Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 10/01/2011 and ending 09/30/2012

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [ ] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

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

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/02/1985

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

COMMUNITY CARE PHYSICIANS, P.C.

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

2b Employer Identification Number (EIN)
14-1660131

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

2d Business code (see instructions)
621111

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/29/2013	SHIRISH PARIKH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/29/2013	SHIRISH PARIKH
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
COMMUNITY CARE PHYSICIANS, P.C.

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

3b Administrator's EIN
14-1660131

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

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:
a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	1321
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	1127
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	106
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1233
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	2
f	Total. Add lines **6d** and **6e**	**6f**	1235
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1033
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	31
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 10/01/2011 and ending 09/30/2012

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
14-1660131

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	425252	1235	10/01/2011	09/30/2012

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	43002671

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

For calendar plan year 2011 or fiscal plan year beginning 10/01/2011 and ending 09/30/2012

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
14-1660131

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 37 50 64	CONTRACT ADMINISTRATOR	59356	Yes [X] No [ ]	Yes [X] No [ ]	566	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 10/01/2011 and ending 09/30/2012

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
14-1660131

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

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions)
42-0127290-022	P	3357038

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions)
42-0127290-029	P	5760434

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-020	P	3990766

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SAM CONS BALANCED SEP ACCT

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-105	P	2507415

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-027	P	2560817

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-005	P	8048211

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-015	P	4742594

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

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

c EIN-PN 42-0127290-016	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8433243

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

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

c EIN-PN 42-0127290-086	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 150275

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SAM CONS BALANCED SA

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

c EIN-PN 42-0127290-106	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 589604

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SAM CONS GROWTH SA

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

c EIN-PN 42-0127290-107	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1272595

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SAM FLEXIBLE INCOME SA

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

c EIN-PN 42-0127290-108	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 754854

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SAM STRATEGIC GROWTH SA

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

c EIN-PN 42-0127290-109	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 834825

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 10/01/2011 and ending 09/30/2012

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
14-1660131

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4418498	4870269
(2) Participant contributions	1b(2)	134350	166602
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		289
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	201040	378752
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1070197	1151039
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	34867277	43002671
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	37496175	48081952
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	78187537	97651574
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		3110
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	3110
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	78187537	97648464

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	4870270	
(B) Participants	2a(1)(B)	3821347	
(C) Others (including rollovers)	2a(1)(C)	392530	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		9084147
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	30458	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		30458
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	684150	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		684150
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		7530980
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		6963228
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		24292963
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4771136	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		4771136
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	60900	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		60900
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4832036
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		19460927
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) **4a**	X		149556
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) **4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) **4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) **4d**		X	
e	Was this plan covered by a fidelity bond? **4e**	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? **4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? **4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? **4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) **4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) **4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? **4k**		X	
l	Has the plan failed to provide any benefit when due under the plan? **4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) **4m**			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. **4n**			

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

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 10/01/2011 and ending 09/30/2012

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
14-1660131

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 42-0127290

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure 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? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

COMMUNITY CARE PHYSICIANS, P.C.
PROFIT SHARING PLAN

FINANCIAL STATEMENTS
and
INDEPENDENT AUDITOR'S REPORT

September 30, 2012 and 2011

COMMUNITY CARE PHYSICIANS, P.C.
PROFIT SHARING PLAN

FINANCIAL STATEMENTS
and
INDEPENDENT AUDITOR'S REPORT

September 30, 2012 and 2011

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

INDEPENDENT AUDITOR'S REPORT

Pension Committee
Community Care Physicians, P.C.
Latham, New York

We were engaged to audit the accompanying statements of net assets available for benefits of the Community Care Physicians, P.C. Profit Sharing Plan (Plan) as of September 30, 2012 and 2011, and the related statements of changes in net assets available for benefits for the years then ended, and the related supplementary schedule H, Line 4a, schedule of delinquent participant contributions, and schedule H, Line 4i, schedule of assets (held at end of year) as of September 30, 2012. These financial statements and supplementary schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Principal Trust Company, the Trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplementary schedules. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and execute investment transactions. The Plan Administrator has obtained certifications from the Trustee regarding the completeness and accuracy of the investment information provided to the Plan Administrator by the Trustee as of and for the years ended September 30, 2012 and 2011.

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 supplementary schedules taken as a whole. The supplementary schedules are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 schedules, other than that derived from the information certified or provided 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.

