Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
PREMIER HOME HEALTH CARE SERVICES, INC. UNION

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 03/01/2014

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
PREMIER HOME HEALTH CARE SERVICES, INC.

445 HAMILTON AVE
WHITE PLAINS, NY 10601

2b Employer Identification Number (EIN)
13-3452656

2c Plan 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.	10/08/2019	CARMEN HOPPE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	13103
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	9840
a(2) Total number of active participants at the end of the plan year	**6a(2)**	9779
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	3850
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	13629
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f Total. Add lines **6d** and **6e**.	**6f**	13630
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	12137
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	330
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2018** **This Form is Open to Public Inspection.**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
PREMIER HOME HEALTH CARE SERVICES, INC. UNION

B Three-digit plan number (PN) ▶ 002

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

VANGUARD

23-1945930

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

HARBOR

04-2679462

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

AMERICAN FUNDS

95-1411037

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

DODGE & COX

94-1441976

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

LOOMIS SAYLES

04-3200030

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

T. ROWE PRICE

52-2264646

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

PRINCIPAL FUNDS

42-1520346

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

AMERICAN BEACON

75-2401150

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

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

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

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

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

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

WELLS FARGO BANK,N.A.

94-1347393

(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 37 50 62 64	SERVICE PROVIDER	503552	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

(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

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
PREMIER HOME HEALTH CARE SERVICES, INC. UNION

B Three-digit plan number (PN) ▶ 002

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:	STABLE RETURN FUND F		
b Name of sponsor of entity listed in (a):	WELLS FARGO BANK, N.A.		
c EIN-PN	46-6933767-001	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	367267		
a Name of MTIA, CCT, PSA, or 103-12 IE:	BLACKROCK S&P MIDCAP INDEX CIT F		
b Name of sponsor of entity listed in (a):	WELLS FARGO BANK, N.A.		
c EIN-PN	52-2265235-001	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3168		
a Name of MTIA, CCT, PSA, or 103-12 IE:	BLACKROCK S&P 500 INDEX CIT F		
b Name of sponsor of entity listed in (a):	WELLS FARGO BANK, N.A.		
c EIN-PN	94-3224211-001	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2305		
a Name of MTIA, CCT, PSA, or 103-12 IE:	MULTI-MANAGER SMALL CAP CIT F		
b Name of sponsor of entity listed in (a):	WELLS FARGO BANK, N.A.		
c EIN-PN	45-6648658-001	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2336		
a Name of MTIA, CCT, PSA, or 103-12 IE:	DODGE & COX INTERMED BOND CIT F		
b Name of sponsor of entity listed in (a):	WELLS FARGO BANK, N.A.		
c EIN-PN	47-6566265-001	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8464		
a Name of MTIA, CCT, PSA, or 103-12 IE:	MFS VALUE CIT F		
b Name of sponsor of entity listed in (a):	WELLS FARGO BANK, N.A.		
c EIN-PN	45-6648640-001	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1311		
a Name of MTIA, CCT, PSA, or 103-12 IE:	PRINCIPAL DIVERSIFIED REAL ASSET CI		
b Name of sponsor of entity listed in (a):	PRINCIPAL GLOBAL INVESTORS TRUST COMPANY		
c EIN-PN	46-0743367-001	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	24437		

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)

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

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

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

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

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

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
PREMIER HOME HEALTH CARE SERVICES, INC. UNION

B Three-digit plan number (PN) ▶ 002

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	43787	109903
(9) Value of interest in common/collective trusts	1c(9)	256132	409288
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	7880454	10223882
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	8180373	10743073
	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	8180373	10743073

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)	3267992	
	(B) Participants	2a(1)(B)	961560	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		4229552
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)	3534	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3534
	(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)	248044	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		248044
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		3439
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-960290
c Other income	2c		14192
d Total income. Add all **income** amounts in column (b) and enter total	2d		3538471
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	470117	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		470117
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		2102
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	503552	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		503552
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		975771
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2562700
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

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

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

(1) Name: D'ARCENGELO **(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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
PREMIER HOME HEALTH CARE SERVICES, INC. UNION

B Three-digit plan number (PN) ▶ 002

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** 0

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

EIN(s): 41-6257133

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION

DECEMBER 31, 2018

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

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DECEMBER 31, 2018

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D'Arcangelo & Co., LLP
CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS
800 WESTCHESTER AVE., SUITE N-400, RYE BROOK, NY 10573-1301
T 914-694-4600 F 914-694-3658

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
The Premier Home Health Care Services, Inc.
Union 401(k) Plan
White Plains, New York

Report on the financial statements

We were engaged to audit the accompanying financial statements of the Premier Home Health Care Services, Inc. Union 401(k) Plan (the 'Plan"), which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, the related statement of changes in net assets available for benefits for the year ended December 31, 2018, and the related notes to the financial statements.

