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), 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

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

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:
- [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
PREMIER HOME HEALTH CARE SERVICES, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 08/01/2003

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
PREMIER HOME HEALTH CARE SERVICES, INC.

445 HAMILTON AVENUE, 10TH FLOOR
WHITE PLAINS, NY 10601

2b Employer Identification Number (EIN)
13-3452656

2c Sponsor's telephone number
914-428-7722

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.	08/09/2012	JEANNIE O'SULLIVAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/09/2012	JEANNIE O'SULLIVAN
	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")
PREMIER HOME HEALTH CARE SERVICES, INC.

445 HAMILTON AVENUE, 10TH FLOOR
WHITE PLAINS, NY 10601

3b Administrator's EIN
13-3452656

3c Administrator's telephone number
914-428-7722

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**	1492
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**	1245
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	58
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1303
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	1303
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	228
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 Characteristic Codes in the instructions:
2E 3D 2G 2J 2K 2H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
PREMIER HOME HEALTH CARE SERVICES, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
PREMIER HOME HEALTH CARE SERVICES, INC.

D Employer Identification Number (EIN)
13-3452656

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

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

1 Coverage Information:

(a) Name of insurance carrier
JOHN HANCOCK LIFE INSURANCE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-3646501	86375	81064	232	01/01/2009	12/31/2009

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	82504
5	Current value of plan's interest under this contract in separate accounts at year end	5	1679594

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY

b	Balance at the end of the previous year			7b	93617
c	Additions: (1) Contributions deposited during the year	7c(1)	8820		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	2414		
	(4) Transferred from separate account	7c(4)	7258		
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	18492
d	Total of balance and additions (add **b** and **c(6)**)			7d	112109
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	28454		
	(2) Administration charge made by carrier	7e(2)	1063		
	(3) Transferred to separate account	7e(3)	75		
	(4) Other (specify below)	7e(4)	13		
	▶ CASH ACCOUNT AS UNVESTED MONEY				
	(5) Total deductions			7e(5)	29605
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	82504

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
PREMIER HOME HEALTH CARE SERVICES, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PREMIER HOME HEALTH CARE SERVICES, INC.

D Employer Identification Number (EIN)
13-3452656

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

JOHN HANCOCK OF NEW YORK

13-3646501

(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)

JOHN HANCOCK OF NEW YORK

13-3646501

(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?
15 28 59 60 62 63 67	RECORDKEEPER	76	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

JOHN HANCOCK OF NEW YORK

13-3646501

(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?
15 28 59 60 62 63 67	RECORDKEEPER	21744	Yes [X] No [ ]	Yes [X] No [ ]		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 [ ]

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
PREMIER HOME HEALTH CARE SERVICES, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
PREMIER HOME HEALTH CARE SERVICES, INC.

