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 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

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 10/01/2016 and ending 09/30/2017

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

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

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/02/1985

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
COMMUNITY CARE PHYSICIANS, P.C.

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

2b Employer Identification Number (EIN) 14-1660131

2c Plan 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.	07/09/2018	SHIRISH PARIKH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/09/2018	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

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
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:	**4b** EIN	
a Sponsor's name	**4c** PN	

5 Total number of participants at the beginning of the plan year	**5**	1554
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	1252
a(2) Total number of active participants at the end of the plan year	**6a(2)**	1143
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	245
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1388
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2
f Total. Add lines **6d** and **6e**.	**6f**	1390
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1321
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	56
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 Characteristics Codes in the instructions:

2A 2E 2F 2G 2J 2K 2R 2S 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics 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)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

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

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 10/01/2016 and ending 09/30/2017

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	1390	10/01/2016	09/30/2017

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 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**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	73255362

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 lines **7b** and **7c(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 line **7e(5)** from line **7d**)			**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 line **9c(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, line 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.**	**2016** **This Form is Open to Public Inspection.**

For calendar plan year 2016 or fiscal plan year beginning 10/01/2016 and ending 09/30/2017

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	31889	Yes [X] No [ ]	Yes [X] No [ ]	2173	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
PRINCIPAL LIFE INSURANCE COMPANY	13 37 50 64	2173
(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.	
PERSHING LLC 13-2741729	PRINCIPAL SELF DIRECTED BROKERAGE ACCOUNT FEES	

(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

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(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

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 10/01/2016 and ending 09/30/2017

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 LGCAP S&P 500 INDEX SA-Z		
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)	16914883
a Name of MTIA, CCT, PSA, or 103-12 IE:	PRIN MIDCAP SEP ACCT-Z		
b Name of sponsor of entity listed in (a):	PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-020	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	13285312
a Name of MTIA, CCT, PSA, or 103-12 IE:	PRINCIPAL SMALLCAP SEP ACCT-Z		
b Name of sponsor of entity listed in (a):	PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-029	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	11332784
a Name of MTIA, CCT, PSA, or 103-12 IE:	PRIN CORE PLUS BD SEP ACCT-Z		
b Name of sponsor of entity listed in (a):	PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-005	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	9626769
a Name of MTIA, CCT, PSA, or 103-12 IE:	PRIN DIVERSIFIED INTL SA-Z		
b Name of sponsor of entity listed in (a):	PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-015	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8959603
a Name of MTIA, CCT, PSA, or 103-12 IE:	PRIN MIDCAP VALUE III SA-Z		
b Name of sponsor of entity listed in (a):	PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-022	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6595676
a Name of MTIA, CCT, PSA, or 103-12 IE:	PRINCIPAL U.S. PROPERTY SA-Z		
b Name of sponsor of entity listed in (a):	PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-027	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6302631

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) 237704

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)

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)

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

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

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 10/01/2016 and ending 09/30/2017

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)	5990787	6393147
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1487	0
(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)	1467146	1768081
(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)	1323187	1280730
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	62747448	73255362
(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)	89702707	104909138
(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**	161232762	187606458
	Liabilities			
g	Benefit claims payable	**1g**		
h	Operating payables	**1h**		
i	Acquisition indebtedness	**1i**		
j	Other liabilities	**1j**	11116	101263
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	11116	101263
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	161221646	187505195

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)**	6488538	
	(B) Participants	**2a(1)(B)**	4974896	
	(C) Others (including rollovers)	**2a(1)(C)**	1811226	
	(2) Noncash contributions	**2a(2)**		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		13274660
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)**	45288	
	(F) Other	**2b(1)(F)**		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		45288
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**		
	(B) Common stock	**2b(2)(B)**	34488	
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**	1499432	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		1533920
	(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)**		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**		
	(B) Other	**2b(5)(B)**	336801	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		336801

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		9756272
(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)		10816297
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		35763238
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9350829	
(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)		9350829
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)		
(3) Investment advisory and management fees	2i(3)	128860	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		128860
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		9479689
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		26283549
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: BST & CO. CPAS, 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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

Part V Trust Information

6a Name of trust	**6b** Trust's EIN

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

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 sections 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

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 10/01/2016 and ending 09/30/2017

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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (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 line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No

22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter _____/_____/_____ and the serial number _____.

