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

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
GULF COAST PRIMARY HOME CARE I 401(K) PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2005

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

GULF COAST PRIMARY HOME CARE I

135 E HOSPITAL DR BLDG 2
ANGLETON, TX 77515-4162

2b Employer Identification Number (EIN)
01-0771390

2c Sponsor's telephone number
979-848-8151

2d Business code (see instructions)
621610

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/29/2013	REY ROMAN
	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

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

Preparer's telephone number (optional)

3a	Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	257
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**	217
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	6
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	223
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	223
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	42
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] 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)** [ ] 0 **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.**	**2012** **This Form is Open to Public Inspection.**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
GULF COAST PRIMARY HOME CARE I 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GULF COAST PRIMARY HOME CARE I

D Employer Identification Number (EIN)
01-0771390

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

PAYCHEX SECURITIES CORPORATION

16-1486352

(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)

(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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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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

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
GULF COAST PRIMARY HOME CARE I 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GULF COAST PRIMARY HOME CARE I

D Employer Identification Number (EIN)
01-0771390

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	0	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	17969	22823
(2) U.S. Government securities	1c(2)	0	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	
(B) All other	1c(3)(B)	0	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	
(B) Common	1c(4)(B)	0	
(5) Partnership/joint venture interests	1c(5)	0	
(6) Real estate (other than employer real property)	1c(6)	0	
(7) Loans (other than to participants)	1c(7)	0	
(8) Participant loans	1c(8)	3642	24748
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	715605	953323
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	
	(2) Employer real property	1d(2)	0	
e	Buildings and other property used in plan operation	1e	0	
f	Total assets (add all amounts in lines 1a through 1e)	1f	737216	1000894
	Liabilities			
g	Benefit claims payable	1g	0	
h	Operating payables	1h	0	
i	Acquisition indebtedness	1i	0	
j	Other liabilities	1j	0	
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	737216	1000894

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)	79247	
	(B) Participants	2a(1)(B)	126055	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		205302
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(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)	334	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		334
	(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)	25328	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		25328
	(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)		0
	(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)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		83338
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		314302
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	49179	
(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)		49179
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	1445	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1445
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		50624
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		263678
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: G. F. VALDEZ, PC **(2)** EIN: 20-0842060

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		73722
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

Part V Trust Information (optional)

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

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

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
GULF COAST PRIMARY HOME CARE I 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GULF COAST PRIMARY HOME CARE I

D Employer Identification Number (EIN)
01-0771390

Part I Distributions

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

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

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

EIN(s): 16-1470238

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

GULF COAST PRIMARY HOME CARE I 401(K) PROFIT SHARING PLAN & TRUST

FINANCIAL STATEMENTS

December 31, 2012 and December 31, 2011

GULF COAST PRIMARY HOME CARE I 401(K) PROFIT SHARING PLAN & TRUST

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GF Valdez, P.C.

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INDEPENDENT AUDITORS' REPORT

Gulf Coast Primary Home Care I, Sponsor
Gulf Coast Primary Home Care I 401(K) Profit Sharing Plan & Trust
Angleton, Texas

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Gulf Coast Primary Home Care, I 401(K) Profit Sharing Plan & Trust (the Plan) as of December 31, 2012 and 2011, and for the years then ended, and the supplemental schedules as of and for the year ended December 31, 2012, as listed in the accompanying index.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator has instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Mid Atlantic Trust Company (Mid Atlantic), the investment custodian of the Plan, except for comparing the information with the related information included in the financial statements and the supplemental schedules. We have been informed by the Plan administrator that the investment custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certification from the investment custodian as of and for the years ended December 31, 2012 and 2011, that the information provided to the Plan administrator by the investment custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules, which are the responsibility of plan management, are presented for the purposed of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion Paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations

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 investment custodian, have been audited by us in accordance with generally accepted auditing standards in the United State 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's Retirement Income Security Act of 1974.

BJ Valdez, P.C.

July 25, 2013

GULF COAST PRIMARY HOME CARE I 401(K) PROFIT SHARING PLAN & TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2012 and 2011

	2012	2011
ASSETS		
Investments (at fair value)	$ 976,146	$ 733,574
Notes receivable from participants	24,748	3,642
Total assets	1,000,894	737,216
LIABILITIES		
Distributions payable	40,920	24,770
NET ASSETS AVAILABLE FOR BENEFITS	$ 959,974	$ 712,446

See accompanying notes.

