following is a description of the valuation methodologies used for the Plan's assets measured at fair value. There have been no changes in the methodologies used at December 31, 2011 and 2010.

Mutual funds are public investment vehicles valued using the net asset value provided by the administrator of the fund on the last day of the Plan's year end using a quoted price in an active market and are classified within Level 1 of the fair value hierarchy.

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

**Notes to the Financial Statements (Continued)**

**Note 2 - Summary of Significant Accounting Policies (Continued)**

**C. Investment Valuation and Income Recognition (Continued)**

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

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

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

**D. Notes Receivable From Participants**

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

**E. Investment Management Fees and Operating Expenses**

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

**F. Administrative Expenses**

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

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

**Notes to the Financial Statements (Continued)**

**Note 2 - Summary of Significant Accounting Policies (Continued)**

**G. Benefit Payments**

Benefits are recorded when paid.

**H. Recently Issued Accounting Standard**

In May 2011, the Financial Accounting Standards Board issued updated guidance related to fair value measurements. These updates include clarifications regarding existing fair value measurement principles and disclosure requirements. The guidance also addresses items such as the measurement of instruments classified within stockholders' equity and additional disclosures regarding the valuation processes used by the entity in Level 3 measurements. These updates are effective for interim and annual periods beginning after December 15, 2011. The Plan does not expect the implementation of this guidance to have a material impact on its financial statements.

**I. Subsequent Events**

The plan sponsor evaluated subsequent events and transactions for potential recognition or disclosure in the financial statements through September 20, 2012, the day the financial statements were approved and authorized for issue.

**Note 3 - Investments**

The following tables set forth the fair value of the Plan's assets, which are measured at Level 1 within the fair value hierarchy, as described in Note 2, as of December 31:

|                               | <u>2011</u>         | <u>2010</u>         |
|-------------------------------|---------------------|---------------------|
| Mutual funds                  |                     |                     |
| Allocation                    | \$ 7,556,547        | \$ 7,049,760        |
| Blend                         | 7,069,564           | 7,440,404           |
| Bond                          | 3,110,082           | 3,297,311           |
| Emerging market               | 2,006,984           | 2,246,304           |
| Growth                        | 6,347,831           | 6,342,098           |
| Money market                  | 936,236             | 863,208             |
| Target date                   | 4,437,484           | 2,540,569           |
| Value                         | 6,380,817           | 5,591,633           |
| World stock                   | <u>1,390,834</u>    | <u>1,352,356</u>    |
| Total assets<br>at fair value | <u>\$39,236,379</u> | <u>\$36,723,643</u> |

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

**Notes to the Financial Statements (Continued)**

**Note 3 - Investments (Continued)**

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

|                                   | <u>2011</u> | <u>2010</u> |
|-----------------------------------|-------------|-------------|
| <u>Allianz</u>                    |             |             |
| NFJ Small Cap Value Fund A        | \$2,300,086 | \$2,168,975 |
| <u>American Funds</u>             |             |             |
| Balanced Fund                     | \$4,564,623 | \$4,268,901 |
| EuroPacific Growth Fund           | \$3,136,863 | \$3,602,181 |
| New World Fund                    | \$2,006,984 | \$2,246,304 |
| The Growth Fund of America        | \$4,948,659 | \$5,033,917 |
| The Income Fund of America        | \$2,991,924 | \$2,780,859 |
| The Investment Company of America | \$2,291,732 | \$2,411,280 |
| Washington Mutual Investors Fund  | \$4,080,731 | \$3,422,658 |
| <u>PIMCO</u>                      |             |             |
| Total Return Fund A               | \$3,039,284 | \$3,287,615 |

During 2011 and 2010, the appreciation (depreciation) in the Plan's investments (including investments bought, sold and held during the year) was substantially all related to mutual funds.

**Note 4 - Certification of Financial Information**

Capital Bank and Trust Company, the plan trustee, has certified all investment information summarized in the statements of net assets available for plan benefits and the statements of changes in net assets available for plan benefits as of and for the years ended December 31, 2011 and 2010 is complete and accurate.

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

**Notes to the Financial Statements (Continued)**

**Note 5 - Tax Status**

The plan sponsor has adopted a modified prototype plan of American Funds Distributors, Inc. (AFD). AFD obtained a letter dated March 31, 2008, in which the Internal Revenue Service stated its opinion that the form of the prototype plan of AFD is acceptable under Section 401 of the Internal Revenue Code (IRC) for use by employers for the benefit of their employees. The Plan has since been amended. The plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by a taxing authority. The Company has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2011, there are no uncertain tax positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Company believes the Plan is no longer subject to income tax examinations for years prior to 2008.

**Note 6 - Exempt Party-in-interest Transactions**

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

Certain plan investments are shares of registered investment companies (mutual funds) managed by an affiliate of Capital Bank and Trust Company. Capital Bank and Trust Company is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. The total market value of investments in the registered investment companies (mutual funds) managed by Capital Bank and Trust Company was \$30,785,977 at December 31, 2011 and \$28,522,233 at December 31, 2010. Fees paid by the Plan to Capital Bank and Trust Company for the investment management services were not significant for the years ended December 31, 2011 and 2010.

