Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
CCS MEDICAL 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1999

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

DEGC ENTERPRISES, INC.

1505 LBJ FREEWAY
SUITE 600
FARMERS BRANCH, TX 75234

1505 LBJ FREEWAY
SUITE 600
FARMERS BRANCH, TX 75234

2b Employer Identification Number (EIN)
59-3271823

2c Sponsor's telephone number
972-628-2100

2d Business code (see instructions)
424210

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.	10/12/2012	JULIE CADENHEAD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
DEGC ENTERPRISES, INC.

1505 LBJ FREEWAY
SUITE 600
FARMERS BRANCH, TX 75234

3b Administrator's EIN
59-3271823

3c Administrator's telephone number
972-628-2100

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	1721
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	1329
b	Retired or separated participants receiving benefits	**6b**	3
c	Other retired or separated participants entitled to future benefits	**6c**	280
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1612
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	2
f	Total. Add lines **6d** and **6e**	**6f**	1614
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1370
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	165
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 2T 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

A Name of plan
CCS MEDICAL 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DEGC ENTERPRISES, INC.

D Employer Identification Number (EIN)
59-3271823

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).. . . . . [X] 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

FID.INV.INST.OPS.CO.

04-2647786

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
64 65 37 60	RECORDKEEPER	22675	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

LPL FINANCIAL CORPORATION

95-2834236

(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?
61	ADVISOR	0	Yes [X] No [ ]	Yes [X] No [ ]	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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
ALLNZ NFJ DIV VAL A - BOSTON FINANC 04-2526037	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
BLKRK EQUITY DIV A - BNY MELLON INV P.O. BOX 9793 PROVIDENCE, RI 02940	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
COLUMBIA MDCAP VAL A - COLUMBIA MGT P.O. BOX 8081 BOSTON, MA 02266-8081	0.25%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
DREYFUS S&P 500 INDX - DREYFUS TRAN 13-5673135	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
GS GROWTH OPPS A - GOLDMAN, SACHS & 13-5108880	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
IVK SMALL CAP VAL A - INVESCO CANAD P.O. BOX 4739 HOUSTON, TX 77210-4739	0.35%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
LD ABBETT DEV GRTH A - DST SYSTEMS, 43-1581814	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
OPPHMR MS SM&MD CP A - OPPENHEIMERF P.O. BOX 5270 COLORADO, CO 80217	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
PIMCO TOTAL RETURN R - BOSTON FINAN 04-2526037	0.25%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
PIONEER STRAT INC A - PIONEER INVES 04-2890696	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
THORNBURG INT VAL R4 - BOSTON FINAN 04-2526037	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
VICTORY DIVERS STK A - CITI FUND SE 31-1249295	0.25%

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
LPL FINANCIAL CORPORATION	61	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.
COLUMBIA MDCAP VAL A - COLUMBIA MGT P.O. BOX 8081 BOSTON, MA 02266-8081	$0-<$3M=1.00% $3M-<$50M=0.50% $50M+=0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
LPL FINANCIAL CORPORATION	61	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.
OPPHMR MS SM&MD CP A - OPPENHEIMERF 13-2953455	$5M+=0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
LPL FINANCIAL CORPORATION	61	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.
PIONEER STRAT INC A - PIONEER FUNDS 04-3042318	$0-<$50M=0.50% $50M+=0.25%

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

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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 H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

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

A Name of plan
CCS MEDICAL 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DEGC ENTERPRISES, INC.

D Employer Identification Number (EIN)
59-3271823

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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1457152	1445290
(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)		
(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)	658729	794789
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(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)	18978262	18283640
(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	21094143	20523719
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	33511	66801
k	Total liabilities (add all amounts in lines 1g through1j)	1k	33511	66801
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	21060632	20456918

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)	722687	
	(B) Participants	2a(1)(B)	2712957	
	(C) Others (including rollovers)	2a(1)(C)	173656	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3609300
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	149	
	(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)	39317	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		39466
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	568384	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		568384
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-1247254
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2969896
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3485125	
(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)		3485125
f Corrective distributions (see instructions)	2f		60936
g Certain deemed distributions of participant loans (see instructions)	2g		1211
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)		
(4) Other	2i(4)	26338	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		26338
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3573610
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-603714
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: BDO USA LLP (2) EIN: 13-5381590

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) **4a**		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) **4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) **4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) **4d**		X	
e	Was this plan covered by a fidelity bond? **4e**	X		5000000
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**		X	

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

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

A Name of plan
CCS MEDICAL 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DEGC ENTERPRISES, INC.

D Employer Identification Number (EIN)
59-3271823

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** 0

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): 04-6568107

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

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

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

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

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

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

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

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

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

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

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

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

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CCS Medical 401(k) Plan

Financial Statements and Supplemental Schedules

As of December 31, 2011 and 2010 and for the year ended December 31, 2011

The report accompanying these financial statements was issued by BDO USA, LLP, a Delaware limited liability partnership and the U.S. member of BDO International Limited, a UK company limited by guarantee.