GULF COAST PRIMARY HOME CARE I 401(K) PROFIT SHARING PLAN & TRUST
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the years ending December 31, 2012 and 2011

	2012	2011
INCREASE IN NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net appreciation (depreciation) in fair value of investments	$ 83,338	$ (27,900)
Interest from loans	334	128
Dividends	25,328	13,579
	109,000	(14,193)
Contributions:		
Participants	126,055	125,591
Employer	79,247	80,462
	205,302	206,053
Total increase	314,302	191,860
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefit payments to participants	65,329	59,430
Investment advisory and management expenses	1,445	1,125
Total deductions	66,774	60,555
NET INCREASE	247,528	131,305
NET ASSETS AVAILBLE FOR BENEFITS, beginning	712,446	581,141
NET ASSETS AVAILBLE FOR BENEFITS, ending	$ 959,974	$ 712,446

See accompanying notes.

NOTE 1 - PLAN DESCRIPTION

The following description of the Gulf Coast Primary Home Care, I 401(K) Plan & Trust (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provision.

General

The Plan is a defined contribution plan covering all employees of the Gulf Coast Primary Home Care I Inc., IPH Healthcare Services, Inc. and IPH Hospice Care Inc., (the Companies), who have worked 1,000 hours, completed one year of service and attained the age of 21. The Plan became effective January 1, 2005 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

The Companies contribute through the Safe Harbor Cash or Deferred Arrangement provision, on behalf of each participant, an amount elected by the participant in his or her salary modification agreement. Participants can elect to contribute a percentage of their compensation to the Plan, subject to limitations contained in Internal Revenue Code Section 415, which generally apply to highly compensated employees. The Plan also provides for discretionary employer contributions.

Participant Accounts

Each participant's account is credited with participant's contributions and an allocation of the Company's contribution and Plan earnings. Each participant's account is also charged with an allocation of administrative expenses. Allocations of Plan earnings are based upon the ratio of each participant's average account balance to the total of all participants' average account balances.

Participant Loans

Participants may borrow from their available account balance. The loans are secured by the balance in the participant's account and commensurate with prevailing rates upon issuance of loan. Principal and interest is paid ratably through payroll deductions.

Payment of Benefits

Benefits are distributed upon termination, retirement or attainment of age of fifty-nine and one-half (59½). Normal retirement age under the Plan is age sixty-five (65). Benefits are normally paid in a lump sum.

Vesting

Participants are immediately vested in their contributions plus actual earnings. Vesting in the Company's contributions is immediately set at 100 percent.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements of the Plan have been prepared in conformity with generally accepted accounting principles in the United States as applied to employee retirement Plans and in accordance with the terms of the trust agreement. The Plan is designed to hold and invest Plan assets for retirement benefits of the Plan participants.

Basis of Accounting
The Plan's financial statements are prepared using the accrual basis of accounting. Employee contributions are recognized as revenues in the period in which salaries are earned. Employer discretionary contributions are recognized as revenues in the period in which determined. Benefits payable are recognized when due and payable in accordance with terms of the plan.

Valuation of Investments
Investments are stated at fair value based on quoted market prices (level one) in an active market. The fair value of investments in investment company funds is based upon quoted market values. Participant loans are valued at their outstanding balance, which approximates fair value. Gains and losses on the sale of investments are computed using the quoted market value at the time of the sale.

Use of Estimates
The preparation of financial statements in conformity with generally accepted accounting principles in the United States requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Administrative Expenses
Administrative expenses are paid by the Plan unless paid by the Companies.

NOTE 3 – INFORMATION CERTIFIED BY INVESTMENT CUSTODIAN

Investment assets of the Plan are mainly held by Mid Atlantic Trust Company (Mid Atlantic) in pooled separate accounts. Those investments, included in these financial statements, have been certified by Mid Atlantic as to their completeness and accuracy, including the respective changes in net assets available for plan benefits. Certain reclassifications and adjustments representing accruals for receivables and payables have been made to the certified amounts to conform to generally accepted accounting principles in the United States. Amounts included in these financial statements, which have been certified are $975,608 at December 31, 2012 and $727,215 for December 31, 2011.

NOTE 4 - INVESTMENTS

At December 31, 2012, the Plan's investments are accounted for in pooled separate funds. The following table presents the estimated fair values of investments. Pooled investments of the Plan are participant-directed. The Plan currently sponsors 22 investment funds for participants. Participants are allowed to change their investment election at their discretion by phone or through the internet. Investments that represent 5 percent or more of the Plan's net assets are separately identified.