22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter _____/_____/_____.

Community Care Physicians, P.C.
Profit Sharing Plan

Financial Statements

September 30, 2017 and 2016

Community Care Physicians, P.C.
Profit Sharing Plan

Financial Statements

September 30, 2017 and 2016

C O N T E N T S

	Page
Independent Auditor's Report	1-2
Financial Statements	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5-12
Supplementary Information	
Supplemental Schedule Required Under ERISA and Department of Labor Regulations	13-16

BST
ACCOUNTING / TAX / ADVISORY

Independent Auditor's Report

Pension Committee of the Board of Directors
Community Care Physicians, P.C.
Latham, New York

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Community Care Physicians, P.C. Profit Sharing Plan (Plan), which comprise the statements of net assets available for benefits as of September 30, 2017 and 2016, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

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. We have been informed by the plan administrator that the Trustee holds the Plan's assets and executes transactions. The plan administrator has obtained a certification from the Trustee as of and for the years ended September 30, 2017 and 2016, that the information provided to the plan administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule H, Line 4i, schedule of assets (held at end of year) as of September 30, 2017 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purposes of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

Report on Form and Content in Compliance with Department of Labor Rules and Regulations

The form and content of the information included in the financial statements and supplemental 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.

BST & CO. CPAs, LLP

Albany, New York
June 6, 2018

Community Care Physicians, P.C.
Profit Sharing Plan

Statements of Net Assets Available for Benefits

	September 30, 2017	September 30, 2016
ASSETS		
Investments, at fair value	$ 179,932,581	$ 153,918,788
Receivables		
Employer contributions	6,393,147	5,990,787
Participant notes	1,280,730	1,323,187
	7,673,877	7,313,974
Total assets	187,606,458	161,232,762
LIABILITIES		
Accrued expenses	95,000	-
Excess contributions payable	6,263	11,116
	101,263	11,116
NET ASSETS AVAILABLE FOR BENEFITS	**$ 187,505,195**	**$ 161,221,646**

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,	
	2017	**2016**
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	$ 20,909,370	$ 12,376,627
Interest and dividends	1,533,920	1,167,975
	22,443,290	13,544,602
Interest income from participant notes receivable	45,288	37,728
Contributions		
Employer	6,488,538	5,990,787
Participant	4,974,896	4,665,023
Rollover	1,811,226	800,844
	13,274,660	11,456,654
Total additions	35,763,238	25,038,984
DEDUCTIONS		
Benefits paid	9,350,829	4,936,032
Administrative expenses	128,860	40,428
Total deductions	9,479,689	4,976,460
Net increase in net assets available for benefits	**26,283,549**	**20,062,524**
NET ASSETS AVAILABLE FOR BENEFITS, *beginning of year*	161,221,646	141,159,122
NET ASSETS AVAILABLE FOR BENEFITS, *end of year*	**$ 187,505,195**	**$ 161,221,646**

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

Community Care Physicians, P.C.
Profit Sharing Plan

Notes to Financial Statements
September 30, 2017 and 2016

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. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

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 Trustee, who invests cash received and income from investments based on written instructions from the Company and participants, and makes distributions to participants. The Company's Pension Committee and investment advisor are responsible for oversight of the Plan and for determining the appropriateness of the Plan's investment offerings and monitoring investment performance.

b. 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.

c. Contributions

Each year, participants may contribute a percentage or fixed dollar amount of their pre-tax annual compensation to the Plan, subject to certain limitations as defined by the Internal Revenue Code (IRC). The maximum participant deferral was $18,000 for both the years ended September 30, 2017 and 2016. Unless the employee elects otherwise, 1% of his/her eligible compensation will be automatically deferred into the Plan for the benefit of the employee. The Plan was amended effective October 1, 2016 to adjust the automatic deferral rate to 3% for employees hired on or after October 1, 2016. Participants may also make Roth contributions into the Plan. Participants who have attained age fifty before the end of the Plan year are eligible to make "catch-up" contributions. Participants may also contribute rollover amounts representing distributions from other qualified retirement plans.