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

**Notes to the Financial Statements (Continued)**

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

Contributions receivable are not recorded on Schedule H of Form 5500, which was prepared on the cash basis. The following is a reconciliation of net assets available for plan benefits per the financial statements as of December 31, 2011 and 2010 to Schedule H of Form 5500:

|                                                                     | <u>2011</u>         | <u>2010</u>         |
|---------------------------------------------------------------------|---------------------|---------------------|
| Net assets available for plan benefits per the financial statements | \$39,528,525        | \$37,038,955        |
| Contributions receivable from                                       |                     |                     |
| Employer                                                            | ( 11,552)           | ( 15,311)           |
| Participants                                                        | ( <u>8,500</u> )    | ( <u>11,560</u> )   |
| Net assets available for plan benefits per Schedule H of Form 5500  | <u>\$39,508,473</u> | <u>\$37,012,084</u> |

The following is a reconciliation of total contributions per the financial statements for the years ended December 31, 2011 and 2010 to Schedule H of Form 5500:

|                                                  | <u>2011</u>         | <u>2010</u>         |
|--------------------------------------------------|---------------------|---------------------|
| Total contributions per the financial statements | \$ 4,469,781        | \$ 3,785,785        |
| Contributions receivable - beginning of year     |                     |                     |
| Employer                                         | 15,311              | 14,553              |
| Participants                                     | 11,560              | 9,963               |
| Contributions receivable - end of year           |                     |                     |
| Employer                                         | ( 11,552)           | ( 15,311)           |
| Participants                                     | ( 8,500)            | ( 11,560)           |
| Other                                            | ( <u>66</u> )       | <u>-</u>            |
| Contributions per Schedule H of Form 5500        | <u>\$ 4,476,534</u> | <u>\$ 3,783,430</u> |

## **SUPPLEMENTARY INFORMATION**

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

EIN: 25-1781887    Plan #001

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

December 31, 2011

| (a) | (b) Identity of Issue,<br>Borrower,<br><u>Lessor, or Similar Party</u> | (c) Description of Investment<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br><u>Par or Maturity Value</u> | (e) Current<br><u>Value</u> |
|-----|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-----------------------------|
|     |                                                                        | <b>Mutual Funds</b>                                                                                                        |                             |
|     | Allianz                                                                | NFJ Small Cap Value Fund A                                                                                                 | \$ 2,300,086                |
| *   | American Funds                                                         | Balanced Fund                                                                                                              | 4,564,623                   |
|     |                                                                        | Cap World Growth and Income                                                                                                | 1,390,834                   |
|     |                                                                        | EuroPacific Growth Fund                                                                                                    | 3,136,863                   |
|     |                                                                        | New World Fund                                                                                                             | 2,006,984                   |
|     |                                                                        | Money Market Fund                                                                                                          | 936,236                     |
|     |                                                                        | The Growth Fund of America                                                                                                 | 4,948,659                   |
|     |                                                                        | The Income Fund of America                                                                                                 | 2,991,924                   |
|     |                                                                        | The Investment Company of America                                                                                          | 2,291,732                   |
|     |                                                                        | Washington Mutual Investors Fund                                                                                           | 4,080,731                   |
|     |                                                                        | 2010 Target Date Fund                                                                                                      | 17,392                      |
|     |                                                                        | 2015 Target Date Fund                                                                                                      | 1,088,698                   |
|     |                                                                        | 2020 Target Date Fund                                                                                                      | 337,691                     |
|     |                                                                        | 2025 Target Date Fund                                                                                                      | 1,398,330                   |
|     |                                                                        | 2030 Target Date Fund                                                                                                      | 736,539                     |
|     |                                                                        | 2035 Target Date Fund                                                                                                      | 395,230                     |
|     |                                                                        | 2040 Target Date Fund                                                                                                      | 126,224                     |
|     |                                                                        | 2045 Target Date Fund                                                                                                      | 208,236                     |
|     |                                                                        | 2050 Target Date Fund                                                                                                      | 122,525                     |
|     |                                                                        | 2055 Target Date Fund                                                                                                      | 6,619                       |
|     | Federated                                                              | Max Cap Index Fund SS                                                                                                      | 1,640,969                   |
|     | PIMCO                                                                  | Low Duration Fund A                                                                                                        | 70,798                      |
|     |                                                                        | Total Return Fund A                                                                                                        | 3,039,284                   |
|     | Van Kampen                                                             | Mid Cap Growth Fund A                                                                                                      | 1,399,172                   |
|     |                                                                        | <b>Notes Receivable From Participants</b>                                                                                  |                             |
| *   | Participant loans                                                      | 4.25 % - 9.25 %                                                                                                            | 272,094                     |
|     |                                                                        |                                                                                                                            | <u>\$ 39,508,473</u>        |
| *   | Party-in-interest                                                      |                                                                                                                            |                             |