	2012	2011
American Funds Target Date Ret 2030 R1	$ 358,393	$ 286,492
American Funds Target Date Ret 2020 R1	129,719	96,341
American Funds Fundamental Invs R5	90,922	65,350
Neuberger Berman Mid-Cap Growth Inv	82,661	65,972
American Funds Target Date Ret 2015 R1	56,632	32,594
Other Pooled Funds less than 5% of Net Assets	257,819	186,825
Total Investments	$ 976,146	$ 733,574

The Plan's investments appreciated (depreciated) in value by $83,338 and ($27,900) in 2012 and 2011, respectively. This included gains and losses on investments bought and sold, as well as held during the year.

NOTE 5 - PLAN TERMINATION

The Companies have the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of termination or complete discontinuance of contributions, participants will become 100 percent vested in their accounts.

NOTE 6 –TERMINATED EMPLOYEES

The Plan has a "cash out" provision whereby the Plan can distribute the vested account balance for terminated participants with account balances of $5,000 or less. The Plan had ten terminated participants with account balances of $40,920 at December 31, 2012. The Plan had four terminated participants with account balances of $24,770 at December 31, 2011.

NOTE 7 – TAX STATUS

The Internal Revenue Service has determined and informed the Plan by a letter dated November 26, 2001, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan sponsor believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would be sustained upon examination by the applicable authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any periods in process. The Plan administrator believes it is no longer subject to income examinations for years prior to 2009.

NOTE 8 – 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.

NOTE 9 – RECONCILIATION OF FORM 5500 TO FINANCIAL STATEMENTS

The following is a reconciliation net assets available for benefits and benefits payable per the financial statements to the Form 5500:

	2012	2011
Net assets on Form 5500	$ 1,000,894	$ 737,216
Less: Accrual for benefits payable	(40,920)	(24,770)
Net assets on financial statements	$ 959,974	$ 712,446

NOTE 9 – RECONCILIATION OF FORM 5500 TO FINANCIAL STATEMENTS (continued)

The following is a reconciliation of benefits payable per the financial statements to the Form 5500:

	2012	2011
Benefits payable on Form 5500:	$ --	$ --
Plus: Accrual for benefits payable	40,920	24,770
Benefits payable on financial statements	$ 40,920	$ 24,770

NOTE 10 – FAIR VALUE MEASUREMENTS

The fair value measurement in accordance with current accounting standards, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted process in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). In order to increase the transparency of in financial reporting of fair value measurements, FASB noted that due to different degrees of subjectivity and reliability on fair value measurements between the hierarchy levels, additional information regarding level 3 investments and risks associated with various investments, additional clarification was necessary. In accordance with ASU 2010-06, disclosures for fair value are required to include:

- Transfers between level 1 and level 2 investments
- Activity in level 3 fair value measurements is enhanced
- Disaggregation from major asset category to major asset class

When determining the appropriate level of disaggregation, it is necessary to evaluate the activity of business sector, vintage, geographic concentration, credit quality and economic characteristics.

- Level 1 Fair Value Measurements
  The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end. The fair values of common stocks, corporate bonds, and U.S. Government securities are based on the closing price reported on the active market where the individual securities are traded. The Plan uses prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities, in other words the market approach.

NOTE 10 – FAIR VALUE MEASUREMENTS (continued)

- Level 2 Fair Value Measurements
  Inputs other than quoted prices included in Level 1 that are observable for the asset or liability, either directly or indirectly. These include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, inputs other than quoted prices that are identical or similar assets or liabilities in markets that are not active, inputs other than quoted prices that are observable for the assets or liability (for example interest rates, volatilities, credit risks and default rates) or inputs that are derived principally from or corroborated by observable market date by correlation or other means.

- Level 3 Fair Value Measurements
  The general investment contract with an insurance company is not actively traded and significant other observable inputs are not available. Thus, the fair value of the guaranteed investment contract is determined using an income approach by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the methodologies used at December 31, 2012 and 2011.