Note 1 - Description of Plan - Continued

c. Contributions - Continued

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

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,	
	2017	2016
Class 1	$ 28,050	$ 27,973
Class 2	7%	7%
Class 3	4%	4%
Class 4	2%	2%
Class 5	2%	2%

For the 401(k) feature, the Company makes a 3%, nonelective “safe harbor” contribution to the Plan based on eligible employee compensation during the Plan year. A nonelective safe harbor contribution is a minimum contribution made by the Company that allows the Plan to be exempt from 401(k) nondiscrimination tests.

Participants direct their elective deferral amounts and Company contributions to any of several investment options, which are held and administered by the Trustee of the Plan.

d. Participant Accounts

Each participant’s account is credited with the participant’s contribution, the Company’s profit sharing and non-elective safe harbor contributions, an allocation of forfeitures of terminated participants’ nonvested accounts in excess of administrative expenses paid by the Plan, and the Plan’s investment earnings (losses) net of investment expenses. Allocations are based on participant earnings or account balances, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

Note 1 - Description of Plan - Continued

e. Vesting

Participants are immediately vested in their elective deferral amounts, rollover contributions, and the Company's nonelective contribution, plus actual earnings thereon.

Vesting in the Company's profit sharing contribution 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

f. Participant Notes Receivable

Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000, or 50% of their vested account balance. In addition, the 50% limit is reduced by the highest outstanding loan balance of any previous loans made in the previous twelve months. Participant notes are secured by the balance in the participants' accounts and bear interest at a rate commensurate with rates of commercial lending institutions for loans which would be made under similar circumstances, as determined by the Plan Administrator. Principal and interest are paid ratably through regular payroll deductions. In general, loans must be repaid within five years; however, if the loan is used to purchase a principal residence, the term may be longer.

g. Payment of Benefits

On termination of service due to death, disability, retirement, or other reasons, a participant (or beneficiary in the case of death) may elect to receive an amount equal to the value of the participant's vested interest in their account as a lump sum distribution, or defer distribution until a later date. However, if the vested portion of a participant's account balance is $5,000 or less (excluding rollover balances), this amount will be paid as a lump-sum distribution as soon as possible following termination, retirement, disability, or to the beneficiary following death.

Note 1 - Description of Plan - Continued

h. Forfeitures

Forfeitures may be first used to pay administrative expenses under the Plan. Forfeitures not used to pay administrative expenses shall be used to reduce the employer's discretionary profit sharing contribution and allocated in the same manner. The Plan used $2,908 and $6,835 of forfeitures to pay administrative expenses during the years ended September 30, 2017 and 2016, respectively. The Plan used $80,309 to reduce the employer's discretionary profit sharing contribution during the year ended September 30, 2016. As of September 30, 2017, available forfeitures totaled $96,224, most of which were used to pay Plan expenses that were accrued as of September 30, 2017.

Note 2 - Summary of Significant Accounting Policies

a. Basis of Accounting

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

b. Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and 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 the price that would be received to sell an asset in an orderly transaction between market participants on the measurement date. The Plan trustees determine the Plan's valuation policies utilizing information provided by the investment advisors and Trustee.

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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

d. Participant Notes Receivable

Participant notes receivable are stated at their unpaid principal balance plus any accrued, but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed as they are incurred. If a participant ceases to make loan repayments, the loan is deemed to be in default. Defaulted loan balances are taxable income to the participant in the year of default. Defaulted loans remain Plan assets until the loan is repaid or the participant has a distributable event. Loans treated as distributions totaled $60,764 and $62,850 for the years ended September 30, 2017 and 2016, respectively.

Note 2 - Summary of Significant Accounting Policies - Continued

e. Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service (IRS) are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the excess contributions to the applicable participants subsequent to the Plan year-end.

f. Payment of Benefits

Benefits are recorded when paid.

g. Expenses

Certain Plan fees are paid from Plan assets, and other expenses of the Plan are paid directly by the Company. Recordkeeping fees and fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation (depreciation) of fair value of investments.

h. Subsequent Events

The Plan has evaluated subsequent events for potential recognition or disclosure through June 6, 2018, the date the financial statements were available to be issued.