*See independent auditors' report.*

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ASSETS HELD FOR INVESTMENT PURPOSES  
Children's Community Care, Inc. 401(k) and Profit Sharing Plan  
01--JAN-11 to 31-DEC-11

| INVESTMENT OPTION | MATURITY DATE | INTEREST RATE | COST OF ASSETS | CURRENT VALUE |
|-------------------|---------------|---------------|----------------|---------------|
| IRERCX            |               |               | 3,257,728.76   | 3,136,862.85  |
| IRGACX            |               |               | 4,602,145.86   | 4,948,658.95  |
| IRNWCX            |               |               | 1,967,206.16   | 2,006,984.01  |
| IPCVA X           |               |               | 2,078,293.14   | 2,300,086.17  |
| IVGRAX            |               |               | 1,358,264.76   | 1,399,172.25  |
| IRWICX            |               |               | 1,597,007.02   | 1,390,834.13  |
| IRICCX            |               |               | 2,333,980.69   | 2,291,731.94  |
| IRWMCX            |               |               | 3,677,056.47   | 4,080,730.56  |
| IFMXSX            |               |               | 1,975,528.22   | 1,640,968.50  |
| IRIDCX            |               |               | 2,970,952.28   | 2,991,924.02  |
| IRLBCX            |               |               | 4,205,027.26   | 4,564,622.92  |
| IPTLAX            |               |               | 71,330.05      | 70,797.94     |
| IPTTAX            |               |               | 2,999,839.33   | 3,039,283.52  |
| IRACXX            |               |               | 936,143.32     | 936,143.32    |
| IRCATX            |               |               | 17,321.46      | 17,391.96     |
| IRCJTX            |               |               | 989,805.25     | 1,088,697.99  |
| IRCCTX            |               |               | 316,504.73     | 337,691.12    |
| IRCDTX            |               |               | 1,347,877.18   | 1,398,330.40  |
| IR CETX           |               |               | 756,905.81     | 736,539.02    |
| IRCF TX           |               |               | 360,784.32     | 395,229.80    |
| IRCKTX            |               |               | 125,531.90     | 126,224.02    |
| IRCHTX            |               |               | 207,774.76     | 208,235.82    |
| IRCITX            |               |               | 121,435.76     | 122,525.04    |
| IRCM TX           |               |               | 6,912.78       | 6,619.22      |
|                   |               |               | 38,281,357.27  | 39,236,285.47 |
| PARTICIPANT LOANS | VARIOUS       | 4.250-9.250   | 272,021.53     | 272,094.46    |
| FORFEITURES       |               |               | 93.34          | 93.34         |

## ASSETS HELD FOR INVESTMENT PURPOSES

Children's Community Care, Inc. 401(k) and Profit Sharing Plan

01-JAN-11 to 31-DEC-11

19-JAN-12 13:57:58

| INVESTMENT OPTION | MATURITY DATE | INTEREST RATE | COST OF ASSETS | CURRENT VALUE |
|-------------------|---------------|---------------|----------------|---------------|
|-------------------|---------------|---------------|----------------|---------------|

## LEGEND

## INVESTMENT OPTION:

|        |                                          |
|--------|------------------------------------------|
| 1RERCX | American Funds EuroPacific Growth Fd R3  |
| 1RNWCX | American Funds New World Fund R3         |
| 1VGRAX | Invesco Van Kampen Mid Cap Growth A      |
| 1RUCX  | American Funds Invest Co of America R3   |
| 1FMXSX | Federated Max Cap Index Fund SS          |
| 1RLBCX | American Funds American Balanced Fund R3 |
| 1PTTAX | PIMCO Total Return - A                   |
| 1RCATX | American Funds 2010 Target Date Fund R3  |
| 1RCCTX | American Funds 2020 Target Date Fund R3  |
| 1RCETX | American Funds 2030 Target Date Fund R3  |
| 1RCKTX | American Funds 2040 Target Date Fund R3  |
| 1RCITX | American Funds 2050 Target Date Fund R3  |

|        |                                          |
|--------|------------------------------------------|
| 1RGACX | American Funds Growth Fund of America R3 |
| 1PCVAX | Allianz NFJ Small Cap Value Fund - A     |
| 1RWICX | American Funds Capital World Gr & Inc R3 |
| 1RWMCX | American Funds Washington Mutual Fund R3 |
| 1RIDCX | American Funds Income Fund of America R3 |
| 1PTLAX | PIMCO Low Duration Fund - A              |
| 1RACXX | American Funds Money Market Fund R3      |
| 1RCJTX | American Funds 2015 Target Date Fund R3  |
| 1RCDTX | American Funds 2025 Target Date Fund R3  |
| 1RCFTX | American Funds 2035 Target Date Fund R3  |
| 1RCHTX | American Funds 2045 Target Date Fund R3  |
| 1RCMTX | American Funds 2055 Target Date Fund R3  |

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year  
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year