Bollam, Sheedy, Torani & Co. LLP

Albany, New York
April 24, 2013

COMMUNITY CARE PHYSICIANS, P.C.
PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	September 30, 2012	September 30, 2011
ASSETS		
Investments, at fair value	$ 91,463,664	$ 72,564,492
Receivables		
Participants' contribution	166,602	134,350
Employer's contribution	4,870,269	4,418,498
Participant notes receivable	1,151,039	1,070,197
	6,187,910	5,623,045
Total assets	97,651,574	78,187,537
LIABILITIES		
Excess participant deferrals refundable	3,110	-
NET ASSETS AVAILABLE FOR BENEFITS	**$ 97,648,464**	**$ 78,187,537**

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

COMMUNITY CARE PHYSICIANS, P.C.
PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Years Ended September 30,	
	2012	**2011**
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment income		
Net appreciation (depreciation) in fair value of investments	$ 14,494,209	$ (643,272)
Interest and dividends	714,607	555,187
	15,208,816	(88,085)
Contributions		
Employer	4,870,270	4,423,155
Participant	3,821,347	3,652,589
Rollover	392,530	224,366
	9,084,147	8,300,110
Total additions	24,292,963	8,212,025
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid to participants	4,771,136	2,665,663
Administrative expenses	60,900	64,454
Total deductions	4,832,036	2,730,117
Net increase in net assets available for benefits	**19,460,927**	**5,481,908**
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	78,187,537	72,705,629
NET ASSETS AVAILABLE FOR BENEFITS, end of year	**$ 97,648,464**	**$ 78,187,537**

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

NOTE 1 - DESCRIPTION OF PLAN

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

a. General

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

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

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

b. Contributions

Each year, participants may contribute a percentage of their annual wages on a pre-tax basis to the Plan. Contributions are subject to certain limitations as defined by the Plan. The maximum participant deferral for each of the years ended September 30, 2012 and 2011, was $16,500. Participants age 50 and over are also permitted to make additional "catch-up" contributions. In addition, participants may roll over amounts representing distributions from other qualified retirement plans.

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

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

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

	Years Ended September 30,	
	2012	2011
Class 1	$ 25,766	$ 25,150
Class 2	7% (a)	7% (a)
Class 3	4% (a)	4% (a)
Class 4	2% (a)	4.2% (a)
Class 5	2% (a)	2% (a)
Class 6	$ -	$ 25,150
Class 7	$ -	$ 25,150

(a) % is applied to participant salary, up to a maximum salary of $245,000 for the each of the years ended September 30, 2012 and 2011.

NOTE 1 - DESCRIPTION OF PLAN - Continued

b. Contributions - Continued

The Company also makes a 3%, nonelective contribution, pursuant to a safe harbor election. The Company's nonelective contribution is based on the employees' compensation for the Plan year up to a maximum of $245,000 for the each of the years ended September 30, 2012 and 2011. As defined, a nonelective safe harbor contribution is a minimum contribution made by the Company that allows the Plan to be exempt from nondiscrimination tests.

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

c. Plan Eligibility

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

d. Participant Accounts

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

e. Vesting

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

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

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

NOTE 1 - DESCRIPTION OF PLAN - Continued

f. Participant Notes Receivable

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000, or 50% of their vested account balance. Loan terms range from one to five years, are secured by the balance in the participant's account, and bear interest at a rate commensurate with rates of commercial lending institutions for loans which would be made under similar circumstances. The interest rates in effect during the years ended September 30, 2012 and 2011, ranged from 3.25% to 8.25%. Principal and interest are paid ratably through payroll deductions.

g. Payment of Benefits

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

h. Forfeitures

Forfeitures may be first used to pay administrative expenses under the Plan. Forfeitures not used to pay administrative expenses shall be added to any employer discretionary contribution. The Company used $46,186 and $50,273 of forfeitures to pay administrative expenses during the years ended September 30, 2012 and 2011, respectively. The remaining forfeitures as of September 30, 2012, totaled $15,743, and these were allocated to participants accordingly to the employer discretionary contribution for the Plan year ended September 30, 2012.

i. Administrative Costs

Administrative expenses are paid by the Plan and the Company. Administrative costs paid by the Plan are paid from forfeitures or are transaction expenses allocated to participants for processing loans and distributions.