Management's responsibility for the financial statements

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

Auditor's responsibility

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

Basis for disclaimer of opinion

As permitted by 29 CFR 2520.103-8 of the U.S. Department of Labor's ("DOL") 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 Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2018 and 2017 and for the year ended December 31, 2018, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of opinion

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

Other matter

The supplemental schedule of assets held at end of year as of December 31, 2018 is required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on form and content in compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

D'Arcangelo & Co, LLP

Rye Brook, New York
September 12, 2019

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2018 AND 2017

	2018	2017
ASSETS		
Investments, at fair value (See Note 4)	$ 10,633,170	$ 8,136,586
Receivables:		
Employer contribution receivable	4,289,061	3,267,992
Participants' contributions receivable	18,790	14,894
Notes receivable from participants	109,903	43,787
	4,417,754	3,326,673
Net assets available for benefits	$ 15,050,924	$ 11,463,259

The accompanying notes are an integral part of these financial statements

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

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2018

ADDITIONS	
Additions to net assets attributed to:	
Investment income (loss):	
Interest and dividends	$ 248,044
Net depreciation in fair value of investments	(956,851)
Other income	14,192
Net investment loss	(694,615)
Interest income on notes receivable from participants	3,534
Contributions:	
Participant contributions	965,456
Employer contributions	4,289,061
Total contributions	5,254,517
Total additions	4,563,436
DEDUCTIONS	
Deductions from net assets attributed to:	
Benefits paid to participants	470,117
Deemed distributions of participant loans	2,102
Administrative expenses	503,552
Total deductions	975,771
Net increase	3,587,665
Net assets available for benefits:	
Beginning of year	11,463,259
End of year	$ 15,050,924

The accompanying notes are an integral part of these financial statements.

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

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2018

1. DESCRIPTION OF PLAN:

The following brief description of The Premier Home Health Care Services, Inc. Union 401(k) Plan (the 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, which became effective March 1, 2014 with a special effective deferral date beginning March 1, 2015, is a defined contribution 401(k) plan covering eligible union employees, of Premier Home Health Care Services, Inc. (the Company) under the 1199 SEIU United Healthcare Workers East collective bargaining agreement with the 1199 SEIU United Healthcare Workers East who are age 18 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Initial entry date into the Plan is the first day of each month after the participant has completed the necessary eligibility requirements. The Administration committee is responsible for oversight of the Plan, including the appropriateness of the Plan's investment offerings and monitoring investment performance.

Contributions

Eligible plan participants may contribute up to 100% of eligible pre-tax compensation as defined by the Plan, subject to annual IRS limits. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. The Company provides a contribution based on the agreed upon Union contractual formula of 36 cents per hour worked annually by eligible employees as defined in the collective bargaining agreement.

Participant accounts

Each participant's account is credited with the participant's contribution, allocations of the company contribution and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid for by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. All investments are directed by the Plan participants.

1. DESCRIPTION OF PLAN (continued):

Vesting

Participants are immediately vested in their salary reduction contributions and rollover accounts plus actual earnings thereon. Vesting in Company 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 100% vesting is achieved after three years of service and a minimum of 1,000 hours per year, as defined by the plan document.

Notes receivable from participants

Participant employees are allowed to borrow a minimum of $1,000 up to a maximum equal to the lesser of $50,000, reduced by the outstanding balance of any existing loans, or 50% of their vested account balance. 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. Only two loans are permitted at a time. Interest rate is at prime plus 1%. Principal and interest are paid ratably through payroll deductions over a period not to exceed five years.

Payment of benefits

Benefit payments are made upon normal retirement, death, disability or termination of service. The benefits are paid in a lump-sum payment or distributed in installments in accordance with the Plan document. In addition the Plan allows hardship withdrawals, and if the participant has reached age 59 ½, in-service distributions are also permitted. The Plan has a mandatory cash out provision if the participant terminates employment and his vested account balance does not exceed $5,000.

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 may be used at the discretion of the Company to reduce the Company' discretionary contribution and to offset plan expenses. At December 31, 2018 and 2017 there was a balance of $28,991 and $14,615, respectively, in the forfeited non-vested account.

1. DESCRIPTION OF PLAN (continued):

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 by Wells Fargo Bank, N.A.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of accounting

The financial statements of the Plan are prepared on the accrual basis of accounting using accounting principles generally accepted in the United States of America ("GAAP").

Investment valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Administrative Committee determines the Plan's valuation policies utilizing information provided by the investment advisers and custodians. See Note 4 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in the statement of changes in net assets available for benefits includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2018 and 2017. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued):

Excess contributions payable

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service (IRS) are recorded as a liability with a corresponding reduction to contributions.

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 the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Accounting methods

Net assets available for benefits and changes in net assets available for benefits differ from that reported on IRS 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 6 for a reconciliation of the financial statements to Schedule H of Form 5500.

Payment of benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net depreciation in fair value of investments.

3. INFORMATION CERTIFIED BY WELLS FARGO BANK, N.A.:

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the U.S. Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The Trustee, Wells Fargo Bank, N.A. has supplied the plan's administrator with a certification as to the completeness and accuracy of all information regarding investment assets, notes receivable form participants, transactions, and income presented in the statements of net assets available for benefits as of December 31, 2018 and 2017 and the statement of changes in net assets available for benefits for the year ended December 31, 2018 and the supplemental schedule of assets held at end of year as of December 31, 2018.