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTE 10 – FAIR VALUE MEASUREMENTS (continued)

Fair values of assets and liabilities measured on a recurring basis at December 31, 2012 and 2011 are as follows:

		Fair Value Measurements at Reporting Date Using		
	Fair Value	Quoted Prices In Active Markets for Identical Assets/ Liabilities (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2012				
Pooled Separate Accounts:				
Target Date Funds	$ 608,650	$ 608,650	$ --	$ --
Equity Funds	164,375	164,375	--	--
Growth and Income Funds	84,299	84,299	--	--
Stock Funds	58,023	58,023	--	--
Bond Funds	37,976	37,976	--	--
Cash Equivalents Fund	22,823	22,823	--	--
Participant loans	24,748	--	--	24,748
Total	$ 1,000,894	$ 976,146	$ --	$ 24,748
December 31, 2011				
Pooled Separate Accounts:				
Target Date Funds	$ 457,739	$ 457,739	$ --	$ --
Equity Funds	116,221	116,221	--	--
Growth and Income Funds	66,731	66,731	--	--
Stock Funds	43,819	43,819	--	--
Bond Funds	31,095	31,095	--	--
Cash Equivalents Fund	17,969	17,969	--	--
Participant loans	3,642	--	--	3,642
Total	$ 737,216	$ 733,574	$ --	$ 3,642

NOTE 10 – FAIR VALUE MEASUREMENTS (continued)

The table below sets forth a summary of changes in the fair value of the Plan's level 3 assets for the years ending December 31, 2012 and 2011.

	Level 3 Inputs	
	2012	2011
Balance, beginning of year	$ 3,642	$ 4,022
Realized gains/(losses)	--	--
Unrealized gains/(losses) relating to Instruments still held at the reporting date	--	--
Purchases, sales, issuance and settlements (net)	21,106	(380)
Balance, end of year	$ 24,748	$ 3,642

NOTE 11 – SUBSEQUENT EVENTS

Management of the Plan has evaluated subsequent events for disclosure through July 25, 2013, the date the financial statements were available to be issued.

SUPPLEMENTARY SCHEDULES

GULF COAST PRIMARY HOME CARE I 401(K) PROFIT SHARING PLAN & TRUST

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2012

EIN 01-0771390, Plan Number 001

(a)	(b) IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT, INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURING VALUE	(d) COST*	(e) CURRENT VALUE
	December 31, 2012			
	Pooled Separate Funds:			
	American Funds Trgt Date Ret 2030 R1	Mutual Fund		$ 358,393
	American Funds Trgt Date Ret 2020 R1	Mutual Fund		129,719
	American Funds Fundamental Invs R5	Mutual Fund		90,922
	Neuberger Berman Mid Cap Growth Inv	Mutual Fund		82,661
	American Funds Trgt Date Ret 2015 R1	Mutual Fund		56,632
	Hartford Capital Appreciation II R5	Mutual Fund		38,655
	American Funds Trgt Date Ret 2025 R1	Mutual Fund		34,869
	American Funds Bond Fund of Amer R5	Mutual Fund		29,671
	American Funds Trgt Date Ret 2010 R1	Mutual Fund		29,037
	Mutual Global Discovery R	Mutual Fund		26,910
	American Funds Capital World G/I R5	Mutual Fund		26,262
	HSBC Investor Prime Money Market	Money Market Fund		22,823
	Federated Kaufmann Small Cap K	Mutual Fund		13,904
	MFS Value R4	Mutual Fund		9,867
	Lord Abbett Total Rtn R3	Mutual Fund		6,365
	JP Morgan Core Bond A	Mutual Fund		5,200
	Dodge & Cox International Stock	Mutual Fund		3,926
	Franklin Total Return R	Mutual Fund		3,105
	JP Morgan Mid Cap Value Class A	Mutual Fund		2,659
	Allianz NFJ Large Cap Value R	Mutual Fund		2,003
	T. Rowe Price Blue Chip Gr R	Mutual Fund		1,638
	Dodge & Cox Stock	Mutual Fund		925
	TOTAL INVESTMENTS AT DECEMBER 31, 2012			$ 976,146
	TOTAL LOANS AT DECEMBER 31, 2012	Maturing in 2012 through 2016, Rate at 4.25%		$ 24,748