j. Reclassifications

Certain 2011 balances have been reclassified to conform to the 2012 presentation.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

a. Basis of Accounting and Financial Statement Presentation

The accompanying financial statements are prepared in conformity with accounting principles generally accepted in the United States of America (GAAP) for defined contribution plans.

b. Use of Estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

c. Investment Valuation and Income Recognition

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

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

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

d. Participant Notes Receivable

Participant notes receivable are recorded at their unpaid principal balance plus accrued interest, if any. Delinquent loans are treated as distributions based upon the terms of the Plan document. Loans treated as distributions totaled $66,196 and $23,706 for the years ended September 30, 2012 and 2011, respectively.

e. Payment of Benefits

Benefits are recorded when paid.

f. Risk and Uncertainties

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

g Subsequent Events

The Plan has evaluated subsequent events that provide additional evidence about conditions that existed at the financial statement date through April 24, 2013, the date the financial statements were available to be issued.

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

The following is a summary of the investment information as of September 30, 2012 and 2011, and for the years then ended that is included throughout the Plan's financial statements and supplementary schedules and that was prepared by or derived from information provided by Principal Life Insurance Company and Delaware Charter Guarantee & Trust Company, conducting business as Principal Trust Company, the Custodians of the Plan, for the years ended September 30, 2012 and 2011, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the Custodians that information provided to the Plan Administrator by the Custodians as listed below is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures which appear throughout the financial statements and supplementary schedules related to the following:

	September 30,	
	2012	2011
Investments, at fair value, end of year	$ 91,463,664	$ 72,564,492
Interest and dividends	714,607	555,187
Net appreciation (depreciation) in fair value of investments	14,494,209	(643,272)

NOTE 4 - INVESTMENTS AND FAIR VALUE MEASUREMENTS

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

	September 30, 2012
Pooled Separate Accounts	
Principal Bond and Mortgage Account	$ 8,048,211
Principal Large Cap S&P 500 Index Account	8,433,243
Principal Small Cap Blend Account	5,760,434
Mutual Funds	
T. Rowe Price Growth Fund	4,986,146
Vanguard Balanced Index Fund	6,437,258
Vanguard Short-Term Treasury Fund	8,282,225
Vanguard Windsor II Fund	6,379,764

	September 30, 2011
Pooled Separate Accounts	
Principal Bond and Mortgage Account	6,785,170
Principal Diversified International Account	4,060,014
Principal Large Cap S&P 500 Index Account	6,828,593
Mutual Funds	
Vanguard Balanced Index Fund	5,053,135
Vanguard Short-Term Treasury Fund	7,437,595
Vanguard Windsor II Fund	5,350,067

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

	September 30,	
	2012	2011
Pooled Separate Accounts	$ 7,530,980	$ (163,516)
Mutual Funds	6,897,873	(436,448)
Self Directed Accounts	65,356	(43,308)
	$ 14,494,209	$ (643,272)

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

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

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

NOTE 4 - INVESTMENTS AND FAIR VALUE MEASUREMENTS - Continued

Level 2 Inputs to the valuation methodology include:

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value at September 30, 2012 and 2011. The determination of which of the three fair value levels is applicable to the various investment options available is based on guidelines provided by the Custodians and the judgment of management.

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

Pooled Separate Accounts: The pooled separate accounts invest in various securities that have either Level 1 or Level 2 pricing inputs, including quoted prices for similar assets in active or nonactive markets.

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

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

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

	September 30, 2012			
	Level 1	Level 2	Level 3	Total
Mutual Funds				
U.S. Large Equity	22,805,704	$ -	$ -	$ 22,805,704
Small/Mid U.S. Equity	4,524,890	-	-	4,524,890
International Equity	1,486,066	-	-	1,486,066
Balanced/Asset Allocation	6,437,258	-	-	6,437,258
Short-Term Fixed Income	8,282,225	-	-	8,282,225
Fixed Income	3,257,777	-	-	3,257,777
Self Directed Brokerage	1,288,032	-	-	1,288,032
	48,081,952	-	-	48,081,952

NOTE 4 - INVESTMENTS AND FAIR VALUE MEASUREMENTS - Continued

	September 30, 2012			
	Level 1	Level 2	Level 3	Total
Pooled Separate Accounts				
U.S. Large Equity	-	8,433,243	-	8,433,243
Small/Mid U.S. Equity	-	13,108,238	-	13,108,238
International Equity	-	4,742,594	-	4,742,594
Balanced/Asset Allocation	-	5,959,293	-	5,959,293
Fixed Income	-	10,609,028	-	10,609,028
Other	-	150,275	-	150,275
	-	43,002,671	-	43,002,671

