## **Form 5500-SF**

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Internal Revenue Service

## Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

	rt identification information									
For calendar plan year 2018 or	fiscal plan year beginning 01/01/2	2018	and ending 1	2/31/2018						
A This return/report is for:	a single-employer plan  a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)									
·		,								
B This return/report is the first return/report the final return/report										
	an amended return/report	a short plan year	plan year return/report (less than 12 months)							
C Check box if filing under:	Form 5558	automatic extens	ion	DFVC progra	am					
	special extension (enter desc	ription)								
Part II Basic Plan Inf	formation—enter all requested in	formation								
1a Name of plan	,			<b>1b</b> Three-dig	it					
•	ES, INC. 401(K) RETIREMENT SAV	INGS PLAN		plan numl						
				1c Effective	date of plan 01/01/2011					
2a Plan sponsor's name (emr	ployer, if for a single-employer plan)			2b Employer	Identification Number					
Mailing address (include ro	oom, apt., suite no. and street, or P.0		instructions)	(EIN)	61-1167664					
HOME HEALTH CARE SERVICE	nce, country, and ZIP or foreign pose ES, INC.	ar code (ii foreign, see	instructions)		s telephone number 06-462-2112					
					code (see instructions)					
1414 SOUTH MAYO TRAIL					621610					
PIKEVILLE, KY 41501					02.0.0					
<b>3a</b> Plan administrator's name	and address X Same as Plan Spo	nsor.		<b>3b</b> Administrator's EIN						
	3c Administra	3c Administrator's telephone number								
4 If the name and/or EIN of t	the plan sponsor or the plan name h	as changed since the I	ast return/report filed for	<b>4b</b> EIN						
this plan, enter the plan sp <b>a</b> Sponsor's name	ponsor's name, EIN, the plan name	and the plan number fr	om the last return/report.	4d PN						
C Plan Name				144 114						
- Tarriano										
5a Total number of participan	its at the beginning of the plan year.			. 5a	22					
	ts at the end of the plan year			. 5b	24					
	h account balances as of the end of			. 5c	5					
d(1) Total number of active p	participants at the beginning of the p	lan year		5d(1)	18					
• •	participants at the end of the plan ye			5d(2)	21					
Number of participants what than 100% vested	. 5e	0								
	e or incomplete filing of this retur									
	other penalties set forth in the instru and signed by an enrolled actuary, mplete.									
SIGN Filed with authorize	ed/valid electronic signature.	06/25/2019	SHARON BRANHAM							
HERE Signature of plan	administrator	Date	Enter name of individ	Enter name of individual signing as plan administrator						
SIGN										
HERE Circumstants of annual	oloyer/plan sponsor	Date	Enter name of individ	dual signing as er	nployer or plan sponsor					

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_	<ul> <li>Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)</li> <li>If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</li> </ul>						X Yes No X Yes No	
	If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	surance p	orogram (see ERISA se	ection 4	021)?		Yes No	Not determined . (See instructions.)
Pa	rt III   Financial Information		Г					
_7_	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) End	of Year
a	Total plan assets	7a		77429				54866
<u>b</u>	Total plan liabilities	7b						
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c		77429				54866
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) 1	Total
a	Contributions received or receivable from: (1) Employers	8a(1)						
	(2) Participants	8a(2)		780				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		-2804				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-2024
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	:	20539				
е	Certain deemed and/or corrective distributions (see instructions) $\dots$	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						20539
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-22563
j	Transfers to (from) the plan (see instructions)	8j						
Pai	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 3D 2E 2F 2G 2J 2K 2T	feature co	odes from the List of Plant	an Cha	racteri	stic Co	des in the ins	tructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	es in the instr	uctions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No		Amount
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	•		10b		X		
С	Was the plan covered by a fidelity bond?			10c	X			10000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X		
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i				

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Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)	В	Y	es No	
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?		:	Y	es X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	d enter t Day		of the lette Year _	r ruling
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year	12b			
С	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part '	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	× N	0
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to			
1	<b>3c(1)</b> Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal

Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Pension bensili Guaranty Corporation	Complete all entries in	accordance with the			Public Inspection				
Part   Annual Repor		accordance with file	instructions to the For	m 5500-SF.					
For calendar plan year 2018 or	fiscal plan year beginning	01/01/2018	and ending	127	21/2012				
A This return/report is for:	X a single-employer plan	a multiple-employ	er plan (not multiemploy	er) (Filers char	31/2018 king this box must attach a				
B This return/report is for:    a one-participant plan									
Opon io	the first return/report	the final return/re	port						
	an amended return/report		return/report (less than 1:	than 12 months)					
C Check box if filing under:	Form 5558 special extension (enter descrip		automatic extension DEVC program						
Part II Basic Plan Info	ormation—enter all requested info	ption)	, , , , , , , , , , , , , , , , , , ,						
ra ivanie or pian									
Home Health Care	Services, Inc. 401(k)	Retirement S	Savings Plan	1b Three plan (PN)	number				
Co. O				1c Effec	tive date of plan 01/2011				
2a Plan sponsor's name (employ	yer, if for a single-employer plan) n, apt., suite no. and street, or P.O.				oyer Identification Number				
only or town, state of province	3, country, and ZIP or foreign postal	Box) code (if foreign, see i	nefruationa\	(EIN)	61-1167664				
Home Health Care	Services, Inc.	the total gry out t	non abnorms)	2c Spons	sor's telephone number				
1414 South Mayo Ta	rail			2d Business code (see instructions)					
Pikeville	KY 41501								
3a Plan administrator's name and	d address X Same as Plan Sponso			621610					
and decision in Charles as rian Sponsor.				3b Administrator's EIN					
				3c Admini	strator's telephone number				
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
4 If the name and/or EIN of the p	plan sponsor or the plan name has c	hanged since the las	return/report filed for	46					
this plan, enter the plan spons  a Sponsor's name	or's name, EIN, the plan name and	the plan number from	the last return/report.	4b EIN					
C Plan Name			·	4d PN	9 19 19 19 19 19 19 19 19 19 19 19 19 19				
5a Total number of participants at	the beginning of the plan year	************************	~~~~	5a	22				
o rotal number of participants at	the end of the plan year			5b	24				
complete this item)	Durk Dalances as of the end of the	plan year (only define	d contribution plans	5c	5				
u(1) Total number of active partic	ipants at the beginning of the plan v	ear		5d(1)	1.8				
u(2) Total number of active partici	ipants at the end of the plan year		i	5d(2)	21				
than 100% vested	than 100% vested								
Caution: A penalty for the late or i Under penalties of perjury and other	ncomplete filing of this return/rep	ort will be assessed	unless reasonable car	5è	hari				
SB or Schedule MB completed and s relief, it is true, correct, and complete	bigned by an enrolled actuary, as we	s, I declare that I have all as the electronic ve	examined this return/report	ort, including, , and to the be	if applicable, a Schedule st of my knowledge and				
SIGN YILAMW L 18	mun-	19/25/19	Sharon Branham						
Signature of plan admi	inistrator	Date	Enter name of individu	al signing as p	lan administrator				
SIGN ERE SI				- x - 2 - 1 F					
Signature of employer/ or Paperwork Reduction Act Notice, so	plan sponsor	Date	Enter name of individu	al signing as e	mployer or plan sponsor				
, , source , set reduce, se	re use instructions for Form 5500-SF.			7.00					