CCS Medical 401(k) Plan

Financial Statements and
Supplemental Schedules
As of December 31, 2011 and 2010 and for the year ended December 31, 2011

CCS Medical 401(k) Plan

Contents

Independent Auditors' Report 3

Financial Statements

Statements of Net Assets Available for Benefits 4

Statement of Changes in Net Assets Available for Benefits 5

Notes to Financial Statements 6

Supplemental Schedules

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) 15

Schedule H, Part IV, Line 4a - Schedule of Delinquent Participant Contributions - for the year ended December 31, 2011 16

BDO

Tel: 214-969-7007
Fax: 214-953-0722
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700 North Pearl
Suite 2000
Dallas, Texas 75201

Independent Auditors' Report

The Trustees of the
CCS Medical 401(k) Plan
Farmer's Branch, Texas

We were engaged to audit the financial statements of the CCS Medical 401(k) Plan (the "Plan") as of December 31, 2011 and 2010, and for the year ended December 31, 2011, and the supplemental schedules as of and for the year ended December 31, 2011, as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information related to investments summarized in Note 3, which was certified by Fidelity Management Trust Company, (the "Trustee") of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator, that Fidelity Management Trust Company holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the Trustee as of December 31, 2011 and 2010 and for the year then ended December 31, 2011, that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on these accompanying financial statements and supplemental schedules taken as a whole. The supplemental schedules are presented for the purposes of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee (or custodian), 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.

BDO USA, LLP

Dallas, Texas
October 12, 2012

BDO USA, LLP, a Delaware limited liability partnership, is the U.S. member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

BDO is the brand name for the BDO network and for each of the BDO Member Firms.

CCS Medical 401(k) Plan

Statements of Net Assets Available for Benefits

December 31,	2011	2010
Assets		
Investments, at fair value:		
Money market accounts	$ 1,445,290	$ 1,457,152
Mutual fund accounts	18,283,640	18,978,262
Total Investments	19,728,930	20,435,414
Receivables:		
Participant contributions	94,560	97,714
Employer contributions	26,089	37,158
Notes receivable from participants	794,789	658,729
Total assets	20,644,368	21,229,015
Liabilities		
Excess contributions payable	66,801	33,511
Net assets available for benefits	$ 20,577,567	$21,195,504

See accompanying notes to financial statements.

CCS Medical 401(k) Plan

Statement of Changes in Net Assets Available for Benefits

December 31,	2011
Additions to net assets attributed to:	
Investment income:	
Net depreciation in fair value of investments	$ (1,247,255)
Interest and dividends on investments	568,531
Total investment loss	(678,724)
Interest on participants notes receivable	39,317
Contributions:	
Participant	2,701,888
Employer	719,533
Participant rollover	173,656
Total additions	2,955,670
Deductions from net assets attributed to:	
Benefits paid to participants	3,479,259
Excess Contribution Refund	66,801
Administrative expenses	26,336
Deemed distributions	1,211
Total deductions	3,573,607
Net decrease	(617,937)
Net assets available for benefits, beginning of year	21,195,504
Net assets available for benefits, end of year	$ 20,577,567

See accompanying notes to financial statements.

1. Description of Plan

General

The CCS Medical ("Employer") 401(k) Plan (the "Plan") is a prototype defined contribution plan covering all eligible employees who have attained three months of service. The Plan was originally effective January 1, 1999. The Plan was restated and amended effective July 1, 2006. The Plan was originally named Diabetic Supply of USA 401(k) Plan. Effective July 1, 2006, the Plan merged with the MP Total Care 401(k) Plan, at which time the name of the Plan was changed to CCS Medical 401(k) Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The following description of the Plan is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

Plan Administration

CCS Medical, Inc. serves as the Plan sponsor and administrator. Fidelity Management Trust Company is the Plan's trustee and recordkeeper.

Contributions

Participants may elect to contribute, on a tax deferred basis, up to 75% of the participant's eligible compensation subject to certain limitations under the Internal Revenue Code ("IRC"). The Employer may make a discretionary profit sharing contribution at an amount that is determined annually. The Employer elected not to make a profit sharing contribution for the years ended December 31, 2011 and 2010. In addition, the Employer may make a discretionary matching contribution. In 2011, the Employer discretionary matching contribution was 50% of aggregate salary reduction not to exceed 3% of total compensation. Prior to April 4, 2011, the Employer discretionary matching contribution was 50% of the aggregate salary reduction not to exceed 6% of total compensation.

Contributions from participants for 2011 and 2010 are net of $66,801 and $33,511, respectively, for excess deferral contributions required to satisfy the relevant nondiscrimination provisions of the Plan. These amounts are also included in the statements of net assets available for benefits as excess contributions payable at December 31, 2011 and 2010.

Participant Accounts

Each participant's account is adjusted for distributions to the participant, participant's contributions, employer contributions, and Plan earnings or losses as well as a portion of the administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. All participant accounts are maintained by the Trustee of the Plan assets. Participants direct the allocation of contributions among the investment funds allowed under the Plan.

Vesting

Participants are immediately vested in their voluntary contributions and rollovers, plus actual earnings therein. Vesting of matching and profit sharing contributions plus actual earnings thereon is based on years of employment/service. Below is the Plan's vesting table.