See auditor's report

GULF COAST PRIMARY HOME CARE I 401(K) PROFIT SHARING PLAN & TRUST

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2011

EIN 01-0771390, Plan Number 001

(a)	(b) IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT, INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURING VALUE	(d) COST*	(e) CURRENT VALUE
	December 31, 2011			
	Pooled Separate Funds:			
	American Funds Trgt Date Ret 2030 R1	Mutual Fund		$ 286,492
	American Funds Trgt Date Ret 2020 R1	Mutual Fund		96,341
	Neuberger Berman Mid Cap Growth Inv	Mutual Fund		65,972
	American Funds Fundamental Invs R5	Mutual Fund		65,350
	American Funds Trgt Date Ret 2015 R1	Mutual Fund		32,594
	Hartford Capital Appreciation II R5	Mutual Fund		27,225
	American Funds Bond Fund of Amer R5	Mutual Fund		24,590
	American Funds Trgt Date Ret 2010 R1	Mutual Fund		21,504
	American Funds Trgt Date Ret 2025 R1	Mutual Fund		20,808
	Mutual Global Discovery R	Mutual Fund		20,020
	HSBC Investor Prime Money Market	Money Market Fund		17,969
	American Funds Capital World G/I R5	Mutual Fund		17,341
	MFS Value R4	Mutual Fund		8,484
	Federated Kaufmann Small Cap K	Mutual Fund		8,413
	Dodge & Cox International Stock	Mutual Fund		4,640
	Franklin Total Return R	Mutual Fund		3,803
	Lord Abbett Total Rtn R3	Mutual Fund		3,304
	JP Morgan Core Bond A	Mutual Fund		2,702
	JP Morgan Mid Cap Value Class A	Mutual Fund		1,899
	Dodge & Cox Stock	Mutual Fund		1,818
	Allianz NFJ Large Cap Value R	Mutual Fund		1,546
	T. Rowe Price Blue Chip Gr R	Mutual Fund		759
	TOTAL INVESTMENTS AT DECEMBER 31, 2011			$ 733,574
	TOTAL LOANS AT DECEMBER 31, 2011	Maturing in 2013, Rate at 4.25%		$ 3,642

* not required since participant directed

See auditor's report

GULF COAST PRIMARY HOME CARE, I 401(K) PROFIT SHARING PLAN & TRUST

SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS

DECEMBER 31, 2012 and 2011

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) LEASE RENTAL	(f) EXPENSES INCURRED WITH TRANSACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
Category (c) - Series of Securities Transactions in Excess of 5 Percent of Plan Assets								
December 31, 2012:								
No reportable transactions								
December 31, 2011:								
No reportable transactions								

See auditors' report.

GULF COAST PRIMARY HOME CARE I 401(K) PROFIT SHARING PLAN & TRUST

FINANCIAL STATEMENTS

December 31, 2012 and December 31, 2011

GULF COAST PRIMARY HOME CARE I 401(K) PROFIT SHARING PLAN & TRUST

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GF Valdez, P.C.

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INDEPENDENT AUDITORS' REPORT

Gulf Coast Primary Home Care I, Sponsor
Gulf Coast Primary Home Care I 401(K) Profit Sharing Plan & Trust
Angleton, Texas

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Gulf Coast Primary Home Care, I 401(K) Profit Sharing Plan & Trust (the Plan) as of December 31, 2012 and 2011, and for the years then ended, and the supplemental schedules as of and for the year ended December 31, 2012, as listed in the accompanying index.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator has instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Mid Atlantic Trust Company (Mid Atlantic), the investment custodian of the Plan, except for comparing the information with the related information included in the financial statements and the supplemental schedules. We have been informed by the Plan administrator that the investment custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certification from the investment custodian as of and for the years ended December 31, 2012 and 2011, that the information provided to the Plan administrator by the investment custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules, which are the responsibility of plan management, are presented for the purposed of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion Paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations

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 investment custodian, have been audited by us in accordance with generally accepted auditing standards in the United State 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's Retirement Income Security Act of 1974.

BJ Valdez, P.C.

July 25, 2013

GULF COAST PRIMARY HOME CARE I 401(K) PROFIT SHARING PLAN & TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2012 and 2011

	2012	2011
ASSETS		
Investments (at fair value)	$ 976,146	$ 733,574
Notes receivable from participants	24,748	3,642
Total assets	1,000,894	737,216
LIABILITIES		
Distributions payable	40,920	24,770
NET ASSETS AVAILABLE FOR BENEFITS	$ 959,974	$ 712,446

See accompanying notes.

GULF COAST PRIMARY HOME CARE I 401(K) PROFIT SHARING PLAN & TRUST
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the years ending December 31, 2012 and 2011

	2012	2011
INCREASE IN NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net appreciation (depreciation) in fair value of investments	$ 83,338	$ (27,900)
Interest from loans	334	128
Dividends	25,328	13,579
	109,000	(14,193)
Contributions:		
Participants	126,055	125,591
Employer	79,247	80,462
	205,302	206,053
Total increase	314,302	191,860
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefit payments to participants	65,329	59,430
Investment advisory and management expenses	1,445	1,125
Total deductions	66,774	60,555
NET INCREASE	247,528	131,305
NET ASSETS AVAILBLE FOR BENEFITS, beginning	712,446	581,141
NET ASSETS AVAILBLE FOR BENEFITS, ending	$ 959,974	$ 712,446

See accompanying notes.

