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

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 10/01/2018 and ending 09/30/2019

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.	07/15/2020	SHIRISH PARIKH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/15/2020	SHIRISH PARIKH
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b**	EIN
		4d	PN

5	Total number of participants at the beginning of the plan year	**5**	2327
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)**	1872
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1780
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	309
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	2089
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	3
f	Total. Add lines **6d** and **6e**.	**6f**	2092
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	2003
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	109
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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 10/01/2018 and ending 09/30/2019

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		10/01/2018	09/30/2019

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	81448935

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. Specify nature of costs.			**10b**	

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.**	**2018** **This Form is Open to Public Inspection.**

For calendar plan year 2018 or fiscal plan year beginning 10/01/2018 and ending 09/30/2019

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 COMPANYH

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	262716	Yes [X] No [ ]	Yes [X] No [ ]	1216	Yes [ ] No [X]

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

WILSHIRE ASSOCIATES INC.

(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?
27 72	INVESTMENT ADVISORY	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] 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 CO	13 37 50 64	1216

(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.
NATIONAL FINANCIAL SERVICES, LLC 04-3532603	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
WILSHIRE ASSOCIATES INCORPORATED	27 72	0

(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.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	1 BASIS POINT ANNUALLY ON ELIGIBLE PLAN ASSETS IN WILSHIRE 3(21) OR WILSHIRE 3(21) AUTO- EXECUTE FIDUCIARY SERVICE.

(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

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 10/01/2018 and ending 09/30/2019

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
14-1660131

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

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-488	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMALLCAP SEP ACCT-Z

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-029	P	11369349

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL MIDCAP SEP ACCT-Z

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-020	P	15337798

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	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-027	P	6191510

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL CARE PLUS BOND SEP ACCT-Z

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-005	P	12242085

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL U.S. PROPERTY INTL SA-Z

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-015	P	8603854

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-010	P	21602705

a Name of MTIA, CCT, PSA, or 103-12 IE:	PRIN MIDCAP VALUE I SA-Z		
b Name of sponsor of entity listed in (a):	PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-041	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5962353
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)	139256
a Name of MTIA, CCT, PSA, or 103-12 IE:	PRIN LIFETIME HYBR 2010 CIT Z		
b Name of sponsor of entity listed in (a):	PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1222134
a Name of MTIA, CCT, PSA, or 103-12 IE:	PRIN LIFETIME HYBR 2015 CIT Z		
b Name of sponsor of entity listed in (a):	PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-002	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4767353
a Name of MTIA, CCT, PSA, or 103-12 IE:	PRIN LIFETIME HYBR 2020 CIT Z		
b Name of sponsor of entity listed in (a):	PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-003	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	7195085
a Name of MTIA, CCT, PSA, or 103-12 IE:	PRIN LIFETIME HYBR 2025 CIT Z		
b Name of sponsor of entity listed in (a):	PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-004	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	7543383
a Name of MTIA, CCT, PSA, or 103-12 IE:	PRIN LIFETIME HYBR 2030 CIT Z		
b Name of sponsor of entity listed in (a):	PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-005	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6522789
a Name of MTIA, CCT, PSA, or 103-12 IE:	PRIN LIFETIME HYBR 2035 CIT Z		
b Name of sponsor of entity listed in (a):	PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-006	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6647168
a Name of MTIA, CCT, PSA, or 103-12 IE:	PRIN LIFETIME HYBR 2040 CIT Z		
b Name of sponsor of entity listed in (a):	PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-007	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	7159938
a Name of MTIA, CCT, PSA, or 103-12 IE:	PRIN LIFETIME HYBR 2045 CIT Z		
b Name of sponsor of entity listed in (a):	PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 26-6447574-008	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2839218

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2050 CIT Z

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

c EIN-PN 26-6447574-009	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1848827

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2055 CIT Z

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

c EIN-PN 26-6447574-010	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 491823

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR INC CIT Z

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

c EIN-PN 26-6447574-011	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2034583

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2060 CIT Z

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

c EIN-PN 26-6447574-012	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 319759

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME HYBR 2065 CIT Z

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

c EIN-PN 26-6447574-013	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 267

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 10/01/2018 and ending 09/30/2019