Years of Service	Vesting Percentage
Less than 1	0%
1	0%
2	0%
3	100%

Upon death, disability, or termination of the Plan, the employer matching and profit sharing contributions become 100% vested.

Forfeitures

Forfeitures of nonvested matching and profit sharing contributions are used to reduce future matching contributions and to pay administrative fees. There were no unallocated forfeitures at December 31, 2011. At December 31, 2011 and 2010, $115,372 and $155,034 of forfeitures were used to reduce employer matching contributions.

Notes receivables from participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested interest. Participants are allowed to have no more than one loan outstanding at any time. The repayment period for participant loans cannot exceed five years, except for loans used for the purchase of a participant's primary residence, which must be paid back within ten years. Principal and interest are paid ratably through payroll deductions. These loans are secured by the balance in the participant's account. The loans bear interest at a reasonable rate of interest as determined by the Plan administrator. Interest rates on outstanding loans as of December 31, 2011 ranged from 5.50% to 10.25% with various dates of maturity through 2017.

Rollovers

Rollovers represent transfers of account balances of certain participant contributions into certain investments of the Plan from other qualified plans or individual retirement accounts.

Payment of Benefits

Benefits in the form of a lump sum payment may be distributed to a participant or a participant's beneficiary upon retirement, the participant's reaching the age of 59-1/2, death, disability, hardship or termination of employment. If employment is terminated for any reason other than those previously mentioned, the participants will only be entitled to the portion of the employer contributions for which participants are vested. Participants are entitled to 100% of the account balance of any salary reduction or voluntary contributions made on their own behalf.

Administrative Expenses

The administrative expenses of the Plan are absorbed by the Employer, with the exception of certain transaction fees paid by the Plan and participant loan origination fees paid by the borrower. Administrative expenses include participant based transaction expenses such as distribution and loan fees as well as Plan related expenses.

Investment Options

Upon enrollment in the Plan, participants direct the investment of their contributions to the investment options available in the Plan. Employer contributions are allocated according to the participant's investment allocations.

Reclassification

Participant loans previously reported as a component of investments have been reclassified to a component of receivables in order to conform to the current year presentation.

2. Summary of Accounting Policies

Basic of Presentation

The accompanying financial statements have been prepared on the accrual basis of accounting.

New Accounting Pronouncements

In January 2010, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2010-06, Improving Disclosures about Fair Value Measurements, which amends Accounting Standards Codification ("ASC") 820, Fair Value Measurements and Disclosures, adding new disclosure requirements for Levels 1 and 2, separate disclosures of purchases, sales, issuances, and settlements relating to Level 3 measurements and clarification of existing fair value disclosures. ASU No. 2010-06 is effective for periods beginning after December 15, 2009, except for the requirement to provide Level 3 activity of purchases, sales, issuances, and settlements on a gross basis, which will be effective for fiscal years beginning after December 31, 2010.

In May 2011, the FASB issued ASU 2011-04, Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRSs (ASU 2011-04). ASU 2011-04 amended ASC 820, Fair Value Measurements and Disclosures, to provide a consistent definition of fair value and improve the comparability of fair value measurements presented and disclosed in financial statements prepared in accordance with U.S. GAAP and IFRSs. Some of the amendments clarify the application of existing fair value measurement and disclosure requirements, while other amendments change a particular principle or requirement for measuring fair value or disclosing information about fair value measurements. The amendments are to be applied prospectively and are effective for annual periods beginning after December 15, 2011. Plan management is currently evaluating the effect that the provisions of ASU 2011-04 will have on the Plan's financial statements.

Investment Valuation and Income Recognition

The mutual and money market investment account are public investment vehicles valued using the Net Asset Value ("NAV") provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is a quoted price in an active market and classified within Level 1 of the valuation hierarchy. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are recorded as distributions based on the terms of the Plan document. There was no allowance at December 31, 2011 or 2010 as the loans are fully collateralized by the participants' accounts.

Use of Estimates and Assumptions

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

Contributions and Contributions Receivable

Contributions are recorded on the accrual method of accounting. Contributions receivable are obligations arising from amounts owed to the plan from participant or the Employer that have not been included in the Plan's investments at year end. Contributions receivables are recorded at cost, which approximates their fair value. There were $120,649 of contributions receivable at December 31, 2011 and $134,872 at December 31, 2010.

Payment of Benefit

Benefits are recorded when paid.

3. Information Certified by the Plan Trustee - Unaudited

All investments are held by Fidelity Management Trust Company (the "Trustee") under the Plan's trust agreement at December 31, 2011 and December 31, 2010. The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate.

- Investments and adjustment as reflected in the Statements of Net Assets Available for Benefits as of December 31, 2011 and 2010
- Net investment income, as reflected in the Statement of Changes in Net Assets Available for Plan Benefits for the year ended December 31, 2011 as follows:

Year ended December 31,	2011
Dividend and interest income from investments	$ 568,531
Net depreciation in fair value of investments	(1,247,255)

- Investment values disclosed in Note 5;
- Investment information disclosed in Note 4; and
- Investments, as reflected in the Schedule of Assets Held for Investment Purposes at End of Year as of December 31, 2011.

The Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to this certified information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

4. Investments

The following presents investments at December 31, 2011 and 2010 that represent 5% or more of the Plan's net assets available for benefits.