4. FAIR VALUE MEASUREMENTS:

FASB ASC 820, *"Fair Value Measurements"*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

4. FAIR VALUE MEASUREMENTS (continued):

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2018 and 2017.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Pooled common and collective trust funds: The fair value of the pooled common and collective trust funds is based on the net asset value (NAV) reported by each fund as provided by the investment manager, as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchased and sales) may occur daily. Were the Plan to initiate a full redemption of the pooled common and collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

4. FAIR VALUE MEASUREMENTS (continued):

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value on a recurring basis as of December 31, 2018 and 2017. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement:

	Assets at fair value as of December 31, 2018			
Description	Level 1	Level 2	Level 3	Total
Assets:				
Mutual funds	$ 10,223,882	$ -	$ -	$ 10,223,882
Total assets in the fair value hierarchy	10,223,882	-	-	10,223,882
Investments measured at net asset value (a):				
Pooled common and collective trust funds	-	-	-	409,288
	$ 10,223,882	$ -	$ -	$ 10,633,170

	Assets at fair value as of December 31, 2017			
Description	Level 1	Level 2	Level 3	Total
Assets:				
Mutual funds	$ 7,880,454	$ -	$ -	$ 7,880,454
Total assets in the fair value hierarchy	7,880,454	-	-	7,880,454
Investments measured at net asset value (a):				
Pooled common and collective trust funds	-	-	-	256,132
	$ 7,880,454	$ -	$ -	$ 8,136,586

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

4. FAIR VALUE MEASUREMENTS (continued):

Investments Measured Using the Net Asset Value per Share Practical Expedient

In accordance with the fair value measurements and disclosure guidelines; the following table summarizes investments for which fair value is measured using the net asset value per share practical expedient. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	Fair value	Unfunded commitments	Frequency (if currently eligible)	Redemption notice period
December 31, 2018				
Pooled common and collective trust funds	$ 409,288	n/a	Daily	30 days
December 31, 2017				
Pooled common and collective trust funds	$ 256,132	n/a	Daily	30 days

5. RELATED PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS:

A party-in-interest is defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. As described in Note 2, certain fees are paid from the Plan assets. Therefore, payments to such service providers by the Plan qualify as party-in-interest. The Plan makes loans to participants and therefore, these transactions qualify as parties-in-interest transactions.

Wells Fargo Bank, N.A. (Wells Fargo) is the trustee for the Plan. Plan investments include shares of mutual funds and pooled common and collective trust funds managed by Wells Fargo. Therefore, transactions pertaining to these investments qualify as party-in-interest transactions. Additionally, the Plan pays certain investment and recordkeeping fees and expenses to Wells Fargo. These transactions qualify as party-in-interest transactions.

6. 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:

	2018	2017
Net assets available for benefits per the financial statements	$ 15,050,924	$ 11,463,259
Employer contribution receivable	(4,289,061)	(3,267,992)
Participants' contributions receivable	(18,790)	(14,894)
Net assets available for benefits per Schedule H of Form 5500	$ 10,743,073	$ 8,180,373

The following is a reconciliation of changes in net assets available for benefits per the financial statements to Schedule H of Form 5500:

	2018
Change in net assets available for benefits per the financial statement	$ 3,587,665
Change in employer contribution receivable	(1,021,069)
Change in participants' contributions receivable	(3,896)
Change in net assets available for benefits per Schedule H of the Form 5500	$ 2,562,700

7. TAX STATUS:

The Plan has adopted a volume submitter plan of its record keeper, the Wells Fargo Bank, N.A. Defined Contribution Volume Submitter Plan and Trust. The Internal Revenue Service has determined and informed Wells Fargo by an advisory letter dated March 31, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code.

8. PLAN TERMINATION:

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, the net assets of the Plan will be allocated as prescribed by ERISA and regulations pursuant thereto.

9. RISKS AND UNCERTAINTIES:

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits.

10. SUBSEQUENT EVENTS:

The Plan has evaluated subsequent events through September 12, 2019, which is the date the financial statements are available to be issued.