D Employer Identification Number (EIN)
13-3452656

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

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-3646501-000	P	108963

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-3646501-000	P	86696

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-3646501-000	P	84940

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-3646501-000	P	179529

a Name of MTIA, CCT, PSA, or 103-12 IE: LC 2010

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-3646501-000	P	162805

a Name of MTIA, CCT, PSA, or 103-12 IE: LC 2015

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-3646501-000	P	146818

a Name of MTIA, CCT, PSA, or 103-12 IE: LC 2020

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-3646501-000	P	95219

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11197

a Name of MTIA, CCT, PSA, or 103-12 IE: 3 YR COMP

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41975

a Name of MTIA, CCT, PSA, or 103-12 IE: 5 YR COMP

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36011

a Name of MTIA, CCT, PSA, or 103-12 IE: 10 YR COMP

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4602

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 100864

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6366

a Name of MTIA, CCT, PSA, or 103-12 IE: LC 2030

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 73212

a Name of MTIA, CCT, PSA, or 103-12 IE: LC 2035

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40144

a Name of MTIA, CCT, PSA, or 103-12 IE: LC 2040

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12082

a Name of MTIA, CCT, PSA, or 103-12 IE: LC 2045

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13479

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6527

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42108

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48023

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3124

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6772

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7682

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1906

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28685

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5903

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11987

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10911

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37105

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1201

a Name of MTIA, CCT, PSA, or 103-12 IE: VSNY SC AND T

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9022

a Name of MTIA, CCT, PSA, or 103-12 IE: LC 2025

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 147876

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1049

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7240

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8144

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7255

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2397

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3910

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5031

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6426

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15709

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 727

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 232

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4023

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 203

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2770

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1421

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20966

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5072

a Name of MTIA, CCT, PSA, or 103-12 IE: IDXN 500

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9420

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13488

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16186

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4463

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 588

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3371

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 47

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3714

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2829

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2180

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9363

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5732

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20622

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6413

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 225

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

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO. OF NY

c EIN-PN 13-3646501-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5421

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
PREMIER HOME HEALTH CARE SERVICES, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PREMIER HOME HEALTH CARE SERVICES, INC.

D Employer Identification Number (EIN)
13-3452656

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	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)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	7758
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	668133	1687925
(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)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	93617	82588
(15) Other	1c(15)	0	0

			(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	761750	1778271
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
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	761750	1778271

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)	0	
	(B) Participants	2a(1)(B)	213196	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		213196
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	412	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		412
	(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)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(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

		(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)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		300787
(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)		0
c Other income	2c		2475
d Total income. Add all **income** amounts in column (b) and enter total	2d		516870
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	146797	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		146797
f Corrective distributions (see instructions)	2f		1764
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	21744	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		21744
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		170305
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		346565
l Transfers of assets:			
(1) To this plan	2l(1)		669956
(2) From this plan	2l(2)		0

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: D'ARCANGELO AND COMPANY LLC **(2)** EIN: 13-2550103

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		50000
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)

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

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
PREMIER HOME HEALTH CARE SERVICES, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PREMIER HOME HEALTH CARE SERVICES, INC.

D Employer Identification Number (EIN)
13-3452656

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): 13-3646501

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 **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 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(es). 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):

---

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):

THE PREMIER HOME HEALTH CARE SERVICES, INC.

401(k) PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2009

THE PREMIER HOME HEALTH CARE SERVICES, INC.
401(k) PLAN

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DECEMBER 31, 2009

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D'Arcangelo & Co., LLP
Certified Public Accountants & Consultants

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Mid-Hudson • Utica/Rome • Westchester
www.darcangelo.com

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
The Premier Home Health Care Services, Inc.
401(k) Plan and Trust

We were engaged to audit the accompanying statements of net assets available for benefits of the Premier Home Health Care Services, Inc. 401(k) Plan as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009, and the supplemental schedule of assets held at end of year and the schedule of reportable transactions for the year ended December 31, 2009. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by John Hancock Life Insurance Company, the trustee 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 trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2009 and 2008 and for the year ended December 31, 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information in the Plan's financial statements that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. 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, have been audited by us in accordance with generally accepted auditing standards established by the Auditing Standards Board (United States) 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.

D'Arcangelo & Co, LLP

Purchase, New York
October 6, 2010

THE PREMIER HOME HEALTH CARE SERVICES, INC.
401 (k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2009 AND 2008

	2009	2008
ASSETS		
Investments at fair value:		
Pooled accounts	$ 1,687,925	$ 668,133
Guaranteed accounts	84,721	94,164
	1,772,646	762,297
Participants' notes receivable	7,758	-
Total assets	1,780,404	762,297
LIABILITIES		
Excess participant contributions payable	3,807	-
Net assets reflecting all investments at fair value	1,776,597	762,297
Adjustment from fair value to contract value for fully benefit-responsive investment contract	(2,133)	(547)
Net assets available for benefits	$ 1,774,464	$ 761,750

See notes to financial statements.