	September 30, 2012			
	Level 1	Level 2	Level 3	Total
Other				
Interest Bearing Cash	289	-	-	289
Corporate Stock	378,752	-	-	378,752
	379,041	-	-	379,041
	$ 48,460,993	$ 43,002,671	$ -	$ 91,463,664

	September 30, 2011			
	Level 1	Level 2	Level 3	Total
Mutual Funds				
U.S. Large Equity	$ 17,359,213	$ -	$ -	$ 17,359,213
Small/Mid U.S. Equity	3,705,468	-	-	3,705,468
International Equity	1,153,897	-	-	1,153,897
Balanced/Asset Allocation	5,053,135	-	-	5,053,135
Short Term Fixed Income	7,437,595	-	-	7,437,595
Fixed Income	2,032,773	-	-	2,032,773
Self Directed Brokerage	754,094	-	-	754,094
	37,496,175	-	-	37,496,175
Pooled Separate Accounts				
U.S. Large Equity	-	6,828,593	-	6,828,593
Small/Mid U.S. Equity	-	10,018,373	-	10,018,373
International Equity	-	4,060,014	-	4,060,014
Balanced/Asset Allocation	-	4,977,548	-	4,977,548
Short Term Fixed Income	-	-	-	-
Fixed Income	-	8,853,251	-	8,853,251
Other	-	129,498	-	129,498
	-	34,867,277	-	34,867,277
Corporate Stock				
Other	201,040	-	-	201,040
	$ 37,697,215	$ 34,867,277	$ -	$ 72,564,492

NOTE 5 - PLAN TERMINATION

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

NOTE 6 - TAX STATUS

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

The Plan's management evaluates tax positions taken by the Plan and recognizes a tax liability or asset if an uncertain tax position was taken and it is more likely than not that the tax position would be sustained upon examination by taxing authorities. The Plan is subject to routine audits by taxing jurisdictions. The Plan is no longer subject to income tax examinations for the years 2008 and prior.

NOTE 7 - ADMINISTRATION OF PLAN ASSETS

The Plan assets are held by the Trustee, Principal Trust Company, a member of Principal Financial Group. Company contributions, participant elective deferrals, and participant accounts are held and administered by the Custodians, who invest cash received in accordance with participant instructions and make distributions to participants.

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

NOTE 8 - RELATED PARTY TRANSACTIONS

The Company's contributions to the Plan were $4,870,270 and $4,423,155 for the years ended September 30, 2012 and 2011, respectively, of which $4,870,269 and $4,418,498 were due to the Plan at September 30, 2012 and 2011, respectively.

Administrative costs of $49,513 and $45,527 were paid by the Company for the Plan years ended September 30, 2012 and 2011, respectively.

The Plan had notes receivable from participants of $1,151,039 and $1,070,197 at September 30, 2012 and 2011, respectively.

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

NOTE 9 - PROHIBITED TRANSACTIONS

During 2012, the Company failed to remit to the Plan's trustee certain employee contributions totaling approximately $150,000 within the period prescribed by the DOL regulations. The Company has made contributions to the affected participants' accounts to compensate those participants an aggregate of approximately $180 for potential lost income due to delays.

NOTE 10 - SUBSEQUENT EVENT

Effective October 1, 2012, the Plan document was amended to add automatic deferred provisions and an in-plan Roth rollover.

COMMUNITY CARE PHYSICIANS, P.C.
PROFIT SHARING PLAN

SUPPLEMENTARY SCHEDULES REQUIRED UNDER ERISA AND
DEPARTMENT OF LABOR REGULATIONS
SCHEDULE H
September 30, 2012

LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Participant Contributions Transferred Late to Plan	Total That Constitutes Nonexempt Prohibited Transactions		
Check Here If Late Participant Loan Repayments are Included	Contributions Not Corrected	Contributions Pending Correction in Voluntary Fiduciary Correction Program (VFCP)	Total Fully Corrected Under VFCP and Prohibited Transaction Exemption 2002-51
	$-0-	$149,556	$-0-

See Independent Auditor's Report.