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)	8782438	10132492
(2) Participant contributions	1b(2)		368
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	2020264	1239141
(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)	1755394	1790898
(9) Value of interest in common/collective trusts	1c(9)		48592327
(10) Value of interest in pooled separate accounts	1c(10)	79932129	81448910
(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)	143364006	102987688
(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	235854231	246191824
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	111138	166557
k	Total liabilities (add all amounts in lines 1g through1j)	1k	111138	166557
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	235743093	246025267

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)	10132492	
	(B) Participants	2a(1)(B)	8650758	
	(C) Others (including rollovers)	2a(1)(C)	1885307	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		20668557
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)	84268	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		84268
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	92416	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2213608	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2306024
	(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)	-37011	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-37011

		(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)		3849525
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2610369
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		29481732
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	18934376	
(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)		18934376
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)	265182	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		265182
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		19199558
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		10282174
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)** ☒ Disclaimer **(4)** ☐ Adverse

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

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

(1) Name: 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			

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

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.)

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

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 10/01/2018 and ending 09/30/2019

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 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):



Profit Sharing Plan

Financial Statements

September 30, 2019 and 2018

Community Care Physicians, P.C.
Profit Sharing Plan

Financial Statements

September 30, 2019 and 2018

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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, 2019 and 2018, 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, 2019 and 2018, 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, 2019 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 purpose 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
July 9, 2020

Community Care Physicians, P.C.
Profit Sharing Plan

Statements of Net Assets Available for Benefits

	September 30, 2019	September 30, 2018
ASSETS		
Investments, at fair value	$ 234,268,066	$ 225,316,399
Receivables		
Employer contributions	10,132,492	8,782,438
Participant contributions	368	-
Participant notes	1,790,898	1,755,394
	11,923,758	10,537,832
Total assets	246,191,824	235,854,231
LIABILITIES		
Accrued expenses	95,000	95,000
Excess contributions payable	71,557	16,138
	166,557	111,138
NET ASSETS AVAILABLE FOR BENEFITS	**$ 246,025,267**	**$ 235,743,093**

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,	
	2019	**2018**
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	$ 6,422,883	$ 19,079,044
Interest and dividends	2,306,024	1,943,651
	8,728,907	21,022,695
Interest income from participant notes receivable	84,268	57,825
Contributions		
Employer	10,132,492	8,782,438
Participant	8,650,758	7,246,506
Rollover	1,885,307	29,611,017
	20,668,557	45,639,961
Total additions	29,481,732	66,720,481
DEDUCTIONS		
Benefits paid	18,934,376	18,268,697
Administrative expenses	265,182	213,886
Total deductions	19,199,558	18,482,583
Net increase in net assets available for benefits	**10,282,174**	**48,237,898**
NET ASSETS AVAILABLE FOR BENEFITS, *beginning of year*	235,743,093	187,505,195
NET ASSETS AVAILABLE FOR BENEFITS, *end of year*	**$ 246,025,267**	**$ 235,743,093**

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, 2019 and 2018

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. The Plan was most recently amended effective October 1, 2019.

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 and completing the service requirement (dependent on full-time or part-time employment status when hired). Employees expected to work at least 30 hours per week are required to complete one month of service. Employees expected to work less than 30 hours per week are required to complete 12 months of service in which they are credited with 1,000 hours of service during the eligibility computation period. The "initial 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. Participants enter the Plan on the next entry date after meeting eligibility requirements. The entry dates of the Plan are April 1 and October 1. Active employees share in employer contributions regardless of hours worked subsequent to satisfaction of eligibility. Terminated employees are eligible for employer contributions during the year of termination when credited with at least 500 hours of service during the year.

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 $19,000 and $18,500 for the years ended September 30, 2019 and 2018, respectively. Unless the employee elects otherwise, 3% of his/her eligible compensation will be automatically deferred into the Plan for the benefit of the employee. 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,	
	2019	2018
Class 1	$ 29,250	$ 28,050
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 used to reduce the Company’s profit sharing contribution (Note 1h), 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; 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 $3,640 and $131 of forfeitures to pay administrative expenses during the years ended September 30, 2019 and 2018, respectively. As of September 30, 2019 and 2018, available forfeitures totaled $249,910 and $228,016, respectively. The Plan used $156,036 of the available forfeitures as of September 30, 2019 to reduce the employer's discretionary profit sharing contribution for the year ended September 30, 2019 and the balance to pay Plan expenses that were accrued as of September 30, 2019 and 2018. The Plan used $141,909 of the available forfeitures as of September 30, 2018 to reduce the employer's discretionary profit sharing contribution for the year ended September 30, 2018.