THE PREMIER HOME HEALTH CARE SERVICES, INC.
401 (k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2009

	Investment funds	Participant notes	Total for year
Additions to net assets:			
Investment income:			
Net appreciation in fair value of investments	$ 300,787	$ -	$ 300,787
Interest on guaranteed accounts	2,475	-	2,475
Interest on loans	-	412	412
	303,262	412	303,674
Contributions:			
Participant contributions, net of excess contributions of $5,571	207,625	-	207,625
Transfer in of plan assets of subsidiary plan merged	652,951	17,005	669,956
	860,576	17,005	877,581
Total additions	1,163,838	17,417	1,181,255
Deductions from net assets:			
Benefits paid to participants	140,421	-	140,421
Deemed distributions	-	6,376	6,376
Contract administrator fees	21,744	-	21,744
Total deductions	162,165	6,376	168,541
Net increase prior to interfund transfers	1,001,673	11,041	1,012,714
Interfund transfers:			
Repayment of participant loans	3,283	(3,283)	-
Net increase in net assets	1,004,956	7,758	1,012,714
Net assets available for benefits:			
Beginning of year	761,750	-	761,750
End of year	$1,766,706	$ 7,758	$1,774,464

See notes to financial statements.

THE PREMIER HOME HEALTH CARE SERVICES, INC.
401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009

1. DESCRIPTION OF PLAN:

The following description of The Premier Home Health Care Services, Inc. 401(k) Plan provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution 401(k) plan covering employees of Premier Home Health Care Services, Inc. and its wholly-owned subsidiaries; Premier Home Health Care of Massachusetts, Inc., Helping Hearts Senior Home Care, Inc., Maranatha Home Care, Inc. d/b/a A Better Health Care, Priority Home Care, Inc. and its wholly owned subsidiary Barele, Inc. d/b/a Omega Home Health Services (the "Companies"), who have at least one year of service and are age 21 or older. Initial entry date into the Plan is the first day of each May and November after the participant has completed the necessary eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Eligible plan participants may contribute through salary reduction up to fifteen (15) percent of annual compensation as defined by the Plan, subject to annual IRS limits. The Companies are not required to make mandatory matching contributions but may make discretionary contributions.

Participant accounts

Each participant's account is credited with the participant's contribution and Plan earnings and charged with an allocation of administrative expenses. Participant benefits are funded exclusively from the individual participant's account.

1. DESCRIPTION OF PLAN (continued):

Vesting

Participants are immediately vested in their salary reduction contributions plus actual earnings thereon. Vesting in Company discretionary matching contributions plus actual earnings thereon are based on years of continuous service. Such contributions, if any, vest in accordance with the Plan's vesting schedule wherein the vesting percent increases by 20% for each year of eligible employment between 2 and 6 years, whereupon a participant is 100% vested after six years of credited service.

Participant loans

Participant employees of the former Barele, Inc. d/b/a Omega Home Health Services Employee Savings Trust were allowed to borrow a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50 percent of their total fund accounts through their plan year ended December 31, 2007. Effective January 1, 2008, loans were no longer permitted. These participant loans with a balance of $17,005 were merged into the Plan effective June 5, 2009 (see Note 6). The Plan is allowing the pre-merger loan balances to be repaid in accordance with the original loan time table until the existing loans are paid in full. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with prevailing rates as determined by the Plan administrator. Interest rates range from 6.75% to 8.25%. Principal and interest are paid ratably through payroll deductions. Participant loans are stated at contract value, which approximates fair value.

Forfeited accounts

Forfeitures result from a participant's termination of service prior to achieving full vesting in the Company's contributions. Such forfeitures are transferred out of the participant's account and are held in a separate account. Forfeitures are used at the discretion of the Company to reduce the Company discretionary matching contribution and or administrative expenses. In 2009, $3,600 in forfeitures was used to pay Plan administrative expenses.