COMMUNITY CARE PHYSICIANS, P.C.
PROFIT SHARING PLAN

SUPPLEMENTARY SCHEDULES REQUIRED UNDER ERISA AND DEPARTMENT OF LABOR REGULATIONS
SCHEDULE H
September 30, 2012

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

The following schedule presents the fair value of investments at September 30, 2012:

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost (1)	(e) Current Value
*	Principal Bond and Mortgage Account	Pooled Separate Account		$ 8,048,211
*	Principal Large Cap S&P 500 Index Account	Pooled Separate Account		8,433,243
*	Principal Mid Cap Value III Account	Pooled Separate Account		3,357,038
*	Principal Mid Cap Blend Account	Pooled Separate Account		3,990,766
*	Principal Small Cap Blend Account	Pooled Separate Account		5,760,434
*	Principal Diversified International Account	Pooled Separate Account		4,742,594
*	Principal U.S. Property Account	Pooled Separate Account		2,560,817
*	Principal Life- Prin Fin Grp Inc Stock	Pooled Separate Account		150,275
*	Principal Life- Prin SAM Balanced Sep Acct	Pooled Separate Account		2,507,415
*	Principal Life- SAM Cons Balanced SA	Pooled Separate Account		589,604
*	Principal Life- SAM Cons Growth SA	Pooled Separate Account		1,272,595
*	Principal Life- SAM Flexible Income SA	Pooled Separate Account		754,854
*	Principal Life- SAM Strategic Growth SA	Pooled Separate Account		834,825
	Pershing LLC- Cash Account	Interest Bearing Cash		289
	Vanguard Windsor II Fund	Mutual Fund		6,379,764
	Vanguard Balanced Index Fund	Mutual Fund		6,437,258
	American Century Ultra Fund	Mutual Fund		2,510,904
	American Century Small Cap Value Fund	Mutual Fund		2,164,137
	Vanguard Equity Income Fund	Mutual Fund		4,318,782
	Vanguard Health Care Fund	Mutual Fund		4,610,108
	T. Rowe Price Growth Fund	Mutual Fund		4,986,146
	AIM Dynamics Investment Fund	Mutual Fund		2,360,753
	Putnam Global Equity Fund	Mutual Fund		1,486,066
	Vanguard Short-Term Treasury Fund	Mutual Fund		8,282,225
	Vanguard Inflation Protection Fund	Mutual Fund		3,257,777
	Artio Total Return Bond Fund Class	Mutual Fund		5,786
	Doubleline Emerging Markets Fixed Income	Mutual Fund		11,054
	Federated Capital Reserves	Mutual Fund		449,995
	FPA Crescent Portfolio	Mutual Fund		16,092
	Harbor Commodity Real Return	Mutual Fund		3,259
	Harbor Unconstrained Bond Fund	Mutual Fund		3,111
	Hussman Strategic Growth Funds	Mutual Fund		3,399
	Janus Balanced Fund	Mutual Fund		15,517
	Manning and Napier Fund	Mutual Fund		56,910
	Mathews Asia Dividend Fund	Mutual Fund		3,676
	Merger Fund	Mutual Fund		4,110

See Independent Auditor's Report.