Note 3 - Information Certified and Provided by Trustee (Unaudited)

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by the Trustee as complete and accurate, except for comparing such information certified by the Trustee to the information included in the Plan's financial statements and supplemental schedule:

	September 30,	
	2017	2016
Investments, at fair value	$ 179,932,581	$ 153,918,788
Participant notes receivable	1,280,730	1,323,187
Investment income		
Interest and dividends	1,533,920	1,167,975
Net appreciation in fair value of investments	20,909,370	12,376,627
Interest income from participant notes receivable	45,288	37,728

Note 4 - Investments and Fair Value Measurements

The framework for measuring fair value provides 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 (Level 1) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy are as follows:

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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.

Following is a description of the valuation methodologies used for assets measured at fair value at September 30, 2017 and 2016. There have been no changes to the methodologies at September 30, 2017.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Pooled Separate Accounts: Valued based upon the units of such pooled separate accounts held by the Plan at year end multiplied by the respective unit value. The unit value is calculated daily based on the net asset value of shares of the underlying fund and includes the underlying investments' daily performance investment income and related administrative and investment fees assessed. The NAV is not a publicly quoted price in an active market and is computed in accordance with investment company measurement principles. The pooled separate accounts can be redeemed at NAV as of the measurement date. The Plan has no unfunded commitments related to the pooled separate accounts and redemptions and subscriptions are permitted daily.

Note 4 - Investments and Fair Value Measurements - Continued

Corporate Stock: Valued at the closing price reported on the active market on which individual securities are traded. Corporate stock is held within the self-directed brokerage accounts.

Self-Directed Brokerage Accounts: Accounts consist of mutual funds and corporate stock that are valued on the basis of readily determinable market prices.

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 Plan's assets measured at fair value:

	September 30, 2017			
	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 103,181,783	$ -	$ -	$ 103,181,783
Self-Directed Brokerage Accounts	3,495,436	-	-	3,495,436
Total assets in the fair value hierarchy	$ 106,677,219	$ -	$ -	106,677,219
Investments measured at NAV (a): Pooled Separate Accounts				73,255,362
Investments at fair value				$ 179,932,581

	September 30, 2016			
	Level 1	Level 2	Level 3	Total
Mutual Funds	88,801,803	$ -	$ -	$ 88,801,803
Interest Bearing Cash	1,487	-	-	1,487
Self-Directed Brokerage Accounts	2,368,050	-	-	2,368,050
Total assets in the fair value hierarchy	$ 91,171,340	$ -	$ -	91,171,340
Investments measured at NAV (a): Pooled Separate Accounts				62,747,448
Investments at fair value				$ 153,918,788

(a) Certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Note 5 - Related Party and Party-In-Interest Transactions

The Company paid expenses in connection with the administration of the Plan totaling $52,136 and $54,492 for the years ended September 30, 2017 and 2016, respectively. In addition, certain administrative functions are performed by employees of the Company who do not receive compensation from the Plan for such functions.

Pooled separate accounts offered as investment options are managed by Principal Trust Company, the Trustee of the Plan.

Note 6 - 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 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 Trustee 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.

Note 7 - Tax Status

The IRS has ruled that the Volume Submitter Profit Sharing Plan with Cash or Deferred Arrangement (CODA) offered by the Plan Trustee and adopted by the Plan on October 1, 2014, 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 July 1, 2014 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.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more-likely-than-not would not be sustained upon examination by taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 8 - Risk and Uncertainties

The Plan invests in various 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.

Community Care Physicians, P.C.
Profit Sharing Plan

Supplemental Schedule Required Under ERISA and
Department of Labor Regulations
Schedule H
September 30, 2017