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, which 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 $173,461 and $105,627 for the years ended September 30, 2019 and 2018, 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 of fair value of investments.

h. Subsequent Events

The Plan has evaluated subsequent events for potential recognition or disclosure through July 9, 2020, 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,	
	2019	2018
Investments, at fair value	$ 234,268,066	$ 225,316,399
Participant notes receivable	1,790,898	1,755,394
Investment income		
Interest and dividends	2,306,024	1,943,651
Net appreciation in fair value of investments	6,422,883	19,079,044
Interest income from participant notes receivable	84,268	57,825

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, 2019 and 2018. There have been no changes to the methodologies at September 30, 2019.

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.

Collective Investment Trusts: Valued at the NAV of units of a collective trust fund. The NAV, as provided by the Trustee, is based on the fair value of the underlying investments held by the fund less its liabilities. The NAV is calculated in a manner consistent with U.S. GAAP for investment companies and is the basis for current transactions (purchases and sales), which may occur daily.

Note 4 - Investments and Fair Value Measurements - Continued

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.

Corporate Stock and Exchange-Traded Funds: Valued at the closing price reported on the active market on which the securities or funds are traded. Corporate stock and exchange-traded funds are held within the self-directed brokerage accounts.

Self-Directed Brokerage Accounts: Accounts consist of mutual funds, exchange-traded 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, 2019			
	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 96,791,426	$ -	$ -	$ 96,791,426
Collective Investment Trusts	48,592,327	-	-	48,592,327
Self-Directed Brokerage Accounts	7,435,403	-	-	7,435,403
Total assets in the fair value hierarchy	$ 152,819,156	$ -	$ -	152,819,156
Investments measured at NAV (a):				
Pooled Separate Accounts				81,448,910
Investments at fair value				$ 234,268,066

Note 4 - Investments and Fair Value Measurements - Continued

	September 30, 2018			
	Level 1	Level 2	Level 3	Total
Mutual Funds	140,594,222	$ -	$ -	$ 140,594,222
Self-Directed Brokerage Accounts	4,790,048	-	-	4,790,048
Total assets in the fair value hierarchy	$ 145,384,270	$ -	$ -	145,384,270
Investments measured at NAV (a):				
Pooled Separate Accounts				79,932,129
Investments at fair value				$ 225,316,399

(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 $84,065 and $51,284 for the years ended September 30, 2019 and 2018, 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 and collective investment trusts 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.

Note 7 - Tax Status - Continued

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.

Note 9 - Subsequent Events

a. COVID-19

On January 30, 2020, the World Health Organization declared the coronavirus outbreak a "Public Health Emergency of International Concern" and on March 11, 2020, declared it to be a pandemic. The COVID-19 outbreak in the United States of America has caused business disruption through mandated and voluntary closings in both the public and private sectors. While the disruption is expected to be temporary, there is considerable uncertainty pertaining to the duration of the closings and the impact the outbreak will have on the Plan and the Company. In March 2020, the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) was enacted to provide emergency assistance and health care response for individuals, families and businesses affected. The CARES Act provides various forms of optional relief to the Company and participants of retirement plans.

Due to a substantial business hardship as a result of the COVID-19 outbreak, the Plan was amended to terminate the employer's nonelective safe harbor contribution with respect to compensation paid to employees on or after the amendment's effective date of May 1, 2020. Participants were notified of the Plan amendment on April 1, 2020.

Community Care Physicians, P.C.
Profit Sharing Plan

Supplemental Schedule Required Under ERISA and
Department of Labor Regulations
Schedule H
September 30, 2019