December 31,	2011	2010
Fidelity Prime Fund	$ 1,445,290	$ 1,457,152
PIMCO Total Return	1,058,851	*
Fidelity Advisor Freedom 2020 A	1,455,716	1,410,982
Fidelity Advisor Freedom 2025 A	2,647,718	2,658,072
Fidelity Advisor Freedom 2030 A	1,987,987	2,198,317
Fidelity Advisor Freedom 2035 A	2,452,701	3,015,506
Fidelity Advisor Freedom 2040 A	1,752,460	1,870,623
Fidelity Advisor Freedom 2045 A	1,706,634	1,759,656
Total investment above 5%	14,507,357	14,370,308
Total investment below 5%	5,221,573	6,065,106
Total investments	$ 19,728,930	$ 20,435,414

* Investment is not greater than 5% of Plan's net assets in respective year.

5. Fair Value Measurement

ASC 820 "Fair Value Measurements" establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

Basis of Fair Value Measurement

Level 1: Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;

Level 2: Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly;

Level 3: Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

The following tables set forth by level within the fair value hierarchy the Plan investment assets at fair value, as of December 31, 2011 and 2010. As required by ASC 820, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. There were no plan liabilities at December 31, 2011 or 2010.

	Investments at Fair Value as of December 31, 2011			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Equity				
Growth	$ 1,447,849	$ -	$ -	$ 1,447,849
Value	662,921	-	-	662,921
Blend	1,135,611	-	-	1,135,611
Target-date funds	13,917,464	-	-	13,917,464
Bonds	1,119,795	-	-	1,119,795
Total mutual funds	18,283,640	-	-	18,283,640
Money Market	1,445,290	-	-	1,445,290
Total investments	$ 19,728,930	$ -	$ -	$ 19,728,930

	Investments at Fair Value as of December 31, 2010			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Equity				
Growth	$ 1,040,089	$ -	$ -	$ 1,040,089
Value	574,469	-	-	574,469
Blend	1,363,116	-	-	1,363,116
Target-date funds	14,994,383	-	-	14,994,383
Bonds	1,006,205	-	-	1,006,205
Total mutual funds	18,978,262	-	-	18,978,262
Money Market	1,457,152	-	-	1,457,152
Total investments	$ 20,435,414	$ -	$ -	$ 20,435,414

6. Related Parties

Fidelity Management Trust Company is a party-in-interest and has issued investments held by the Plan as noted in the attached supplemental schedule. Notes receivable from participants and the related interest income are considered related party transactions.

7. Plan Termination

Although it has not expressed such intent, the Employer reserves the right to terminate the Plan, subject to the provisions of ERISA. In the event of plan termination, participants will become fully vested in their accounts.

8. Non-Exempt Transactions

As reported on the Form 5500, Schedule H, Part IV, Line 4a - Schedule of Delinquent Participant Contributions, certain participant catch-up contributions were not remitted to the Plan within the time frame specified by the DOL Regulation 29 CFR 2510.3-102, thus constituting non-exempt transactions between the Plan and the Company. For the 2011 plan year, late remittances amounted to $10,083 and the lost earnings were de minimis. The Company remitted the lost earnings to the participants during the third quarter of 2012.

9. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. 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 Statement of Net Assets Available for Benefits.

10. Tax Status

The current prototype Plan obtained its determination letter dated October 9, 2003 in which the Internal Revenue Service stated that the prototype plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The prototype plan has been amended since receiving the determination letter; however, the Plan's administrator believes that the prototype plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by federal, state and/or local taxing authorities. The Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Administrator believes the Plan is no longer subject to income tax examinations years prior to 2007.

11. Reconciliation of financial Statements to Schedule H of Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H 5500 for the year ended December 31, 2011:

December 31,	**2011**	2010
Net assets available for benefits per the financial statements	**$ 20,577,567**	$ 21,195,504
Less: Current year total contributions receivable	**(120,649)**	(134,872)
Net assets available for benefits per the Form 5500	**$ 20,456,918**	$ 21,060,632

The following is a reconciliation of the net change in assets per the financial statements to Schedule H 5500 for the year ended December 31, 2011:

December 31,	**2011**
Net decrease in assets available for benefits per the financial statements	**$ (617,937)**
Less: current year total contributions receivable	**(120,649)**
Plus: prior year total contributions receivable	**134,872**
Net assets available for benefits per the Form 5500	**$ 603,714**

12. Subsequent Events

In preparation of its financial statements, the Company considered all subsequent events through October 12, 2012, which was the date the Plan's financial statements were available to be issued.