SUPPLEMENTARY INFORMATION

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

PLAN NUMBER 002

SCHEDULE H - LINE 4i

SCHEDULE OF ASSETS HELD AT END OF YEAR

EIN: 13-3452656

DECEMBER 31, 2018

(a) *	(b) Identity of issue, borrower, lessor or similar party	Units	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Mutual Fund	414.071	T. Rowe Price Overseas Stock Fund	n/a	$ 3,847
	Mutual Fund	30.970	American New Perspective Class Fund	n/a	1,166
	Mutual Fund	114.700	T. Rowe Price Blue Chip Growth Fund	n/a	11,025
	Mutual Fund	673.123	Natixis Loomis Sayles Strategic Income Fund	n/a	9,107
	Mutual Fund	20,160.017	Vanguard Target Retirement Fund	n/a	257,040
	Mutual Fund	50,742.857	Vanguard Target Retirement 2015 Fund	n/a	703,296
	Mutual Fund	69,200.025	Vanguard Target Retirement 2020 Fund	n/a	1,981,197
	Mutual Fund	116,335.953	Vanguard Target Retirement 2025 Fund	n/a	1,978,875
	Mutual Fund	59,674.035	Vanguard Target Retirement 2030 Fund	n/a	1,839,154
	Mutual Fund	75,533.380	Vanguard Target Retirement 2035 Fund	n/a	1,421,538
	Mutual Fund	24,235.863	Vanguard Target Retirement 2040 Fund	n/a	783,061
	Mutual Fund	25,699.424	Vanguard Target Retirement 2045 Fund	n/a	519,385
	Mutual Fund	12,526.049	Vanguard Target Retirement 2050 Fund	n/a	407,347
	Mutual Fund	7,535.081	Vanguard Target Retirement 2055 Fund	n/a	265,988
	Mutual Fund	1,331.008	Vanguard Target Retirement 2060 Fund	n/a	41,488
	Mutual Fund	18.753	Vanguard Target Retirement 2065 Fund	n/a	368
					10,223,882
*	Pooled common and collective trust fund	33,608.808	Wells Fargo Stable Return Fund	n/a	367,267
	Pooled common and collective trust fund	2,451.068	Principal Diversified Real Asset Fund	n/a	24,437
*	Pooled common and collective trust fund	769.593	Wells Fargo Dodge & Cox Intermediate Bond Fund	n/a	8,464
*	Pooled common and collective trust fund	170.020	Wells Fargo Blackrock S& P Midcap Index Fund	n/a	3,168
*	Pooled common and collective trust fund	112.308	Wells Fargo Blackrock S& P 500 Index Fund	n/a	2,305
*	Pooled common and collective trust fund	113.273	Wells Fargo Multimanager Small Cap Fund	n/a	2,336
*	Pooled common and collective trust fund	63.874	Wells Fargo MFS Value Fund	n/a	1,311
					409,288
*	Participant Loans		Loans to various participants maturing through 2023 Interest rate 5.0%-6.5%	$ - 0 -	109,903
	Total				$ 10,743,073

* Indicates party-in-interest to the plan.

Column (d) is n/a as cost information is not required for participant directed investments.

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

FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION

DECEMBER 31, 2018

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

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D'Arcangelo & Co., LLP
CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS
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INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
The Premier Home Health Care Services, Inc.
Union 401(k) Plan
White Plains, New York

Report on the financial statements

We were engaged to audit the accompanying financial statements of the Premier Home Health Care Services, Inc. Union 401(k) Plan (the 'Plan"), which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, the related statement of changes in net assets available for benefits for the year ended December 31, 2018, and the related notes to the financial statements.

Management's responsibility for the financial statements

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

Auditor's responsibility

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

Basis for disclaimer of opinion

As permitted by 29 CFR 2520.103-8 of the U.S. Department of Labor's ("DOL") 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 Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2018 and 2017 and for the year ended December 31, 2018, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of opinion

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

Other matter

The supplemental schedule of assets held at end of year as of December 31, 2018 is required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on form and content in compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

D'Arcangelo & Co, LLP

Rye Brook, New York
September 12, 2019

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2018 AND 2017

	2018	2017
ASSETS		
Investments, at fair value (See Note 4)	$ 10,633,170	$ 8,136,586
Receivables:		
Employer contribution receivable	4,289,061	3,267,992
Participants' contributions receivable	18,790	14,894
Notes receivable from participants	109,903	43,787
	4,417,754	3,326,673
Net assets available for benefits	$ 15,050,924	$ 11,463,259

The accompanying notes are an integral part of these financial statements

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

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2018

ADDITIONS	
Additions to net assets attributed to:	
Investment income (loss):	
Interest and dividends	$ 248,044
Net depreciation in fair value of investments	(956,851)
Other income	14,192
Net investment loss	(694,615)
Interest income on notes receivable from participants	3,534
Contributions:	
Participant contributions	965,456
Employer contributions	4,289,061
Total contributions	5,254,517
Total additions	4,563,436
DEDUCTIONS	
Deductions from net assets attributed to:	
Benefits paid to participants	470,117
Deemed distributions of participant loans	2,102
Administrative expenses	503,552
Total deductions	975,771
Net increase	3,587,665
Net assets available for benefits:	
Beginning of year	11,463,259
End of year	$ 15,050,924

The accompanying notes are an integral part of these financial statements.

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

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2018

1. DESCRIPTION OF PLAN:

The following brief description of The Premier Home Health Care Services, Inc. Union 401(k) Plan (the 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, which became effective March 1, 2014 with a special effective deferral date beginning March 1, 2015, is a defined contribution 401(k) plan covering eligible union employees, of Premier Home Health Care Services, Inc. (the Company) under the 1199 SEIU United Healthcare Workers East collective bargaining agreement with the 1199 SEIU United Healthcare Workers East who are age 18 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Initial entry date into the Plan is the first day of each month after the participant has completed the necessary eligibility requirements. The Administration committee is responsible for oversight of the Plan, including the appropriateness of the Plan's investment offerings and monitoring investment performance.

Contributions

Eligible plan participants may contribute up to 100% of eligible pre-tax compensation as defined by the Plan, subject to annual IRS limits. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. The Company provides a contribution based on the agreed upon Union contractual formula of 36 cents per hour worked annually by eligible employees as defined in the collective bargaining agreement.