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

(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 Lg Cap S&P 500 Index SA-I5	Pooled Separate Account		$ 16,914,883
*	Principal Mid Cap Value III Account	Pooled Separate Account		6,595,676
*	Principal Mid Cap Account	Pooled Separate Account		13,285,312
*	Principal Small Cap Blend Account	Pooled Separate Account		11,332,784
*	Principal Diversified International SA -3	Pooled Separate Account		8,959,603
*	Principal U.S. Property Account	Pooled Separate Account		6,302,631
*	Principal Core Plus Bond Sep Act-I2	Pooled Separate Account		9,626,769
*	Principal Total Market Stock Index Separate Account-R6	Pooled Separate Account		237,704
	Vanguard Windsor II Fund	Mutual Fund		12,383,715
	Vanguard Balanced Index Admrl Fund	Mutual Fund		24,131,322
	American Century Ultra Fund	Mutual Fund		4,523,347
	American Century Small Cap Value Fund	Mutual Fund		3,823,029
	Vanguard Health Care Fund	Mutual Fund		11,665,274
	Vanguard Equity Income- Adm Fund	Mutual Fund		10,276,964
	T. Rowe Price Growth Fund	Mutual Fund		12,182,215
	Putnam Global Equity Fund	Mutual Fund		3,124,166
	Vanguard Short-Term Treasury Fund	Mutual Fund		7,876,638
	Vanguard Inflation Protection Fund	Mutual Fund		2,648,982
	Allianz Convertible Fund	Mutual Fund		13,109
	American Balanced Fund	Mutual Fund		24,652
	Berwyn Income Fund Inc	Mutual Fund		23,937
	Federated Capital Reserves	Mutual Fund		420,520
	FPA Crescent Portfolio	Mutual Fund		21,220
	Franklin Utilities A Fund	Mutual Fund		1,171,197
	Matthews Asian Growth & Income Fund Investment	Mutual Fund		4,340
	Mathews Asia Dividend Fund	Mutual Fund		22,163
	Merger Fund	Mutual Fund		5,174
	Metropolitan West Total Return Bond Fund	Mutual Fund		31,420

See Independent Auditor's Report.

Community Care Physicians, P.C.
Profit Sharing Plan

Supplemental Schedule Required Under ERISA and
Department of Labor Regulations
Schedule H
September 30, 2017

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
	Permanent Portfolio Fund	Mutual Fund		9,623
	Rivernorth Double Line Strategic Income	Mutual Fund		32,734
	Templeton Global Balanced Fund Advisor C	Mutual Fund		3,524
	The Oakmark Equity and Income Fund Class	Mutual Fund		42,923
	Oakmark Global Select Fund Class I	Mutual Fund		3,489
	T. Rowe Price Ret Inc. Adv Fund	Mutual Fund		228,095
	T. Rowe Price Retirement 2005 Adv Fd	Mutual Fund		22,661
	T. Rowe Price Retirement 2010 Adv Fd	Mutual Fund		639,737
	T. Rowe Price Retirement 2015 Adv Fd	Mutual Fund		1,246,622
	T. Rowe Price Retirement 2020 Adv Fd	Mutual Fund		1,527,401
	T. Rowe Price Retirement 2025 Adv Fd	Mutual Fund		1,326,575
	T. Rowe Price Retirement 2030 Adv Fd	Mutual Fund		1,263,008
	T. Rowe Price Retirement 2035 Adv Fd	Mutual Fund		1,040,694
	T. Rowe Price Retirement 2040 Adv Fd	Mutual Fund		1,573,236
	T. Rowe Price Retirement 2045 Adv Fd	Mutual Fund		386,663
	T. Rowe Price Retirement 2050 Adv Fd	Mutual Fund		76,510
	T. Rowe Price Retirement 2055 Adv Fd	Mutual Fund		42,377
	T. Rowe Price Retirement 2055 Adv Fd	Mutual Fund		1,355
	USAA World Growth Fund	Mutual Fund		12,319
	Dodge & Cox Balanced Fund	Mutual Fund		7,509
	Parnassus Core Equity Fund	Mutual Fund		17,858
	T Rowe Price Personal Strategy	Mutual Fund		12,000
	Pacific Financial Explorer Fund	Mutual Fund		139,524
	Pacific Financial Core Equity Fund	Mutual Fund		415,292
	Cohen & Steers Quality Income	Mutual Fund		6,280
	Amg Yacktman Focuseed Fund	Mutual Fund		15,431
	Amg Yacktman Fund Class I	Mutual Fund		6,059
	Champlain Mid Cap Fund	Mutual Fund		20,882
	Baird Short Term Bond Fund Inst	Mutual Fund		20,366
	Dodge & Cox Globarl Stock Fund	Mutual Fund		5,348
	Double Line Total Return Bond Fund	Mutual Fund		15,549
	Intrepid All Cap Fund	Mutual Fund		10,197
	Janus Henderson Balanced Fund	Mutual Fund		40,498
	Janus Henderson Value Plus Incomw	Mutual Fund		20,269

See Independent Auditor's Report.