Supplemental Schedules

CCS Medical 401(k) Plan

Form 5500. Schedule H. Part IV. Line 41
Schedule of Assets (Held at End of Year)

December 31, 2011

EIN: 59-3271823
Plan Number: 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	(e) Current Value
	Dreyfus S&P 500 Index	Mutual Fund	$ 345,724
	Thornburg International Value R4	Mutual Fund	302,678
	Invesco Van Kampen Small Cap	Mutual Fund	265,386
	Victory Diversified Stock A	Mutual Fund	158,803
	Lord Abbett Developing Growth Fund	Mutual Fund	492,165
	Blackrock Equity Div A	Mutual Fund	249,598
	Pioneer Strategic Income A	Mutual Fund	60,945
	Pimco Total Return Class R	Mutual Fund	1,058,851
	Growth Opportunities A	Mutual Fund	228,677
	Columbia Mid Cap Value A	Mutual Fund	147,937
*	Fidelity Advisor Leveraged Company Stock A	Mutual Fund	298,986
*	Fidelity Advisor Small Cap A	Mutual Fund	269,910
*	Fidelity Advisor Freedom 2005 A	Mutual Fund	210,867
*	Fidelity Advisor Freedom 2010 A	Mutual Fund	538,299
*	Fidelity Advisor Freedom 2015 A	Mutual Fund	667,559
*	Fidelity Advisor Freedom 2020 A	Mutual Fund	1,455,716
*	Fidelity Advisor Freedom 2025 A	Mutual Fund	2,647,718
*	Fidelity Advisor Freedom 2030 A	Mutual Fund	1,987,987
*	Fidelity Advisor Freedom 2035 A	Mutual Fund	2,452,701
*	Fidelity Advisor Freedom 2040 A	Mutual Fund	1,752,460
*	Fidelity Advisor Freedom 2045 A	Mutual Fund	1,706,634
*	Fidelity Advisor Freedom 2050 A	Mutual Fund	497,523
*	Fidelity Advisor Freedom INC A	Mutual Fund	62,188
*	Fidelity Advisor New Insights A	Mutual Fund	424,328
*	Fidelity Prime Fund	Money Market Account	1,445,290
*	Notes receivable from participants	Interest rates ranging from 5.50% to 10.25%	794,789
	Total		$20,523,719

* *Party-in-interest*
Column (d) is not required for participant directed accounts.

CCS Medical 401(k) Plan

Schedule H, Part IV, Line 4a
Schedule of Delinquent Participant Contributions

Year Ended December 31, 2011

EIN: 59-3271823
Plan Number: 001

(a) Year	*(b) Description*	*(b) Participants Catch-up Contributions Transferred Late to Plan*	*(c) Total that Constitute Nonexempt Prohibited Transactions*
2011	Participant catch-up contributions	$ 10,083	$ 10,083

* The sponsor had late remittances for catch-up contributions from payroll deferrals during November and December 2011. Lost earnings related to the 2011 catch-up contributions were de minimis and contributed in September 2012.

CCS Medical 401(k) Plan

Financial Statements and Supplemental Schedules

As of December 31, 2011 and 2010 and for the year ended December 31, 2011

The report accompanying these financial statements was issued by BDO USA, LLP, a Delaware limited liability partnership and the U.S. member of BDO International Limited, a UK company limited by guarantee.

CCS Medical 401(k) Plan

Financial Statements and
Supplemental Schedules
As of December 31, 2011 and 2010 and for the year ended December 31, 2011

CCS Medical 401(k) Plan

Contents

Independent Auditors' Report 3

Financial Statements

Statements of Net Assets Available for Benefits 4

Statement of Changes in Net Assets Available for Benefits 5

Notes to Financial Statements 6

Supplemental Schedules

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) 15

Schedule H, Part IV, Line 4a - Schedule of Delinquent Participant Contributions - for the year ended December 31, 2011 16

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Dallas, Texas 75201

Independent Auditors' Report

The Trustees of the
CCS Medical 401(k) Plan
Farmer's Branch, Texas

We were engaged to audit the financial statements of the CCS Medical 401(k) Plan (the "Plan") as of December 31, 2011 and 2010, and for the year ended December 31, 2011, and the supplemental schedules as of and for the year ended December 31, 2011, as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information related to investments summarized in Note 3, which was certified by Fidelity Management Trust Company, (the "Trustee") of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator, that Fidelity Management Trust Company holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the Trustee as of December 31, 2011 and 2010 and for the year then ended December 31, 2011, that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on these accompanying financial statements and supplemental schedules taken as a whole. The supplemental schedules are presented for the purposes of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee (or custodian), 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.

BDO USA, LLP

Dallas, Texas
October 12, 2012

BDO USA, LLP, a Delaware limited liability partnership, is the U.S. member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

BDO is the brand name for the BDO network and for each of the BDO Member Firms.

CCS Medical 401(k) Plan

Statements of Net Assets Available for Benefits

December 31,	2011	2010
Assets		
Investments, at fair value:		
Money market accounts	$ 1,445,290	$ 1,457,152
Mutual fund accounts	18,283,640	18,978,262
Total Investments	19,728,930	20,435,414
Receivables:		
Participant contributions	94,560	97,714
Employer contributions	26,089	37,158
Notes receivable from participants	794,789	658,729
Total assets	20,644,368	21,229,015
Liabilities		
Excess contributions payable	66,801	33,511
Net assets available for benefits	$ 20,577,567	$21,195,504

See accompanying notes to financial statements.