Participant accounts

Each participant's account is credited with the participant's contribution, allocations of the company contribution and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid for by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. All investments are directed by the Plan participants.

1. DESCRIPTION OF PLAN (continued):

Vesting

Participants are immediately vested in their salary reduction contributions and rollover accounts plus actual earnings thereon. Vesting in Company 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 100% vesting is achieved after three years of service and a minimum of 1,000 hours per year, as defined by the plan document.

Notes receivable from participants

Participant employees are allowed to borrow a minimum of $1,000 up to a maximum equal to the lesser of $50,000, reduced by the outstanding balance of any existing loans, or 50% of their vested account balance. 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. Only two loans are permitted at a time. Interest rate is at prime plus 1%. Principal and interest are paid ratably through payroll deductions over a period not to exceed five years.

Payment of benefits

Benefit payments are made upon normal retirement, death, disability or termination of service. The benefits are paid in a lump-sum payment or distributed in installments in accordance with the Plan document. In addition the Plan allows hardship withdrawals, and if the participant has reached age 59 ½, in-service distributions are also permitted. The Plan has a mandatory cash out provision if the participant terminates employment and his vested account balance does not exceed $5,000.

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 may be used at the discretion of the Company to reduce the Company' discretionary contribution and to offset plan expenses. At December 31, 2018 and 2017 there was a balance of $28,991 and $14,615, respectively, in the forfeited non-vested account.

1. DESCRIPTION OF PLAN (continued):

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 by Wells Fargo Bank, N.A.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of accounting

The financial statements of the Plan are prepared on the accrual basis of accounting using accounting principles generally accepted in the United States of America ("GAAP").

Investment valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Administrative Committee determines the Plan's valuation policies utilizing information provided by the investment advisers and custodians. See Note 4 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in the statement of changes in net assets available for benefits includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2018 and 2017. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued):

Excess contributions payable

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service (IRS) are recorded as a liability with a corresponding reduction to contributions.

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 the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Accounting methods

Net assets available for benefits and changes in net assets available for benefits differ from that reported on IRS 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 6 for a reconciliation of the financial statements to Schedule H of Form 5500.

Payment of benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net depreciation in fair value of investments.

3. INFORMATION CERTIFIED BY WELLS FARGO BANK, N.A.:

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the U.S. Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The Trustee, Wells Fargo Bank, N.A. has supplied the plan's administrator with a certification as to the completeness and accuracy of all information regarding investment assets, notes receivable form participants, transactions, and income presented in the statements of net assets available for benefits as of December 31, 2018 and 2017 and the statement of changes in net assets available for benefits for the year ended December 31, 2018 and the supplemental schedule of assets held at end of year as of December 31, 2018.

4. FAIR VALUE MEASUREMENTS:

FASB ASC 820, *"Fair Value Measurements"*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

4. FAIR VALUE MEASUREMENTS (continued):

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2018 and 2017.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Pooled common and collective trust funds: The fair value of the pooled common and collective trust funds is based on the net asset value (NAV) reported by each fund as provided by the investment manager, as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchased and sales) may occur daily. Were the Plan to initiate a full redemption of the pooled common and collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

4. FAIR VALUE MEASUREMENTS (continued):

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value on a recurring basis as of December 31, 2018 and 2017. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement:

	Assets at fair value as of December 31, 2018			
Description	Level 1	Level 2	Level 3	Total
Assets:				
Mutual funds	$ 10,223,882	$ -	$ -	$ 10,223,882
Total assets in the fair value hierarchy	10,223,882	-	-	10,223,882
Investments measured at net asset value (a):				
Pooled common and collective trust funds	-	-	-	409,288
	$ 10,223,882	$ -	$ -	$ 10,633,170

	Assets at fair value as of December 31, 2017			
Description	Level 1	Level 2	Level 3	Total
Assets:				
Mutual funds	$ 7,880,454	$ -	$ -	$ 7,880,454
Total assets in the fair value hierarchy	7,880,454	-	-	7,880,454
Investments measured at net asset value (a):				
Pooled common and collective trust funds	-	-	-	256,132
	$ 7,880,454	$ -	$ -	$ 8,136,586

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

4. FAIR VALUE MEASUREMENTS (continued):

Investments Measured Using the Net Asset Value per Share Practical Expedient

In accordance with the fair value measurements and disclosure guidelines; the following table summarizes investments for which fair value is measured using the net asset value per share practical expedient. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	Fair value	Unfunded commitments	Frequency (if currently eligible)	Redemption notice period
December 31, 2018				
Pooled common and collective trust funds	$ 409,288	n/a	Daily	30 days
December 31, 2017				
Pooled common and collective trust funds	$ 256,132	n/a	Daily	30 days

5. RELATED PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS:

A party-in-interest is defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. As described in Note 2, certain fees are paid from the Plan assets. Therefore, payments to such service providers by the Plan qualify as party-in-interest. The Plan makes loans to participants and therefore, these transactions qualify as parties-in-interest transactions.