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-Z	Pooled Separate Account		21,602,705
*	Principal Mid Cap SA-Z	Pooled Separate Account		15,337,798
*	Principal Mid Cap I SA-Z	Pooled Separate Account		5,962,353
*	Principal Small Cap SA-Z	Pooled Separate Account		11,369,349
*	Principal Diversified International SA-Z	Pooled Separate Account		8,603,854
*	Principal U.S. Property Account	Pooled Separate Account		6,191,510
*	Principal Core Plus Bond Sep Acct-Z	Pooled Separate Account		12,242,085
*	Principal Total Market Stock Index Separate Account-R6	Pooled Separate Account		139,256
	Vanguard Windsor II Fund	Mutual Fund		9,987,712
	Vanguard Balanced Index Admrl Fund	Mutual Fund		18,181,530
	American Century Ultra R6 Fund	Mutual Fund		8,022,792
	American Century Small Cap Value R6 Fund	Mutual Fund		3,621,722
	Vanguard Health Care Fund	Mutual Fund		9,545,924
	Vanguard Equity Income- Adm Fund	Mutual Fund		11,208,539
	T. Rowe Price Growth Fund	Mutual Fund		16,375,979
	Putnam Global Equity Fund	Mutual Fund		3,954,273
	Vanguard Short-Term Treasury Fund	Mutual Fund		11,209,835
	Vanguard Inflation Protection Fund	Mutual Fund		2,422,021
	Franklin Utilities R6 Fund	Mutual Fund		2,261,099
*	Principal Lifetime Hybrid 2010 CIT Z	Collective Investment Trust		1,222,134
*	Principal Lifetime Hybrid 2015 CIT Z	Collective Investment Trust		4,767,353
*	Principal Lifetime Hybrid 2020 CIT Z	Collective Investment Trust		7,195,085
*	Principal Lifetime Hybrid 2025 CIT Z	Collective Investment Trust		7,543,383
*	Principal Lifetime Hybrid 2030 CIT Z	Collective Investment Trust		6,522,789
*	Principal Lifetime Hybrid 2035 CIT Z	Collective Investment Trust		6,647,168
*	Principal Lifetime Hybrid 2040 CIT Z	Collective Investment Trust		7,159,938
*	Principal Lifetime Hybrid 2045 CIT Z	Collective Investment Trust		2,839,218
*	Principal Lifetime Hybrid 2050 CIT Z	Collective Investment Trust		1,848,827
*	Principal Lifetime Hybrid 2055 CIT Z	Collective Investment Trust		491,823
*	Principal Lifetime Hybrid 2060 CIT Z	Collective Investment Trust		319,759
*	Principal Lifetime Hybrid 2065 CIT Z	Collective Investment Trust		267
*	Principal Lifetime Hybrid Income CIT Z	Collective Investment Trust		2,034,583
	Alibaba Group Hldg LTD Sponsored Ads	Self Directed Brokerage - Corporate Stock		97,495
	Alphabet Inc Cap Stk CL C	Self Directed Brokerage - Corporate Stock		13,409
	Amazon Com In	Self Directed Brokerage - Corporate Stock		72,908
	American Tower Corp Com	Self Directed Brokerage - Corporate Stock		2,211
	Apple Computer Inc	Self Directed Brokerage - Corporate Stock		455,555
	Arista Networks Inc Com	Self Directed Brokerage - Corporate Stock		4,778
	Astrazeneca ADR Each Rep 1 Ord	Self Directed Brokerage - Corporate Stock		22,285
	Aurora Cannibis Inc Com NPV ISIN Stock	Self Directed Brokerage - Corporate Stock		3,920
	Autohome Inc Ads Each REPR 1 CL A Ord	Self Directed Brokerage - Corporate Stock		14,714
	Blackstone Mortgage Tru-CL A	Self Directed Brokerage - Corporate Stock		10,755
	Boeing Co Com	Self Directed Brokerage - Corporate Stock		3,805
	Bristol Myers Squibb Co Com	Self Directed Brokerage - Corporate Stock		15,213
	Caterpiller Inc Com	Self Directed Brokerage - Corporate Stock		31,578
	Cisco Systems Inc	Self Directed Brokerage - Corporate Stock		39,726
	Coca Cola Co	Self Directed Brokerage - Corporate Stock		16,223