Community Care Physicians, P.C.
Profit Sharing Plan

Supplemental Schedule Required Under ERISA and
Department of Labor Regulations
Schedule H
September 30, 2017

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
	Pimco Foreign Bond Fund Class D	Mutual Fund		4,109
	Parnassus Mid-Cap Fund	Mutual Fund		25,708
	Primecap Odyssey Growth Fund	Mutual Fund		6,748
	Boston Partners All-Cap Val Fund	Mutual Fund		25,490
	Tcw Emerging Markets Inc Fund	Mutual Fund		15,606
	Vanguard Star Fund	Mutual Fund		30,864
	Vanguard Global Min Volatility Fund	Mutual Fund		30,554
	Vanguard Gnma	Mutual Fund		10,021
	Vanguard Wellesley Income Fund	Mutual Fund		10,572
	Akre Focus Fund Retail Class	Mutual Fund		28,793
	Primecap Odyssey Stock Fund	Mutual Fund		34,660
	Nicholas Equity Income Fund	Mutual Fund		16,258
	Mairs and Power Small Cap Fund	Mutual Fund		12,126
	American Century Equity Income Fund	Mutual Fund		31,097
	Intrepid Capital Fund	Mutual Fund		10,226
	Mairs and Power Balanced Fund	Mutual Fund		10,314
	Apple Computer, Inc.	Corporate Stock		303,602
	Astrazeneca PLC Sponsored	Corporate Stock		33,880
	Duke Energy Corp	Corporate Stock		27,945
	First TR Exchange Traded Fund - Amex Biotech	Corporate Stock		61,965
	First TR Exchange Traded Fund - Dow Jones	Corporate Stock		65,510
	First TR Exchange Traded Fund II Consumer 2	Corporate Stock		44,590
	First TR Exchange Traded Fund Health Care	Corporate Stock		49,891
	General Electric Cap Corp	Corporate Stock		12,755
	Ishares MSCI USA Momentum Factor ETF	Corporate Stock		9,568
	IShares TR MSCI Emerging Markets ETF	Corporate Stock		29,127
	IShares TR Short Treasury BD ETF	Corporate Stock		60,717
	IShares TR S&P Midcap 400	Corporate Stock		72,850
	Rydex ETF TR S&P 500	Corporate Stock		191,666
	IShares TR Barclays 7-10 Yr Treasury BD Fund	Corporate Stock		25,032
	Schwab Strategic TR US Small Cap ETF	Corporate Stock		52,549
	Schwab Strategic TR Short Term US Treasury	Corporate Stock		19,908
	Schwab Strategic TR US Large Cap Growth	Corporate Stock		26,428
	Schwab Strategic TR US Mid Cap ETF	Corporate Stock		65,143

See Independent Auditor's Report.

Community Care Physicians, P.C.
Profit Sharing Plan

Supplemental Schedule Required Under ERISA and
Department of Labor Regulations
Schedule H
September 30, 2017