	Form 5500-SF (2018)	· · · · · · · · · · · · · · · · · · ·	Page 2	······································						
6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).  If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									
C	If the plan is a defined benefit plan, is it covered under the PBGC  If "Yes" is checked, enter the My PAA confirmation number from the state of the plan is a defined benefit plan, is it covered under the PBGC.	insurance	program (see ERIS	A sectio	n 4021	17	Type This This delemined			
ାP <sub>2</sub>	art III Financial Information	***************************************					. (Occ matractions.)			
7	Plan Assets and Liabilities	**************************************	(a) Beginnii	na of V	~~~	Т	/6.5 Pt - 5 - P > 2			
a	Total plan assets	7a	(L) Cegimin		7,429	;	(b) End of Year			
	Total plan liabilities				, , , , , , ,	+-	54,866			
	Net plan assets (subtract line 7b from line 7a)			7.	7,425	<del> </del>	F 4			
8	Income, Expenses, and Transfers for this Plan Year		4-1.8	************	, =2.	}—				
а	Contributions received or receivable from: (1) Employers	. 8a(1)	(a) Amo	unt	·		(b) Total			
	(2) Participants			<del></del>	780	233.				
	(3) Others (including rollovers)					32.90m				
b	Other Income (loss)	8b		- 2	,804					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			700±					
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	Congression of the Congression of the	20	, 539		-2,024			
e	Certain deemed and/or corrective distributions (see instructions)	8e								
	Administrative service providers (salaries, fees, commissions)	8f				3.434				
	Other expenses	8g		***********		2300 7500				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			::::::::::::::::::::::::::::::::::::::	4455				
i	Net income (loss) (subtract line 8h from line 8c)	8i		त्रक्ष्यकृतिहरू इ.स.च्या			20,539			
j	Transfers to (from) the plan (see instructions)		And the first properties of a	Va.13,1	i Disafika én.	र पुरुष्	-22,563			
	ÎV Plan Characteristics	8)								
	If the plan provides pension benefits, enter the applicable pension to 3D 2E 2F 2G 2J 2K 2T	feature co	des from the List of F	Plan Ch	aracler	istic C	Codes in the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	es from the List of Pl	an Cha	racleris	tic Co	odes in the instructions:			
<sup>2</sup> art	V Compliance Questions				<del></del>					
0	During the plan year:			·····	Yes	No	Amount			
а	Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Voncern)	ikintan/Fi	duction Correction			х	Pariotiti			
b	Program)	/Do not in	schide transportions	. 10a		X				
c	Was the plan covered by a fidelity bond?			10b	٠,					
d	Did the plan have a loss, whether or not reimbursed by the plan's fi by fraud or dishonesty?	delity hone	t that was sourced	10c	X	X	10,000			
e	Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	r persons	by an insurance	10d		x				
f	Has the plan failed to provide any benefit when due under the plan?	· · · · · ·	***************************************			x				
	Did the plan have any participant loans? (If "Yes," enter amount as			10f						
	f this is an individual account plan, was there a blackout period? (S			10g		Х				
	The state of the s	TAX DESCRIPTION	ans som /417-14		. 1		■ 「大小~~~ 」 在《中的《中的《中的》 4 20 12 12 12 12 12 12 12 12 12 12 12 12 12			

If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....

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Form 5500-SF (2018) Page 3-	<del></del> -				
					·
Part VI Pension Funding Compliance					
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruction (Form 5500) and line 11a below)	ons and complete So	chedule :	SB	Пу	/es ∏ N
The die dipaid manifed required continuous for all years from Schedule SD /Earn From the	lima de	1	ī		
ERISA? fund contribution plan subject to the minimum funding requirements of section 412		11a  on 302 c	of [	Пү	es X No
			************	•	l-u-i
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, granting the waiver.	, see instructions, a	nd enter	the date of	the letter	ruling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip	to line 13	Da	У	Year_	<b>10</b>
b Enter the minimum required contribution for this plan year	20 11)16 13.	12b	1	·	···
C Enter the amount contributed by the employer to the plan for this plan year	***************************************		<del>                                     </del>		<del></del>
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign negative amount)		120		<del> </del>	<del></del>
Will the minimum funding amount reported on line 12d be met by the funding deadline?		1	Yes 🗍	No T	N/A
Part VII Plan Terminations and Transfers of Assets		<u>l U</u>	100 []	140	] IVIA
13a Has a resolution to terminate the plan been adopted in any plan year?		Τ	☐ Yes	El	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a	∐ res	X No	
U Were all the plan assets distributed to participants or beneficiarios, toposoved by a state of the plan assets distributed to participants or beneficiarios, toposoved by a state of the plan assets distributed to participants or beneficiarios, toposoved by a state of the plan assets distributed to participants or beneficiarios.	or brought under the	134		<del></del>	
***************************************				Yes 🕅	No
which assets or liabilities were transferred.	), identify the plan(s)	) to			
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
		·····			(-)
		······			·
	1		1		