COMMUNITY CARE PHYSICIANS, P.C.
PROFIT SHARING PLAN

SUPPLEMENTARY SCHEDULES REQUIRED UNDER ERISA AND DEPARTMENT OF LABOR REGULATIONS
SCHEDULE H
September 30, 2012

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

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost (1)	(e) Current Value
	Payden and Rygel Emerging Markets	Mutual Fund		14,899
	Permanent Portfolio Fund	Mutual Fund		2,763
	PIMCO All Asset All Authority	Mutual Fund		62,169
	Berwyn Income Fund Inc	Mutual Fund		3,093
	Babson Stewart Ivory Intl Fund	Mutual Fund		3,918
	Dodge & Cox Income Fund	Mutual Fund		10,051
	Doubleline TOtal Return Bond Fund	Mutual Fund		9,991
	Fidelity Global Balanced Fund	Mutual Fund		2,753
	Franklin Utilities A Fund	Mutual Fund		491,403
	Intrepid Capital Fund	Mutual Fund		2,581
	James Balanced: Golden Rainbow Fund	Mutual Fund		65,738
	Matthews Asian Growth & Income Fund Invest	Mutual Fund		2,899
	Merk Hard Currency Fund Investor Class	Mutual Fund		4,967
	Metropolitan West Total Return Bond Fund	Mutual Fund		10,923
	Neuberger & Berman Genesis Fund Investor	Mutual Fund		6,416
	Pimco EQS Pathfinder Fund Class D	Mutual Fund		2,590
	Royce Value Fund Service Class	Mutual Fund		1,877
	Value Line Asset Allocation Fund	Mutual Fund		5,802
	Wintergreen Fund	Mutual Fund		10,290
	Apple Computer, Inc.	Corporate Stock		9,339
	Astrazeneca PLC Sponsored	Corporate Stock		23,930
	Boardwalk Pipeline Partners	Corporate Stock		13,950
	Duke Energy Corp	Corporate Stock		21,575
	Energy Transfer Partners	Corporate Stock		21,285
	Ishares Silver Trust	Corporate Stock		10,044
	Ishares TR S&P Midcap 400	Corporate Stock		40,306
	Rydex ETF TR S&P 500	Corporate Stock		60,268
	Windstream Corp Com	Corporate Stock		5,045
	Aberdeen Asia- Pacific Income	Corporate Stock		7,780
	IShares Comex Gold Tr IShares	Corporate Stock		25,905
	IShares TR Barclays Tips BD Fund	Corporate Stock		24,352
	IShares TR Barclays 7-10 Yr Treasury BD Fund	Corporate Stock		25,488
	Schwab Strategic TR Short Term US Treasury	Corporate Stock		7,327
	Schwab Strategic TR US Large Cap Growth	Corporate Stock		6,938
	Schwab Strategic TR US Mid Cap ETF	Corporate Stock		35,087
	Schwab Strategic TR US REIT ETF	Corporate Stock		18,126
	Schwab Strategic TR US TIPS ETF	Corporate Stock		7,588
	Vanguard Scottsdale FDS Vanguard Short Term	Corporate Stock		5,623
	Western Asset Emerging Markets Debt Fund	Corporate Stock		8,796
				91,463,664
*	Participant notes receivable	3.25% - 8.25%		1,151,039
				$ 92,614,703

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

(1) Cost information and may be omitted with respect to participant or beneficiary directed investments under an individual account plan.

See Independent Auditor's Report.

Schedule H, Line 4

Schedule of Delinquent Participant Contributions

For the Plan Year Beginning 10/01/2011 and Ending 09/30/2012
Name of Plan: Community Care Physicians, P.C. Profit Sharing Plan
Employer Identification Number: 14-1660131 Three-digit plan number: 001

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ____	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
			$149,556	

COMMUNITY CARE PHYSICIANS, P.C.
PROFIT SHARING PLAN

SUPPLEMENTARY SCHEDULES REQUIRED UNDER ERISA AND
DEPARTMENT OF LABOR REGULATIONS
SCHEDULE H
September 30, 2012

LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Participant Contributions Transferred Late to Plan	Total That Constitutes Nonexempt Prohibited Transactions		
Check Here If Late Participant Loan Repayments are Included	Contributions Not Corrected	Contributions Pending Correction in Voluntary Fiduciary Correction Program (VFCP)	Total Fully Corrected Under VFCP and Prohibited Transaction Exemption 2002-51
	$-0-	$149,556	$-0-

See Independent Auditor's Report.

COMMUNITY CARE PHYSICIANS, P.C.
PROFIT SHARING PLAN

SUPPLEMENTARY SCHEDULES REQUIRED UNDER ERISA AND DEPARTMENT OF LABOR REGULATIONS
SCHEDULE H
September 30, 2012

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

The following schedule presents the fair value of investments at September 30, 2012:

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost (1)	(e) Current Value
*	Principal Bond and Mortgage Account	Pooled Separate Account		$ 8,048,211
*	Principal Large Cap S&P 500 Index Account	Pooled Separate Account		8,433,243
*	Principal Mid Cap Value III Account	Pooled Separate Account		3,357,038
*	Principal Mid Cap Blend Account	Pooled Separate Account		3,990,766
*	Principal Small Cap Blend Account	Pooled Separate Account		5,760,434
*	Principal Diversified International Account	Pooled Separate Account		4,742,594
*	Principal U.S. Property Account	Pooled Separate Account		2,560,817
*	Principal Life- Prin Fin Grp Inc Stock	Pooled Separate Account		150,275
*	Principal Life- Prin SAM Balanced Sep Acct	Pooled Separate Account		2,507,415
*	Principal Life- SAM Cons Balanced SA	Pooled Separate Account		589,604
*	Principal Life- SAM Cons Growth SA	Pooled Separate Account		1,272,595
*	Principal Life- SAM Flexible Income SA	Pooled Separate Account		754,854
*	Principal Life- SAM Strategic Growth SA	Pooled Separate Account		834,825
	Pershing LLC- Cash Account	Interest Bearing Cash		289
	Vanguard Windsor II Fund	Mutual Fund		6,379,764
	Vanguard Balanced Index Fund	Mutual Fund		6,437,258
	American Century Ultra Fund	Mutual Fund		2,510,904
	American Century Small Cap Value Fund	Mutual Fund		2,164,137
	Vanguard Equity Income Fund	Mutual Fund		4,318,782
	Vanguard Health Care Fund	Mutual Fund		4,610,108
	T. Rowe Price Growth Fund	Mutual Fund		4,986,146
	AIM Dynamics Investment Fund	Mutual Fund		2,360,753
	Putnam Global Equity Fund	Mutual Fund		1,486,066
	Vanguard Short-Term Treasury Fund	Mutual Fund		8,282,225
	Vanguard Inflation Protection Fund	Mutual Fund		3,257,777
	Artio Total Return Bond Fund Class	Mutual Fund		5,786
	Doubleline Emerging Markets Fixed Income	Mutual Fund		11,054
	Federated Capital Reserves	Mutual Fund		449,995
	FPA Crescent Portfolio	Mutual Fund		16,092
	Harbor Commodity Real Return	Mutual Fund		3,259
	Harbor Unconstrained Bond Fund	Mutual Fund		3,111
	Hussman Strategic Growth Funds	Mutual Fund		3,399
	Janus Balanced Fund	Mutual Fund		15,517
	Manning and Napier Fund	Mutual Fund		56,910
	Mathews Asia Dividend Fund	Mutual Fund		3,676
	Merger Fund	Mutual Fund		4,110

See Independent Auditor's Report.

COMMUNITY CARE PHYSICIANS, P.C.
PROFIT SHARING PLAN

SUPPLEMENTARY SCHEDULES REQUIRED UNDER ERISA AND DEPARTMENT OF LABOR REGULATIONS
SCHEDULE H
September 30, 2012

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

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost (1)	(e) Current Value
	Payden and Rygel Emerging Markets	Mutual Fund		14,899
	Permanent Portfolio Fund	Mutual Fund		2,763
	PIMCO All Asset All Authority	Mutual Fund		62,169
	Berwyn Income Fund Inc	Mutual Fund		3,093
	Babson Stewart Ivory Intl Fund	Mutual Fund		3,918
	Dodge & Cox Income Fund	Mutual Fund		10,051
	Doubleline TOtal Return Bond Fund	Mutual Fund		9,991
	Fidelity Global Balanced Fund	Mutual Fund		2,753
	Franklin Utilities A Fund	Mutual Fund		491,403
	Intrepid Capital Fund	Mutual Fund		2,581
	James Balanced: Golden Rainbow Fund	Mutual Fund		65,738
	Matthews Asian Growth & Income Fund Invest	Mutual Fund		2,899
	Merk Hard Currency Fund Investor Class	Mutual Fund		4,967
	Metropolitan West Total Return Bond Fund	Mutual Fund		10,923
	Neuberger & Berman Genesis Fund Investor	Mutual Fund		6,416
	Pimco EQS Pathfinder Fund Class D	Mutual Fund		2,590
	Royce Value Fund Service Class	Mutual Fund		1,877
	Value Line Asset Allocation Fund	Mutual Fund		5,802
	Wintergreen Fund	Mutual Fund		10,290
	Apple Computer, Inc.	Corporate Stock		9,339
	Astrazeneca PLC Sponsored	Corporate Stock		23,930
	Boardwalk Pipeline Partners	Corporate Stock		13,950
	Duke Energy Corp	Corporate Stock		21,575
	Energy Transfer Partners	Corporate Stock		21,285
	Ishares Silver Trust	Corporate Stock		10,044
	Ishares TR S&P Midcap 400	Corporate Stock		40,306
	Rydex ETF TR S&P 500	Corporate Stock		60,268
	Windstream Corp Com	Corporate Stock		5,045
	Aberdeen Asia- Pacific Income	Corporate Stock		7,780
	IShares Comex Gold Tr IShares	Corporate Stock		25,905
	IShares TR Barclays Tips BD Fund	Corporate Stock		24,352
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