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

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	Constellation Brands Inc Com	Self Directed Brokerage - Corporate Stock		4,146
	Crispr Therapeutics AG Com	Self Directed Brokerage - Corporate Stock		410
	Disney Walt Co	Self Directed Brokerage - Corporate Stock		6,516
	Duke Energy Corp New Com	Self Directed Brokerage - Corporate Stock		31,921
	Exact Sciences Corp	Self Directed Brokerage - Corporate Stock		1,807
	Exxon Mobil Corp Com	Self Directed Brokerage - Corporate Stock		12,569
	Facebook Inc CL A	Self Directed Brokerage - Corporate Stock		106,136
	Fidelity Select Med Technology & Devices	Self Directed Brokerage - Corporate Stock		1,193
	Fortineet Inc Com	Self Directed Brokerage - Corporate Stock		18,576
	General Mtrs Co Com	Self Directed Brokerage - Corporate Stock		3,748
	Goldman Sachs Group Inc Com	Self Directed Brokerage - Corporate Stock		3,108
	Healthcare TR Amer Inc CL A	Self Directed Brokerage - Corporate Stock		7,345
	Hubspot Inc Com	Self Directed Brokerage - Corporate Stock		22,590
	Intel Corp Com	Self Directed Brokerage - Corporate Stock		20,612
	International Bus Mach Corp Com	Self Directed Brokerage - Corporate Stock		291
	Invesco QQQ TR Unit SER 1	Self Directed Brokerage - Corporate Stock		3,776
	Khols Corporation Com	Self Directed Brokerage - Corporate Stock		993
	Lloyds Banking Group PLC Sponsored ADR	Self Directed Brokerage - Corporate Stock		40
	Lockheed Martin Corp Com	Self Directed Brokerage - Corporate Stock		19,893
	Mastercard Inc CL A	Self Directed Brokerage - Corporate Stock		5,431
	Netflix Inc Com	Self Directed Brokerage - Corporate Stock		50,580
	Northrop Grumman Corp Com	Self Directed Brokerage - Corporate Stock		22,487
	Ollies Baragain Outlt Hldgs Inc Com	Self Directed Brokerage - Corporate Stock		1,173
	PDL Biopharme Inc Com	Self Directed Brokerage - Corporate Stock		220
	Pfizer Inc	Self Directed Brokerage - Corporate Stock		11,857
	Planet Fitness Inc CL A	Self Directed Brokerage - Corporate Stock		868
	Shopify Inc Com NPV CL A ISIN	Self Directed Brokerage - Corporate Stock		3,117
	Sketchers US A Inc CL A	Self Directed Brokerage - Corporate Stock		3,436
	Snap Inc CL A	Self Directed Brokerage - Corporate Stock		1,580
	Splunk Inc Com	Self Directed Brokerage - Corporate Stock		15,793
	Square Inc CL A	Self Directed Brokerage - Corporate Stock		6,195
	Target Corp Com	Self Directed Brokerage - Corporate Stock		2,138
	TC Energy Corporation Com NPV ISIN	Self Directed Brokerage - Corporate Stock		155
	TD Ameritrade Hldg Corp Com	Self Directed Brokerage - Corporate Stock		934
	Tesla Inc Com	Self Directed Brokerage - Corporate Stock		6,985
	US Cellular Corp Com STK	Self Directed Brokerage - Corporate Stock		376
	Verizon Communications	Self Directed Brokerage - Corporate Stock		15,271
	Wells Fargo & Co New Dep1/1000PF CL A	Self Directed Brokerage - Corporate Stock		12,375
	Alps Emerging Sector Dividend	Self Directed Brokerage - Exchange Traded Fund		73,528
	Alps International Sector Dividend	Self Directed Brokerage - Exchange Traded Fund		62,936
	ARK ETF TR Fintech Innova	Self Directed Brokerage - Exchange Traded Fund		5,372
	Ark ETF TR Innovation ETF	Self Directed Brokerage - Exchange Traded Fund		6,863
	ETFMG Alternative Harvest ETF	Self Directed Brokerage - Exchange Traded Fund		5,605
	First TR Exchange Traded Fd Dow Jones In	Self Directed Brokerage - Exchange Traded Fund		157,663
	First TR Exchange Traded FD II Health Care	Self Directed Brokerage - Exchange Traded Fund		98,004
	First TR Exchange Traded FD II Technology	Self Directed Brokerage - Exchange Traded Fund		149,910
	First TR Exchange Traded Fd VI Dorsey Wright Focus	Self Directed Brokerage - Exchange Traded Fund		68,502
	First TR Exchange Traded RD NY ARCA	Self Directed Brokerage - Exchange Traded Fund		28,715