1. DESCRIPTION OF PLAN (continued):

Payment of benefits

On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount, a direct transfer to another qualified retirement account, or a combination of the two, equal to the participant's vested interest in his or her account, or periodic installments over a designated period. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Investment options

The assets of the Plan are allocated to the various investment funds at the direction of the participant. Upon enrollment, a participant may direct his or her 401(k) contributions in their chosen increments in any of the various investment options offered under a group annuity contract issued by John Hancock Life Insurance Company of New York.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of accounting

The financial statements of the Plan are prepared on the accrual method of accounting and in accordance with US generally accepted accounting principles (GAAP).

Adoption of new accounting pronouncements

On July 1, 2009, the Financial Accounting Standards Board (FASB) issued FASB Statement of Financial Accounting Standards (SFAS) No. 168, *"FASB Accounting Standards Codification and the Hierarchy of Generally Accepted Accounting Principles,"* which is included in FASB Accounting Standards Codification (ASC) 105 *"Generally Accepted Accounting Principles"* (GAAP). This new guidance approved the FASB ASC as the single source of authoritative nongovernmental GAAP. The FASB ASC is effective for interim or annual periods ending after September 15, 2009. All existing accounting standards have been superseded and all other accounting literature not included in the FASB ASC will be considered non-authoritative. The ASC is a

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued):

Adoption of new accounting pronouncements (continued)

restructuring of GAAP designed to simplify access to all authoritative literature by providing a topically organized structure. The adoption of FASB ASC did not impact the Plan's financial statements. Technical references to GAAP included in these notes to the financial statements are provided under the new FASB ASC structure.

In May 2009, the Financial Accounting Standards Board issued a new standard pertaining to subsequent events (incorporated into the *Subsequent Events* of the FASB ASC) that established principles and requirements for subsequent events and applied to accounting for and disclosure of subsequent events not addressed in other applicable GAAP. The adoption of the new standard had no impact on the Plan's financial statements

Investment and securities transactions

The Plan's investments are stated at fair value as determined by the trustees, using market quotations. Securities are valued at the last reported sales price on the last business day of the Plan's year. Net appreciation or depreciation of investments is reported in the statement of changes in net assets available for benefits and consists of the realized gains or losses and the unrealized appreciation or depreciation of these investments.

Fair value measurements

The Plan adopted GAAP concept of *Fair Value Measurements*, effective August 1, 2008. In accordance with GAAP, fair value is defined as the price that the Foundation would receive upon selling an investment in an orderly transaction to an independent buyer in the principal or most advantageous market for the investment. GAAP establishes a three-tier hierarchy for measuring fair value of assets and liabilities. The three-tier hierarchy of inputs is summarized in three broad levels: Level 1 - quoted prices in active markets for identical securities, Level 2 - other significant observable inputs (including quoted prices for similar investments, interest rates, prepayment speeds, credit risk, etc.) and Level 3 - significant unobservable inputs (including the Plan's own assumptions in determining the fair value of investments).

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued):

Use of estimates

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

Accounting methods

Net Assets Available for Benefits and Changes in Net Assets Available for Benefits differ from that reported on Internal Revenue Service Form 5500, *Annual Return/Report of Employee Benefit Plans*. This difference is the result of using the cash basis for governmental reporting purposes and the accrual basis for financial reporting purposes. See Note 9 for a reconciliation of the financial statements to Form 5500.

Payment of benefits

Benefits are recorded when paid.

3. INVESTMENTS:

The Statements of Net Assets Available for Benefits, the investment activities included on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2009, and the accompanying notes to the financial statements were prepared in part from information certified by the Trustee in accordance with 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 information certified includes total investments of $1,770,513 and $761,750 at December 31, 2009 and 2008, and related investment gains of $303,674 for the year ended December 31, 2009.