NOTE 1 - PLAN DESCRIPTION

The following description of the Gulf Coast Primary Home Care, I 401(K) Plan & Trust (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provision.

General

The Plan is a defined contribution plan covering all employees of the Gulf Coast Primary Home Care I Inc., IPH Healthcare Services, Inc. and IPH Hospice Care Inc., (the Companies), who have worked 1,000 hours, completed one year of service and attained the age of 21. The Plan became effective January 1, 2005 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

The Companies contribute through the Safe Harbor Cash or Deferred Arrangement provision, on behalf of each participant, an amount elected by the participant in his or her salary modification agreement. Participants can elect to contribute a percentage of their compensation to the Plan, subject to limitations contained in Internal Revenue Code Section 415, which generally apply to highly compensated employees. The Plan also provides for discretionary employer contributions.

Participant Accounts

Each participant's account is credited with participant's contributions and an allocation of the Company's contribution and Plan earnings. Each participant's account is also charged with an allocation of administrative expenses. Allocations of Plan earnings are based upon the ratio of each participant's average account balance to the total of all participants' average account balances.

Participant Loans

Participants may borrow from their available account balance. The loans are secured by the balance in the participant's account and commensurate with prevailing rates upon issuance of loan. Principal and interest is paid ratably through payroll deductions.

Payment of Benefits

Benefits are distributed upon termination, retirement or attainment of age of fifty-nine and one-half (59½). Normal retirement age under the Plan is age sixty-five (65). Benefits are normally paid in a lump sum.

Vesting

Participants are immediately vested in their contributions plus actual earnings. Vesting in the Company's contributions is immediately set at 100 percent.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements of the Plan have been prepared in conformity with generally accepted accounting principles in the United States as applied to employee retirement Plans and in accordance with the terms of the trust agreement. The Plan is designed to hold and invest Plan assets for retirement benefits of the Plan participants.

Basis of Accounting
The Plan's financial statements are prepared using the accrual basis of accounting. Employee contributions are recognized as revenues in the period in which salaries are earned. Employer discretionary contributions are recognized as revenues in the period in which determined. Benefits payable are recognized when due and payable in accordance with terms of the plan.

Valuation of Investments
Investments are stated at fair value based on quoted market prices (level one) in an active market. The fair value of investments in investment company funds is based upon quoted market values. Participant loans are valued at their outstanding balance, which approximates fair value. Gains and losses on the sale of investments are computed using the quoted market value at the time of the sale.

Use of Estimates
The preparation of financial statements in conformity with generally accepted accounting principles in the United States requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Administrative Expenses
Administrative expenses are paid by the Plan unless paid by the Companies.

NOTE 3 – INFORMATION CERTIFIED BY INVESTMENT CUSTODIAN

Investment assets of the Plan are mainly held by Mid Atlantic Trust Company (Mid Atlantic) in pooled separate accounts. Those investments, included in these financial statements, have been certified by Mid Atlantic as to their completeness and accuracy, including the respective changes in net assets available for plan benefits. Certain reclassifications and adjustments representing accruals for receivables and payables have been made to the certified amounts to conform to generally accepted accounting principles in the United States. Amounts included in these financial statements, which have been certified are $975,608 at December 31, 2012 and $727,215 for December 31, 2011.

NOTE 4 - INVESTMENTS

At December 31, 2012, the Plan's investments are accounted for in pooled separate funds. The following table presents the estimated fair values of investments. Pooled investments of the Plan are participant-directed. The Plan currently sponsors 22 investment funds for participants. Participants are allowed to change their investment election at their discretion by phone or through the internet. Investments that represent 5 percent or more of the Plan's net assets are separately identified.

	2012	2011
American Funds Target Date Ret 2030 R1	$ 358,393	$ 286,492
American Funds Target Date Ret 2020 R1	129,719	96,341
American Funds Fundamental Invs R5	90,922	65,350
Neuberger Berman Mid-Cap Growth Inv	82,661	65,972
American Funds Target Date Ret 2015 R1	56,632	32,594
Other Pooled Funds less than 5% of Net Assets	257,819	186,825
Total Investments	$ 976,146	$ 733,574

The Plan's investments appreciated (depreciated) in value by $83,338 and ($27,900) in 2012 and 2011, respectively. This included gains and losses on investments bought and sold, as well as held during the year.