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	First TR Exhange Traded FD II UTILS	Self Directed Brokerage - Exchange Traded Fund		69,944
	First TR NASDAQ 100 Technology Index FD	Self Directed Brokerage - Exchange Traded Fund		176,725
	Innovator ETFs TR IBD 50 ETF	Self Directed Brokerage - Exchange Traded Fund		41,886
	Invesco Exchange Traded FD TR II S&P500	Self Directed Brokerage - Exchange Traded Fund		15,344
	Invesco Exchange Traded FD TR S&P500 EQL	Self Directed Brokerage - Exchange Traded Fund		128,392
	Invesco Exchng FD TR II S&P Midcap	Self Directed Brokerage - Exchange Traded Fund		5,261
	Ishares TR arclays 7-10 Yr	Self Directed Brokerage - Exchange Traded Fund		3,374
	Ishares TR U.S Med Dvc ETF	Self Directed Brokerage - Exchange Traded Fund		8,653
	Ishares TR US Utilities	Self Directed Brokerage - Exchange Traded Fund		10,585
	PIMCO ETF TR Total Return Active ETF	Self Directed Brokerage - Exchange Traded Fund		10,890
	Schwab Strategic TR US Large Cap ETF	Self Directed Brokerage - Exchange Traded Fund		7,093
	Schwab Strategic TR US Large Cap Growth	Self Directed Brokerage - Exchange Traded Fund		84,850
	Schwab Strategic TR US Large Cap Value	Self Directed Brokerage - Exchange Traded Fund		36,478
	Schwab Strategic TR US Small Cap ETF	Self Directed Brokerage - Exchange Traded Fund		90,300
	Vaneck Vectors ETF TR Environmental SV	Self Directed Brokerage - Exchange Traded Fund		1,253
	Akre Focus Fund Retail Class	Self Directed Brokerage - Mutual Fund		137,093
	Allianzgi Convertible CL A	Self Directed Brokerage - Mutual Fund		9,168
	American Balanced Fund Class F-2	Self Directed Brokerage - Mutual Fund		45,436
	American Century Equity Income Fund	Self Directed Brokerage - Mutual Fund		30,341
	AMG Yacktman Focussed Fund	Self Directed Brokerage - Mutual Fund		29,231
	Artisan Global Value FD INVT Shares	Self Directed Brokerage - Mutual Fund		1,355
	Artisan High Income Fund Investor	Self Directed Brokerage - Mutual Fund		2,812
	Boston Partners All-Cap Val Fund	Self Directed Brokerage - Mutual Fund		256
	Champlain Mid Cap Advisor Share	Self Directed Brokerage - Mutual Fund		26,783
	Dodge & Cox Balanced Fund	Self Directed Brokerage - Mutual Fund		67,392
	Doubleline Emerging Mrkt Fixed Inc N	Self Directed Brokerage - Mutual Fund		2,111
	Doubleline Low Duration Bond CL I	Self Directed Brokerage - Mutual Fund		100,291
	Doubleline Low Duration CL N	Self Directed Brokerage - Mutual Fund		192,017
	Doubleline Shillwe Enhanced Cap CL N	Self Directed Brokerage - Mutual Fund		19,770
	Doubleline Total RT Bond FD CL N	Self Directed Brokerage - Mutual Fund		55,748
	Eaton Vance Floating Rate Class I	Self Directed Brokerage - Mutual Fund		107,086
	Fidelity Blue Chip Growth	Self Directed Brokerage - Mutual Fund		4,886
	Fidelity Corporate Bond Fund	Self Directed Brokerage - Mutual Fund		36,853
	Fidelity Government Cash Reserves Fund	Self Directed Brokerage - Mutual Fund		1,154,958
	Fidelity Real Estate Income	Self Directed Brokerage - Mutual Fund		23,363
	Fidelity Total Bond	Self Directed Brokerage - Mutual Fund		237,596
	Fidelity U.S. Bond Index Fund	Self Directed Brokerage - Mutual Fund		152,377
	FMI Common Stock Fund	Self Directed Brokerage - Mutual Fund		3,515
	FMI International	Self Directed Brokerage - Mutual Fund		108
	FMI Large Cap FD	Self Directed Brokerage - Mutual Fund		25,905
	FPA Crescent Fund	Self Directed Brokerage - Mutual Fund		12,130
	Janus Henderson Balanced T	Self Directed Brokerage - Mutual Fund		49,787
	Jensen Quality Growth FD CL J	Self Directed Brokerage - Mutual Fund		2,099
	Mairs and Power Small Cap Fund	Self Directed Brokerage - Mutual Fund		2,648
	Matthews Asia Dividend Fund	Self Directed Brokerage - Mutual Fund		969
	Merger Fund	Self Directed Brokerage - Mutual Fund		5,355
	Meridian Small Cap Growth Class A	Self Directed Brokerage - Mutual Fund		478
	Osterweis Stategic Income FD	Self Directed Brokerage - Mutual Fund		175,643