3. INVESTMENTS (continued):

The following presents investment funds that represent 5 percent or more of the Plan's net assets:

	2009	2008
Lifecycle 2010	$ 162,805	$ -
Lifecycle 2015	146,818	-
Lifecycle 2020	95,219	-
Lifecycle 2045	147,876	-
Lifestyle Conservative Fund	108,963	66,627
Lifestyle Moderate Fund	-	56,197
Lifestyle Balance Fund	-	89,321
Lifestyle Growth Fund	179,529	103,996
VSNY Investment Quality Bond Fund	-	41,671
VSNY Money Market Fund	100,864	60,439
3 Year Compound Fund	-	45,133
5 Year Compound Fund	-	44,668

Year ended December 31:

	2009
Net gain in Investment income	$ 300,787
Guaranteed interest income	2,475
Interest on loans	412

4. INVESTMENT IN STABLE VALUE CONTRACTS:

The Plan maintains an investment in stable value contracts, the 3Yr, 5Yr, and 10Yr Compound Funds. The accounts are credited with earnings on the underlying investments and charged for Plan withdrawals and administrative expenses. The contracts are included in the financial statements at contract value, (which represents contributions made under the contract, plus earnings, less withdrawals and administrative expenses) because it is fully benefit responsive. Participants may direct the withdrawal or transfer of all or a portion of their investment at contract value. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contracts at December 31, 2009 was $84,721. The average yield and crediting interest rate was approximately .15 to 1.4 percent for 2009. The crediting interest rate is based on an agreed-upon formula with the issuer, but cannot be less than zero.

The following table reconciles the fair value to contract value:

	Major Credit Ratings	Investment at Fair Value	Adjustment to Contract Value
Stable Value Funds	N/A	$84,721	$(2,133)

THE PREMIER HOME HEALTH CARE SERVICES, INC.
401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009

5. FAIR VALUE MEARSUREMENTS:

In accordance with the provisions of GAAP, *Fair Value Measurements*, the following are the Plan's financial assets presented at fair value:

		Fair Value Measurements at Reporting Date Using		
		Quoted Prices In Active Markets for Identical Assets	Significant Other Observable Inputs	Significant Unobservable Inputs
Description	12/31/09	(Level 1)	(Level 2)	(Level 3)
Assets:				
Pooled accounts	$ 1,687,925	$ 1,687,925	$ -	$ -
Guaranteed accounts	84,721	-	84,721	-
Participants' notes	7,758	-	7,758	-
Total	$ 1,780,404	$ 1,687,925	$ 92,479	$ -

		Fair Value Measurements at Reporting Date Using		
		Quoted Prices In Active Markets for Identical Assets	Significant Other Observable Inputs	Significant Unobservable Inputs
Description	12/31/08	(Level 1)	(Level 2)	(Level 3)
Assets:				
Pooled accounts	$ 668,133	$ 668,133	$ -	$ -
Guaranteed accounts	93,617	-	93,617	-
	$ 761,750	$ 668,133	$ 93,617	$ -

THE PREMIER HOME HEALTH CARE SERVICES, INC.
401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009

6. MERGER OF PLAN ASSETS:

Effective June 5, 2009, The Board of Directors of the Premier 401 (k) Plan approved the merger of the Barele, Inc. D/B/A Omega Home Health Services Employees Savings Trust into Premier's 401 (k) Plan to include those participant employees of the former Omega Plan. As a result, on June 5, 2009, $669,956 was transferred from the former Omega Plan into the Premier Plan.

7. EXCESS CONTRIBUTIONS REFUNDABLE:

Contributions received from participants are presented net of repayments of $5,571 made to certain active participants to return to them excess deferral contributions as required to satisfy the relevant nondiscrimination provisions of the Plan. $3,807 of this amount is also included in the Plan's statement of net assets available for benefits as excess contributions payable.

8. PLAN TERMINATION:

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan subject to the provisions of ERISA. Upon Plan termination, participants become fully vested in their accounts.