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
	Vanguard Scottsdale FDS Vanguard Short Term	Corporate Stock		5,609
	Wells Fargo & Company Deposit	Corporate Stock		12,510
	Ishares Tr Nasdaq Biotechnology ETF	Corporate Stock		20,015
	Ishares Tr Core S&P Mid-Cap ETF	Corporate Stock		30,413
	Ishares Tr Us Pharmaceuticals ETF	Corporate Stock		21,109
	Plug Pwr Inc Com New	Corporate Stock		1,305
	Facebook Inc Class A	Corporate Stock		70,228
	Intel Corp Com	Corporate Stock		3,808
	Lockheed Martin Corp Com	Corporate Stock		15,825
	Northrop Grumman Corp Com	Corporate Stock		17,263
	Skechers U S A Inc Cl A	Corporate Stock		2,308
	TD Ameritrade Hldg Corp Com	Corporate Stock		976
	Bristol Myers Squibb Co Com	Corporate Stock		19,122
	Cisco Systems Inc	Corporate Stock		10,089
	PIMCO ETF TR Active	Corporate Stock		64,056
	Powershares Exchange-Traded Fund	Corporate Stock		22,895
	Schwab Strategic TR US Dividend Equity	Corporate Stock		14,040
	Vanguard BD Index Fs Inc Total Bd Market	Corporate Stock		114,744
	First TR Exchange Traded Fd Inc Total Bd Market	Corporate Stock		22,245
	Ishares TR US Utilities	Corporate Stock		9,462
	Caterpillar Inc Com	Corporate Stock		15,589
	Snap Inc Cl A	Corporate Stock		1,454
	Square Inc Cl A	Corporate Stock		2,881
	Amazon Com Inc	Corporate Stock		24,034
	First Tr Exchange Traded Fd - Cloud	Corporate Stock		62,850
	Healthcare Tr Amer Inc Cl A New	Corporate Stock		7,450
	Vnr Fin Corp Wt Com Unitholders Exp	Corporate Stock		6
	Netflix Inc Com	Corporate Stock		22,669
				179,932,581
*	Participant notes receivable	3.25% -4.25%		1,280,730
				$ 181,213,311

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

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

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Community Care Physicians, P.C.
Profit Sharing Plan

Supplemental Schedule Required Under ERISA and
Department of Labor Regulations
Schedule H
September 30, 2017

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*	Principal Lg Cap S&P 500 Index SA-I5	Pooled Separate Account		$ 16,914,883
*	Principal Mid Cap Value III Account	Pooled Separate Account		6,595,676
*	Principal Mid Cap Account	Pooled Separate Account		13,285,312
*	Principal Small Cap Blend Account	Pooled Separate Account		11,332,784
*	Principal Diversified International SA -3	Pooled Separate Account		8,959,603
*	Principal U.S. Property Account	Pooled Separate Account		6,302,631
*	Principal Core Plus Bond Sep Act-I2	Pooled Separate Account		9,626,769
*	Principal Total Market Stock Index Separate Account-R6	Pooled Separate Account		237,704
	Vanguard Windsor II Fund	Mutual Fund		12,383,715
	Vanguard Balanced Index Admrl Fund	Mutual Fund		24,131,322
	American Century Ultra Fund	Mutual Fund		4,523,347
	American Century Small Cap Value Fund	Mutual Fund		3,823,029
	Vanguard Health Care Fund	Mutual Fund		11,665,274
	Vanguard Equity Income- Adm Fund	Mutual Fund		10,276,964
	T. Rowe Price Growth Fund	Mutual Fund		12,182,215
	Putnam Global Equity Fund	Mutual Fund		3,124,166
	Vanguard Short-Term Treasury Fund	Mutual Fund		7,876,638
	Vanguard Inflation Protection Fund	Mutual Fund		2,648,982
	Allianz Convertible Fund	Mutual Fund		13,109
	American Balanced Fund	Mutual Fund		24,652
	Berwyn Income Fund Inc	Mutual Fund		23,937
	Federated Capital Reserves	Mutual Fund		420,520
	FPA Crescent Portfolio	Mutual Fund		21,220
	Franklin Utilities A Fund	Mutual Fund		1,171,197
	Matthews Asian Growth & Income Fund Investment	Mutual Fund		4,340
	Mathews Asia Dividend Fund	Mutual Fund		22,163
	Merger Fund	Mutual Fund		5,174
	Metropolitan West Total Return Bond Fund	Mutual Fund		31,420

See Independent Auditor's Report.