CCS Medical 401(k) Plan

Statement of Changes in Net Assets Available for Benefits

December 31,	2011
Additions to net assets attributed to:	
Investment income:	
Net depreciation in fair value of investments	$ (1,247,255)
Interest and dividends on investments	568,531
Total investment loss	(678,724)
Interest on participants notes receivable	39,317
Contributions:	
Participant	2,701,888
Employer	719,533
Participant rollover	173,656
Total additions	2,955,670
Deductions from net assets attributed to:	
Benefits paid to participants	3,479,259
Excess Contribution Refund	66,801
Administrative expenses	26,336
Deemed distributions	1,211
Total deductions	3,573,607
Net decrease	(617,937)
Net assets available for benefits, beginning of year	21,195,504
Net assets available for benefits, end of year	$ 20,577,567

See accompanying notes to financial statements.

1. Description of Plan

General

The CCS Medical ("Employer") 401(k) Plan (the "Plan") is a prototype defined contribution plan covering all eligible employees who have attained three months of service. The Plan was originally effective January 1, 1999. The Plan was restated and amended effective July 1, 2006. The Plan was originally named Diabetic Supply of USA 401(k) Plan. Effective July 1, 2006, the Plan merged with the MP Total Care 401(k) Plan, at which time the name of the Plan was changed to CCS Medical 401(k) Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The following description of the Plan is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

Plan Administration

CCS Medical, Inc. serves as the Plan sponsor and administrator. Fidelity Management Trust Company is the Plan's trustee and recordkeeper.

Contributions

Participants may elect to contribute, on a tax deferred basis, up to 75% of the participant's eligible compensation subject to certain limitations under the Internal Revenue Code ("IRC"). The Employer may make a discretionary profit sharing contribution at an amount that is determined annually. The Employer elected not to make a profit sharing contribution for the years ended December 31, 2011 and 2010. In addition, the Employer may make a discretionary matching contribution. In 2011, the Employer discretionary matching contribution was 50% of aggregate salary reduction not to exceed 3% of total compensation. Prior to April 4, 2011, the Employer discretionary matching contribution was 50% of the aggregate salary reduction not to exceed 6% of total compensation.

Contributions from participants for 2011 and 2010 are net of $66,801 and $33,511, respectively, for excess deferral contributions required to satisfy the relevant nondiscrimination provisions of the Plan. These amounts are also included in the statements of net assets available for benefits as excess contributions payable at December 31, 2011 and 2010.

Participant Accounts

Each participant's account is adjusted for distributions to the participant, participant's contributions, employer contributions, and Plan earnings or losses as well as a portion of the administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. All participant accounts are maintained by the Trustee of the Plan assets. Participants direct the allocation of contributions among the investment funds allowed under the Plan.

Vesting

Participants are immediately vested in their voluntary contributions and rollovers, plus actual earnings therein. Vesting of matching and profit sharing contributions plus actual earnings thereon is based on years of employment/service. Below is the Plan's vesting table.

Years of Service	Vesting Percentage
Less than 1	0%
1	0%
2	0%
3	100%

Upon death, disability, or termination of the Plan, the employer matching and profit sharing contributions become 100% vested.

Forfeitures

Forfeitures of nonvested matching and profit sharing contributions are used to reduce future matching contributions and to pay administrative fees. There were no unallocated forfeitures at December 31, 2011. At December 31, 2011 and 2010, $115,372 and $155,034 of forfeitures were used to reduce employer matching contributions.

Notes receivables from participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested interest. Participants are allowed to have no more than one loan outstanding at any time. The repayment period for participant loans cannot exceed five years, except for loans used for the purchase of a participant's primary residence, which must be paid back within ten years. Principal and interest are paid ratably through payroll deductions. These loans are secured by the balance in the participant's account. The loans bear interest at a reasonable rate of interest as determined by the Plan administrator. Interest rates on outstanding loans as of December 31, 2011 ranged from 5.50% to 10.25% with various dates of maturity through 2017.

Rollovers

Rollovers represent transfers of account balances of certain participant contributions into certain investments of the Plan from other qualified plans or individual retirement accounts.

Payment of Benefits

Benefits in the form of a lump sum payment may be distributed to a participant or a participant's beneficiary upon retirement, the participant's reaching the age of 59-1/2, death, disability, hardship or termination of employment. If employment is terminated for any reason other than those previously mentioned, the participants will only be entitled to the portion of the employer contributions for which participants are vested. Participants are entitled to 100% of the account balance of any salary reduction or voluntary contributions made on their own behalf.

Administrative Expenses

The administrative expenses of the Plan are absorbed by the Employer, with the exception of certain transaction fees paid by the Plan and participant loan origination fees paid by the borrower. Administrative expenses include participant based transaction expenses such as distribution and loan fees as well as Plan related expenses.

Investment Options

Upon enrollment in the Plan, participants direct the investment of their contributions to the investment options available in the Plan. Employer contributions are allocated according to the participant's investment allocations.

Reclassification

Participant loans previously reported as a component of investments have been reclassified to a component of receivables in order to conform to the current year presentation.

2. Summary of Accounting Policies

Basic of Presentation

The accompanying financial statements have been prepared on the accrual basis of accounting.