9. 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 of Form 5500:

	2009	2008
Net assets available for benefits per the financial statements	$ 1,774,464	$ 761,750
Amounts allocated to excess participants contributions made in the subsequent year	3,807	-
Net assets available for benefits per Schedule H of the Form 5500	$ 1,778,271	$ 761,750

10. TAX STATUS:

The Plan has adopted a prototype plan of the MetLife Defined Contribution Prototype 401(k) Plan and is qualified under Section 401(a) of the Internal Revenue Code.

11. 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.

12. DISTRIBUTIONS PAYABLE:

At December 31, 2009 and 2008, net assets available for plan benefits included $81,104 and $69,501, respectively, for distributions to participants who have withdrawn from the Plan prior to the end of the Plan year.

THE PREMIER HOME HEALTH CARE SERVICES, INC.
401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2009

13. ADMINISTRATIVE EXPENSES:

The Companies that sponsor the Plan have generally paid the expenses of the Plan, including audit fees and consulting services. Certain administrative functions are performed by officers or employees of the Companies. No such officer or employee receives compensation from the Plan. Certain expenses are charged to participant's accounts, however, such as distribution processing fees.

14. PLAN AMENDMENT TO ADOPT ROTH ELECTIVE DEFERRAL:

Effective July 1, 2006, the Plan was amended to allow qualified participants to contribute to Roth Elective Deferrals. Roth Elective Deferrals are includible in the participants' gross income whereas Pre-Tax Elective Deferrals are not includible in participants' gross income at the time of deferral. Participants' Roth or Pre-Tax Deferrals will be separately accounted for, as will gains and losses attributable to those deferrals.

15. SUBSEQUENT EVENTS:

Management has evaluated subsequent events through October 6, 2010, which is the date the financial statements are available for issuance.

THE PREMIER HOME HEALTH CARE SERVICES, INC.

401 (k) PLAN

SCHEDULE H - FORM 5500 (Line 4i) - SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2009