Wells Fargo Bank, N.A. (Wells Fargo) is the trustee for the Plan. Plan investments include shares of mutual funds and pooled common and collective trust funds managed by Wells Fargo. Therefore, transactions pertaining to these investments qualify as party-in-interest transactions. Additionally, the Plan pays certain investment and recordkeeping fees and expenses to Wells Fargo. These transactions qualify as party-in-interest transactions.

6. 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:

	2018	2017
Net assets available for benefits per the financial statements	$ 15,050,924	$ 11,463,259
Employer contribution receivable	(4,289,061)	(3,267,992)
Participants' contributions receivable	(18,790)	(14,894)
Net assets available for benefits per Schedule H of Form 5500	$ 10,743,073	$ 8,180,373

The following is a reconciliation of changes in net assets available for benefits per the financial statements to Schedule H of Form 5500:

	2018
Change in net assets available for benefits per the financial statement	$ 3,587,665
Change in employer contribution receivable	(1,021,069)
Change in participants' contributions receivable	(3,896)
Change in net assets available for benefits per Schedule H of the Form 5500	$ 2,562,700

7. TAX STATUS:

The Plan has adopted a volume submitter plan of its record keeper, the Wells Fargo Bank, N.A. Defined Contribution Volume Submitter Plan and Trust. The Internal Revenue Service has determined and informed Wells Fargo by an advisory letter dated March 31, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code.

8. PLAN TERMINATION:

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, the net assets of the Plan will be allocated as prescribed by ERISA and regulations pursuant thereto.

9. RISKS AND UNCERTAINTIES:

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits.

10. SUBSEQUENT EVENTS:

The Plan has evaluated subsequent events through September 12, 2019, which is the date the financial statements are available to be issued.

SUPPLEMENTARY INFORMATION

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

PLAN NUMBER 002

SCHEDULE H - LINE 4i

SCHEDULE OF ASSETS HELD AT END OF YEAR

EIN: 13-3452656

DECEMBER 31, 2018

(a) *	(b) Identity of issue, borrower, lessor or similar party	Units	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Mutual Fund	414.071	T. Rowe Price Overseas Stock Fund	n/a	$ 3,847
	Mutual Fund	30.970	American New Perspective Class Fund	n/a	1,166
	Mutual Fund	114.700	T. Rowe Price Blue Chip Growth Fund	n/a	11,025
	Mutual Fund	673.123	Natixis Loomis Sayles Strategic Income Fund	n/a	9,107
	Mutual Fund	20,160.017	Vanguard Target Retirement Fund	n/a	257,040
	Mutual Fund	50,742.857	Vanguard Target Retirement 2015 Fund	n/a	703,296
	Mutual Fund	69,200.025	Vanguard Target Retirement 2020 Fund	n/a	1,981,197
	Mutual Fund	116,335.953	Vanguard Target Retirement 2025 Fund	n/a	1,978,875
	Mutual Fund	59,674.035	Vanguard Target Retirement 2030 Fund	n/a	1,839,154
	Mutual Fund	75,533.380	Vanguard Target Retirement 2035 Fund	n/a	1,421,538
	Mutual Fund	24,235.863	Vanguard Target Retirement 2040 Fund	n/a	783,061
	Mutual Fund	25,699.424	Vanguard Target Retirement 2045 Fund	n/a	519,385
	Mutual Fund	12,526.049	Vanguard Target Retirement 2050 Fund	n/a	407,347
	Mutual Fund	7,535.081	Vanguard Target Retirement 2055 Fund	n/a	265,988
	Mutual Fund	1,331.008	Vanguard Target Retirement 2060 Fund	n/a	41,488
	Mutual Fund	18.753	Vanguard Target Retirement 2065 Fund	n/a	368
					10,223,882
*	Pooled common and collective trust fund	33,608.808	Wells Fargo Stable Return Fund	n/a	367,267
	Pooled common and collective trust fund	2,451.068	Principal Diversified Real Asset Fund	n/a	24,437
*	Pooled common and collective trust fund	769.593	Wells Fargo Dodge & Cox Intermediate Bond Fund	n/a	8,464
*	Pooled common and collective trust fund	170.020	Wells Fargo Blackrock S& P Midcap Index Fund	n/a	3,168
*	Pooled common and collective trust fund	112.308	Wells Fargo Blackrock S& P 500 Index Fund	n/a	2,305
*	Pooled common and collective trust fund	113.273	Wells Fargo Multimanager Small Cap Fund	n/a	2,336
*	Pooled common and collective trust fund	63.874	Wells Fargo MFS Value Fund	n/a	1,311
					409,288
*	Participant Loans		Loans to various participants maturing through 2023 Interest rate 5.0%-6.5%	$ - 0 -	109,903
	Total				$ 10,743,073

* Indicates party-in-interest to the plan.

Column (d) is n/a as cost information is not required for participant directed investments.

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

FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION

DECEMBER 31, 2018

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

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D'Arcangelo & Co., LLP
CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS
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INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
The Premier Home Health Care Services, Inc.
Union 401(k) Plan
White Plains, New York

Report on the financial statements

We were engaged to audit the accompanying financial statements of the Premier Home Health Care Services, Inc. Union 401(k) Plan (the 'Plan"), which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, the related statement of changes in net assets available for benefits for the year ended December 31, 2018, and the related notes to the financial statements.