New Accounting Pronouncements

In January 2010, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2010-06, Improving Disclosures about Fair Value Measurements, which amends Accounting Standards Codification ("ASC") 820, Fair Value Measurements and Disclosures, adding new disclosure requirements for Levels 1 and 2, separate disclosures of purchases, sales, issuances, and settlements relating to Level 3 measurements and clarification of existing fair value disclosures. ASU No. 2010-06 is effective for periods beginning after December 15, 2009, except for the requirement to provide Level 3 activity of purchases, sales, issuances, and settlements on a gross basis, which will be effective for fiscal years beginning after December 31, 2010.

In May 2011, the FASB issued ASU 2011-04, Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRSs (ASU 2011-04). ASU 2011-04 amended ASC 820, Fair Value Measurements and Disclosures, to provide a consistent definition of fair value and improve the comparability of fair value measurements presented and disclosed in financial statements prepared in accordance with U.S. GAAP and IFRSs. Some of the amendments clarify the application of existing fair value measurement and disclosure requirements, while other amendments change a particular principle or requirement for measuring fair value or disclosing information about fair value measurements. The amendments are to be applied prospectively and are effective for annual periods beginning after December 15, 2011. Plan management is currently evaluating the effect that the provisions of ASU 2011-04 will have on the Plan's financial statements.

Investment Valuation and Income Recognition

The mutual and money market investment account are public investment vehicles valued using the Net Asset Value ("NAV") provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is a quoted price in an active market and classified within Level 1 of the valuation hierarchy. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are recorded as distributions based on the terms of the Plan document. There was no allowance at December 31, 2011 or 2010 as the loans are fully collateralized by the participants' accounts.

Use of Estimates and Assumptions

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

Contributions and Contributions Receivable

Contributions are recorded on the accrual method of accounting. Contributions receivable are obligations arising from amounts owed to the plan from participant or the Employer that have not been included in the Plan's investments at year end. Contributions receivables are recorded at cost, which approximates their fair value. There were $120,649 of contributions receivable at December 31, 2011 and $134,872 at December 31, 2010.

Payment of Benefit

Benefits are recorded when paid.

3. Information Certified by the Plan Trustee - Unaudited

All investments are held by Fidelity Management Trust Company (the "Trustee") under the Plan's trust agreement at December 31, 2011 and December 31, 2010. The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate.

- Investments and adjustment as reflected in the Statements of Net Assets Available for Benefits as of December 31, 2011 and 2010
- Net investment income, as reflected in the Statement of Changes in Net Assets Available for Plan Benefits for the year ended December 31, 2011 as follows:

Year ended December 31,	2011
Dividend and interest income from investments	$ 568,531
Net depreciation in fair value of investments	(1,247,255)

- Investment values disclosed in Note 5;
- Investment information disclosed in Note 4; and
- Investments, as reflected in the Schedule of Assets Held for Investment Purposes at End of Year as of December 31, 2011.

The Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to this certified information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

4. Investments

The following presents investments at December 31, 2011 and 2010 that represent 5% or more of the Plan's net assets available for benefits.

December 31,	2011	2010
Fidelity Prime Fund	$ 1,445,290	$ 1,457,152
PIMCO Total Return	1,058,851	*
Fidelity Advisor Freedom 2020 A	1,455,716	1,410,982
Fidelity Advisor Freedom 2025 A	2,647,718	2,658,072
Fidelity Advisor Freedom 2030 A	1,987,987	2,198,317
Fidelity Advisor Freedom 2035 A	2,452,701	3,015,506
Fidelity Advisor Freedom 2040 A	1,752,460	1,870,623
Fidelity Advisor Freedom 2045 A	1,706,634	1,759,656
Total investment above 5%	14,507,357	14,370,308
Total investment below 5%	5,221,573	6,065,106
Total investments	$ 19,728,930	$ 20,435,414

* Investment is not greater than 5% of Plan's net assets in respective year.

5. Fair Value Measurement

ASC 820 "Fair Value Measurements" establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

Basis of Fair Value Measurement

Level 1: Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;

Level 2: Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly;

Level 3: Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

The following tables set forth by level within the fair value hierarchy the Plan investment assets at fair value, as of December 31, 2011 and 2010. As required by ASC 820, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. There were no plan liabilities at December 31, 2011 or 2010.

	Investments at Fair Value as of December 31, 2011			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Equity				
Growth	$ 1,447,849	$ -	$ -	$ 1,447,849
Value	662,921	-	-	662,921
Blend	1,135,611	-	-	1,135,611
Target-date funds	13,917,464	-	-	13,917,464
Bonds	1,119,795	-	-	1,119,795
Total mutual funds	18,283,640	-	-	18,283,640
Money Market	1,445,290	-	-	1,445,290
Total investments	$ 19,728,930	$ -	$ -	$ 19,728,930

	Investments at Fair Value as of December 31, 2010			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Equity				
Growth	$ 1,040,089	$ -	$ -	$ 1,040,089
Value	574,469	-	-	574,469
Blend	1,363,116	-	-	1,363,116
Target-date funds	14,994,383	-	-	14,994,383
Bonds	1,006,205	-	-	1,006,205
Total mutual funds	18,978,262	-	-	18,978,262
Money Market	1,457,152	-	-	1,457,152
Total investments	$ 20,435,414	$ -	$ -	$ 20,435,414

6. Related Parties

Fidelity Management Trust Company is a party-in-interest and has issued investments held by the Plan as noted in the attached supplemental schedule. Notes receivable from participants and the related interest income are considered related party transactions.