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

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	Parnasses Mid-Cap Fund	Self Directed Brokerage - Mutual Fund		8,074
	Parnassus Core Equity	Self Directed Brokerage - Mutual Fund		1,432
	Permanant Portfolio Fund	Self Directed Brokerage - Mutual Fund		8,061
	PIMCO Inrl BC FC (U.S. Dollar-Hedged) A	Self Directed Brokerage - Mutual Fund		57,901
	Primecap Odyssey Growth Fund	Self Directed Brokerage - Mutual Fund		2,749
	Primecap Odyssey Stock Fund	Self Directed Brokerage - Mutual Fund		3,667
	Riskpro 30+ Fund CL R	Self Directed Brokerage - Mutual Fund		281,308
	Riskpro Aggressive 30+ Fund CL R	Self Directed Brokerage - Mutual Fund		73,308
	Riskpro PFG Aggressive 30+ Fund CL R	Self Directed Brokerage - Mutual Fund		162,711
	Riskpro PFG Equity 30+ Fund CL R	Self Directed Brokerage - Mutual Fund		222,539
	SIT Balanced Fund	Self Directed Brokerage - Mutual Fund		20,497
	T Rowe Price Global Stock	Self Directed Brokerage - Mutual Fund		1,146
	The Oakmark Equity and Income Investor Class	Self Directed Brokerage - Mutual Fund		20,327
	Thrivent Mid Cap Stock Fund CL S	Self Directed Brokerage - Mutual Fund		1,997
	Value Line Mid Cap Focused Investors FD	Self Directed Brokerage - Mutual Fund		2,065
	Vanguard Bd Index Fs Inc Total Bd Market	Self Directed Brokerage - Mutual Fund		33,772
	Vanguard BD Index Fund Inc Total Bond	Self Directed Brokerage - Mutual Fund		6,410
	Vanguard Div Apprec Index FD Admiral SHS	Self Directed Brokerage - Mutual Fund		78,036
	Vanguard Global Equity Investor CL	Self Directed Brokerage - Mutual Fund		150,138
	Vanguard Global Min Volatility Fund	Self Directed Brokerage - Mutual Fund		22,629
	VANGUARD GNMA	Self Directed Brokerage - Mutual Fund		293,143
	Vanguard Star Investor Class	Self Directed Brokerage - Mutual Fund		34,778
	Vanguard Total Stock Market Index	Self Directed Brokerage - Mutual Fund		454,747
	Vanguard Money MKT Prime Portfolio Inv	Self Directed Brokerage - Mutual Fund		191,141
				234,268,066
*	Participant notes receivable	3.25% -5.50%		1,790,898
				236,058,964