NOTE 5 - PLAN TERMINATION

The Companies have the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of termination or complete discontinuance of contributions, participants will become 100 percent vested in their accounts.

NOTE 6 –TERMINATED EMPLOYEES

The Plan has a "cash out" provision whereby the Plan can distribute the vested account balance for terminated participants with account balances of $5,000 or less. The Plan had ten terminated participants with account balances of $40,920 at December 31, 2012. The Plan had four terminated participants with account balances of $24,770 at December 31, 2011.

NOTE 7 – TAX STATUS

The Internal Revenue Service has determined and informed the Plan by a letter dated November 26, 2001, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan sponsor believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would be sustained upon examination by the applicable authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any periods in process. The Plan administrator believes it is no longer subject to income examinations for years prior to 2009.

NOTE 8 – 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.

NOTE 9 – RECONCILIATION OF FORM 5500 TO FINANCIAL STATEMENTS

The following is a reconciliation net assets available for benefits and benefits payable per the financial statements to the Form 5500:

	2012	2011
Net assets on Form 5500	$ 1,000,894	$ 737,216
Less: Accrual for benefits payable	(40,920)	(24,770)
Net assets on financial statements	$ 959,974	$ 712,446

NOTE 9 – RECONCILIATION OF FORM 5500 TO FINANCIAL STATEMENTS (continued)

The following is a reconciliation of benefits payable per the financial statements to the Form 5500:

	2012	2011
Benefits payable on Form 5500:	$ --	$ --
Plus: Accrual for benefits payable	40,920	24,770
Benefits payable on financial statements	$ 40,920	$ 24,770

NOTE 10 – FAIR VALUE MEASUREMENTS

The fair value measurement in accordance with current accounting standards, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted process in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). In order to increase the transparency of in financial reporting of fair value measurements, FASB noted that due to different degrees of subjectivity and reliability on fair value measurements between the hierarchy levels, additional information regarding level 3 investments and risks associated with various investments, additional clarification was necessary. In accordance with ASU 2010-06, disclosures for fair value are required to include:

- Transfers between level 1 and level 2 investments
- Activity in level 3 fair value measurements is enhanced
- Disaggregation from major asset category to major asset class

When determining the appropriate level of disaggregation, it is necessary to evaluate the activity of business sector, vintage, geographic concentration, credit quality and economic characteristics.

- Level 1 Fair Value Measurements
  The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end. The fair values of common stocks, corporate bonds, and U.S. Government securities are based on the closing price reported on the active market where the individual securities are traded. The Plan uses prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities, in other words the market approach.

NOTE 10 – FAIR VALUE MEASUREMENTS (continued)

- Level 2 Fair Value Measurements
  Inputs other than quoted prices included in Level 1 that are observable for the asset or liability, either directly or indirectly. These include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, inputs other than quoted prices that are identical or similar assets or liabilities in markets that are not active, inputs other than quoted prices that are observable for the assets or liability (for example interest rates, volatilities, credit risks and default rates) or inputs that are derived principally from or corroborated by observable market date by correlation or other means.

- Level 3 Fair Value Measurements
  The general investment contract with an insurance company is not actively traded and significant other observable inputs are not available. Thus, the fair value of the guaranteed investment contract is determined using an income approach by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the methodologies used at December 31, 2012 and 2011.

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTE 10 – FAIR VALUE MEASUREMENTS (continued)

Fair values of assets and liabilities measured on a recurring basis at December 31, 2012 and 2011 are as follows:

		Fair Value Measurements at Reporting Date Using		
	Fair Value	Quoted Prices In Active Markets for Identical Assets/ Liabilities (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2012				
Pooled Separate Accounts:				
Target Date Funds	$ 608,650	$ 608,650	$ --	$ --
Equity Funds	164,375	164,375	--	--
Growth and Income Funds	84,299	84,299	--	--
Stock Funds	58,023	58,023	--	--
Bond Funds	37,976	37,976	--	--
Cash Equivalents Fund	22,823	22,823	--	--
Participant loans	24,748	--	--	24,748
Total	$ 1,000,894	$ 976,146	$ --	$ 24,748
December 31, 2011				
Pooled Separate Accounts:				
Target Date Funds	$ 457,739	$ 457,739	$ --	$ --
Equity Funds	116,221	116,221	--	--
Growth and Income Funds	66,731	66,731	--	--
Stock Funds	43,819	43,819	--	--
Bond Funds	31,095	31,095	--	--
Cash Equivalents Fund	17,969	17,969	--	--
Participant loans	3,642	--	--	3,642
Total	$ 737,216	$ 733,574	$ --	$ 3,642

NOTE 10 – FAIR VALUE MEASUREMENTS (continued)

The table below sets forth a summary of changes in the fair value of the Plan's level 3 assets for the years ending December 31, 2012 and 2011.