7. Plan Termination

Although it has not expressed such intent, the Employer reserves the right to terminate the Plan, subject to the provisions of ERISA. In the event of plan termination, participants will become fully vested in their accounts.

8. Non-Exempt Transactions

As reported on the Form 5500, Schedule H, Part IV, Line 4a - Schedule of Delinquent Participant Contributions, certain participant catch-up contributions were not remitted to the Plan within the time frame specified by the DOL Regulation 29 CFR 2510.3-102, thus constituting non-exempt transactions between the Plan and the Company. For the 2011 plan year, late remittances amounted to $10,083 and the lost earnings were de minimis. The Company remitted the lost earnings to the participants during the third quarter of 2012.

9. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. 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 Statement of Net Assets Available for Benefits.

10. Tax Status

The current prototype Plan obtained its determination letter dated October 9, 2003 in which the Internal Revenue Service stated that the prototype plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The prototype plan has been amended since receiving the determination letter; however, the Plan's administrator believes that the prototype plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by federal, state and/or local taxing authorities. The Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Administrator believes the Plan is no longer subject to income tax examinations years prior to 2007.

11. Reconciliation of financial Statements to Schedule H of Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H 5500 for the year ended December 31, 2011:

December 31,	**2011**	2010
Net assets available for benefits per the financial statements	**$ 20,577,567**	$ 21,195,504
Less: Current year total contributions receivable	**(120,649)**	(134,872)
Net assets available for benefits per the Form 5500	**$ 20,456,918**	$ 21,060,632

The following is a reconciliation of the net change in assets per the financial statements to Schedule H 5500 for the year ended December 31, 2011:

December 31,	**2011**
Net decrease in assets available for benefits per the financial statements	**$ (617,937)**
Less: current year total contributions receivable	**(120,649)**
Plus: prior year total contributions receivable	**134,872**
Net assets available for benefits per the Form 5500	**$ 603,714**

12. Subsequent Events

In preparation of its financial statements, the Company considered all subsequent events through October 12, 2012, which was the date the Plan's financial statements were available to be issued.

Supplemental Schedules

CCS Medical 401(k) Plan

Form 5500. Schedule H. Part IV. Line 41
Schedule of Assets (Held at End of Year)

December 31, 2011

EIN: 59-3271823
Plan Number: 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	(e) Current Value
	Dreyfus S&P 500 Index	Mutual Fund	$ 345,724
	Thornburg International Value R4	Mutual Fund	302,678
	Invesco Van Kampen Small Cap	Mutual Fund	265,386
	Victory Diversified Stock A	Mutual Fund	158,803
	Lord Abbett Developing Growth Fund	Mutual Fund	492,165
	Blackrock Equity Div A	Mutual Fund	249,598
	Pioneer Strategic Income A	Mutual Fund	60,945
	Pimco Total Return Class R	Mutual Fund	1,058,851
	Growth Opportunities A	Mutual Fund	228,677
	Columbia Mid Cap Value A	Mutual Fund	147,937
*	Fidelity Advisor Leveraged Company Stock A	Mutual Fund	298,986
*	Fidelity Advisor Small Cap A	Mutual Fund	269,910
*	Fidelity Advisor Freedom 2005 A	Mutual Fund	210,867
*	Fidelity Advisor Freedom 2010 A	Mutual Fund	538,299
*	Fidelity Advisor Freedom 2015 A	Mutual Fund	667,559
*	Fidelity Advisor Freedom 2020 A	Mutual Fund	1,455,716
*	Fidelity Advisor Freedom 2025 A	Mutual Fund	2,647,718
*	Fidelity Advisor Freedom 2030 A	Mutual Fund	1,987,987
*	Fidelity Advisor Freedom 2035 A	Mutual Fund	2,452,701
*	Fidelity Advisor Freedom 2040 A	Mutual Fund	1,752,460
*	Fidelity Advisor Freedom 2045 A	Mutual Fund	1,706,634
*	Fidelity Advisor Freedom 2050 A	Mutual Fund	497,523
*	Fidelity Advisor Freedom INC A	Mutual Fund	62,188
*	Fidelity Advisor New Insights A	Mutual Fund	424,328
*	Fidelity Prime Fund	Money Market Account	1,445,290
*	Notes receivable from participants	Interest rates ranging from 5.50% to 10.25%	794,789
	Total		$20,523,719

* *Party-in-interest*
Column (d) is not required for participant directed accounts.

CCS Medical 401(k) Plan

Schedule H, Part IV, Line 4a
Schedule of Delinquent Participant Contributions

Year Ended December 31, 2011

EIN: 59-3271823
Plan Number: 001

(a) Year	*(b) Description*	*(b) Participants Catch-up Contributions Transferred Late to Plan*	*(c) Total that Constitute Nonexempt Prohibited Transactions*
2011	Participant catch-up contributions	$ 10,083	$ 10,083

* The sponsor had late remittances for catch-up contributions from payroll deferrals during November and December 2011. Lost earnings related to the 2011 catch-up contributions were de minimis and contributed in September 2012.