* 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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(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-Z	Pooled Separate Account		21,602,705
*	Principal Mid Cap SA-Z	Pooled Separate Account		15,337,798
*	Principal Mid Cap I SA-Z	Pooled Separate Account		5,962,353
*	Principal Small Cap SA-Z	Pooled Separate Account		11,369,349
*	Principal Diversified International SA-Z	Pooled Separate Account		8,603,854
*	Principal U.S. Property Account	Pooled Separate Account		6,191,510
*	Principal Core Plus Bond Sep Acct-Z	Pooled Separate Account		12,242,085
*	Principal Total Market Stock Index Separate Account-R6	Pooled Separate Account		139,256
	Vanguard Windsor II Fund	Mutual Fund		9,987,712
	Vanguard Balanced Index Admrl Fund	Mutual Fund		18,181,530
	American Century Ultra R6 Fund	Mutual Fund		8,022,792
	American Century Small Cap Value R6 Fund	Mutual Fund		3,621,722
	Vanguard Health Care Fund	Mutual Fund		9,545,924
	Vanguard Equity Income- Adm Fund	Mutual Fund		11,208,539
	T. Rowe Price Growth Fund	Mutual Fund		16,375,979
	Putnam Global Equity Fund	Mutual Fund		3,954,273
	Vanguard Short-Term Treasury Fund	Mutual Fund		11,209,835
	Vanguard Inflation Protection Fund	Mutual Fund		2,422,021
	Franklin Utilities R6 Fund	Mutual Fund		2,261,099
*	Principal Lifetime Hybrid 2010 CIT Z	Collective Investment Trust		1,222,134
*	Principal Lifetime Hybrid 2015 CIT Z	Collective Investment Trust		4,767,353
*	Principal Lifetime Hybrid 2020 CIT Z	Collective Investment Trust		7,195,085
*	Principal Lifetime Hybrid 2025 CIT Z	Collective Investment Trust		7,543,383
*	Principal Lifetime Hybrid 2030 CIT Z	Collective Investment Trust		6,522,789
*	Principal Lifetime Hybrid 2035 CIT Z	Collective Investment Trust		6,647,168
*	Principal Lifetime Hybrid 2040 CIT Z	Collective Investment Trust		7,159,938
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	Jensen Quality Growth FD CL J	Self Directed Brokerage - Mutual Fund		2,099
	Mairs and Power Small Cap Fund	Self Directed Brokerage - Mutual Fund		2,648
	Matthews Asia Dividend Fund	Self Directed Brokerage - Mutual Fund		969
	Merger Fund	Self Directed Brokerage - Mutual Fund		5,355
	Meridian Small Cap Growth Class A	Self Directed Brokerage - Mutual Fund		478
	Osterweis Stategic Income FD	Self Directed Brokerage - Mutual Fund		175,643

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, 2019

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
	Parnasses Mid-Cap Fund	Self Directed Brokerage - Mutual Fund		8,074
	Parnassus Core Equity	Self Directed Brokerage - Mutual Fund		1,432
	Permanant Portfolio Fund	Self Directed Brokerage - Mutual Fund		8,061
	PIMCO Inrl BC FC (U.S. Dollar-Hedged) A	Self Directed Brokerage - Mutual Fund		57,901
	Primecap Odyssey Growth Fund	Self Directed Brokerage - Mutual Fund		2,749
	Primecap Odyssey Stock Fund	Self Directed Brokerage - Mutual Fund		3,667
	Riskpro 30+ Fund CL R	Self Directed Brokerage - Mutual Fund		281,308
	Riskpro Aggressive 30+ Fund CL R	Self Directed Brokerage - Mutual Fund		73,308
	Riskpro PFG Aggressive 30+ Fund CL R	Self Directed Brokerage - Mutual Fund		162,711
	Riskpro PFG Equity 30+ Fund CL R	Self Directed Brokerage - Mutual Fund		222,539
	SIT Balanced Fund	Self Directed Brokerage - Mutual Fund		20,497
	T Rowe Price Global Stock	Self Directed Brokerage - Mutual Fund		1,146
	The Oakmark Equity and Income Investor Class	Self Directed Brokerage - Mutual Fund		20,327
	Thrivent Mid Cap Stock Fund CL S	Self Directed Brokerage - Mutual Fund		1,997
	Value Line Mid Cap Focused Investors FD	Self Directed Brokerage - Mutual Fund		2,065
	Vanguard Bd Index Fs Inc Total Bd Market	Self Directed Brokerage - Mutual Fund		33,772
	Vanguard BD Index Fund Inc Total Bond	Self Directed Brokerage - Mutual Fund		6,410
	Vanguard Div Apprec Index FD Admiral SHS	Self Directed Brokerage - Mutual Fund		78,036
	Vanguard Global Equity Investor CL	Self Directed Brokerage - Mutual Fund		150,138
	Vanguard Global Min Volatility Fund	Self Directed Brokerage - Mutual Fund		22,629
	VANGUARD GNMA	Self Directed Brokerage - Mutual Fund		293,143
	Vanguard Star Investor Class	Self Directed Brokerage - Mutual Fund		34,778
	Vanguard Total Stock Market Index	Self Directed Brokerage - Mutual Fund		454,747
	Vanguard Money MKT Prime Portfolio Inv	Self Directed Brokerage - Mutual Fund		191,141
				234,268,066
*	Participant notes receivable	3.25% -5.50%		1,790,898
				236,058,964

* 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.

See Independent Auditor's Report.