Community Care Physicians, P.C.
Profit Sharing Plan

Supplemental Schedule Required Under ERISA and
Department of Labor Regulations
Schedule H
September 30, 2017

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	Permanent Portfolio Fund	Mutual Fund		9,623
	Rivernorth Double Line Strategic Income	Mutual Fund		32,734
	Templeton Global Balanced Fund Advisor C	Mutual Fund		3,524
	The Oakmark Equity and Income Fund Class	Mutual Fund		42,923
	Oakmark Global Select Fund Class I	Mutual Fund		3,489
	T. Rowe Price Ret Inc. Adv Fund	Mutual Fund		228,095
	T. Rowe Price Retirement 2005 Adv Fd	Mutual Fund		22,661
	T. Rowe Price Retirement 2010 Adv Fd	Mutual Fund		639,737
	T. Rowe Price Retirement 2015 Adv Fd	Mutual Fund		1,246,622
	T. Rowe Price Retirement 2020 Adv Fd	Mutual Fund		1,527,401
	T. Rowe Price Retirement 2025 Adv Fd	Mutual Fund		1,326,575
	T. Rowe Price Retirement 2030 Adv Fd	Mutual Fund		1,263,008
	T. Rowe Price Retirement 2035 Adv Fd	Mutual Fund		1,040,694
	T. Rowe Price Retirement 2040 Adv Fd	Mutual Fund		1,573,236
	T. Rowe Price Retirement 2045 Adv Fd	Mutual Fund		386,663
	T. Rowe Price Retirement 2050 Adv Fd	Mutual Fund		76,510
	T. Rowe Price Retirement 2055 Adv Fd	Mutual Fund		42,377
	T. Rowe Price Retirement 2055 Adv Fd	Mutual Fund		1,355
	USAA World Growth Fund	Mutual Fund		12,319
	Dodge & Cox Balanced Fund	Mutual Fund		7,509
	Parnassus Core Equity Fund	Mutual Fund		17,858
	T Rowe Price Personal Strategy	Mutual Fund		12,000
	Pacific Financial Explorer Fund	Mutual Fund		139,524
	Pacific Financial Core Equity Fund	Mutual Fund		415,292
	Cohen & Steers Quality Income	Mutual Fund		6,280
	Amg Yacktman Focuseed Fund	Mutual Fund		15,431
	Amg Yacktman Fund Class I	Mutual Fund		6,059
	Champlain Mid Cap Fund	Mutual Fund		20,882
	Baird Short Term Bond Fund Inst	Mutual Fund		20,366
	Dodge & Cox Globarl Stock Fund	Mutual Fund		5,348
	Double Line Total Return Bond Fund	Mutual Fund		15,549
	Intrepid All Cap Fund	Mutual Fund		10,197
	Janus Henderson Balanced Fund	Mutual Fund		40,498
	Janus Henderson Value Plus Incomw	Mutual Fund		20,269

See Independent Auditor's Report.

Community Care Physicians, P.C.
Profit Sharing Plan

Supplemental Schedule Required Under ERISA and
Department of Labor Regulations
Schedule H
September 30, 2017

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	Pimco Foreign Bond Fund Class D	Mutual Fund		4,109
	Parnassus Mid-Cap Fund	Mutual Fund		25,708
	Primecap Odyssey Growth Fund	Mutual Fund		6,748
	Boston Partners All-Cap Val Fund	Mutual Fund		25,490
	Tcw Emerging Markets Inc Fund	Mutual Fund		15,606
	Vanguard Star Fund	Mutual Fund		30,864
	Vanguard Global Min Volatility Fund	Mutual Fund		30,554
	Vanguard Gnma	Mutual Fund		10,021
	Vanguard Wellesley Income Fund	Mutual Fund		10,572
	Akre Focus Fund Retail Class	Mutual Fund		28,793
	Primecap Odyssey Stock Fund	Mutual Fund		34,660
	Nicholas Equity Income Fund	Mutual Fund		16,258
	Mairs and Power Small Cap Fund	Mutual Fund		12,126
	American Century Equity Income Fund	Mutual Fund		31,097
	Intrepid Capital Fund	Mutual Fund		10,226
	Mairs and Power Balanced Fund	Mutual Fund		10,314
	Apple Computer, Inc.	Corporate Stock		303,602
	Astrazeneca PLC Sponsored	Corporate Stock		33,880
	Duke Energy Corp	Corporate Stock		27,945
	First TR Exchange Traded Fund - Amex Biotech	Corporate Stock		61,965
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Community Care Physicians, P.C.
Profit Sharing Plan

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Department of Labor Regulations
Schedule H
September 30, 2017

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