Management's responsibility for the financial statements

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

Auditor's responsibility

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

Basis for disclaimer of opinion

As permitted by 29 CFR 2520.103-8 of the U.S. Department of Labor's ("DOL") 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 Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2018 and 2017 and for the year ended December 31, 2018, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of opinion

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

Other matter

The supplemental schedule of assets held at end of year as of December 31, 2018 is required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on form and content in compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

D'Arcangelo & Co, LLP

Rye Brook, New York
September 12, 2019

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2018 AND 2017

	2018	2017
ASSETS		
Investments, at fair value (See Note 4)	$ 10,633,170	$ 8,136,586
Receivables:		
Employer contribution receivable	4,289,061	3,267,992
Participants' contributions receivable	18,790	14,894
Notes receivable from participants	109,903	43,787
	4,417,754	3,326,673
Net assets available for benefits	$ 15,050,924	$ 11,463,259

The accompanying notes are an integral part of these financial statements

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

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2018

ADDITIONS	
Additions to net assets attributed to:	
Investment income (loss):	
Interest and dividends	$ 248,044
Net depreciation in fair value of investments	(956,851)
Other income	14,192
Net investment loss	(694,615)
Interest income on notes receivable from participants	3,534
Contributions:	
Participant contributions	965,456
Employer contributions	4,289,061
Total contributions	5,254,517
Total additions	4,563,436
DEDUCTIONS	
Deductions from net assets attributed to:	
Benefits paid to participants	470,117
Deemed distributions of participant loans	2,102
Administrative expenses	503,552
Total deductions	975,771
Net increase	3,587,665
Net assets available for benefits:	
Beginning of year	11,463,259
End of year	$ 15,050,924

The accompanying notes are an integral part of these financial statements.

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

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2018

1. DESCRIPTION OF PLAN:

The following brief description of The Premier Home Health Care Services, Inc. Union 401(k) Plan (the 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, which became effective March 1, 2014 with a special effective deferral date beginning March 1, 2015, is a defined contribution 401(k) plan covering eligible union employees, of Premier Home Health Care Services, Inc. (the Company) under the 1199 SEIU United Healthcare Workers East collective bargaining agreement with the 1199 SEIU United Healthcare Workers East who are age 18 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Initial entry date into the Plan is the first day of each month after the participant has completed the necessary eligibility requirements. The Administration committee is responsible for oversight of the Plan, including the appropriateness of the Plan's investment offerings and monitoring investment performance.

Contributions

Eligible plan participants may contribute up to 100% of eligible pre-tax compensation as defined by the Plan, subject to annual IRS limits. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. The Company provides a contribution based on the agreed upon Union contractual formula of 36 cents per hour worked annually by eligible employees as defined in the collective bargaining agreement.

Participant accounts

Each participant's account is credited with the participant's contribution, allocations of the company contribution and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid for by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. All investments are directed by the Plan participants.

1. DESCRIPTION OF PLAN (continued):

Vesting

Participants are immediately vested in their salary reduction contributions and rollover accounts plus actual earnings thereon. Vesting in Company 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 100% vesting is achieved after three years of service and a minimum of 1,000 hours per year, as defined by the plan document.

Notes receivable from participants

Participant employees are allowed to borrow a minimum of $1,000 up to a maximum equal to the lesser of $50,000, reduced by the outstanding balance of any existing loans, or 50% of their vested account balance. 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. Only two loans are permitted at a time. Interest rate is at prime plus 1%. Principal and interest are paid ratably through payroll deductions over a period not to exceed five years.

Payment of benefits

Benefit payments are made upon normal retirement, death, disability or termination of service. The benefits are paid in a lump-sum payment or distributed in installments in accordance with the Plan document. In addition the Plan allows hardship withdrawals, and if the participant has reached age 59 ½, in-service distributions are also permitted. The Plan has a mandatory cash out provision if the participant terminates employment and his vested account balance does not exceed $5,000.

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 may be used at the discretion of the Company to reduce the Company' discretionary contribution and to offset plan expenses. At December 31, 2018 and 2017 there was a balance of $28,991 and $14,615, respectively, in the forfeited non-vested account.

1. DESCRIPTION OF PLAN (continued):

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 by Wells Fargo Bank, N.A.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of accounting

The financial statements of the Plan are prepared on the accrual basis of accounting using accounting principles generally accepted in the United States of America ("GAAP").

Investment valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Administrative Committee determines the Plan's valuation policies utilizing information provided by the investment advisers and custodians. See Note 4 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in the statement of changes in net assets available for benefits includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2018 and 2017. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued):

Excess contributions payable

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service (IRS) are recorded as a liability with a corresponding reduction to contributions.

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 the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Accounting methods

Net assets available for benefits and changes in net assets available for benefits differ from that reported on IRS 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 6 for a reconciliation of the financial statements to Schedule H of Form 5500.

Payment of benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net depreciation in fair value of investments.