	Level 3 Inputs	
	2012	2011
Balance, beginning of year	$ 3,642	$ 4,022
Realized gains/(losses)	--	--
Unrealized gains/(losses) relating to Instruments still held at the reporting date	--	--
Purchases, sales, issuance and settlements (net)	21,106	(380)
Balance, end of year	$ 24,748	$ 3,642

NOTE 11 – SUBSEQUENT EVENTS

Management of the Plan has evaluated subsequent events for disclosure through July 25, 2013, the date the financial statements were available to be issued.

SUPPLEMENTARY SCHEDULES

GULF COAST PRIMARY HOME CARE I 401(K) PROFIT SHARING PLAN & TRUST

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2012

EIN 01-0771390, Plan Number 001

(a)	(b) IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT, INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURING VALUE	(d) COST*	(e) CURRENT VALUE
	December 31, 2012			
	Pooled Separate Funds:			
	American Funds Trgt Date Ret 2030 R1	Mutual Fund		$ 358,393
	American Funds Trgt Date Ret 2020 R1	Mutual Fund		129,719
	American Funds Fundamental Invs R5	Mutual Fund		90,922
	Neuberger Berman Mid Cap Growth Inv	Mutual Fund		82,661
	American Funds Trgt Date Ret 2015 R1	Mutual Fund		56,632
	Hartford Capital Appreciation II R5	Mutual Fund		38,655
	American Funds Trgt Date Ret 2025 R1	Mutual Fund		34,869
	American Funds Bond Fund of Amer R5	Mutual Fund		29,671
	American Funds Trgt Date Ret 2010 R1	Mutual Fund		29,037
	Mutual Global Discovery R	Mutual Fund		26,910
	American Funds Capital World G/I R5	Mutual Fund		26,262
	HSBC Investor Prime Money Market	Money Market Fund		22,823
	Federated Kaufmann Small Cap K	Mutual Fund		13,904
	MFS Value R4	Mutual Fund		9,867
	Lord Abbett Total Rtn R3	Mutual Fund		6,365
	JP Morgan Core Bond A	Mutual Fund		5,200
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	Allianz NFJ Large Cap Value R	Mutual Fund		2,003
	T. Rowe Price Blue Chip Gr R	Mutual Fund		1,638
	Dodge & Cox Stock	Mutual Fund		925
	TOTAL INVESTMENTS AT DECEMBER 31, 2012			$ 976,146
	TOTAL LOANS AT DECEMBER 31, 2012	Maturing in 2012 through 2016, Rate at 4.25%		$ 24,748

See auditor's report

GULF COAST PRIMARY HOME CARE I 401(K) PROFIT SHARING PLAN & TRUST

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2011

EIN 01-0771390, Plan Number 001

(a)	(b) IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT, INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURING VALUE	(d) COST*	(e) CURRENT VALUE
	December 31, 2011			
	Pooled Separate Funds:			
	American Funds Trgt Date Ret 2030 R1	Mutual Fund		$ 286,492
	American Funds Trgt Date Ret 2020 R1	Mutual Fund		96,341
	Neuberger Berman Mid Cap Growth Inv	Mutual Fund		65,972
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	American Funds Bond Fund of Amer R5	Mutual Fund		24,590
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	JP Morgan Core Bond A	Mutual Fund		2,702
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	Allianz NFJ Large Cap Value R	Mutual Fund		1,546
	T. Rowe Price Blue Chip Gr R	Mutual Fund		759
	TOTAL INVESTMENTS AT DECEMBER 31, 2011			$ 733,574
	TOTAL LOANS AT DECEMBER 31, 2011	Maturing in 2013, Rate at 4.25%		$ 3,642

* not required since participant directed

See auditor's report

GULF COAST PRIMARY HOME CARE, I 401(K) PROFIT SHARING PLAN & TRUST

SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS

DECEMBER 31, 2012 and 2011

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) LEASE RENTAL	(f) EXPENSES INCURRED WITH TRANSACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
Category (c) - Series of Securities Transactions in Excess of 5 Percent of Plan Assets								
December 31, 2012:								
No reportable transactions								
December 31, 2011:								
No reportable transactions								

See auditors' report.