(a)	(b) Identity of issue	(c) Description	(d) Cost	(e) Current Value
	John Hancock Life Ins. Co. (NY) Investments:			
	3-Year Compound Fund	Guaranteed income	n/a	$ 41,975
	5-Year Compound Fund	Guaranteed income	n/a	36,011
	10-Year Compound Fund	Guaranteed income	n/a	4,602
	Money Market Fund	Money Market Fund	n/a	100,864
	Lifestyle Conservative Fund	Mutual Fund	n/a	108,963
	Lifestyle Moderate Fund	Mutual Fund	n/a	86,696
	Lifestyle Balanced Fund	Mutual Fund	n/a	84,940
	Lifestyle Growth Fund	Mutual Fund	n/a	179,529
	Lifestyle Aggressive Fund	Mutual Fund	n/a	11,197
	Lifecycle 2010	Mutual Fund	n/a	162,805
	Lifecycle 2015	Mutual Fund	n/a	146,818
	Lifecycle 2020	Mutual Fund	n/a	95,219
	Lifecycle 2025	Mutual Fund	n/a	147,876
	Lifecycle 2030	Mutual Fund	n/a	73,212
	Lifecycle 2035	Mutual Fund	n/a	40,144
	Lifecycle 2040	Mutual Fund	n/a	12,082
	Lifecycle 2045	Mutual Fund	n/a	13,479
	Short-Term Federal Fund	Mutual Fund	n/a	6,366
	Total Return Fund	Mutual Fund	n/a	42,108
	Pimco Real Return Fund	Mutual Fund	n/a	6,527
	High Yield Fund	Mutual Fund	n/a	6,772
	Spectrum Income Fund	Mutual Fund	n/a	7,682
	AF Washington Mutual Fund	Mutual Fund	n/a	10,911
	American Balanced Fund	Mutual Fund	n/a	11,987
	Investment Quality Bond Fund	Mutual Fund	n/a	48,023
	T. Rowe Price Equity Income Fund	Mutual Fund	n/a	37,105
	Equity Income Fund	Mutual Fund	n/a	5,072
	American Funds Inv. Co. Am. Fund	Mutual Fund	n/a	1,049
	New York Venture Fund	Mutual Fund	n/a	1,201
	Beacon Fund	Mutual Fund	n/a	7,240
	Balance Sheet Fund	Mutual Fund	n/a	5,732
	Discovery Fund	Mutual Fund	n/a	9,022
	Mid Cap Value Fund	Mutual Fund	n/a	2,397
	Blackrock Large Value	Mutual Fund	n/a	15,709
	Utilities Fund	Mutual Fund	n/a	6,426
	Small Cap Value Fund	Mutual Fund	n/a	2,770
	Excelsior Value & Restructuring Fund	Mutual Fund	n/a	6,413
	American Funds Growth Fund	Mutual Fund	n/a	8,144
	Jennison Growth Fund	Mutual Fund	n/a	7,255
	Templeton World Fund	Mutual Fund	n/a	5,421
	AF EuroPacific Funds	Mutual Fund	n/a	9,363
	Davis Financial	Mutual Fund	n/a	588
	Energy Fund	Mutual Fund	n/a	13,488
	Legg Partners Aggressive Growth	Mutual Fund	n/a	2,829
	Oppenheimer Global	Mutual Fund	n/a	20,662
	American Century Vista	Mutual Fund	n/a	3,371
	AIM Small Cap Growth Fund	Mutual Fund	n/a	47
	T. Rowe Price Health Sciences Fund	Mutual Fund	n/a	2,180
	Oppenheimer Developing Mkt Fund	Mutual Fund	n/a	16,186
	T. Rowe Price Science & Tech Fund	Mutual Fund	n/a	4,463
	Franklin Small-Mid Growth	Mutual Fund	n/a	3,714
	500 Index Fund	Mutual Fund	n/a	9,420
	Total Stock Market Index Fund	Mutual Fund	n/a	20,966
	Mid Cap Index Fund	Mutual Fund	n/a	1,421
	PIMCO Global Bond Fund	Mutual Fund	n/a	3,124
	Domini Social Fund	Mutual Fund	n/a	225
	International Value Fund	Mutual Fund	n/a	43
	Small Cap Index Fund	Mutual Fund	n/a	727
	International Index Fund	Mutual Fund	n/a	4,023
	US Small Cap Fund	Mutual Fund	n/a	39
	VSNY All Cap Value Fund	Mutual Fund	n/a	3,910
	VSNY Intl Small Cap Fund	Mutual Fund	n/a	5,031
	VSNY All Cap Growth Fund	Mutual Fund	n/a	203
	VSNY Mid Cap Stock Fund	Mutual Fund	n/a	232
	VSNY Capap Stock Fund	Mutual Fund	n/a	1,906
	VSNY BL CH Stock Fund	Mutual Fund	n/a	28,685
	VSNY R Sec Stock Fund	Mutual Fund	n/a	5,903
	VSNY Sci & Tech Stock Fund	Mutual Fund	n/a	20
Total investment funds				$ 1,770,513
	Participant loans	Loans to various participants maturing thru 05/12 Rate of interest 6.75%-8.25%		7,758

Column a is blank as there were no parties-in-interest.
Column d is blank as all investments are participant directed.

THE PREMIER HOME HEALTH CARE SERVICES, INC. 401(K) PLAN

EIN 13-3452656
PN: 001

SCHEDULE H, LINE 4J
FORM 5500 - SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2009

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Identity of issue	Description of asset	Purchase price	Selling price	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)

In accordance with specific instructions, transaction under an individual account plan that a participant or beneficiary directed with respect to assets allocated to his or her account should not be treated for purpose of line 4j as reportable transaction.

THE PREMIER HOME HEALTH CARE SERVICES, INC.

401 (k) PLAN

SCHEDULE H - FORM 5500 (Line 4i) - SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2009

(a)	(b) Identity of issue	(c) Description	(d) Cost	(e) Current Value
	John Hancock Life Ins. Co. (NY) Investments:			
	3-Year Compound Fund	Guaranteed income	n/a	$ 41,975
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