3. INFORMATION CERTIFIED BY WELLS FARGO BANK, N.A.:

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the U.S. Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The Trustee, Wells Fargo Bank, N.A. has supplied the plan's administrator with a certification as to the completeness and accuracy of all information regarding investment assets, notes receivable form participants, transactions, and income presented in the statements of net assets available for benefits as of December 31, 2018 and 2017 and the statement of changes in net assets available for benefits for the year ended December 31, 2018 and the supplemental schedule of assets held at end of year as of December 31, 2018.

4. FAIR VALUE MEASUREMENTS:

FASB ASC 820, *"Fair Value Measurements"*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

4. FAIR VALUE MEASUREMENTS (continued):

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2018 and 2017.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Pooled common and collective trust funds: The fair value of the pooled common and collective trust funds is based on the net asset value (NAV) reported by each fund as provided by the investment manager, as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchased and sales) may occur daily. Were the Plan to initiate a full redemption of the pooled common and collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

4. FAIR VALUE MEASUREMENTS (continued):

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value on a recurring basis as of December 31, 2018 and 2017. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement:

	Assets at fair value as of December 31, 2018			
Description	Level 1	Level 2	Level 3	Total
Assets:				
Mutual funds	$ 10,223,882	$ -	$ -	$ 10,223,882
Total assets in the fair value hierarchy	10,223,882	-	-	10,223,882
Investments measured at net asset value (a):				
Pooled common and collective trust funds	-	-	-	409,288
	$ 10,223,882	$ -	$ -	$ 10,633,170

	Assets at fair value as of December 31, 2017			
Description	Level 1	Level 2	Level 3	Total
Assets:				
Mutual funds	$ 7,880,454	$ -	$ -	$ 7,880,454
Total assets in the fair value hierarchy	7,880,454	-	-	7,880,454
Investments measured at net asset value (a):				
Pooled common and collective trust funds	-	-	-	256,132
	$ 7,880,454	$ -	$ -	$ 8,136,586

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

4. FAIR VALUE MEASUREMENTS (continued):

Investments Measured Using the Net Asset Value per Share Practical Expedient

In accordance with the fair value measurements and disclosure guidelines; the following table summarizes investments for which fair value is measured using the net asset value per share practical expedient. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	Fair value	Unfunded commitments	Frequency (if currently eligible)	Redemption notice period
December 31, 2018				
Pooled common and collective trust funds	$ 409,288	n/a	Daily	30 days
December 31, 2017				
Pooled common and collective trust funds	$ 256,132	n/a	Daily	30 days

5. RELATED PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS:

A party-in-interest is defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. As described in Note 2, certain fees are paid from the Plan assets. Therefore, payments to such service providers by the Plan qualify as party-in-interest. The Plan makes loans to participants and therefore, these transactions qualify as parties-in-interest transactions.

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6. 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:

	2018	2017
Net assets available for benefits per the financial statements	$ 15,050,924	$ 11,463,259
Employer contribution receivable	(4,289,061)	(3,267,992)
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Change in net assets available for benefits per Schedule H of the Form 5500	$ 2,562,700

7. TAX STATUS:

The Plan has adopted a volume submitter plan of its record keeper, the Wells Fargo Bank, N.A. Defined Contribution Volume Submitter Plan and Trust. The Internal Revenue Service has determined and informed Wells Fargo by an advisory letter dated March 31, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code.

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10. SUBSEQUENT EVENTS:

The Plan has evaluated subsequent events through September 12, 2019, which is the date the financial statements are available to be issued.

SUPPLEMENTARY INFORMATION

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

PLAN NUMBER 002

SCHEDULE H - LINE 4i

SCHEDULE OF ASSETS HELD AT END OF YEAR

EIN: 13-3452656

DECEMBER 31, 2018

(a) *	(b) Identity of issue, borrower, lessor or similar party	Units	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Mutual Fund	414.071	T. Rowe Price Overseas Stock Fund	n/a	$ 3,847
	Mutual Fund	30.970	American New Perspective Class Fund	n/a	1,166
	Mutual Fund	114.700	T. Rowe Price Blue Chip Growth Fund	n/a	11,025
	Mutual Fund	673.123	Natixis Loomis Sayles Strategic Income Fund	n/a	9,107
	Mutual Fund	20,160.017	Vanguard Target Retirement Fund	n/a	257,040
	Mutual Fund	50,742.857	Vanguard Target Retirement 2015 Fund	n/a	703,296
	Mutual Fund	69,200.025	Vanguard Target Retirement 2020 Fund	n/a	1,981,197
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	Mutual Fund	18.753	Vanguard Target Retirement 2065 Fund	n/a	368
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	Pooled common and collective trust fund	2,451.068	Principal Diversified Real Asset Fund	n/a	24,437
*	Pooled common and collective trust fund	769.593	Wells Fargo Dodge & Cox Intermediate Bond Fund	n/a	8,464
*	Pooled common and collective trust fund	170.020	Wells Fargo Blackrock S& P Midcap Index Fund	n/a	3,168
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*	Pooled common and collective trust fund	63.874	Wells Fargo MFS Value Fund	n/a	1,311
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*	Participant Loans		Loans to various participants maturing through 2023 Interest rate 5.0%-6.5%	$ - 0 -	109,903
	Total				$ 10,743,073

* Indicates party-in-interest to the plan.

Column (d) is n/a as cost information is not required for participant directed investments.